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STATE OF MAINE ONE HUNDRED AND THIRTY-SECOND LEGISLATURE COMMITTEE ON HEALTH AND HUMAN SERVICES

AGENDA for September 9, 2025

1. **10:00am:** Committee introductions
2. Child welfare presentations pursuant to [Public Law 2023, chapter 261](#):
 - A. Maine Child Welfare Advisory Panel presentation
 - B. Child Death and Serious Injury Review Panel presentation
 - C. Justice for Children Task Force presentation
 - D. Child Welfare Ombudsman
 - E. Department of Health and Human Services, Office of Child and Family Services, quarterly child welfare report presentation
 - F. Safety Plan Update (DHHS)
 - G. Adoptive and Foster Families of Maine (AFFM) presentation on kinship care
 - H. Maine Children's Trust presentation on prevention
3. **1:30pm:** Bangor Public Health nursing transition (CDC)
4. **2:00pm:** Update on NET contract status (OMS)
5. Work session for LD 35, An Act to Strengthen Local Emergency Medical Services by Increasing the MaineCare Reimbursement Rate for Ambulance Services

Maine's Child Safety and Family Well-Being Plan (2025-2030)

HHS Committee Presentation

September 9, 2025



Maine Child Welfare
Action Network



Child Safety and Family Well-Being Plan Core Team

- **Mariette Aborn**, Special Projects Manager for Child & Family Well-Being, Department of Health and Human Services
- **Christine Theriault**, Family First Prevention Services Manager, Office of Child and Family Services
- **Melissa Hackett**, Coordinator, Maine Child Welfare Action Network
- **Debra Dunlap**, Founding Member, Maine Child Welfare Action Network

Together, we can keep children safe by keeping families strong.

- Every child, youth, and family in Maine deserves to live in a supportive community where they can get the help they need, when they need it.
- By supporting families earlier, we can create the conditions for strong families and limit the need for involvement by the child welfare agency.



**State and Community
Responsibility**

**OCFS Child Welfare
Division's
Responsibility**

wellbeing

risk

unsafe



Child and Family Well-Being Continuum

Child Safety and Family Well-Being Plan		
	OCFS Child Welfare Division	
Primary Prevention	Secondary Prevention	Tertiary Prevention
<ul style="list-style-type: none"> ▶ Services for the general population. ▶ Strengthen all families and communities. ▶ Prevents child abuse or neglect before it occurs and prevents the need for involvement by the state's child welfare agency. 	<ul style="list-style-type: none"> ▶ Services for individuals or families where there is increased risk for child abuse or neglect. ▶ Strengthen specific populations, communities, and neighborhoods. ▶ Prevents child abuse or neglect before it occurs and prevents the need for initial or deeper involvement with the state's child welfare agency. 	<ul style="list-style-type: none"> ▶ Services for families where child abuse or neglect has occurred. ▶ Strengthen families with indicated or substantiated child abuse or neglect, keep families together, and help them heal from trauma. ▶ Prevents family separation, recurrence of child abuse or neglect, and reinvolved with the state's child welfare agency.

Maine's Child Safety and Family Well-Being Plan: Overview

Version 1.0 was released on May 9, 2023.

Established the framework and included short-term opportunities for action. And called for the development of a long-term plan.

The 2025-2030 version was released on February 11, 2025.

The process to develop both plans included:

- Insight from families, communities, and state partners
- Data review, including child safety outcomes
- State and community inventories
- Thoughtful overlap and alignment with other state plans
- Literature review and best practice

The plan includes a commitment to annual reporting on plan implementation and tracking progress on these indicators. The first reporting will be in early 2026.



Maine Child Safety and Family Well-Being Plan

Version 1.0 - May 9, 2023

Prepared by the Maine Department of Health and Human Services
in Partnership with the Maine Child Welfare Action Network



Keep Children Safe by Keeping Families Strong:

Maine's Child Safety and Family Well-Being Plan (2025-2030)

February 11, 2025

A partnership between the Maine Department of Health and Human Services and the Maine Child Welfare Action Network



Maine's Child Safety and Family Well-Being Plan (2025-2030)

Goal A: Parents and caregivers provide safety, health, and nurturing care for their children.

- Strategy 1: Provide economic and concrete supports for parents and caregivers.
- Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families.

Goal B: Families experience a supportive and coordinated child safety and family well-being system.

- Strategy 3: Build partnerships with families.
- Strategy 4: Promote supportive communities.
- Strategy 5: Improve coordination of state and community partners.

Link to Full Plan: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/CSFWB%202025-2030.pdf>.

Implementation Updates

Mindset Shift

Be There for ME

Mandated Reporting and Community
Support for Families Initiative

Community Collaboration



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DHHS and MCWAN are committed to annual reporting on plan implementation. The first of these reports will be released in early 2026.

At left are new or significant initiatives led by the Core Team behind the plan. There are many more in-progress efforts being led by other state and community partners.

The annual report will provide a more comprehensive update on efforts by state and community partners to create a coordinated and supportive child safety and family well-being system.

Mindset Shift

We all share responsibility to keep children safe by keeping families strong.

The Core Team continues to identify new audiences and opportunities to inform and spark action on upstream, coordinated efforts to strengthen and support children and families.

- Recent or planned efforts: Maine Libraries Association Conference, Governor Mills' Opioid Summit, Nurture ME Conference, and Maine Association for the Education of Young Children's Early Childhood Conference.

OCFS and Maine Children's Trust continue to collaborate on a prevention webinar series to engage partners in conversations about shared responsibility and strategies to support families.

- Recent topics include collective impact, economic and concrete supports for families, and balancing the role of family supporter and mandated reporter.

OCFS and MCWAN are partnering to bring Amelia Franck Meyer ([Alia Innovations](#)) to Maine for a two-day child welfare transformation summit on September 23 and 24. One day will be for child welfare staff; the other for a broader group of state and community partners.



Be There for ME aims to reduce the stigma of asking for help and provides a judgement-free place for parents and caregivers to start to find support. The campaign also speaks directly to community members, identifying opportunities for everyone to step up to support parents and caregivers in Maine.

- The 131st Legislature allocated **\$750,000 in one-time funding** to develop the campaign and website. **\$262,000 in Preschool Development Grant funds** supported additional content development and promotion (funding ends December 30, 2025).
- DHHS continues to **maintain and update the website to ensure it remains a trusted resource.**
- The Core Team continues to **promote Be There for ME.** Recent outreach targeted healthcare providers, libraries, and child welfare staff.
- MCWAN has secured funding from the John T Gorman Foundation to **support parents and caregivers to represent the campaign at community events.**

Mandated Reporting and Community Support for Families Initiative

MCWAN and OCFS continue to partner on this initiative to consider 1) the definition of child abuse and neglect; 2) mandated reporting training; and 3) community support for families (i.e. community pathways).

- Steering and Work Groups continue to meet monthly to support implementation.
- OCFS, MCWAN, and other Maine partners have participated in two national convenings hosted by Casey Family Programs on mandated reporting and community pathways. The states that participated in these convenings continue to meet virtually to continue the shared learning.
- LD 1406 (updates to statutory definition of child neglect) became law.
- A draft Mandated Reporting Guide has been developed to help reporters understand the reporting process and opportunities to connect families to support.
- Key priorities for a revamped mandated reporter training are being considered.
- The next phase of work will include consider development of a community pathway of support for families.

Community Collaboration

- MCWAN continues to convene the Community Collaborative Network monthly and to identify/recruit new members. DHHS participates as a partner at these meetings.
- Melissa Hackett (MCWAN) is a member of the Maine Recovery Council. The Council voted earlier this year to support funding prevention priorities, including to "Support or expand culturally relevant, community-led and youth-led efforts that improve the community conditions in communities highly impacted by opioid use disorder." The RFPs for this funding will be developed Fall/Winter 2025.
- MCWAN has secured funding from the John T Gorman Foundation to support regional "Convenings of Conveners" the Core Team will host this fall. The intent of these convenings is to strengthen connections between existing convening/collaborative entities and identify opportunities for coordinated action. Participants will include representatives of the Maine Prevention Network, Community Collaboratives, Maine Prevention Councils, CAP Agencies, First10, and Community Schools.
- OCFS's contract with Maine Children's Trust for the Prevention Councils has been updated to include a focus on collective impact, their role as community conveners and leaders on prevention, two-generation approaches, and continuing to think about expanding/enhancing community based-spaces for families.



**Together, we can keep children
safe by keeping families strong.**



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Maine's Mandated Reporting and Community Support for Families Initiative

February 2025

Background

This initiative was developed in response to significant feedback received from parents/caregivers and community and state agency partners during the development and implementation of [Maine's Child Safety and Family Well-Being Plan](#). Partners shared that those who can support parents and caregivers are often unsure who to call or reach out to when a family needs help and abuse or neglect are not suspected.

The Office of Child and Family Services (OCFS) and the Maine Child Welfare Action Network (MCWAN) partnered to launch and implement this initiative, to better understand the current challenges and opportunities in Maine's systems of [mandated reporting](#) and community support for families. The initiative was launched in July 2024. It included the development of a steering group and advisory group, who met monthly afterward to review relevant data and information to develop opportunities for action.

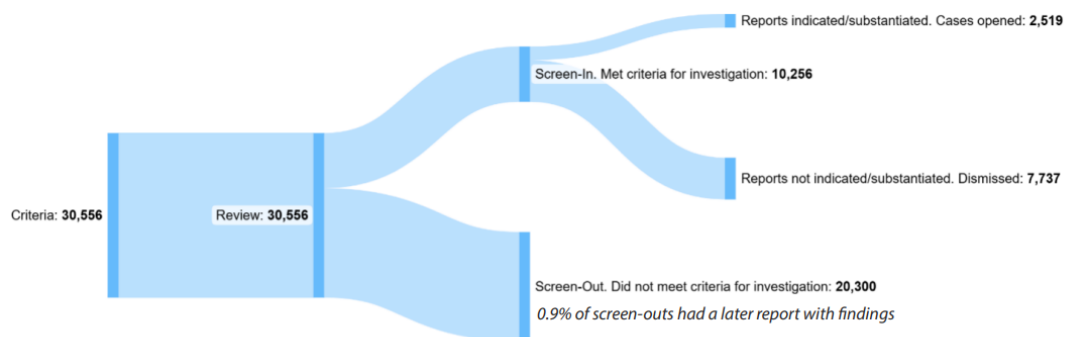
Steering group members include representatives from OCFS, MCWAN, Department of Health and Human Services, the Maine Children's Trust, Casey Family Programs, and more recently the Maine Department of Education (MDOE). Advisory group members include parents with lived experience, representatives from the state's citizen review panels, and a variety of mandated reporter types.

Data Collection and Analysis

An important part of this initiative has been the collection and analysis of both quantitative and qualitative data to understand current practice and a variety of perspectives to inform opportunities for action.

In 2023, there were 30,556 calls and online reports of suspected child abuse and neglect made to the Child Welfare Division's intake unit, 92 percent of which did not result in findings. This data helps to identify the number of families who may be experiencing some challenges to well-being and are being reported to the state's child welfare agency when community-based supports, services, and resources might be more appropriate to meet a family's needs.

Reports of Suspected Child Abuse and Neglect: Process and Outcomes (2023)



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In Maine, anyone who suspects child abuse or neglect can make a report to the state hotline, but some professionals are legally required to make reports when child abuse or neglect is suspected. Individuals in these professions are “mandated reporters.”

OCFS Data Top Reporter Types (in order of most-to-least reports made) include:

School staff (24%); Law enforcement (15%); Medical professional (11%); Social service provider (10%); Mental health provider (9%); Parent/caregiver (9%); Anonymous (7%); Relative (4%); Friend/neighbor (4%); Hospital staff (3%)

Additional data collection and analysis included:

1. Focus groups
 - a. Parents with lived experience
 - b. Trainers of the mandated reporting curriculum
 - c. Child welfare intake caseworkers, district caseworkers, and supervisors
2. An online survey of mandated reporters (946 responses)
3. State scans of mandated reporting work happening in other states, provided by Casey Family Programs, and other additional information as requested and available.

Key Considerations

There have been several key considerations that have resulted from the work to date:

1. National and state survey data show mandated reporters often make reports when they do not suspect child abuse or neglect.
2. Child protective involvement is traumatic for children and families.
3. Reports that don't meet the criteria for investigation mean families often get screened out or aren't substantiated – and they don't actually get the help they may need.
4. Reports that are screened out or not substantiated are not harm-neutral for families, and may result in fear and stigma that prevent families from seeking or accepting help.
5. Reports received that aren't child abuse or neglect means less time for caseworkers to work with families where there are safety concerns.

Scope of Work

Three areas were identified for the scope of work to improve mandated reporting and community support for families in Maine:

- 1) Defining Child Abuse and Neglect
- 2) Mandated Reporting Training
- 3) Community Support for Families



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1) Defining Child Abuse and Neglect

Maine Statute

- "Abuse or neglect" means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation including under [Title 17-A, sections 282, 852, 853 and 855](#) or deprivation of essential needs, or lack of protection from these, by a person responsible for the child.
- "Abuse or neglect" also means truancy under [Title 20-A, section 3272, subsection 2, paragraph C](#) or [section 5051-A, subsection 1, paragraph C or D](#) when truancy is the result of neglect by a person responsible for the child.
- "Abuse or neglect" also means a threat to a child's health or welfare caused by child sex trafficking by any person, regardless of whether or not the person is responsible for the child.

Federal Definition (Child Abuse Prevention and Treatment Act)

- "... any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm."

Neglect and Poverty

- In 2024, the Biden-Harris administration issued [guidance](#) to states to differentiate between neglect and poverty in statutes.
- [27 states](#) exempt financial inability to provide for a child.
- Example: Kentucky ([SB 8](#)) narrows definition of neglect to situations where a child's welfare is harmed or threatened with harm by a parent due to inadequate care, supervision, food, clothing, shelter, education or medical care necessary for the child's well-being when financially able to do so or offered financial or other means to do so.

Opportunities for Action

- Consider severity of harm and making a statutory distinction between neglect and poverty.
- Provide education on this change with mandated reporters and other community partners, to support understanding the difference and how to support families with challenges when it isn't child abuse and neglect.

2) Mandated Reporting Training

Maine has a broad definition of child abuse and neglect, and a lengthy list of individuals and professionals who are mandated reporters. This has implications for reporting. Mandated reporters often noted the weight of their liability in whether to make a report, given that their licensure or credential might be at risk. Significant feedback was also shared regarding the lack of clarity around neglect, and the importance of training and the need for more of it, ideally in person, with greater frequency.

Maine Statute

§4011-A. Reporting of suspected abuse or neglect



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1. Required report to department. The following adult persons shall immediately report or cause a report to be made to the department when the person knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred:

A. When acting in a professional capacity [32 professional types named] ...

9. Training requirement. A person required to make a report under [subsection 1](#) shall complete at least once every 4 years mandated reporter training approved by the department.

Opportunities for Action

- Provide education/training to the public on the role of the state child welfare agency.
- Revamp the mandated reporter training.
- Convene community members for training on child abuse and neglect.
- Convene targeted meetings/trainings for additional support to the top reporter types.
- Education and support for community partners in how to support families.
- Examine and prioritize risk factor identification at time of intake and investigation.
- Assist mandated reporters and community members to identify resources within their organization and community to support the mandated reporter or the family.
- Create a Decision Tree to support whether to make a report.
- Create a Mandated Reporting Guide with information needed at the time of the report and what to expect for next steps when making a report.
- Review the online reporting system “the Portal” to determine if there are modifications or training needed.

3) Community Support for Families

Data collected to date and input from parents and caregivers suggests that community-based supports, services, and resources are more appropriate to meet a families’ needs when child abuse or neglect is not suspected. Giving community members the tools they need to identify the difference between neglect and poverty, and supporting families in connecting to resources, is one example of a strategy to strengthen community support for families.

Opportunities for Action

- Create additional training/discussion for community members on Mandated Reporting.
- Bridge Mandated Reporter training and Front Porch Project training.
- Work with communities to support community spaces for families.
- A community entity should develop and maintain Community Resource Guides of what is available to support families locally.
- Consider and bolster the role of the Prevention Councils as a more formal go-to resource to support families.
- Develop Community Pathways for families to get connected to resources and support.



Conclusion and Next Steps

The Office of Child and Family Services and the Maine Child Welfare Action Network will continue to partner to facilitate the implementation of the opportunities for action that were identified and had broad support to move forward. **See below.** We are committed to improving mandated reporting and community support for families in Maine in the years ahead.

Maine's Mandated Reporting and Community Support for Families Initiative Opportunities for Action

When: Short-Term (Early 2025)	When: Medium-Term (2025-2026)	When: Long-Term (2026-2028)
Defining Child Abuse and Neglect: Consider changes to statutory language (esp. severity and poverty)	Educate on changes and implications – consider how to embed this in organizational practices, trainings	
Defining Mandated Reporting: Consider changes to statutory language (esp. severity and who must report) Reporting portal training video	Create a Mandated Reporting Guide: Develop a working group to design and implement. For possible inclusion: Decision tree or key considerations What you need to make a report What to expect about the process What happens after making a report	Support implementation of the Mandated Reporting Guide
Community education on balancing reporting and supporting families, and the role of state child protection agency	Revamp Mandated Reporter training: Develop a working group to design and implement a new training	Convene focused training by top reporter types/specific types of reporting (schools, law enforcement, hospitals)
Increase investment and strengthen scope of work for Prevention Councils : Consider Community Spaces and Resource Guides	Develop Community Pathways : Develop working group to design Community Pathways for Maine	Legislation and investment in Community Pathways proposed for Maine



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Maine's Community-Based Spaces for Families Initiative

April 2025

Overview

Maine Children's Trust and the Maine Prevention Councils received \$335,000 in one-time funding from the Maine Department of Health and Human Services (DHHS) to convene partners through a collective impact approach and identify opportunities to expand or enhance community-based spaces for families. This initiative was launched as part of Maine's Child Safety and Family Well-Being Plan and implemented between December 2023 and January 2025.

Background

State and community partners, parents, and caregivers provided insight and direction for [Maine's Child Safety and Family Well-Being Plan](#). This initiative was developed in response to specific feedback that local collaborative infrastructure is needed to identify and address community-specific challenges, and that families value having physical spaces in their community to gather or access support.

[Maine Children's Trust](#) and the [Maine Prevention Councils](#) were identified to lead this initiative because of their statewide presence and statutory role as coordinators of child abuse and neglect prevention.

Outcomes and Insight

1) Maine Children's Trust developed a Maine-specific framework for community-based spaces for families informed by the National Family Support Network.

Community-based spaces for families were defined as physical locations accessed by parents, caregivers, youth, and/or children that build at least (1) protective factor of the Strengthening Families Protective Factors Framework (Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Supports in Times of Need, and Social and Emotional Competence of Children) and meet all the following essential components:

Physical Location	Open & Accessible
Responsible & Flexible	No Cost
Supports & Services	Information & Referrals
Family Centered	

2) Maine Children's Trust and the Maine Prevention Councils received training on the collective impact approach from the Collective Impact Forum.

Over the course of the initiative, Maine Prevention Councils engaged 24,335 community partners, parents, caregivers, and youth. The Prevention Councils reported that the initiative strengthened existing and developed new partnerships and that they were able to tailor their approach to their unique communities. Some Prevention Councils reported that the short timeline of this initiative made it difficult to fully implement a collective impact approach.



3) **Maine Prevention Councils engaged partners to develop an asset map and assessment of existing community-based spaces for families in each county.**

Maine Prevention Councils identified 698 community-based spaces for families that met the above criteria, and an additional 399 that met some, but not all, criteria. Libraries, schools, community centers, food pantries, places of worship, and outdoor recreation spaces were common types of community-based spaces for families identified. Access to concrete supports was a strength across community-based spaces for families, with a recognition that more is still needed. Transportation, hours of operation, and cost were identified as the greatest barriers to families accessing these spaces, which also tend to be concentrated in more populated parts of a county. Several communities indicated a need for more youth-friendly spaces, welcoming spaces for families with children with developmental or behavioral needs, indoor recreation spaces in the winter, and community events to foster social connection. Having a range of spaces in a community for families to seek support and connection in a location where they feel welcome and can get the type of support they need was also identified as important.

4) **Maine Prevention Councils engaged partners to identify opportunities to enhance or expand community-based spaces for families in their county.**

Based on the asset mapping and assessment, Maine Prevention Councils identified unique opportunities in every county to enhance or expand these spaces and spark ongoing community collaboration. These were specific to each county, but common themes included:

- Strategies to make families and community partners more aware of existing community-based spaces for families and what is available to families there.
- Identification of spaces where Maine Prevention Councils could offer parent education, support, and play groups in locations families already go for support.
- Partnerships that could support addressing the transportation barriers identified.
- Continued training and implementation of a collective impact approach to engage and sustain community collaboration.
- Approaches to extend hours and expand offerings at spaces through partnerships.
- Partnerships that could support more family-centered events in a community.
- Partnerships to meet other, specific community-identified needs.

DHHS, Maine Children's Trust, and the Maine Prevention Councils are assessing opportunities to build on this initiative by embedding the collective impact approach and a focus on community-based spaces for families into their existing scope of work.

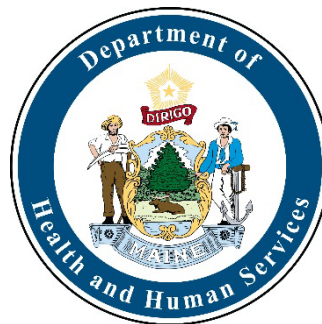
To learn more about this initiative, including the community-based spaces for families and opportunities identified, connect with Maine Children's Trust or your local Prevention Council.



Office of Child and Family Services Quarterly Child Welfare Update

Health and Human Services Committee
September 9, 2025

Director Bobbi L. Johnson, LMSW



Content of April Updates

- Strategic Plan
- Deputy Director
- Legislative Implementation
- Hotel and Emergency Department Utilization
- Policy Updates



Office of Child and Family Services

Strategic Plan 2025-2027

Strategic Plan



Four Distinct Sections:

- Child Welfare
- Early Care and Education
- Children's Licensing and Investigation Services
- Violence Intervention and Response Program



Each Program Area's Section Contains:

- Mission and Values
- Practice Model or Strategic Framework
- Objectives, Strategies, and Outcomes

Strategic Plan – Child Welfare Practice Model

OCFS is guided by the following principles of practice



Strategic Plan – Pillars of Child Welfare Practice



Maximizing Safety - OCFS prioritizes child safety, first and foremost. OCFS recognizes that parents have the right and responsibility to raise their own children whenever safely possible. The safety of children remains paramount and quality safety decisions are made at every stage of OCFS's involvement with a child and their family.

Achieving Permanency - Children in Maine are entitled to live in a safe, nurturing, and permanent family. OCFS will ensure that children achieve timely permanency.

Increasing Well-Being - OCFS will work to actively promote and increase children's wellbeing to ensure that all Maine children have the conditions to live safely, grow, and thrive.

Navigating Policy and Practice - Maine's Child Welfare agency will be administered by evidence-based policy and practice decisions, which will be guided by the voices of children, youth and families.

Engaging the Child Welfare Workforce - Child welfare caseworkers, supervisors, administrators, and support staff will be recognized for and assisted in their critical roles in protecting children and supporting families.

Response to Child Welfare Recommendations



27 page document, grouping recommendations by high-level categories

Includes over 200 recommendations, grouped into categories combining recommendations that overlap

For each recommendation OCFS provides the status and notes on OCFS' response to and/or efforts related to the recommendation

Deputy Director

- Jenny Hinson started 7/14/25
- Responsible for overseeing the Children's Licensing and Investigation Services and Violence Intervention and Response Program Divisions
- Also responsible for oversight and implementation of the Strategic Plan:
 - Performance measures and score cards
 - Implementation plans
 - Tracking of progress
 - Reporting

Legislative Update

- LD 84 – An Act to Improve the Coordination of Health Care for Minors in State Care – Currently, establishing access to HealthInfoNet for designated staff prior to the 9/24/25 effective date.
- LD 122 – An Act to Update Certain Laws Regarding Extended Care and Adoption
- LD 156 – An Act to Improve Notifications Related to Substance-exposed Infants – OCFS has convened a workgroup of internal and external stakeholders to develop rules.
- LD 802 – Resolve, Directing the Department of Health and Human Services to Design a Mentoring Program for Youth Who Have Extended Care and Support Agreements with the Department – OCFS is finalizing an amendment to the existing contract with the University of Southern Maine for the Youth Leadership Advisory Team (YLAT).
- LD 1406 – An Act to Amend Certain Definitions in the Child and Family Services and Child Protection Act – OCFS has provided guidance and support to staff and mandated reporters regarding the change to the definition of neglect.
- LD 1922 – An Act to Support Workforce Development for Families That Were Involved in Child Protective Activities by Requiring the Sealing of Certain Records (carried over) – OCFS has convened a workgroup of internal and external stakeholders to gather input the findings rules, including establishment of a process for excluding certain findings from the results of a background check

LD 1406 Poverty and Neglect

What is poverty and what is neglect

Changes have been made recently to part of the definition in Maine law: "Abuse or neglect" also means serious harm or threat of serious harm by a person responsible for the child due to inadequate care or supervision of the child or deprivation of food, clothing, shelter, education or medical care necessary for the child's health or welfare by that person **when that person is financially able to provide food, clothing, shelter, education or medical care necessary for the child's health or welfare or is offered lawful and reasonable financial means or resources to do so.**

A key point in this updated definition is the clarification that for it to be neglect, a person responsible for the child must be financially able to provide for these essential needs of a child or have been offered resources (legal and reasonable) to be able to provide for these essential needs of the child.

An important consideration in determining if something is poverty, instead of neglect, is to identify if financial support alone would alleviate the conditions the child is experiencing.

Some scenarios of poverty alone might include:

- A child coming to school in the winter without a coat
- A child about to become unhoused because their parent/caregiver can't afford rent
- A child disclosing that there isn't enough food to eat at home

Distinguishing between poverty and neglect can be challenging but is important. Neglect may be investigated by DHHS and may warrant a legal intervention while poverty should be addressed through resources within the community.

Hotel and Emergency Department Strategies

Community Sitters continues to be the most effective strategy that OCFS has implemented. There are 270 approved sitters statewide.

Intensive Short Term Homes Model

- OCFS management held informational meetings in all 8 districts with resource parents, Adoptive and Foster Families of Maine (AFFM), crisis teams, and Resource Parent Care Teams to recruit families. There are currently 8 active homes.
- OCFS is convening a meeting on 9/17/25 with resource parents who have had placements, Resource Unit staff, and district staff who have had a placement in an ISTH to discuss what went well, challenges, and to brainstorm solutions.
- OCFS continues to need additional foster home resources that provide all levels of support (regular, treatment, and ISTH)

Meetings to brainstorm placement options for youth in these settings to build short-term and long-term solutions

- Individual case specific meetings, include OCFS and OBH/CBHS
- Cross-office meetings with OCFS, OBH/CBHS, CDC, OMS to develop pathways to most effectively serve children with complex needs
- Stakeholder meetings to explore community-based and residential type placement options.

Policy Updates

In Review/Revision

Child Abuse and Neglect Findings – *In rulemaking process*

Decision Making and Service Authorization – *Reviewing with YTS & OSC prior to final review.*

Legal – *Preliminary draft combining all policies*

Health Records–*Combining and updating*

Working with Families with Substance Use Disorder – *First version drafting (combines methamphetamine exposure.*

LGBTQI+

In Final Review

Adoption – *Final with EMT.*

Children's Emergency Services (CES) – *In review with internal staff.*

Discovery – *Beginning review process*

Human Trafficking and Commercial Sexual Exploitation – *Awaiting signature*

Placement – *Final draft awaiting questions before sending to signature.*

Psychotropic Medication – *Final with EMT.*

Safety Planning (new stand-alone policy versus current embedded policy) – *In review process*

Completed

Intake Screening and Assignment (4/2025)

Resource Home Licensing (updates made 7/2025)

Safe Sleep and Period of Purple Crying (10/2024) *updated appendix in 2/2025*

Youth Transition Services (1/2025) *updated appendix only*

Neglect Definition – (8/2025)

New since last report

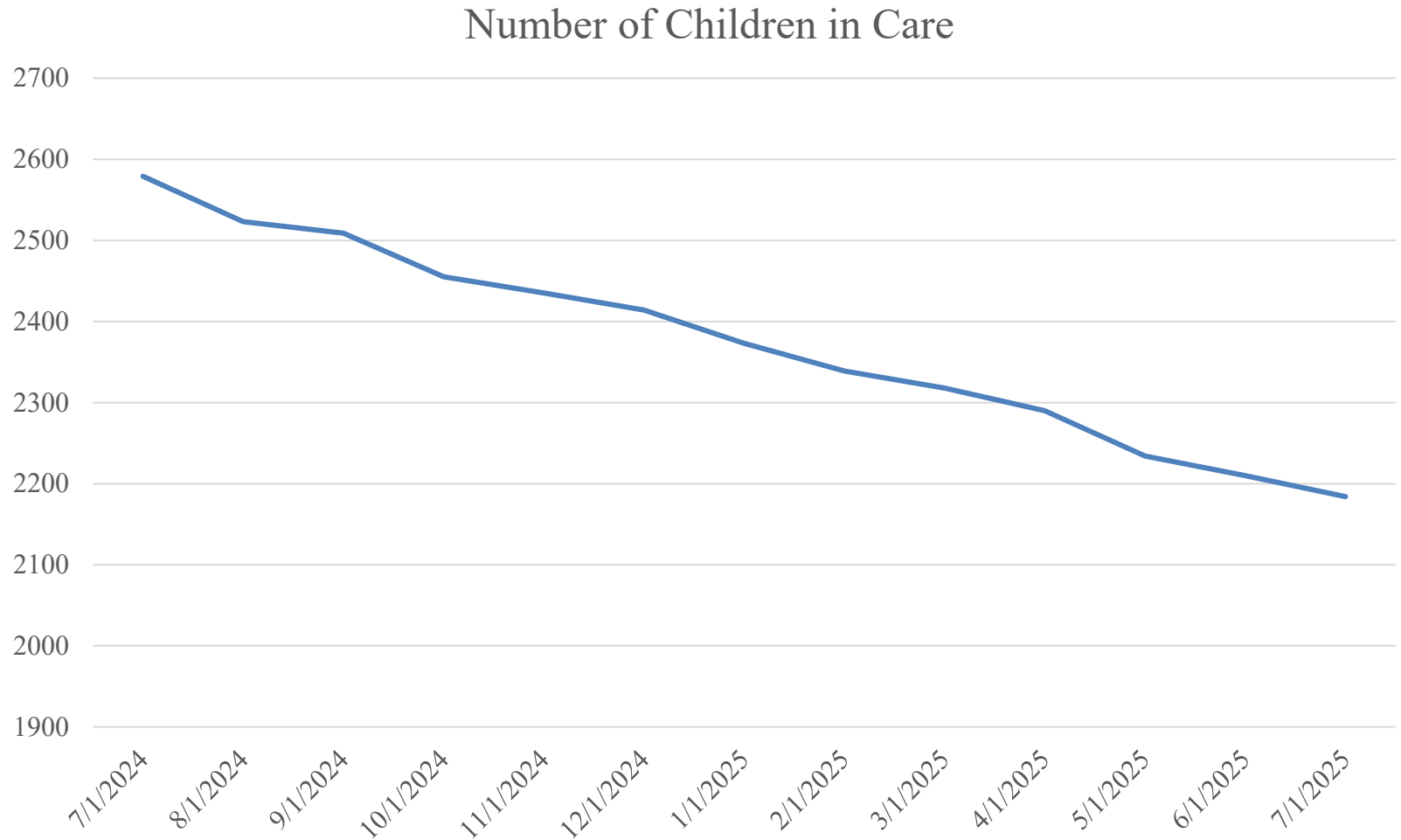
Completed since last report

Questions

Bobbi L. Johnson, LMSW
Director
Office of Child and Family Services



Children in Care



OCFS Child Fatality Reporting

Dashboard: <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/child-fatality-reporting>

The categories of fatalities as identified by the Office of the Child Medical Examiner are:

- **Accidental** (includes causes such as motor vehicle accidents, drowning, fire, etc.)
- **Homicide**
- **Natural** (includes fatalities caused by medical conditions)
- **Other** (includes those fatalities identified by the Office of the Chief Medical Examiner as due to undetermined causes or by suicide)
- **Unsafe Sleep**
- **Sudden Unexplained Infant Death (SUID)**

Quarterly and annual data is available by fatality type, calendar year, age and gender.

What is and is not included on the Dashboard?

What is included in the dashboard?

- Any child fatality that is determined to be a homicide by the Office of the Chief Medical Examiner (OCME) – regardless of whether there is child protective history
- Any child fatality that has a finding of abuse or neglect associated with the death – regardless of whether there is child protective history
- Any child fatality where the family has prior history with the Department – this includes history before or after the child's birth and includes all types of death (including natural, accidental, suicide, and those where the cause of death has been found to be undetermined by OCME)

What is not included in the dashboard?

- OCFS' dashboard is not a comprehensive list of all child deaths in Maine
- Not all child fatalities are referred to the OCME (for example, a death of a child from a known medical condition where the child's physician certifies the death)
- Some child fatalities known to the public and the Department are not included due to pending criminal investigation/prosecution (these are added to the dashboard once prosecution is complete)

Common Misconceptions



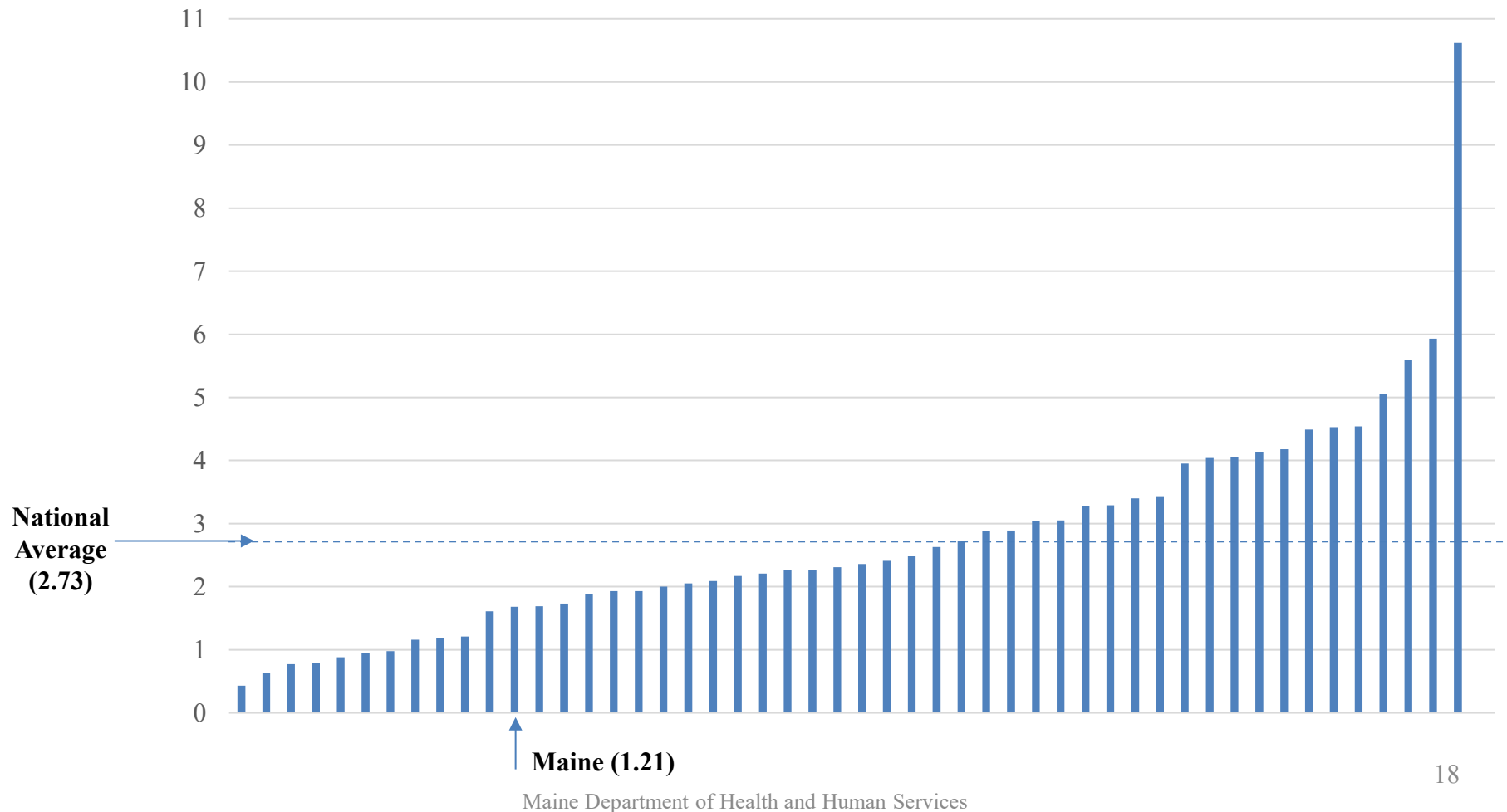
Data only includes children who died while in DHHS custody

Data only includes fatalities due to abuse and/or neglect

There is a clear direct or proximate cause between the family's history with OCFS and the fatality

Data on Abuse and Neglect Fatalities

National Data on the Rate of Abuse and Neglect Fatalities Per 100,000 Children



Maine Justice for Children Task Force

Date: September 2025

Presented by: Caroline Jova, Esq.
Family Division Manager, Administrative Office of the Court,
Maine Judicial Branch

Improving Safety, Permanency, and Well-Being for Children in the Child Welfare
System

Introduction

Mission: Enhance child welfare outcomes for children in Maine.

Task Force Composition:

- Chaired by the Chief Justice of the Maine Supreme Judicial Court.
- Includes representatives from Maine's judicial, legislative, and executive branches.
- Also includes advocates, foster parents, and child welfare professionals.

Key Mandate: Identify systemic improvements and collaborate on solutions to improve outcomes.

Meetings

1

Task Force Meetings:

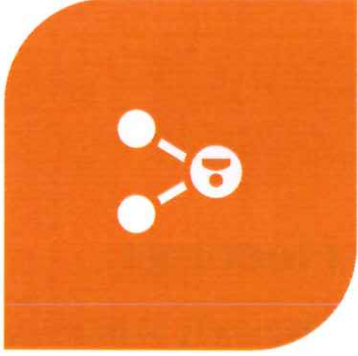
- Held quarterly, typically in March, June, September, and December.
- Virtual format.

2

Focus of Meetings:

- Updates on child welfare system status and workforce needs.
- Action steps and strategic plan initiatives.

Parent Attorney & GAL Recruitment and Retention



CHALLENGE: RETENTION AND RECRUITMENT OF PARENT ATTORNEYS AND GUARDIANS AD LITEM (GALS).



RECOMMENDATIONS: THE SUBCOMMITTEE'S RECOMMENDATIONS TO THE TASK FORCE WERE PRESENTED AND REVIEWED BY THE TASK FORCE IN JANUARY AND MARCH 2025.

Recommendation Themes

- Improvement to GAL and parent attorney payment.
- More opportunities for exposure to child welfare law, including through continued collaboration with the Law School.
- Data driven retention and recruitment through the development of an exit interview protocol.

Recommendations in Action

- Electronic submission and processing of GAL vouchers went into effect on August 13.
- Child protection course at the Law School will again be offered. Discussion about an additional bridge course is ongoing.
- Exit interview for GALs is being developed.

Continuing Education Subcommittee

- Annual child protective conference (usually held during the Judicial Branch's spring administrative week).
 - Planning begins September of the preceding year.
- Strategies for professionals to better support children and families involved in the child welfare system.
- Peer networking.

2025 Conference:

Improving Family Outcomes Through Effective Communication in High Conflict Cases
April 3 and 4, 2025

The 2025 Conference featured the High Conflict Institute and presented on such topics as:

- Flipping the Script in High-Conflict Cases: Understanding High-Conflict Personalities
- Conflict Tolerance
- Using a Structured Proposal Method for Reaching Agreements
- Managing High Conflict Personalities in Court (Judge Only)
- Communication Between Teams/Groups

2025 Conference:

Improving Family Outcomes Through Effective Communication in High Conflict Cases
April 3 and 4, 2025

- There were approximately 250 participants each day.
- The following credits were awarded for the April 2025 conference (approximate):
 - Total credits awarded: 2,060 credits
 - Continuing Legal Education (attorneys): 965 credits
 - Continuing Professional Education (Guardians ad litem): 587 credits
 - Legal Ethics: 163 credits
 - Continuing Judicial Education (judges): 345 credit

Conclusion

The Task Force's initiatives are driving system-wide improvements.

Collaborative work has a lasting effect on Maine's child welfare system.

Ongoing efforts will continue to strengthen the system and support Maine families.

Questions?

Thank you for your time and attention.

Contact Information:

Caroline Jova, Esq.

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caroline.jova@courts.maine.gov



Christine Alberi, Child Welfare Ombudsman
Committee on Health and Human Services
Child Welfare Quarterly Update
September 9, 2025

Good morning, Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee. Thank you for having me here today. My name is Christine Alberi, and I am the Child Welfare Ombudsman for Maine. I have a brief quarterly update for you today.

The Child Welfare Ombudsman is an independent non-profit created by statute, 22 M.R.S.A. §4087-A. As part of the Ombudsman's work, we complete case-specific reviews of Department child welfare cases from a neutral perspective, keeping the safety and best interests of the child at the forefront of our reviews. We also provide services to the public in the form of information and referral calls where we are able to help individuals understand their child welfare cases more clearly.

We will soon be putting together our annual report, which is based on a survey of our case specific reviews. That report will be distributed by January 1. I cannot give you any specifics about the report yet, so I thought I would do something different today and try to add to the ongoing discussion about prevention of child abuse, poverty, and resources.

I know we are in uncertain times in terms of funding, but I cannot emphasize enough how important prevention services and financial support are to families both to prevent child protective involvement including removal of children from the home, as well as to help families reunify. The discussions of the impact of poverty over the past year have been important, and we have essential clarification to the child protection statute, but without better resources sometimes it is impossible to keep children safe and families intact.

Here is a hypothetical example, based on events that happen in real cases. Imagine a mother with two children. Her seven-year-old son has a different father than her infant and she is living with the father of her infant. She is a victim of domestic violence both from the father of her older child and the father of the younger, but the police and the Department were never involved with her seven-year-old. She also has a complex trauma history from her childhood that involved being removed from her own parents and being placed in state custody. The father of her younger child also introduced her to opiates, and she quickly became addicted.

She entered treatment and was prescribed suboxone when she found out she was pregnant, and although the Department investigated when her infant was born, she was in treatment and the investigation was closed. At this point she would like to leave the father, as he has become increasingly violent and controlling over the course of the pregnancy, but she has nowhere to go, and the nearest domestic violence shelter would take her out of her seven-year-old's school district.

Then, when the baby is two months old, she is the victim of serious domestic violence from her partner while she is holding the baby. A neighbor calls police and police call child protective services. The father is arrested and child protective services tells the mother that she has to

separate from the father or the children will be unsafe. She obtains a temporary protection from abuse order, but misses the hearing that makes the order permanent because she does not have transportation, and also attending court makes her extremely anxious. The father owns the home that she and the children are living in, so in order to protect herself she has to leave. She convinces her biological mother to come and pick her and the children up, even though they do not have a good relationship, but at least the grandmother lives in the same district as her seven-year-old's school. She still does not have a car and now the father is no longer available to bring her to her doctor's appointments. She misses several substance use treatment appointments. The mother's adult sister is also living in the home and is using opiates. The mother relapses with her sister.

The Department learns of the situation when the mother's sister overdoses in the home in the presence of the children. Both children are removed and placed in state custody.

I am going to fast forward to a year into the reunification case. The mother has started mental health counseling and continued substance use counseling but is still living with the grandmother and still does not have a car or a job. She is transported by the Department to all of her appointments and visits with her children, but she lives in a rural area and there is no employment within walking distance. She is also struggling living with her mother, as her mother is struggling with mental health issues. One night the grandmother assaults the mother and so she leaves the home and moves into a shelter. She has to call her sister who overdosed for a ride. The shelter is two hours away from where she was having visits with her children.

The mother has to find a safe place to live, or she cannot reunify with her children. After a month in the shelter, she moves back into the father's house. She believes that because he has also been doing services she will be safe with him. Both parents have had clean drug screens for several months. The father has a car and employment and it will be easier to get to visits. Then, one night both parents start drinking and the father assaults the mother and is arrested again. A petition to terminate the parents' rights is filed and now reunification is in serious doubt.

I believe that the complex effects of trauma, poverty, substance use, and mental health on families are very difficult to study, and it is impossible to quantify which of these four things has the greatest impact on any given case. Would this mother have been able to successfully reunify with her children if she had access to safe affordable housing and transportation? There are no certainties, but her chances certainly would have been greater if she had not had to move in with the grandmother and the father. Would she have lost custody of her children in the first place if she had the financial resources to move to her own place rather than moving in with unsafe family members? Maybe not.

I want to emphasize the complexity of these cases, as I know there is serious concern currently that children are being removed from homes due to poverty. We have not seen children removed for reasons other than safety. But especially during reunification in cases, poverty and service issues outside of a child welfare permanency worker's control, can absolutely cause reunification to fail.

I mentioned at the beginning how important prevention services and financial support are to families, both to prevent child protective involvement, including removal of children from the home, as well as to help families reunify. Some things are easier to fix - like getting greater access to transportation supports - and some are more complex - like ensuring that there is enough behavioral health workforce so that each member of the family can get the support they need. Most necessary services exist in Maine in one form or another—for example, domestic violence services can be accessed throughout the state—but there are gaps and needs that service providers can provide more information about. I know we can work together to provide strengthened family support for the children and parents of Maine.

Thank you for having me here today, and I am happy to answer any questions you may have.

Christine Alberi
Child Welfare Ombudsman
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207-215-9591



Adoptive & Foster Families of Maine Inc. and The Kinship Program

238 State St. Suite 5
Brewer, ME 04473
Travis@AFFM.net
207-827-2331

September 9, 2025

ATTN: Committee on Health and Human Services

Hello, Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee. My name is Travis Bryant, and I am here today on behalf of Adoptive and Foster Families of Maine, Inc., and the Kinship Program. Thank you for taking the time to talk about such an important topic during September, as it is recognized as National Kinship Month. For over two decades, AFFM has been a grassroots organization dedicated to providing non-judgmental peer support and resources to adoptive, foster, and kinship families.

Over the past year, our work has demonstrated the critical importance of this mission. We have provided peer support and information to over 739 kinship families, representing more than 1,090 caregivers and over 1,600 youth and teens. The impact of this support is profound. In a recent survey, 88% of resource families reported that AFFM has positively supported their caregiver experience, and 89% believe our services help keep a safe and stable home for the youth in their care.

The challenges kinship caregivers face are real and immediate, and our programs provide tangible relief. Last year alone, we fulfilled over 107 emergency financial requests, providing more than \$65,000 in aid to support 164 caregivers and 282 young people. Beyond financial assistance, our programs provide essential support, from the 74 youth who received scholarships for summer camp to the 331 young people who received new winter outerwear through the Snowbuster program. Our clothing closets and holiday gift drives supported hundreds of families, ensuring that children have what they need to thrive.

A challenge for many of our kinship families is not just the lack of resources, but the struggle to navigate a complex system. While many caseworkers are wonderful, the system can feel overwhelming. Kinship caregivers, driven by a deep love for their family, can become frustrated when they feel unheard or lack the necessary tools to succeed. This can create tension, as both the caregiver and the caseworker are working to do what they believe is best for the child, but sometimes lack the necessary communication to align on the best path forward. Additionally, many caregivers are unaware of all the resources available to them, from our support groups to our lending library. This is where our navigation program serves as a lifeline, helping families navigate the child welfare system and providing a responsive ear to support them.

In 2024, thanks to funding from the John T. Gorman Foundation, we began compensating caregivers for their lived expertise by providing a stipend to our mentors, support group leaders, and advisory committee members. They led the 146 C.A.R.E.S. meetings and helped facilitate hundreds of hours of training completed by caregivers last year.

By valuing and compensating the expertise of those who have walked this path, we not only try to provide the best possible peer-to-peer support, but we also build a more responsive and empathetic system. This approach creates a partnership, transforming the caregiver experience from one of isolation to one of empowerment. Additionally, AFFM has recently added a full-time position to support our digital outreach and marketing efforts. We have hosted four regional resource family events, one in Presque Isle, Prospect, Augusta, and South Portland, where hundreds of people gathered to celebrate the joys and successes of their journeys. We also hosted a Kinship-specific event at the Rockland Children's Museum this past Sunday, on National Grandparents' Day, and we look forward to partnering with Conant's Orchard in Etna during Maine's Apple Sunday Event this coming Sunday, September 14th.

Thank you for your time and commitment to the well-being of Maine's kinship caregivers and the children they care for.

If you have any questions regarding my testimony, please contact me at 207-631-4548 or e-mail travis@affm.net.

Thank you for your time and consideration.

Respectfully submitted by:

Travis Bryant
Executive Director
Adoptive and Foster Families of Maine Inc.
238 State St., Suite 5, Brewer, Me.
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Adoptive and Foster Families of Maine, Inc. & The Kinship Program



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207-827-2331



- AFFM been as a grassroots organization providing free nonjudgmental peer support navigation services to resource families since **1997**



- AFFM's Mission is to provide the training, guidance, knowledge, and resources needed to handle complex issues encountered by resource families as they open their hearts and homes to children in need.

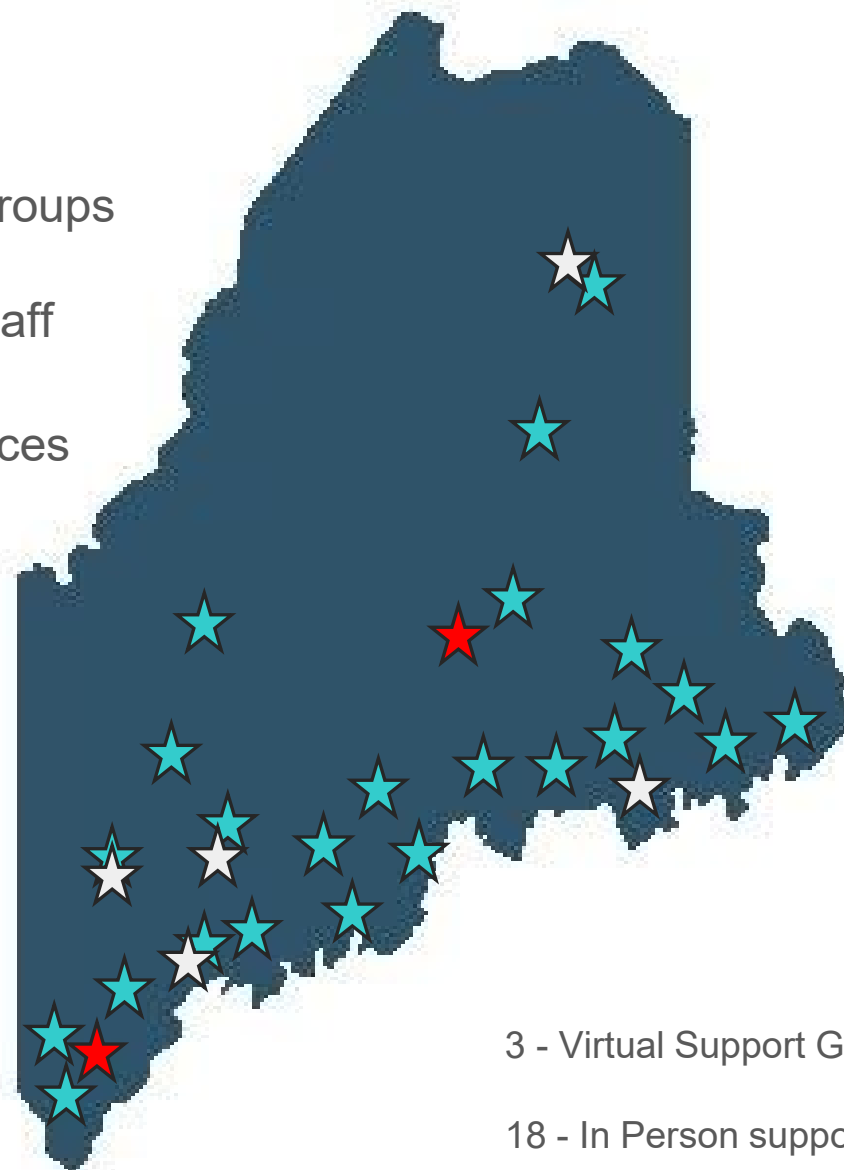




30 Employees

- Full Time Staff - 16
- Part Time - 3
- Part Time Per-diem - 10
- Seasonal - 1

- ★ Support Groups
- ☆ Remote Staff
- ★ AFFM Offices



3 - Virtual Support Groups

18 - In Person support Groups



- In 2024 AFFM connected and provided Peer support and information to over **739** Kinship Families.
 - 1,090 Kin Caregivers
 - 1,613 Youth/Teens





- **88%** of resource families surveyed feel that AFFM has supported the caregiver experience &
- **89%** of resource families surveyed feel that the supports and services provided by AFFM are helpful in keeping a safe and stable home for youth in care.



- In 2024 AFFM received and filled over **107** kinship received Emergency financial requests that totaled over \$65,805 with an average request of about \$615 per request.
- These requests help support **164** caregivers and **282** young people.



- AFFM's campership program provided **74** youth with scholarships to attend summer camps and educational experiences. and served as a informal respite support to **57** Caregivers
- The Snowbuster Program provided **331** youth with essential winter outerwear. (coats, ski pants, hats, mittens, etc.)

- AFFM provided material goods to families through its Clothing Closets, the Holiday Gift Giving Program, the Back to School Program, the Comfort Case Program, And the Jockey Bag Program. In 2024 AFFM supported **534** Kinship Families
 - **835** Caregivers
 - **1,382** youth





- The Holiday Gift Giving Program supported over **693** kin children.
- The Ready Set Go to Learn Program provided **515** children with new, grade-appropriate school supplies, a backpack, clothing, and personal care items.
- AFFM provided **268** Comfortcases & Jockey Adoption bags to **14** kin children.



- In 2024 AFFM referred kinship families to over **47** different organizations and supportive services



- In 2024, AFFM arranged **146** C.A.R.E.S. meetings which were attended by **211** caregivers. Additionally, **114** youth attended the onsite childcare groups and had the opportunity to interact with other youth who were going through similar situations



- **1,116** caregivers completed **20,847** hours of training facilitated or offered by AFFM



- In 2024, AFFM received Funding from the John T Gorman Foundation for Caregivers as Leaders and to pay for their lived expertise.
 - Mentors
 - Support Group Leaders
 - Advisory Committee Members
 - Kinship Navigator Program Advisory Committee
 - Resource Parent Advisory Committee

Email: info@affm.net



AFFM Supports & Activities!

- Discount Card Program
- Foster Care Month
 - Family Fun Event, Fort Knox
 - Family Fun Event, Fort Williams
- Lending Library
- **FREE** State Park Pass to licensed families
 - Family Fun Day at Mantle Lake Park
- FREE Children Museum Passes
Bangor, Rockland, Waterville, and Portland
- **Kinship Month Events**
 - Rockland Children's Museum
 - Conant's Orchard
- Warm Line
- Allegation Support
- York Wild Kingdom discounted passes
- Grey Wildlife Park Pass

How Others Can Help



- Inform others about the conference, invite them to attend next year
- Follow us on social media and share AFFM's posts
 - Join your local district Facebook group
- Ask a local business to be on the discount card or to consider donating to one of our programs
- Help grow your local CARES Meeting group
- Become a mentor
- Become a board member
- Help spread the word

For More Information



Adoptive & Foster Families of Maine, Inc. & The Kinship Program



207-827-2331



www.affm.net



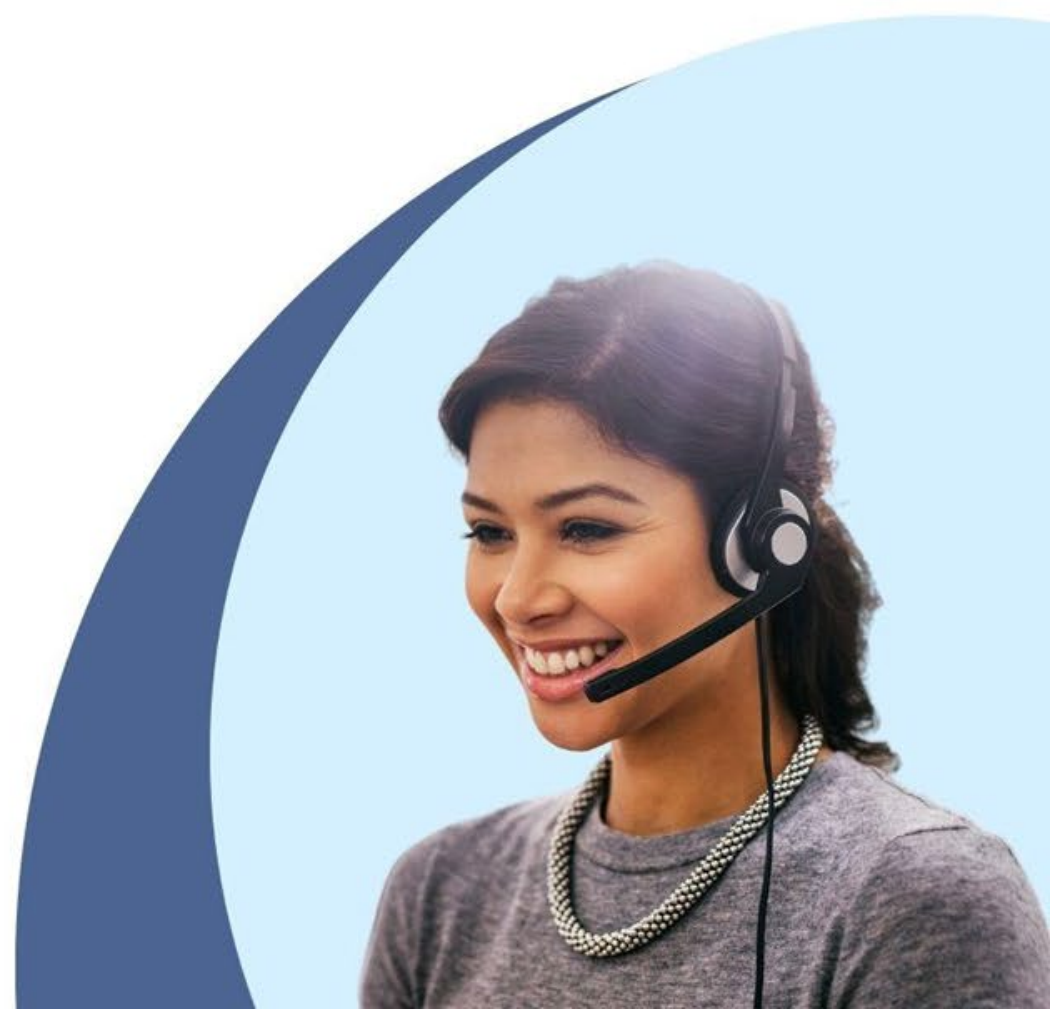
Join AFFM's email list serve



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thank
you



Non-Emergency Transportation Broker Contract Amounts

For contracts beginning July 1, 2025, and ending June 30, 2026.

Modivcare Region 1: \$7,424,026 (Aroostook County)

Modivcare Region 2: \$6,579,861 (Washington and Hancock Counties)

Modivcare Region 6: \$8,018,251 (Cumberland County)

Modivcare Region 7: \$13,027,253 (Androscoggin, Oxford, and Franklin Counties)

Modivcare Region 8: \$7,869,158 (York County)

Subtotal Modivcare: \$42,918,549

Penquis CAP Region 3: \$13,239,361 (Piscataquis and Penobscot Counties)

Penquis CAP Region 4: \$13,798,405 (Somerset and Kennebec Counties)

Subtotal Penquis CAP: \$27,037,766

Waldo CAP: Region 5: \$11,373,471 (Sagadahoc, Lincoln, Knox, and Waldo Counties)

State Fiscal Year 26 Grand Total: \$81,329,786

Joint Standing Committee on Health and Human Services Talking Points:

- The Department was advised of ModivCare's voluntary filing for Chapter 11 bankruptcy on Thursday August 21, 2025.
- The company and several of its lenders have agreed to a financial restructuring plan that includes the lending of \$100 million to Modivcare. The Chapter 11 court process is expected to be completed by the end of this year, at which point Modivcare expects to move out of bankruptcy.
- Modivcare reports that all transporters, other contracted vendors, MaineCare members, friends and family who receive mileage reimbursement, and Modivcare employees will be paid timely and that operations will continue as normal to ensure no disruption of services in Maine and other states. To that end, Modivcare has met with its Maine transporters to explain the debt restructuring process and to ensure they will be paid for transporting MaineCare members to their medical appointments.
- In addition to Modivcare's assurances that rides will be provided and transporters paid, the Department has payment and performance bonds from Modivcare's insurers for each of the five regions that Modivcare covers in Maine. These financial safeguards could provide short-term funding to sustain operations, if the need arises.
- Modivcare has been in very timely and regular contact with the Department on this matter and we will expect this to continue. The Department is holding regular weekly meetings with Modivcare throughout this process to ensure accountability and uninterrupted services along with timely payments.

We will continue to monitor developments as this process moves forward and will address any concerns if they arise.

- As of Thursday September 4, 2025, the Member Services call center has not received any calls from MaineCare members expressing concerns about the Modivcare Chapter 11 Bankruptcy filing and we have not received any complaints from transporters not being paid timely for billed and approved trips. We will continue to monitor telephone traffic into the MaineCare Member Services and MaineCare Provider Relations teams.
- Performance metrics: We will continue to review both weekly and monthly performance reports from Modivcare. Modivcare is currently in compliance with required performance metrics.
 - Existing performance metrics: missed trip percentages, complaint rates and on time performance.
 - New weekly reporting on number of billed and paid trips for transporters.
 - Most recent update: From the time of the announced bankruptcy on 8/21 to 9/3, Modivcare was billed for 19,623 trips at a cost of \$773,457 which has been paid in full to its transporters.

Anticipated Questions:

- What if Modivcare does not make it out of bankruptcy?
 - The expectation is that Modivcare will resolve bankruptcy through Chapter 11. In the unlikely event that the bankruptcy is not resolved, we are preparing for contingencies within the parameters of the procurement process.
 - We also have payment and performance bonds from Modivcare's insurers that can be used to pay for operations, including transporter and mileage reimbursement payments, should it be necessary.
- Why or how did you award this contract to a company with financial issues?
 - The Department's scoring team made the decision to award the contract to Modivcare two years ago. The financial information we had at that time would have been dated 2021 or 2022 at time of submission of its proposal. The company announced its bankruptcy in August of 2025, three or four years later than the financial information we had when we scored the proposals.
- I have heard many complaints about Modivcare's performance, how can you say they are complying with their contract?
 - While it is true that Modivcare gets the most complaints, it is also true they do substantially more rides than the other brokers (over 1.2 million rides per year), it covers more geography and serves the largest and most diverse population centers in the state. The sheer volume of complaints will be higher. The performance metric we require is no more than 1 complaint per 100 trips or 1%.

In the second quarter of this year (April – June) Modivcare’s complaint rate averaged 0.07%. So even though Modivcare had the highest volume of complaints, its complaint rate was well below 1% because it is measured against the number of trips it does.

- If you are receiving complaints from your constituents, please convey these to the Department via its Constituent Services link at www.maine.gov/dhhs/about/contact . There is a simple form to convey complaints. We ask that you provide as many details as possible, including who, what, where, and when. This will enable staff to more efficiently address the complaint.
- Members can be directed to call member services if they have already contacted the broker 1-800-977-6740

How does bankruptcy filing affect the pending litigation at the Maine Law Court?

- From CO this morning: those involved in the appeal are aware of the bankruptcy filing and current status.
- The Department does not expect an impact from the filing on the appeals at this time.

Communications:

August 25, 2025 media statement:

The Department is aware of Modivcare’s voluntary Chapter 11 bankruptcy filing and is monitoring the situation closely. We understand the importance of these transportation services and our priority is to ensure that MaineCare members continue to get to their appointments without disruption and transporters are appropriately paid.

At this time, Modivcare has assured Maine DHHS that transportation will continue as normal and that transporters, vendors, and employees will be paid in a timely manner. We remain in regular communication with

Modivcare, holding the company accountable to its contractual obligations, and are closely monitoring the process. If MaineCare members and/or transporters experience issues with Modivcare, they should contact Modivcare directly <https://www.mymodivcare.com/members/me/>

September 8, 2025: OMS sent an e-message to our member-facing subscription list to inform members and encourage continued access to NET: [MaineCare Non-Emergency Transportation Update | Department of Health and Human Services](#)