Maine
Cumberland **County**

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TESTIMONY before the Committees on Appropriations and Health and Human Services

Regarding p. A-285 of LD 1001

State Budget

March 5, 2019

Senators Breen and Gratwick, Representatives Gattine and Hymanson, and distinguished members of the Appropriations and Health and Human Services Committees: thank you for the opportunity to address you today. My name is Travis Kennedy. I'm the Director of Public Affairs for Cumberland County government. I'm here to speak on behalf of the county in support of Part A-285 in the Governor's budget, which would support increasing Mainecare reimbursement for Medically Assisted Treatment.

Cumberland County is home to roughly 293,000 full-time residents, and has suffered dramatically from the scourge of opiate misuse in recent years. There are three facilities in Cumberland County that accept Medicaid reimbursement for Medically Assisted Treatment, or MAT. We support Governor Mills's effort to increase state reimbursement for MAT in the state budget.

To be sure, MAT is not the ultimate solution to substance misuse treatment. It is a piece of a much larger puzzle that breaks down multiple silos including intensive counseling, access to health care, enhanced law enforcement, sober housing, preventive education, pain management reform, grief and trauma recovery support, childhood development and protective services, and economic opportunity, among others. MAT is only one piece of this complex array of needs; but if we're going to spend money on it, we certainly should be spending enough for it to be effective.

Because the statistics are clear; when reimbursement rates are too low, and facilities aren't able to offer enough focus per-patient to keep them on the path to recovery the success rates of treatment drop. Not only is this a tragic cycle for patients and their families who are struggling with substance misuse; but it also takes otherwise capable employees out of the workforce, adds pressure on law enforcement, and increases the likelihood that these patients will cycle through the criminal justice system, through incarceration and through emergency room care. Underfunding MAT does not make this problem go away - it only pushes it toward more expensive societal costs.

Thank you for your time today, and for your consideration of this very important issue. I'm happy to answer any questions you may have.

MAINE
STATE
CHAMBER
of
COMMERCE

The voice of Maine business

March 5, 2019

Dear Chair Breen, Chair Gratwick, Chair Gattine, Chair Hymanson, and
Members of the Appropriations & Financial Affairs and
Health and Human Services Committees,

I would like to provide you with the Maine State Chamber of Commerce and ReadyNation's comments in support of Maine's Head Start programs. Both the Maine State Chamber of Commerce and ReadyNation are members of the statewide MaineSpark Coalition. Head Start is an important component of Maine's system of early care and education programs that make up the continuum of programming needed by many of Maine's youngest and most at-risk learners, and an important building block to help strengthen Maine's future workforce and our economy.

Maine business leaders believe strongly that education is the single most important investment that can be made to ensure successful participation in the new, knowledge-based economy, earnings growth and improved health status. Just as post-secondary education and training are critical building blocks to ensure success in the work force; high-quality early education like Head Start are vital building blocks to ensure success from kindergarten to post-secondary education.

Education is a critical investment in Maine people and in our economy and should be treated as such, through a coordinated approach starting with early learning. Ensuring that all students arrive at Kindergarten socially, emotionally and cognitively ready to learn is an important first step and merits state investments. A 2017 research report by ReadyNation shows that children who participate in high-quality early learning programs like Head Start have greater success and:

- Are 35% more likely to graduate from high school;
- Are four times more likely to graduate from a four-year college; and
- Are 42 percent more likely to be employed consistently as adults.

These numbers translate into an unbeatable long-term rate of return – up to $16 for every $1 invested.

As stated in the Maine State Chamber of Commerce/Maine Development Foundation joint *Making Maine Work* report "Investment in Young Children = Real Economic Development," for

Maine people to truly reach their potential, it all starts at birth. Waiting to invest in Maine's most precious assets, our children, until they enter our K-12 system is, for many, too late. To attain our vision of a high quality of life for all Maine people we must ensure that each and every Maine child has access to high-quality care and education from birth. Investment in early education IS real economic development. It's not just a social and moral imperative, it is an economic imperative.

I urge each of you on these Committees to support, and increase when possible, funding for Head Start. With Maine's lack of population growth, we need every child today to grow up to be vibrant members of Maine's future workforce and contribute to our economy.

Thank you for allowing me this opportunity to share comments on behalf of the Maine State Chamber of Commerce and ReadyNation.

Dana F. Connors
President

Verrill Dana LLP
Attorneys at Law

Joint Standing Committee on Appropriations and Financial Affairs
Joint Stand Committee on Health and Human Services

LD 1001, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds for FYs 2019-20 and 2020-21

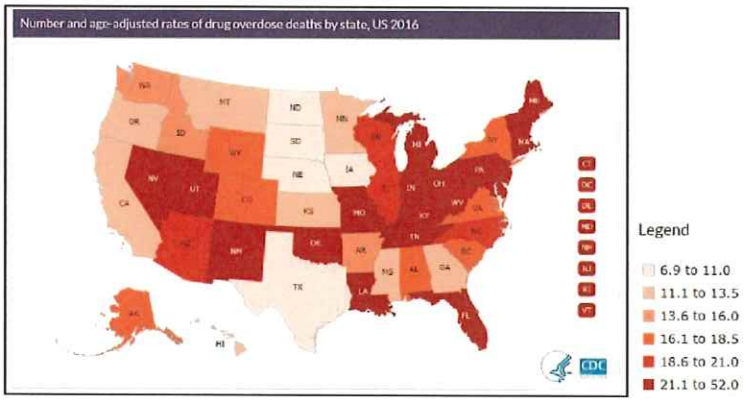
Increase in Weekly MaineCare rates for MAT (Part A, p.285)

Testimony of James I. Cohen on behalf of the Coalition to Ensure Fair Access to Opiate Addiction Treatment

March 5, 2019

Members of the Joint Standing Committees of Appropriations and Financial Affairs and Health and Human Services, my name is Jim Cohen of Verrill Dana, LLP, and I am here today on behalf of a coalition of outpatient providers of opioid addiction treatment comprised of eight clinics in Maine serving approximately 4,000 patients, approximately 75% of whom are MaineCare eligible. We thank the Governor for following through on her pledge to increase the reimbursement rates for medication assisted treatment, and we are here today to speak in strong **support** of ***Part A, page 285 of the Biennial Budget***, which increases the weekly reimbursement for medication assisted treatment.

Maine is experiencing an opioid addiction epidemic. Maine is in the midst of an opiate addiction epidemic. More than one person per day died as a result of an overdose in 2018. The crisis in Maine is among the worst in the nation. Addiction has touched most of us in some way. And the cost of addiction is substantial in terms of law enforcement, criminal activity, loss of child custody, emergency room visits, and lost worker participation or productivity.



What does LD 1001, Part A, Page 285 do? Quite simply, this Initiative increases funding to support an increase in the MaineCare weekly reimbursement rate for medication assisted treatment.

Initiative: Provides funding for the increase in the weekly reimbursement rate for medication assisted treatment.

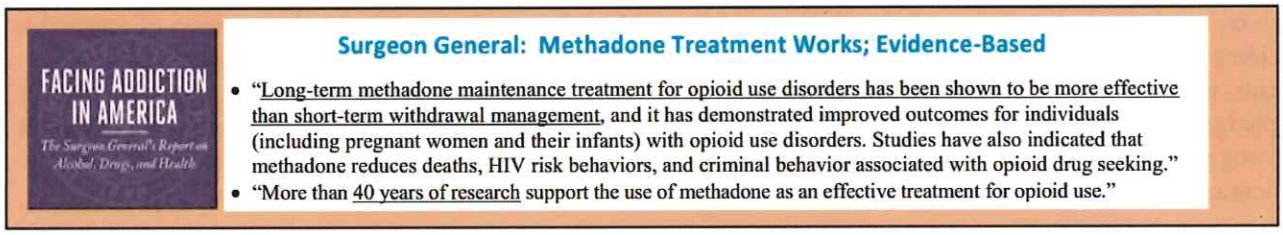
GENERAL FUND			
All Other		474,201	476,571
	Total	474,201	476,571
FEDERAL EXPENDITURES FUND			
All Other		2,159,724	2,153,648
	Total	2,159,724	2,153,648

MAT utilizing Methadone is the gold standard for treating opioid use disorder. MAT utilizing Methadone has been an effective treatment for opioid use disorder in this country dating back over 50 years.

- MAT utilizing Methadone is particularly effective for individuals who are **severely addicted** or **who are pregnant**. It is considered the "gold standard" for treating opioid use disorder.

- Medication-assisted treatment utilizing methadone is the **most tightly regulated form of treatment of opioid use disorder**. Only federally licensed clinics may provide medication management. So-called "outpatient treatment providers" provide patients with methadone on a daily basis under the observation of nurses, individual and group counseling, vocational services, assistance with community connections, random drug screenings, and periodic examinations by a doctor.

- The relapse rate for individuals with opioid use disorder is high, but individuals who remain in treatment with MAT utilizing Methadone until they are stable and able to voluntarily leave treatment have a much lower rate of relapse.



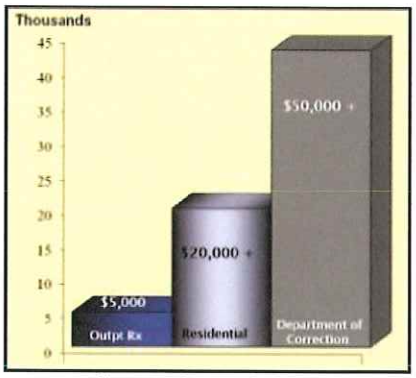
MAT with Methadone Saves the State Money. ..

- According to the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (CSAT), every dollar spent on substance abuse treatment saves seven dollars, a 7:1 ratio. Individuals in treatment are **less likely to be arrested** (16%), **less likely to have felony convictions** (34%), **less likely to visit the ER** (39%), **less likely to have hospital stays** (35%), and have **lower overall medical costs** (26%).

- According to a July 2014 fact sheet that was posted on the website of the Office of Substance Abuse and Mental Health Services of Maine DHHS, every dollar invested in addiction treatment saves $4-7 in reduced **drug-related crime**, **theft**, and **criminal justice** costs. When health care is considered, the savings exceed costs by a 12:1 ratio. The fact sheet notes that 1 year of imprisonment costs $45,951.

- Other costs to consider are for **child protective services**. When patients lose custody of their children, the State must pick up the cost. This also hurts opportunities for the children going forward.

- **Outpatient MAT is particularly cost effective**:



Comparison of Costs

MAT rates in Maine are too low. MAT utilizing Methadone is supported by a weekly bundled MaineCare rate of $81/wk. that covers medication, medication management, counseling, random drug screening, and physician evaluations. Over the past 25 years, the bundled weekly MaineCare rate for the treatment has stayed virtually the same despite inflation and the addition of more requirements on providers. If inflation were factored in, the rate would be approximately $127/week. Maine's current rate is among the lowest in the nation.

Timeline: Rates for Outpatient Methadone Treatment

- **1995:** First Methadone clinic opened in Maine. MaineCare rate set at **$80/wk.**
- **2010:** MaineCare rate fixed at **$72/wk**
- **2012:** MaineCare rate fixed at **$60/wk**
- **2018:** MaineCare rate restored to about **$81/wk**

Increasing rates will improve access to quality treatment.

- **Access.** There are currently 8 clinics in Maine that provide MAT with Methadone to MaineCare patients. These clinics are in Greater Portland (3); Bangor (2); Waterville; Lewiston; and Calais. In the last decade, due to low MaineCare rates, no new clinic serving MaineCare patients has successfully opened. If rates are increased, it becomes more likely that clinics will be able to open closer to where people live, including York County, Western Maine, Northern Maine, and the Mid-Coast. Proximity is very important for MAT with Methadone since travel to the clinic is a key aspect of the treatment.

- **Quality.** Low reimbursement rates have caused clinics to increase their patient to clinical staff ratios, reduce the frequency of counseling, hire less experienced staff, and has led to more staff turnover. In turn, clinics have observed a decline in patient outcomes. Moving the rate closer to cost will allow clinics to enhance their counseling options, which will improve outcomes.

What is the proper weekly rate? As noted earlier, a cost-based rate for MAT with Methadone would be about $127/week. This Budget does not specify what the rate should be; however, Maine law has a statutory floor of $60/week. We would suggest increasing this floor to $110[1], if supported by the Committee.

Conclusion. For many reasons, this Budget Initiative is one of the best steps the Legislature can take to save lives and money associated with Maine's opioid addiction crisis. We urge passage of the bill, and we would be pleased to answer any questions you have or provide additional information. Thank you.

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[1] Potential language to increase the statutory floor: Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65, Behavioral Health Services, a rule of the Department of Health and Human Services, must provide that the reimbursement rate paid to outpatient opioid treatment providers is at least $110 a week

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LD 1001, An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds for FYs 2019-20 and 2020-21

Support for Increase in Weekly MaineCare rates for MAT (Part A, p.285)

March 5, 2019

Senator Breen, Representative Gattine, Senator Gratwick, and Representative Hymanson and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services, my name is Chris Hastedt and I am the Senior Policy Advisor at Maine Equal Justice. We are writing to express our support for Part A, p.285 of the Governor's Biennial Budget, in particular the Initiative that proposes to allocate additional funds to support an increase in the weekly reimbursement rate for medication-assisted treatment. We also express our appreciation to Governor Mills for including additional funding in the Budget for medication-assisted treatment.

At this point, it should be clear that there is a desperate need in Maine to expand addiction treatment services. We can probably all agree that Maine should support evidenced based treatments for the treatment of opioid use disorder. If so, then perhaps we can all agree that medication-assisted treatment with Methadone, which is an evidenced based treatment for addiction with a long and well-documented history of research to support it, has an important role to play in Maine.

Over the past twenty plus years, the MaineCare reimbursement rate for medication assisted treatment utilizing Methadone has not increased. Today's rate is only $1.74 more than the rate in place in Maine in the mid-1990s, despite inflation, and despite an increase in the requirements on Methadone providers. Clearly, this situation is not sustainable. The lack of cost-based rates has contributed to clinic closings and clinics refusing new MaineCare patients.

This Budget Initiative proposes to increase the annual allocation that supports an increase in the weekly reimbursement rate for medication-assisted treatment. Increasing the rate will allow more Mainers to access necessary treatment, which will save lives, improve public health, reduce crime, get people back to work, and help parents reunite with their children. Given the federal matching dollars that we receive from this, the increase seems well worth it if it means that more people will have access to treatment.

We urge the Committee to support this Initiative. Thank you.

BEHAVIORAL HEALTH
COMMUNITY COLLABORATIVE

Working together to promote quality lives

KidsPeace * The Opportunity Alliance * Oxford Mental Health
Shalom House * Spurwink * Sweetser * Volunteers of America NNE

Senator Breen, Rep Gattine, Senator Gratwick, Rep. Hymanson and esteemed members of the Appropriations Committee and the Health and Human Services Committee:

My name is Eric Meyer and I am the CEO of Spurwink – a community behavioral health and substance abuse provider agency. I am also here representing the Behavioral Health Community Collaborative – some of whom are standing here with me today. We are a collaborative of 7 non-profit, community-based agencies who are responsible to the people we serve and the volunteer boards who direct us. We thank you for the opportunity to comment on this biennial budget.

Before we comment on the budget I'd just like to outline that we have many pillars that make up the array of services available for mental health and substance abuse. There is a continuum that includes the state psychiatric hospitals, the private psychiatric hospitals, behavioral units in traditional hospitals, emergency rooms, community-based residential treatment, community based assessment and therapy, and mobile crisis services. Each of these services is a pillar that supports a continuum of care – and often people need to rely on each one of them. Sadly there are pillars that are weaker, more underfunded, and have not received any state funding increase in over a decade - and that is our community-based system of care.

Today, we are at a critical decision-making point in our behavioral health system.

Right now we are in untenable situation where our jails and emergency rooms have become the largest "keepers" of people with mental health challenges and some have suggested a host of services and programs to actually turn them in to behavioral health service providers. This is not their role, nor is it the place where they will receive the best and most effective care and recovery services.

As a state we need to make the choice to strengthen our community mental health system as it is the one thing that keeps people *out* of the correctional facilities and hospitals where they are improperly housed at the moment. Importantly, Maine is does not lack for high quality programs, bed space or facilities. In fact, right now there are over 50 children placed out of state – and just in our agencies we have over 50 empty beds. We could bring most of them home, closer to their families. We also have waiting lists here in state – and great need for those beds. Why are they not filled? We lack staff. Because we have been flat funded for the last decade it has been impossible for us to attract and retain workers at all levels – but particularly at the direct care service level. Because of a lack of funding we cannot pay enough to compete with

Walmart or MacDonald's – jobs that are less challenging and gut wrenching than the work many of our employees do.

This decade of underfunding community-based services has come home to roost and has now adversely impacted many sectors – our schools, our jails, our police forces, our courts, our emergency rooms. So taxpayers' costs are skyrocketing and people are not accessing quality treatment in the community, close to home. In fact, each of those sectors – especially law enforcement – are telling you that the best thing you can do for *them* is to adequately fund *us*.

Just last week Chief Justice Saufley spoke about this in her "State of the Judiciary" address. She said, " We need safe housing, trained advocates, and mental health and addiction recovery services for all Mainers, particularly young people. Before Maine expands specialty courts to tackle the "epidemic of addiction and mental health crises," she said, the state must fund such community-based services.

She noted that when the state closed the Augusta Mental Health Institute in 2004, officials planned to then create a robust community mental health system..
"That did not work as well as we all hoped," she said. "And many people with mental illness are now in our county jails. I would not want to have the state to make the mistake of doing that with its youth." We would not say it did not work out – we would say it was not funded as well as we all hoped and as was needed.

This session, you have seen or will see many legislative requests for new beds, new facilities, new programs. Before you even consider funding these requests we ask you to fund the programs and services that prevent the need for these initiatives.

While we are grateful there are no cuts, we are concerned that there are no additional dollars in this budget proposal for community mental health and we are asking you to please rectify this as you work on the budget. We are on the front lines. We are in desperate need of your help. We have legislation to address this that will make its way to you. Please take it seriously. And please help. The positive economic ripple effect and positive service effect will be the start of truly addressing so many of the difficult funding crises this committee faces. Thank you.

BEHAVIORAL HEALTH
COMMUNITY COLLABORATIVE

Working together to promote quality lives

KidsPeace * The Opportunity Alliance * Oxford Mental Health
Shalom House * Spurwink * Sweetser * Volunteers of America NNE

Behavioral Health Community Collaborative

A coalition of seven, not-for-profit organizations providing community behavioral health services, all governed by volunteer boards of directors.

KidsPeace: Ken Olson, Maine Executive Director
Oxford County Mental Health Services: Stephanie LeBlanc, Executive Director
Shalom House: Mary Haynes-Rodgers, Executive Director
Sweetser: Deb Taylor, President & CEO
Spurwink: Eric Meyer, President & CEO
The Opportunity Alliance: Mike Tarpinian, President & CEO
Volunteers of America NNE: Rich Hooks Wayman, President & CEO

Collectively, we served 52,191 Maine people last year and we employ 3,471 people.

We provide state-wide services and programs in locations in every county of the State. 70% of children's residential and 85% of adult residential treatment services in the State are provided by Collaborative members. We also provide a majority of the State's crisis services, answering all crisis hotline calls and delivering emergent care in nine of the State's most populous counties (York, Cumberland, Knox, Waldo, Lincoln, Sagadahoc, Oxford, Franklin and Androscoggin). Across our organizations we provide a full array of community based and outpatient programs. We are committed to recovery and to assuring that all Mainers have access to quality services as close to their home communities as possible.

As a Collaborative we pride ourselves on working *with* the legislature and DHHS to "get to yes." We are willing players, understand both the needs for a balanced budget and the need to provide efficient, effective services for those Mainers who need them.

The Collaborative partners are particularly concerned with:

Workforce Development: One of our biggest challenges now and in the past couple of years is hiring and maintaining a dedicated workforce and therapeutic foster families. Collectively our organizations have 351 job openings, or 10% of our workforce, and many of those positions have been vacant for months. Currently it is extremely difficult to recruit and retain workers for our service industry. Because of the pay we are able to offer, now compounded with the increase in the minimum wage requirements, we are finding it hard to compete with other, less demanding jobs that pay similarly or more than we are able to. We have services and bed capacity available, but have waiting lists because we cannot staff the positions.

Adequate Reimbursement: With Few exceptions, behavioral services have been flat funded or received only nominal increases for more than a decade. We intend to continue to submit legislation that will assure our rates keep pace with the CPI going forward. Rates = access and quality.

Community Services vs. Institutional Care: Many children are waiting months for services delivered in their homes and communities, despite federal law limiting waits to 180 days. We believe much more needs to be done to support children's PNMI residential care and home and community treatment services. We call your attention to the "Bring the Kids Home" bill, which supports community based care over institutional care.

DHHS and Accessing Federal Monies: It is important to invest in DHHS and support an approach to the delivery of behavioral health services that is reinvigorated, well-balanced and effective. The best minds in our State need to be brought together to redesign our approach to behavioral health services and ensure available federal dollars are leveraged for the people of Maine. For instance, federal funding is available to implement and sustain prevention and early intervention services, integrated care systems, and care coordination services for children. However, the State must first identify which entities hold the strongest competencies and how to structure such services between our existing spectrum of health and social service systems.

The Collaborative members are available to you to answer any questions you may have and to support you with any constituent issues you may encounter. Please don't hesitate to call upon any of us at any time.

You may reach us individually or through our Legislative Advocates at Moose Ridge Associates – Betsy Sweet, Ben Dudley or Laura Harper.

KidsPeace: Ken Olson, ken.olson@kidspeace.org
Oxford County Mental Health Services: Stephanie LeBlanc, stephanie.leblanc@ocmhs.org
Shalom House: Mary Haynes-Rodgers, mhaynes-rodgers@shalomhouseinc.org
Sweetser: Deb Taylor, dtaylor@sweetser.org
Spurwink: Eric Meyer, emeyer@spurwink.org
The Opportunity Alliance: Mike Tarpinian, mtarpinian@opportunityalliance.org
Volunteers of America NNE: Rich Hooks Wayman, rich.hookswayman@voanne.org

maineaeyc

Maine Association for the Education of Young Children

Testimony of Tara Williams
on behalf of the Maine Association for the Education of Young Children (MaineAEYC)

Before the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services

Neither for nor against LD 1001,
An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

March 5, 2019

Senator Breen, Rep. Gattine, and distinguished members of the Appropriations and Financial Affairs Committee, and Senator Gratwick, Rep. Hymanson, and distinguished members of the Health and Human Services Committee, my name is Tara Williams. I am the Executive Director of the Maine Association for the Education of Young Children (MaineAEYC).

MaineAEYC is a professional association, with over 350 members statewide. We promote high-quality early learning for all children, birth to age 8, by connecting practice, policy, and research. We advance a diverse, dynamic early childhood profession by supporting all who care for, educate, and work on behalf of young children and families.

I am testifying today neither for nor against LD 1001. There is one part of the budget I would like to draw your attention to... During the 128th Legislature the Governor's original budget proposal resulted in a $575,000 a year cut to Head Start. That funding was ultimately provided for both years of the biennium as part of the budget deal that ended the 2017 state shutdown. Unfortunately, the budget proposal currently before you omits that funding. It contains the same General Fund and FHM funding levels provided in the last biennium. If enacted without amendment it would reduce Head Start funding by $575,000 a year.

MaineAEYC is part of the Right from the Start Coalition, which includes educators, parents, leaders, and nonprofit organizations supporting a variety of efforts to improve Maine's early care and education system. One of our concerns is the need address the 1,000 children and families on Head Start waiting lists statewide. We look forward to having discussions about investing in high quality early learning as we move forward this session.

Tara Williams
Executive Director, MaineAEYC
207-274-1478
tara@maineaeyc.org

Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

March 5, 2019

To: Senator Breen, Representative Gattine, and members of the Joint Standing Committee on Appropriations and Financial Affairs.
Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services Committee.

Re: Budget Hearings, Department of Health and Human Services, Children's Services

My name is Malory Shaughnessy. I am resident of Westbrook and the Executive Director of the Alliance for Addiction and Mental Health Services.

Please accept this testimony on behalf of the Alliance regarding our thoughts and concerns on the Governor's proposed budget.

With 34 members, the Alliance represents the majority of Maine's licensed community based mental health and substance use treatment agencies. Our member agencies employ nearly 6,000 Maine people, who in 2018 provided over 5,500,000 service hours to over 120,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

In previous testimony today, I referenced the impacts of Mainecare rates that are insufficient to maintain access to the services needed in our communities. One example, of unfortunately many, is what happened to access to Multisystemic Therapy and Functional Family Therapy, MST and FFT.

Several years ago we had a robust team of providers for these evidence based services in Maine. These services are proven to impact not only the child in treatment, but to help their siblings and their whole family. These therapies are proven to help deter youth from criminal involvement and break patterns that might otherwise lead to increasing mental illness and behavioral breakdown.

Due to rates that did not keep up with increasing costs, these services nearly died of starvation. Provider after provider were forced into dropping the teams they had invested tens of thousands of dollars into for training and credentialing. The Department of Corrections tried to shore up the system with what grants they could offer, but with the rate so far below costs, these services were nearly lost. A partial increase last year has kept a few teams still working, but in several rural counties in Maine there is virtually no access.

When children that should be referred to these intensive teams get treatment that maybe doesn't quite meet their need, often they move over time to a higher need,

and then may end up in a residential facility. An investment in the evidence based treatment might have saved the future of that child...and cost far less in the end. I think the applicable phrase might be penny wise and pound foolish.

Again, this system of care for our children has been in starvation mode for many years and it will take a methodical review and serious increase in the investment in Maine families and children in need before we are whole again. **We are asking you to make that investment this year and add more funding for children's mental health to the budget.**

A continuum of services is essential at all levels of care for the system to work and serve all needs at the appropriate level. Providing the right level of service, in the right place, with the right providers or staff or clinicians is critical. **It also costs less when we do it right**.

Waitlists are long and getting longer for many children's services as well. We have also heard of dozens of Maine children in placement out of state because we have not invested in the community services, and then let our residential services fill up and over flow. Again, waitlists are impacted by the capacity of the workforce. And the capacity of the workforce is impacted by the rates.

A system assessment is essential to know what we are building on. **We know that such an assessment was just conducted for BOTH the children's behavioral health system AND the child protective system**. We call on you to make sure that the investments these assessments call for are made to repair these systems of care. We also call on you to make sure that these two interconnected systems are combined as they are two parts of the same puzzle. Make sure that you fund them to work together to keep our kids in their home communities and receiving the care they need to grow up to be productive members of our communities. Thank you.

Maine Head Start Directors Association

Testimony of Dianne Nelder

to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services

Neither for Nor Against LD 1001, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021*

March 5, 2019

Senator Breen, Representative Gattine, and members of the Joint Standing Committee on Appropriations and Financial Affairs, and Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services, my name is Dianne Nelder and I am the Director of Children's Services for Community Concepts, as well as the Chair of the Maine Head Start Directors Association (MHSDA).

MHSDA brings together the Directors of Maine's 11 Head Start programs. Together, we service more than 3,300 Maine children and their families. Its programs provide comprehensive services to Maine's neediest children and families, including high quality care for children experiencing numerous adverse childhood experiences, comprehensive health services (physical, dental, mental), parent education, parent goal setting and connections to community. Head Start's multi-generation approach is designed to assist the family in moving toward self-sufficiency and improved parenting skills and sets Head Start apart from all other programs.

I am testifying today neither for nor against LD 1001, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021*, more specifically the appropriation for Head Start in the budget.

The State of Maine currently provides just over $3.1 million to Head Start agencies. The state funding allows us to serve more children and families than would be possible with just our federal funding. Current state funding breaks down as follows:

General Fund base	$1,194,458
Fund for a Healthy Maine (FHM)	$1,354,580
Federal Block Grant Fund (in part YYYYYY of the last budget, 2017 PL 284)	$575,000
Total	$3,124,038

Those of you who served in the 128th Legislature may recall that the Governor's original budget proposal for the last biennium resulted in a $575,000 a year cut to Head Start. That funding was ultimately provided for both years of the biennium as part of the budget deal that ended the 2017 state shutdown. It was included in Part YYYYYY of the budget.

Unfortunately, the budget proposal currently before you omits the funding that was contained in Part YYYYYY. It contains the same General Fund and FHM funding levels provided in the last biennium. If enacted without amendment it would reduce Head Start funding by $575,000 a year.

I am here today to ask you to please make sure, at a minimum, that the final budget provides flat funding for Head Start. If funding is cut, we will be forced to drop children and families from our programs.

I would also like to mention that Head Start is part of the Right from the Start Coalition, which will be advocating for a variety of efforts to improve Maine's early care and education system. Included in the discussion will be additional funding to address the 1,000 children and families on Head Start waiting lists statewide. We look forward to having those discussions as we move forward.

Thank you for the opportunity to testify today. I'd be happy to take any questions.

AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Maine

Let ME spread the word on AUTISM

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Testimony of Betsy Mahoney, Esq., Community Outreach Liaison, Autism Society of ME, regarding the Biennial Budget for SAMHS, Developmental Disabilities, Brain Injury and Children's Services

Senators Breen and Gratwick, Representatives Gattine and Hymanson, and members of the Appropriations and Financial Affairs and Health and Human Services Committees, my name is Betsy Mahoney and I represent the Board of Directors of the Autism Society of Maine. I am also the parent of a 27 year-old son with autism spectrum disorder and intellectual disabilities who lives in supportive housing through a MaineCare Section 21 waiver. Section 21 waivers allow disabled persons who qualify to live in the community and receive services instead of residing in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

The Autism Society has deep concerns about the size of the waiting list for Sections 21, 29 and other services. There are currently about 1600 people on the Section 21 wait list (about 600 people in the Priority 2 section of the Section 21 wait list and about 1000 people in the Priority 3), 25 people on the Section 29 wait list, 30 people on the Section 18 (Traumatic Brain Injury) wait list, and 25 people on the Section 20 (Other Related Conditions) wait list.

The current budget proposal would fund up to 300 people off the Section 21 wait list (which constitutes about half the people currently in the Priority 2 section of Sec. 21 wait list) and but does not fund anyone off any of the other wait lists.

The Autism Society requests that the Legislature fund not only the budget initiative in front of you, but also add additional funds to eliminate the wait lists altogether.

Finally, the Society is concerned about the relatively low reimbursement rates for direct service providers. With the State's low unemployment rate and the recent increase in the minimum wage, agencies that employer caregivers to provide direct services are able to pay only slightly above the minimum wage, resulting in constant staff shortages. For example, the agency that provides services to my son pays roughly $11 per hour. A job seeker without skills can often find a relatively stress-free job at a retail outlet instead of working in a sometimes-stressful environment such as the home where my son lives. If funds to increase the reimbursement rate for DSP's are not appropriated, shortages of DSP's may mean that services may not be available to eligible persons who are taken off the various wait lists.

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Mercy Hospital
Northern Light Health Foundation
Sebasticook Valley Hospital

LD 1001 An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

Testimony on Support

March 5, 2019

Senator Breen, Representative Gattine and members of the Committee on Appropriations and Financial Affairs, my name is Lisa Harvey-McPherson and I am here today providing testimony on behalf of Northern Light Acadia Hospital to speak in support of the budget proposal to increase the weekly reimbursement rate for medication assisted treatment. I also want to thank you for supporting eliminating the lifetime caps for medication assisted therapy in the supplemental budget.

Northern Light Acadia Hospital, located in Bangor, is a regional specialty center providing behavioral health and substance use disorder treatment services for adults and children living in northern and eastern Maine. The hospital offers the only not for profit Methadone outpatient program in Maine and a daily dosing Suboxone program in Maine caring for individuals as they enter recovery needing a higher level of supportive services.

I have testified many times that recovery is an individual journey and medication assisted treatment (MAT) is the medically researched evidence-based treatment for substance use disorder. The Substance Abuse Mental Health Service Agency (SAMHSA) states that medically assisted treatment has proven to be clinically effective and to significantly reduce the need for inpatient detoxification services for these individuals. MAT provides a more comprehensive, individually tailored program of medication and behavioral therapy. MAT also includes support services that address the needs of most patients including peer supports, safe housing and access to primary care services.

In addition to treating the addiction, "research also shows that these medications and therapies can contribute to lowering a person's risk of contracting HIV or hepatitis C by reducing the potential for relapse" SAMHSA, *(2015). Medication and Counseling Treatment.*

During fiscal year 2018, Acadia Healthcare served approximately 550 individuals diagnosed with Severe Opioid Use Disorder. Of our current MAT census of 403 individuals, we currently care for 242 individuals with MaineCare. MaineCare reimburses for MAT at a rate significantly below the cost of care provided. The underpayment resulted in Acadia Healthcare subsidizing the MAT program by

$348,371.00 last year. We thank DHHS for issuing an emergency rule at the end of last year providing a small increase in the weekly payment for MAT services. The increase will provide Acadia with an increase of $260,000.00 over 52 weeks. While this increase is helpful, Acadia Healthcare still falls short of covering the cost of care by an anticipated $88,371.00.

In summary we thank the Governor for her leadership and support to implement essential strategies to address the current and ongoing opioid crisis in Maine. Increasing funding for evidenced base treatment approaches for substance use disorder is a foundational component of recovery.

Thank you.

Center for Community Inclusion & Disability Studies
Maine's University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD)

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March 5, 2019

Senator Breen, Representative Gattine, Distinguished Members of the Joint Standing Committee on Appropriations and Financial Affairs, Senator Gratwick, Representative Hymanson, Distinguished Members of the Joint Standing Committee on Health and Human Services:

My name is Alan Cobo-Lewis. I live in Orono. I am director of the Center for Community Inclusion and Disability Studies at the University of Maine (CCIDS). I am testifying for myself and for CCIDS, not for the University of Maine or the University of Maine System as a whole.

CCIDS is Maine's federally funded University Center for Excellence in Developmental Disabilities (UCEDD, pronounced "you-said"), authorized by the federal Developmental Disabilities and Bill of Rights Act of 2000 ("DD Act"). The purpose of the national network of UCEDDs is to provide leadership in, advise federal state and community policy leaders about, and promote opportunities for individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life. Part of the federal mandate of CCIDS is to educate and advise policymakers, including members of the state legislature.

I am also a parent of two teenagers, one of whom has autism and has significant functional limitations. While this testimony will not focus on my family's specific situation, it is inevitably informed by it.

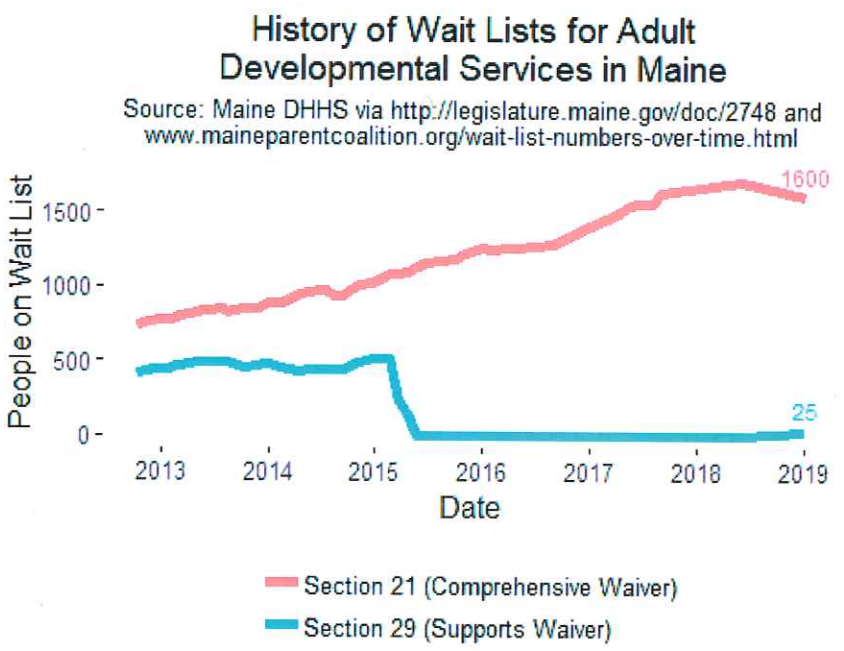
I make four recommendations in my testimony:

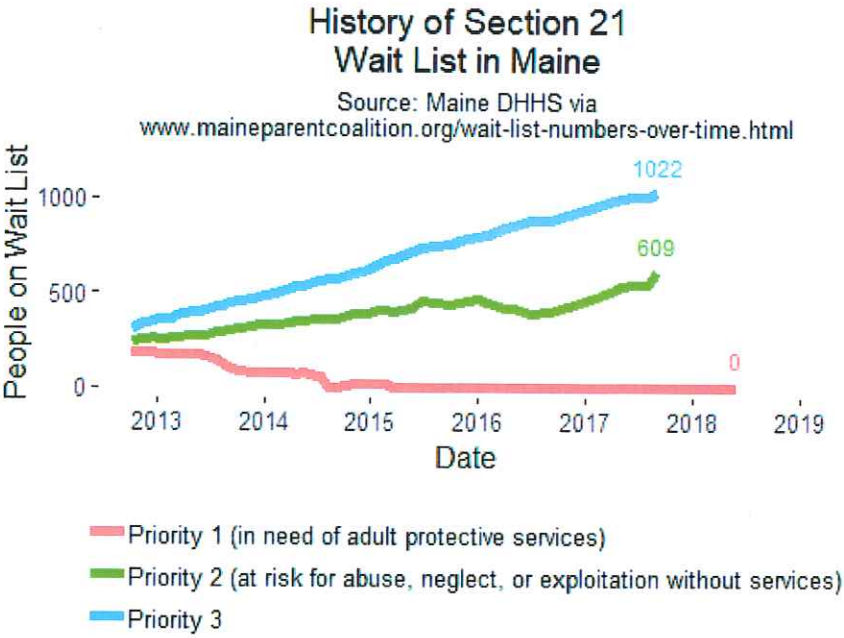
1. I am testifying **FOR** the General Fund initiative on p. A-250 that would provide "Developmental Services Waiver – MaineCare Z211" with $6,500,295 in 2019-20 and $6,539,268 in 2020-21 to "Provide[] funding for adding members from the waiting list for community-based services provided under the MaineCare Benefit Manual, Chapters II and III, Section 21 relating to home and community benefits for members with intellectual disabilities or autism spectrum disorder until 300 new members in total have been added pursuant to Public Law 2017, chapter 460" and for the related Other Special Revenue Funds initiative on p. A-280 and the related Federal Expenditures Fund initiative on p. A-283.
2. I am further testifying that **the amount in these initiatives be increased to finally eliminate the Section 21 wait list**. (The cost of increasing the amount in these initiatives can be mitigated by netting out the savings from some people who will drop Section 29 when they are admitted to Section 21.)
3. I am further testifying that additional initiatives be adopted to **eliminate the wait lists** for the Section 18 Traumatic Brain Injury waiver, the Section 20 Other Related Conditions waiver, and the Section 29 "supports waiver". (These will be much lower-cost initiatives, since these wait lists are smaller.)
4. I recommend that **allocated language be adopted** to make projections about changes to the wait lists and to make budgetary recommendations to eliminate them and keep them eliminated.

The state made a solemn promise when it closed the restrictive state institution at Pineland to provide home and community based services and supports for people with intellectual disabilities and autism...a promise that it made again when the Governor (then Attorney General) moved to terminate the community consent decree. It is high time that the state keep its promise.

Section 21 is the "comprehensive waiver", and it has a prioritized wait list. Section 29 is the "supports waiver". It has a capped amount per year and first-come-first-served wait list.

The state made a grave error in 2008 when it created the Section 21 wait list (and later created the Section 29 wait list), and we are still living with the consequences. In spite of significant effort, the Legislature has never been able to catch up. The two graphs in my testimony display the history of the Section 21 and Section 29 wait lists.





The Legislature eliminated the Section 29 wait list in 2015—but it has recently reappeared (see top panel, bottom curve).

After the Department settled a lawsuit about people on the Priority 1 portion of the Section 21 wait list, the Legislature eliminated the Priority 1 portion in 2015 (see bottom panel, bottom curve), and it adopted an initiative in 2017-18/2018-19 budget biennium to partially address the Priority 2 portion of the Section 21 wait list. But the initiative in LD 1001 would only partially address the people remaining in Priority 2—and would not even touch Priority 3.

The Section 21 wait list is more than double what it was in 2013 (see top panel, top curve). The 1,600 people on the Section 21 wait list represent one-third of the people eligible for Section 21. In addition, there are currently 30 people on the Section 18 Traumatic Brain Injury wait list. In addition, there are 25 people on the Section 20 Other Related Conditions wait list (representing 42% of the people eligible for Section 20).

The Legislature previously doubled the cap for Section 29, so that people receiving Section 29 while on the Section 21 wait list have fewer unmet needs than they would otherwise have. This raises two issues:

1. How many people on the Section 21 wait list are not even receiving the less intensive supports in Section 29? And how many of these people are on the Priority 2 portion of the Section 21 wait list. The Department should be able to provide this information.
2. If there are substantial numbers of people who receive Section 29 services while sitting on the Section 21 wait list, then there would be savings realized from terminating their Section 29 services that could be applied to mitigate the cost of fully funding Section 21. The Department and the Office of Fiscal and Program Review ought to be able to work together to calculate the net cost of eliminating the Section 21 wait list after these saving are realized.

The Maine Legislature should finally get in front of this. The Disability Integration Act (S. 117/H.R. 555) has been introduced with bipartisan co-sponsorship in both chambers of Congress, and it would not tolerate these wait lists.

The wait list has been a high-profile issue in Maine for more than a decade now. But not high-profile enough, from the point of view of planful legislating. I therefore recommend that LD 1001 be amended to adopt allocated language that would use an existing reporting mechanism about the "system of care" to make projections about the wait list—and budgetary recommendations about how to eliminate it and keep it eliminated. This same mechanism could be used to address issues of rate structures so that providers are paid adequately to actually provide the services and supports in the home and community based system. 34-B MRSA §5003-A could be amended to read:

§5003-A. SYSTEM OF CARE FOR CLIENTS WITH INTELLECTUAL DISABILITIES OR AUTISM

1. System of care. The Legislature declares that the system of care through which the State provides services to and programs for persons with intellectual disabilities or autism must be designed to protect the integrity of the legal and human rights of these persons and to meet their needs consistent with the principles guiding delivery of services as set forth in section 5610. The Legislature further declares the following:

A. That is the policy of the State of Maine not to impose any policy, rule, regulation, or restriction that interferes with the opportunity for persons with intellectual disabilities or autism to live in the community and lead an independent life;

B. That it is the policy of the State of Maine not to impose a waiting list or other mechanism that delays or restricts access of persons with intellectual disabilities or autism to a community-based long-term service or support;

C. That it is the policy of the State of Maine to establish an adequate rate or other payment structure that is necessary to ensure the availability of a workforce sufficient to support a person with intellectual disability or autism in living in the community and leading an independent life.

[2011, c. 542, Pt. A, §83 (AMD) .]

2. Responsibilities of the department. To facilitate the development of a system that meets the needs of persons with intellectual disabilities or autism, the commissioner shall:

A. Provide a mechanism for the identification, evaluation, treatment and reassessment of and the provision of services to persons with intellectual disabilities or autism that is consistent with the principles guiding delivery of services, as set forth in section 5610, through appropriate personal planning offered to persons served by the department in accordance with section 5470-B; [2011, c. 542, Pt. A, §83 (AMD).]

B. Identify the needs and desires of persons with intellectual disabilities or autism through appropriate personal planning and record any unmet needs of persons served or eligible for service by the department for development of budget requests to the Governor that are adequate to meet such needs; [2011, c. 542, Pt. A, §83 (AMD).]

C. Provide programs, insofar as resources permit, for appropriate services and supports to persons with intellectual disabilities or autism regardless of age, severity of need or ability to pay; [2011, c. 542, Pt. A, §83 (AMD).]

D. Support the establishment of community services for persons eligible to receive services from the department by promoting access to professional services in the person's community. Such support may be provided directly or through contracts with qualified providers. For persons who have professional service needs identified through personal planning, the department shall monitor the provision of those services; [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

E. Eliminate the department's own duplicative and unnecessary administrative procedures and practices in the system of care for persons with intellectual disabilities or autism, encourage other departments to do the same and clearly define areas of responsibility in order to use present resources economically; [2011, c. 542, Pt. A, §83 (AMD).]

F. Strive toward having a sufficient number of personnel who are qualified and experienced to provide treatment that is beneficial to persons with intellectual disabilities or autism; and [2011, c. 542, Pt. A, §83 (AMD).]

G. Encourage other departments to provide to persons with intellectual disabilities or autism those services that are required by law, and in particular:

(1) The commissioner shall work actively with the Commissioner of Education to ensure that persons with intellectual disabilities or autism receive appropriate services upon being diagnosed with either disability regardless of the degree of functional limitation or accompanying disabilities;

(2) The commissioner shall advise other departments about standards and policies pertaining to administration, staff, quality of care, quality of treatment, health and safety of clients, rights of clients, community relations and licensing procedures and other areas that affect persons with intellectual disabilities or autism residing in facilities licensed by the department; and

(3) The commissioner shall inform the joint standing committee of the Legislature having jurisdiction over human resources matters about areas where increased cooperation by other departments is necessary in order to improve the delivery of services to persons with intellectual disabilities or autism. [2011, c. 542, Pt. A, §83 (AMD).]

[2011, c. 542, Pt. A, §83 (AMD) .]

3. Plan. The commissioner shall prepare a plan pursuant to this subsection.

A. The plan must indicate the most effective and efficient manner in which to implement services and programs for persons with intellectual disabilities or autism while safeguarding and respecting the legal and human rights of these persons. [2011, c. 542, Pt. A, §83 (AMD).]

B. The plan must be prepared once every 2 years and must be submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters by no later than January 15th of every odd-numbered year. The plan must also be prepared and submitted to the joint standing committee of the Legislature having jurisdiction over health and human services matters by no later than January 15th, 2020. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

C. The joint standing committee of the Legislature having jurisdiction over health and human services matters shall study the plan and make recommendations to the Legislature with respect to funding improvements in programs and services to persons with intellectual disabilities or autism. [2011, c. 542, Pt. A, §83 (AMD).]

D. The plan must describe the system of intellectual disability and autism services in each of the adult developmental service regions and statewide. [2011, c. 542, Pt. A, §83 (AMD).]

E. The plan must include both existing service resources and deficiencies in the system of services. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

F. The plan must include an assessment of the roles and responsibilities of intellectual disability and autism agencies, human service agencies, health agencies and involved state departments and suggest ways in which these departments and agencies can better cooperate to improve the service systems. [2011, c. 542, Pt. A, §83 (AMD).]

G. The plan must be made public within the State in such a manner as to facilitate public involvement. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

H. The commissioner must ensure that the development of the plan includes the participation of community intellectual disability and autism service providers, consumer and family groups and other interested persons or groups in annual statewide hearings, as well as informal meetings and work sessions. [2011, c. 542, Pt. A, §83 (AMD).]

I. The commissioner must consider community service needs, relate these identified needs to biennial budget requests and incorporate necessary service initiatives into a comprehensive planning document. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

J. The plan must project whether, given current budget and anticipated demographic changes, there will be any wait lists for adult developmental services over the next four years; how many people are projected to be on those wait lists over that period of time; how many people, for prioritized wait lists, are projected to be in each prioritization category; and what additional budgeted resources would be required to eliminate any such wait lists, if such wait lists exist or are projected to exist over that period of time. The budget projections must account for any anticipated savings that can be realized from a less expensive adult developmental service when a person relinquishes that less expensive adult developmental service in order to begin receiving more comprehensive support from another adult developmental service.

[2011, c. 542, Pt. A, §83 (AMD) .]

4. General Fund account; Medicaid match; intellectual disability; autism. The commissioner shall establish a General Fund account to provide the General Fund match for intellectual disability or autism Medicaid eligible services. Any unencumbered balances of General Fund appropriations remaining at the end of each fiscal year must be carried forward to be used for the same purposes.

[2011, c. 542, Pt. A, §83 (AMD) .]

5. Medicaid savings. Intermediate care facilities for persons with intellectual disabilities or autism and providers of freestanding day habilitation programs shall submit payment to the department equal to 50% of any Medicaid savings due the State pursuant to the principles of reimbursement, as established under Title 22, sections 3186 and 3187, that are reported in any unaudited cost report for fiscal years ending June 30, 1995 and thereafter. Payment is due with the cost report. After audit, any amount submitted in excess of savings allocated to the facility or provider pursuant to the principles of reimbursement must be returned to the facility or provider. Notwithstanding requirements or conditions contained in the principles of reimbursement, any amount due the State after final audit in excess of savings paid on submission of a cost report must be paid to the State within 90 days following receipt of the department's final audit report.

[2011, c. 542, Pt. A, §83 (AMD) .]

6. Required reporting by the department. The department shall make available, on at least an annual basis, a report or reports regarding the services and support provided by the department to persons with intellectual disabilities or autism.

A. The goal of the reporting under this subsection is to provide the public with information on outcome measures established by the department. These measures may include, but are not limited to, whether:

(1) Persons served by the department are healthy and safe;

(2) Needs of persons are being met;

(3) People are included in their communities; and

(4) The system of care under this section is efficient and effective. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

B. At a minimum, the department's report or reports under this subsection must offer information on the following:

(1) Unmet needs;

(2) Reportable events;

(3) Adult protective services;

(4) Crisis services;

(5) Persons' and families' satisfaction with services;

(6) Case management ratios;

(7) Evaluations of costs of services;

(8) Grievances;

(9) Quality assurance and quality improvement efforts; and

(10) New initiatives. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

C. A report under this subsection must be provided to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The commissioner or the commissioner's designee shall appear in person before the committee and shall present the report. The report must be posted on the department's publicly accessible website and must be made easily available to persons served by the department, families, guardians, advocates, Legislators and the provider community. [2007, c. 356, §16 (NEW); 2007, c. 356, §31 (AFF).]

[2011, c. 542, Pt. A, §83 (AMD) .]

SECTION HISTORY
2007, c. 356, §16 (NEW). 2007, c. 356, §31 (AFF). 2011, c. 542, Pt. A, §83 (AMD).

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LD 1001: An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

Testimony of Joby Thoyalil, Maine Equal Justice, in *support* of the Bridging Rental Assistance Program

March 5, 2019

Good afternoon Senator Breen, Representative Gattine, Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committees on Appropriations and Financial Affairs and on Health and Human Services. My name is Joby Thoyalil and I am a senior policy analyst at Maine Equal Justice. We are a civil legal aid organization and we work with and for people with low income seeking solutions to poverty through policy, education and legal representation.

I'm testifying today to offer our support for the Bridging Rental Assistance Program (BRAP), which is a state-funded housing voucher program designed to assist individuals with mental illness with housing assistance for up to 24 months or until they are awarded a Housing Choice Voucher (aka Section 8 Voucher), another federal subsidy, or an alternative housing placement. We also encourage you to adopt long needed reforms to this important program through this budget process. For years we have advocated for policies and housing programs that ensure true affordability for people in Maine with low income. Given that BRAP recipients include individuals with severe and persistent mental health illnesses including substance use disorders, most of them do not just have low incomes, but they are very likely to have extremely low incomes.

While a rental assistance program like BRAP is vital to those it helps, it does not make housing truly affordable for them. The program requires that all participants pay 51 percent of their incomes towards rent, while the BRAP voucher covers the rest. The U.S. Department of Housing and Urban Development (HUD) considers a household "rent burdened" when it pays more than 30 percent of household income on housing costs meaning that they are at risk of not being able to afford necessities such as food, clothing, transportation, and medical care with rental costs above this limit. HUD uses the label "severe rent burden" to describe anyone paying more than 50 percent of their income toward housing costs. By that definition, BRAP's very design, requiring participants to pay 51% of their income for rent, means that all participants are exposed to a severe rent burden

where rental costs necessarily compete with all other basic needs. When people are forced to cut back on meeting their basic needs because of the cost of housing, then their housing is not truly affordable. This is why we recommend decreasing the required rental burden for program participants from 51 percent of household income down to a more manageable 30 percent. Not only would this significantly reduce the burden on participants, but it would also bring BRAP in line with the federal Housing Choice Voucher Program. Of course, we do not want to limit the number of vouchers that the program now provides so in order to achieve that result, we ask that you appropriate additional funds to ensure that all current participants will continue to be served even as we provide them with this deeper subsidy.

The measures of rent burden and severe rent burden become more important the less income you have. For instance, consider this statement by Frank Nothaft, chief economist at Freddie Mac, who said, "If your income is $500,000 a year, you can pay 40 percent and still have money left. But if your income is $20,000 a year, it will be hard to make ends meet if you're paying 30 percent of your income on rent."[1] Not only do BRAP recipients pay more than 30 percent of their incomes on rent, but it is very likely that most make far less than $20,000 a year.

For many BRAP recipients, their only source of income is SSI, which, in 2019, pays a maximum of $771 a month, or a little over $9,000 annually. That's well below the federal poverty level of $12,490 a year for an individual. A BRAP recipient receiving the maximum SSI payment must pay $393 a month, leaving them with about $94 a week to pay for all other expenses, including food, clothing and transportation. If you reduce their rent burden to 30 percent, as we are recommending here, they would then have to pay $231 a month on rent and would have $135 a week to pay for all other expenses. That is still not enough for most people to live on, but it constitutes an increase in income of over 40 percent.

We understand that BRAP is a temporary "bridge" to a federal Housing Choice Voucher, or some other solution to someone's housing needs, but today the wait for a federal voucher is often three years or more. That can feel like an eternity for people who are living with the constant stress of not being able to meet their basic needs, exacerbating the severe mental health issues they are already coping with. We do not believe the temporary nature of this benefit justifies the severe rent burden the program puts on individuals, making it significantly more likely that they will go without meeting basic, life-sustaining needs.

Thank you for the opportunity to testify on this aspect of the budget. I am happy to answer any questions you may have.

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[1] U.S. Department of Housing and Urban Development's Office of Policy Development and Research. *Rental Burdens: Rethinking Affordability Measures*. PD&R Edge. Retrieved March, 3, 2019 from: https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html

MaineHealth

MaineHealth Member Organizations:

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

MaineHealth Affiliates:

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Testimony of Katie Fullam Harris
MaineHealth
On LD 1001
The Governor's Proposed Biennial Budget
Before the Joint Standing Committees on Appropriations and Financial Services and Health and Human Services
March 5, 2019

Senator Breen, Representative Gattine, Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committees of Appropriations and Financial Services and Health and Human Services, I am Katie Fullam Harris of MaineHealth, and I am here to testify in support of some parts of the budget and with concerns about others.

MaineHealth is Maine's largest integrated non-profit health care system that provides a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Our scope of services range from primary and behavioral health care to high-end inpatient and surgical services, home health care and a lab. As part of our mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth's local health systems are committed to providing access to health care services to all patients, regardless of their ability to pay.

We applaud Governor Mills and her staff for putting forth a budget that makes important investments in public health. Areas of specific interest to MaineHealth include:

- Support for MaineCare expansion
- Increased funds to support tobacco cessation
- Continuation of funds that support treatment for individuals with opioid use disorder.

MaineCare expansion

MaineHealth first testified in support of MaineCare expansion in 2013. At the time, our testimony noted that "by 2019, MaineHealth's member and affiliate hospitals will have contributed $323,000,000 in reduced Medicare payments to support the Patient Portability and Affordable Care Act."

The ACA reductions were realized, yet the offset that hospitals were supposed to experience through an expansion of eligibility for Medicaid did not occur until just this year. And Maine's local health systems – and the patients they serve – have struggled as a result.

To illustrate, I have attached a chart that shows the operating margins for Maine's hospitals over the last seven years. The negative financial picture faced by most of Maine's rural hospitals has been impacted by the State's failure to expand MaineCare. MaineCare expansion will not solve the challenges faced by our rural hospitals, but it will have a positive impact on a very challenging financial situation faced by these hospitals and the patients and communities they serve.

We would note that we continue to believe that the MaineCare program must be carefully managed to ensure its ongoing sustainability. We look forward to working with the Department to identify strategies to provide the most effective and efficient care to this vulnerable population.

Hospital Tax

The budget includes a rebase of the hospital provider tax. As a nonprofit health care system, we have concerns about the use of provider taxes to draw down federal funds, particularly when the corresponding match is not sufficient to cover the tax. This bill includes an increased tax of approximately $13.3 million annually, with a budgeted match of $10.8 million. While the $2.5 million difference may not be a large amount, our rural hospitals can ill afford any additional uncompensated expenditure.

Increased Tobacco Funds

MaineHealth has long supported efforts to reduce the utilization of tobacco products. As a health system that invests every day in our vision of "Working together so our communities are the healthiest in America" and part of that work includes screening and counseling patients and providing tobacco education and cessation treatment. In spite of the efforts of Maine's health systems and others, tobacco remains the leading cause of preventable death and disability in Maine – causing over 29% of cancer deaths and $811 million in annual costs. And the advent of E-cigarettes has created a new avenue of addiction, particularly among our youth. In fact, there was a 78% increase in e-cigarette use among US youth in just one year – between 2017-2018. Given the highly addictive nature of the nicotine in e-cigarettes, this represents an alarming statistic. Government must appropriately play a role in addressing this public health issue, and we strongly support the inclusion of $10 million in funds over the biennium to support tobacco cessation efforts that is included in the Governor's proposed budget.

Support to Combat the Opioid Crisis

Over the last three years, MaineHealth has invested millions of dollars in the development of a comprehensive strategy to address the opioid crisis. Elements of our work include prevention: we have reduced the prescribing of opioids by more than 50%; Education: we have developed internal and external educational tools, including fact sheets and ongoing training for our providers; and treatment: we developed a model that provides access to evidence-based treatment in each of our local health service areas across Maine and New Hampshire. In FY '18, we served 1,056 patients in this model, which included comprehensive treatment such as primary care and screening for complications such as hepatitis and HIV.

Though our system has invested its own resources in this effort, we have been under-resourced. With 40% of these patients uninsured, Medicaid expansion will certainly help. But more must be done. We are pleased that the Governor has made this issue a top priority, and we fully support the inclusion of $5.5 million in this budget. One note, however: we suggest that the funds be expanded to reflect substance use disorder, and not limited to opioid use disorder. We are finding that an increasing number of patients are poly-substance users, which creates challenges when treatment and prevention funds are limited to opioids.

Thank you for the opportunity to testify, and I would be happy to answer questions.

Maine Hospitals

Comparison of Operating Margins

	2011	2012	2013	2014	2015	2016	2017
Bridgton Hospital	14.82%	3.45%	3.19%	7.27%	4.05%	-0.27%	1.81%
Calais Regional Hospital	-2.14%	-8.84%	-6.95%	-9.02%	-5.23%	-3.49%	-6.58%
Cary Medical Center	8.16%	-1.05%	-3.91%	3.63%	3.17%	-1.00%	-1.35%
Central Maine Medical Center	-2.76%	-1.08%	-4.36%	1.76%	2.95%	-1.84%	-3.18%
Down East Community Hospital	-2.23%	-2.48%	-4.53%	-5.35%	-0.57%	2.00%	1.60%
Franklin Memorial Hospital	1.57%	-0.29%	-9.78%	-4.20%	-0.69%	-6.21%	-6.38%
Houlton Regional Hospital	-0.42%	-4.43%	-8.90%	-1.73%	-1.46%	-2.40%	-1.07%
LincolnHealth	*	*	*	-1.26%	2.47%	0.52%	3.39%
Maine Medical Center	2.43%	3.29%	1.05%	3.50%	3.51%	4.73%	4.60%
MaineGeneral Medical Center	4.84%	3.52%	3.16%	-3.61%	-6.15%	0.05%	-4.26%
Mayo Regional Hospital	1.13%	-2.40%	-4.37%	-1.88%	-0.02%	-3.30%	-3.60%
Mid Coast Hospital	4.39%	0.89%	1.38%	2.54%	1.91%	0.60%	1.65%
Millinocket Regional Hospital	1.72%	-1.77%	-1.63%	-9.04%	-3.12%	-2.90%	-4.66%
Mount Desert Island Hospital	-1.43%	-4.27%	-1.78%	-2.43%	1.12%	0.51%	3.93%
Northern Light A.R. Gould Hospital	3.11%	-2.03%	1.11%	-3.14%	0.14%	-9.90%	0.94%
Northern Light Acadia Hospital	4.13%	4.14%	9.47%	2.30%	4.68%	6.33%	5.65%
Northern Light Blue Hill Hospital	2.34%	2.09%	4.34%	5.27%	6.46%	2.70%	2.34%
Northern Light C. A. Dean Hospital	10.44%	1.96%	3.69%	-1.59%	-1.20%	-10.90%	6.26%
Northern Light Eastern Maine Medical Center	2.58%	9.18%	4.58%	2.50%	5.49%	3.90%	3.25%
Northern Light Inland Hospital	3.66%	0.99%	1.17%	-2.31%	0.31%	-0.78%	0.88%
Northern Light Maine Coast Hospital	5.45%	-1.28%	-0.47%	-6.52%	-9.68%	-5.20%	-7.52%
Northern Light Mercy Hospital	-8.38%	-6.76%	-4.21%	1.15%	-10.22%	-7.92%	-1.85%
Northern Light Sebasticook Hospital	3.22%	0.76%	4.68%	6.49%	3.31%	3.95%	10.40%
Northern Maine Medical Center	-0.37%	29.61%	4.56%	3.17%	2.34%	0.50%	8.30%
Pen Bay Medical Center	2.05%	-4.04%	-0.04%	0.94%	-3.35%	-6.76%	-3.95%
Penobscot Valley Hospital	1.99%	-0.42%	-2.01%	-3.90%	-5.24%	-9.84%	-8.72%
Redington-Fairview General Hospital	-0.91%	-0.87%	-2.85%	-3.65%	-3.65%	0.01%	0.12%
Rumford Hospital	11.34%	-1.18%	-1.58%	0.94%	-1.23%	-2.44%	-0.29%
Southern Maine Health Care	*	*	*	*	-3.41%	-2.83%	-0.17%
Spring Harbor Hospital/Maine Behavioral Healthcare	0.55%	-1.90%	1.74%	0.41%	0.43%	-1.63%	2.26%
St. Joseph Hospital	9.05%	5.38%	8.04%	8.97%	1.33%	2.20%	0.63%
St. Mary's Regional Medical Center	2.71%	-2.60%	0.07%	-1.67%	-1.68%	1.01%	-0.52%
Stephens Memorial Hospital	4.51%	5.44%	3.97%	6.38%	4.95%	2.54%	2.10%
Waldo County General Hospital	8.69%	4.75%	1.96%	-1.54%	6.71%	5.73%	7.63%
York Hospital	1.88%	-1.06%	-1.12%	-1.91%	-0.51%	-1.45%	-1.60%

Source: Maine Health Data Organization, Audited Financial Statements

* Not Available

Color Code:

- Operating Margins < 0
- Operating Margins 0 - 4.99%
- Operating Margins 5%+

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Maine Equal Justice
People Policy Solutions

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LD 1001: An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021

Testimony of Joby Thoyalil, Maine Equal Justice,
regarding funding for Head Start
March 5, 2019

Good afternoon Senator Breen, Representative Gattine, Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committees on Appropriations and Financial Affairs and on Health and Human Services. My name is Joby Thoyalil and I am a senior policy analyst at Maine Equal Justice. We are a civil legal aid organization and we work with and for people with low income seeking solutions to poverty through policy, education and legal representation.

I'm here to testify in support of Head Start, which is a federal program supplemented with state dollars and which promotes school readiness for children in low-income families by providing comprehensive early childhood education, health, nutrition, and parent involvement services. The current budget proposal effectively reduces the Head Start budget by $1.15 million over the biennium. While the proposed budget shows the Head Start funding line as remaining unchanged from the current biennium, it does not reflect an increase that was provided in the last biennial budget through the Federal Block Grant Fund.[1] We believe that funding for Head Start is an important and worthwhile investment for the future success of our state and that funding for the program should increase, not decrease.

A shortage of quality child care and early education is one of the most common barriers to finding and keeping a job for parents with low income. In addition to the shortage of supply, parents face the significant barrier of affordability. Without support, married parents in Maine with two children living at the poverty level would face costs equaling of 70 percent of their

[1] Public Law 2017, Chapter 284, Sec. YYYYYY-2.

income for quality early care and learning."[2] The implications of this are important for child development, for families' economic well-being, and for our economy.

Studies have documented the long-term benefits of Head Start later in life linking participation in the program to improved college enrollment, health status, and being employed.[3] That is why we believe that Head Start is a significant part of the solution to our shortage of affordable, quality early care and education. And yet, for years, there has been a demonstrated shortage of available spaces for Head Start in Maine. In program year 2015–2016, there were 3,273 funded slots for more than 14,000 poor children under age 5, or less than a quarter of those needed to serve all potentially income-eligible children.[4]

In 2017 and 2018, Maine Equal Justice worked in partnership with a diverse set of stakeholders to identify the primary contributing factors of poverty, and to identify potential solutions. The initiative, which is ongoing, is called Invest in Tomorrow: Because Solving Child Poverty is Everyone's Business. After holding child poverty forums in various parts of the state experiencing higher levels of poverty, and conducting follow-up meetings, interviews with stakeholders statewide, and conducting an online survey with over 180 respondents, we identified the need for more quality and affordable early care and education as one of seven areas of focus for the initiative. We at Maine Equal Justice see Head Start as an example of precisely the quality care and education to which families with low-income need more access. Expanding access to Head Start would enable more parents with low income to work or obtain training while their children are in a quality early child care and learning environment.

Thank you for the opportunity to testify on this aspect of the budget. I am happy to answer any questions you may have.

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[2] Child Care Aware of America. (2018). The US and the High Cost of Child Care: A Review of Prices and Proposed Solutions for a Broken System. Retrieved March 3, 2019 from https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/

[3] Schanzenbach, D.W., Bauer, L. (August 2016). The long-term impact of the Head Start program. The Brookings Institution. Retrieved March 3, 2019 from: https://www.brookings.edu/research/the-long-term-impact-of-the-head-start-program/

[4] Carson, Jessica A. (July 2017). Maine Head Start Report: 2017. University of New Hampshire Carsey School of Public Policy. Retrieved March 3, 2019 from https://carsey.unh.edu/publication/maine-head-start-2017

Testimony of Michele Gonya

to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services

***Neither for Nor Against LD 1001,* An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021**

March 5, 2019

Senator Breen, Representative Gattine, and members of the Joint Standing Committee on Appropriations and Financial Affairs, and Senator Gratwick, Representative Hymanson, and members of the Joint Standing Committee on Health and Human Services, my name is Michele Gonya. I am a Head Start parent and the Chair of the Policy Council at Educare of Central Maine. I am here today to share how Head Start has helped me and my family and to urge you to make certain Head Start funding is not cut.

I am the proud parent of 3 sons, Philip 16, Shane 13, and 4 year old Liam. Liam is currently enrolled in Educare and has been in Head Start since he was three months old. I am immensely thankful that we have Head Start in our lives.

The first few years of Liam's life have been challenging ones for our family. Liam has faced health challenges and currently has tubes in his ears. Trouble hearing lead to delays in his development. Head Start has made sure that he has had the necessary support for his speech and language development.

A couple of years ago, we were at risk of homelessness for a brief time and DHHS became involved out of concern for the welfare of my children. It was at that point that Head Start stepped in and helped stabilize my family. They connected us to food, budgeting and cooking classes, CPR training, and found us stable housing. Family activities at Educare have helped bring us The other parents at Head Start have also been supportive and helpful. We are now living in Winslow and my two older children attend public school. Liam continues to learn and grow at Educare.

Just as important, Head Start has given me the support I needed to build a better life for my family. With a stable housing situation, I have been able to go to school full-time while continuing to work three days a week. I am a student at KVCC and plan to find work in the mental health field.

Head Start has given me the confidence that I can achieve my goals. In addition to serving as Chair of the Parent Council, I was part of Educare's Parent Ambassador program and am the State of Maine parent representative to the New England Head Start Association (NEHSA). My idea of what I can accomplish has greatly increased in the last couple of years.

I honestly don't know where we all would be without Head Start. They are an amazing support and forever in my heart with gratitude and respect.

Head Start doesn't just impact the children who attend the program. It encourages and supports parents and creates a community with a vision and a common goal. By choosing to support this program you are supporting families and the future of Maine.

Unfortunately, the budget before you would cut Head Start funding by $575,000 a year, forcing families to be dropped from the program. Please make sure that does not happen!

Thank you so much for your time today. I'd be happy to take any questions.

Pathways℠

As of 1/1/19

Pathways

Established in 1999; Pathways of Maine is the largest provider of home-based behavioral health treatment services to children and families in the state as well as a leader in providing evidence-based education and treatment services to children with Autism Spectrum Disorders. Providence became Pathways after 15 years in Maine where we have expanded our programs to all 16 counties offering 11 types of services along a continuum of care. In 2014, we opened our services to adults with mental health needs. We are family-centered, strengths-based, solution focused and outcome oriented.

8 Regional Offices and State Office

Maine State Office - Brunswick
Mid Coast Region – Brunswick/Rockland
Central Maine Region - Hallowell
Eastern Maine – Bangor/Calais
Southwestern Maine Region- Springvale
Campus- Merrymeeting Center/PELC - Brunswick
Southern Maine Region - Scarborough
Western Maine Region –Auburn
Northern Maine Region – Caribou

Contracts

7 Behavioral Health Contracts with Maine DHHS
16 Contracts with Local School Districts/DOE

302 Employees

82	Licensed Clinicians /Sups./Admin (LCPC/LCSW)	102	Behavioral Health Professionals
1	Board Certified Behavior Analyst (PsyD)		Medical Director
2	Board Certified Behavior Analysts	14	Care Coordinators
2	Board Certified Assistant Behavior Analysts	1	Speech and Language Pathologists
47	Behavior Analyst Technicians	1	Occupational Therapist
4	Special Ed Teachers/Asst. Teachers/Ed Tech	6	Child Care Workers
1	School Nurse		Nurse Care Manager
	Psychologist	1	Peer Support Specialist
1	Medical Consultant	39	Other Admin/Sups/Admin Support

885 Clients

68	RCS (Rehab and Community Support Services)	224	Children's Home and Community Treatment Services
272	Children's Outpatient Therapy	1	Adult's Outpatient Therapy
218	Targeted Case Management- Mental Health	49	Targeted Case Management- Developmental Disabilities
122	Behavioral Health Homes (Children)	9	Behavioral Health Homes (Adults)
14	Adult Case Management (CI)	20	Virtual Residential Program
24	Day Treatment Services (Center-Based)	1	Developmental Therapy/SDI
13	Inclusive Day Treatment Services	34	Child Care Services
21	Speech and Language Services	23	Occupational Therapy Services

Licenses, Accreditations, Affiliations

Licensed by Maine Department of Health and Human Services
Certified by Maine Department of Education
Nationally Accredited through Council on Accreditation (COA)
Approved Site for Social Work/Counseling Internships by the University of Maine System and the University of New England
Member of the Maine Association of Mental Health Services, Maine Children's Alliance, and Autism Society of Maine

Date: 12/31/2018

AVESTA
HOUSING

Testimony of Greg Payne

to the Joint Standing Committee on Appropriations and Financial Affairs and the Joint Standing Committee on Health and Human Services

Neither for Nor Against LD 1001, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021*

March 5, 2019

Senator Breen, Representative Gattine, and members of the Joint Standing Committee on Appropriations and Financial Affairs, and Senator Gratwick, Representative Hymanson and members of the Joint Standing Committee on Health and Human Services, my name is Greg Payne and I am a development officer at Avesta Housing. Avesta is a non-profit organization that provides an array of housing services in both Maine and New Hampshire. Our mission is to "improve lives and strengthen communities by promoting and providing quality affordable homes for people in need." We own or manage more than 2,500 housing units in Maine and New Hampshire, including two assisted living facilities.

Thank you for the opportunity to testify today neither for nor against LD 1001, *An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2019, June 30, 2020 and June 30, 2021*, specifically the Bridging Rental Assistance Program (BRAP), which can be found on page A-235 of the budget.

Avesta strongly supports BRAP. It is an essential program to provide housing to low-income individuals struggling with mental illness, and it should be continued. However, there is one aspect of BRAP that imposes significant unnecessary burdens on all BRAP recipients and should be amended. That is the percentage of income that recipients must pay in rent.

It is standard in housing policy that households, especially low-income households, should not pay more than 30% of their income for housing. The 30% cap applies to most housing programs, including beneficiaries of the federal Section 8 and Low Income Housing Tax Credit programs. Recipients of a BRAP voucher however, must pay 51% of their income for rent. In the housing world we have a term for anyone paying 50% or more for rent - severely rent burdened.

Unfortunately, Maine policy makes everyone receiving BRAP severely rent burdened. The lack of resources available to BRAP recipients, after paying their rent, creates a variety of challenges. They may struggle to meet basic needs such as food and clothing, and have little ability to pay for any significant medical expenses. All of this creates greater stress, and that can manifest itself in a variety of negative ways.

Avesta commissioned Thomas McLaughlin, Ph.D., of the University of New England to conduct a study to measure the success of residents living in our properties. We found that for BRAP participants, there was two to three times as much money owed at move out when compared to those with other similar housing voucher programs. We also found that participants were evicted at a rate two to three times higher than other residents in the apartments that we manage. Further details from that study are attached.

There was a rationale for the 51% figure when BRAP was first created. It was designed to be a bridge to the Section 8 voucher program. At that time, one of the criteria to gain a Section 8 voucher was that a household had to be severely rent burdened. Two things have changed since then. First, being severely rent burdened is no longer a criteria to receive a Section 8 voucher through Maine State Housing Authority or the state's local housing authorities. Second, BRAP is no longer a short term stop on the way to a Section 8 voucher. Many recipients are staying on BRAP for years. The Section 8 voucher program has more than 17,000 households on its waiting list statewide. BRAP is not a temporary program and it should be operated accordingly.

Today I am asking that you fully fund BRAP in the budget, with full funding defined as the amount necessary to require BRAP recipients to pay the nationally accepted standard of 30% of their income in rent. When we looked into this issue last year, we concluded that it would cost an additional $1.5 million a year to operate BRAP appropriately. No state program should set recipients up for failure by making them severely rent burdened. Please improve BRAP as part of this year's budget process.

Thank you for your time and attention. I would be happy to answer any questions.

ANALYSIS OF HOUSING SUCCESS, BY ASSISTANCE TYPE

The average income for all tenants at the time of move in is $14,961. The Tax Credit program has the highest income at $26,759 for tenants at move in, while Logan Place/Florence House has the lowest at $5,558.

Table 1

Program	Gross Income at Time of Move In
BRAP	$11,008
Tax Credit	$26,759
Section 8 Voucher	$16,885
Logan Place/Florence House	$5,558
Shelter + Care	$9,494
Project Subsidized	$15,575
Average	**$14,961**

Evictions

In the study, 12% of all tenants were evicted by Avesta Housing. Evictions include those tenants asked to leave in lieu of eviction. Of those, the highest rates of eviction were in the BRAP program at 24%, while the Section 8 voucher program had an eviction rate of 2%.

Table 2

Program	Not Evicted	Evicted
BRAP	76%	24%
Tax Credit	93%	7%
Section 8 Voucher	98%	2%
Logan Place/Florence House	87%	13%
Shelter + Care	81%	19%
Project Subsidized	92%	8%
Average	**88%**	**12%**

Money Owed at Move-Out

Table 3 provides an overview of the money owed by tenants when they moved out. The data shows that BRAP tenants had the highest amount owed at $1,656, while the Project Subsidized tenants owed the lowest at $245.

Table 3

Program	Rent Owed	Damages Owed	Total Owed
BRAP	$662	$994	$1,656
Tax Credit	$557	$144	$701
Section 8 Voucher	$135	$881	$1,016
Logan Place/Florence House	$412	$281	$693
Shelter + Care	$156	$716	$872
Project Subsidized	$112	$133	$295
Average	**$365**	**$532**	**$897**

Housing Violations

Table 4 provides an overview of the number of late payments and lease violations by tenants. The Logan Place/Florence House program had the highest average of late payments at 4.7 per year, while the Project Subsidized had the lowest average at 0.79 per year. The BRAP program had the highest number of lease violations at 1.38 per year, followed by the Shelter Plus Care program at 0.95. The overall average of late payments was 1.77, while the overall average of the tenants had .61 lease violations per year per person.

Table 4

Program	Average Late Payments per Year	Average Lease Violations per Year
BRAP	1.71	1.38
Tax Credit	2.6	0.27
Section 8 Voucher	1.15	0.33
Logan Place/Florence House	4.70	0.61
Shelter + Care	1.15	0.95
Project Subsidized	.79	0.23
Average	**1.77**	**0.61**

Maine Children's Alliance

Testimony of Rita Furlow, Senior Policy Analyst
Maine Children's Alliance
Before the Joint Standing Committee on
Appropriations and Financial Affairs
Biennial Budget – LD 1001
March 5, 2019

Good afternoon, Senators Breen and Gratwick, Representatives Gattine and Hymanson, and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services, my name is Rita Furlow. I am the Senior Policy Analyst at the Maine Children's Alliance. I am here today to support budget items that would impact some of our youngest children in Maine, including Head Start, Maine Families/Home Visiting, Maine's child care subsidy system, children's mental health, and Maine's child protection system. The Maine Children's Alliance is a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policies to improve the lives of children, youth, and families in Maine.

We know from developmental science that brains are built from the bottom up, and that stable, responsive relationships with caring adults, and positive early learning experiences establish strong foundations for the brain's architecture. Children who participate in high quality early learning programs in the first years of life develop the cognitive and social emotional skills that drive future success in health, school, and life. We know the learning and development that happens later in life is based on the foundations established in the early years, smart investments during early childhood pay off not only for children and their families, but for taxpayers, as well.

The Head Start program provides early care and education to some of the poorest and most at-risk children in Maine. Head Start also enhances children's health, nutrition, and mental health while supporting and educating their parents. Providing funding for Head Start is a good investment for Maine's most vulnerable children. Unfortunately, only third of eligible children are served by the Head Start or Early Head Start program in Maine. The funding proposed in this budget is actually a reduction in funding from the previous budget by $575,000. We urge the Department and Committees to consider a significant state investment in Head Start beyond this $575,000.

This budget also supports the child care system in Maine by providing low-income parents with support through the child care subsidy system, enabling them to be employed while helping to pay for child care. Maine's support of child care allows the state to receive millions of dollars in federal matching funds, which also supports the entire child care system. The inspection and licensing of child care facilities throughout the state is supported with these funds, including background checks, training and professional development to assist all child care providers.

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We ask the Department and Committees to review the funding and policies for child care services for children participating in the child protective system. It is unclear to us from the budget document whether funds to support these children are being supported by general fund dollars or federal funds available under the child care development block grant.

We are encouraged by Commissioner Lambrew's openness to meet with stakeholders about needed changes to our systems that support children and families. Maine must continue to improve services in our child protection system, children's behavioral health, and early childhood education. We recognize this administration is at the beginning of this process. We look forward to working with the administration and members of the committee over the next few months as you consider this budget. We should not be sending Maine children out of state away from families and support networks. Children should not be waiting months for mental health services. Families should not be forced to wait six-weeks to learn whether they qualify for child care. We must do better for Maine children and families.

The Maine Children's Alliance is part of an effort to increase investments in early childhood education, the Right from the Start coalition. We understand that in order to change behavior or build new skills on a shaky foundation is far more costly and less effective than ensuring strong foundations from the beginning. We ask you to invest in children's lives early to make a difference in the long-term, both for the children and for Maine's economic future.

Thank you for your consideration.