Good morning/afternoon Chairs Claxton and Meyer, and members of the Health and Human Services Committee:

My name is Pat Pinto and I am the AARP Maine Volunteer State President. AARP Maine is a non-profit, non-partisan social mission organization with more than 200,000 members 50 and older statewide. Our mission is to ensure that every Mainer can age with dignity and purpose. That means working with elected leaders to build a system that doesn't just serve today's older Mainers, but tomorrow's as well. We work on behalf of our members and their families to ensure health and financial security are realized throughout their lives. We believe Maine can lead the way beyond the label as the oldest state per capita in the nation, with smart policies that empower every Mainer to live a healthy and financially secure life.

As you consider policy proposals in this committee, I want to share a few key points:

1. Older Mainers continue to tell us they would prefer to live at home or in their local community as long as possible. Maine can do more. AARP's most recent Long-Term Care Scorecard released in 2020 shows that we can invest more to expand access to home and community-based services here in Maine. We must take advantage of opportunities to expand services under options such as the Medicaid Community First Choice (CFC) Program under Section 1915(k) of the Social Security Act to serve more people in the community as the age. We should make every effort to continue to give Mainers the ability to direct their own care with their loved ones.

2. The devastating impacts to nursing home patients and their families during the pandemic suggests the need to rethink long-term care in institutional settings. AARP Maine supports legislative actions focused on maintaining and improving both nursing home quality and staffing, and we believe any budget increases to nursing homes should be focused on patient care.

3. Maine has the highest rate of food insecurity in New England. Since the pandemic began, and job losses have continued to mount, the numbers of those dealing with food insecurity in Maine has risen by 25 percent. It now stands at 13.6 %. [1] AARP Maine stands ready to support legislative actions to strive to ensure that all Mainers have access to nutritious meals. We must ensure that older Mainers are supported in getting the help they need and that they are not afraid to ask for help.

4. In an AARP Maine survey of voters 50 and older from the Fall of 2020, Mainers again noted that the high cost of prescription drugs remains a real concern. Many Mainers struggle to cover these costs in addition to other expenses.

Thank you for your efforts on behalf of all Mainers. We look forward to working with you this session. Please don't hesitate to reach out if we can help with information, data, etc.

Pat Pinto

AARP Maine Volunteer State President

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[1] Maine Has The Highest Food Insecurity Rate In New England. Here's How 1 Food Bank Is Addressing That. *Maine Public.* CAITLIN TROUTMAN • NOV 28, 2019

AARP Maine

AARP MAINE STATE POLICY PLATFORM 2021-2022

HEALTH & LONG-TERM CARE

Health Care: AARP has a long history of fighting for affordable, quality health care for people 50 and older. We believe any health care legislation must stop insurance companies from overcharging Americans 50-plus, must lower prescription drug costs, and must protect seniors' ability to live independently.

AARP Maine supports efforts to ensure health care is affordable for Mainers purchasing coverage through the individual and small group markets. We must continue to find ways to ensure working Mainers have coverage and that small businesses can offer coverage to their employees. We support insurance reforms that will strengthen premium rate review and enhance transparency for consumers.

Prescription Drugs: The price of prescription drugs continues to be a concern for Mainers 50 and older. AARP supports increased transparency in the prescription drug development and pricing process, particularly in cases of drug manufacturers that benefit from taxpayer-funded research. States should encourage price competition by developing online prescription drug price postings for consumers based on retail pharmacy information classified by zip code.

AARP continues to fight for programs such as the Medicare Savings Program (MSP) and the Drugs for the Elderly Program (DEL) that help older Mainers remain at home in their communities.

Long-Term Care: Most of us want to grow old in the communities we helped build. Most older Mainers wish to "age in place", but this can be difficult to achieve. Our communities simply don't have the necessary resources to allow us to stay in our homes and in our communities as we age.

Many older Mainers and their families are struggling to navigate our long-term care system. Multiple programs make it difficult for individuals to find the care they need in the most appropriate setting.

AARP will focus on:
- Encouraging Maine to take advantage of new and existing federal financial incentives to improve access to home and community-based services (HCBS);
- Broadening the options available for HCBS to include consumer-directed care, home health, and personal care services;
- Promoting efforts to help consumers better understand and access their options; and
- Expanding and improving the quality of the direct care workforce and increasing the number of health maintenance tasks that can be delegated to home care workers.

We must also work to ensure that nursing home quality and transparency remain front and center during the COVID-19 pandemic.

Family Caregivers: Family caregivers are taking care of loved ones at home across Maine. These caregivers save the state billions of dollars each year by preventing unnecessary institutionalization, however, they are doing so with little or no support. AARP supports policies such as caregiver tax credits and paid leave for family caregivers that allow our families to more easily provide support at home without a large economic impact.

RETIREMENT SECURITY

Saving for retirement is something every hardworking Mainer should be able to do. Too few Maine workers have a retirement savings plan offered by their employer.

- Just 4.6% of working Mainers save when a retirement plan is not offered through their employer.
- This is compared to 71.5% of working Mainers who will save if a plan is offered.

Financial security in retirement relies on retirement plans that allow for adequate savings with safe and trusted vehicles, freedom from employment discrimination and the protection of earned pension benefits. AARP believes that all workers, regardless of industry, employment status or occupation, should have access to savings vehicles that build financial security and stability with limited costs.

AARP supports policies that engage employers, governments, and workers themselves to increase the amount saved from earnings.

UTILITY RATES

Electric Utilities: As income declines, expenditures on utilities become a larger portion of the household budget for those 50 and older. We will continue to work to ensure that providers of electricity, gas, landline, wireless, and broadband offer services customers can depend on.

- Fair Distribution: Utility rates should reflect wise use of ratepayer money and fairly distribute costs and savings among consumers while taking into account households with lower incomes.
- No Back-Room Deals: The process for utility service, policy, and rate changes should be open and transparent. Such changes should include a wide range of opportunities for input from the public and independent groups.

We must also ensure that the implementation of any climate change policies is fair and equitable when it comes to cost.

Internet Access and Quality: Maine is one of the lowest ranking states when it comes to ensuring residents have access to affordable high-speed internet. Broadband can be a powerful tool for addressing the needs of Maine residents of all ages by:

- Facilitating economic development in Maine communities;
- Connecting our rural communities; and
- Improving access to health care services, social contacts, employment, recreation, civic engagement, entertainment, and other activities that contribute to successful aging.

AARP Maine supports policies to make universal, affordable high-speed internet a reality across Maine.

LIVABLE COMMUNITIES

Transportation: Maine is one of the largest and most rural states in the eastern U.S. Mobility is one of the most important factors affecting older Mainers who wish to remain involved and active. The ability to access medical appointments, shopping, and social events is a critically important component of a successful community.

As we live longer many of us are outliving our ability to drive safely. This can result in an individual becoming socially isolated and unable to access needed services.

- Public transit is limited in Maine. Where transit programs exist to help people in need, most do not adequately address the needs of seniors (i.e. restricted hours of operation and strict income and disability requirements).
- AARP Maine will continue to advocate for policies and programs that support public transit as well as transportation alternatives such as walking and biking to ensure multiple modes of transit for older Mainers.
- AARP Maine supports the expansion of alternative forms of healthy and safe transportation, affording older Mainers more choices as to how they get around in their communities.

Housing: The availability, affordability, suitability, and variety of housing options can affect older adults' ability to remain independent and actively engaged in the community. Many older adults experience serious housing problems because of high housing costs and poor home design, making it difficult to simply get around. In addition, when it comes to affordability, thousands of low-income seniors across Maine are on waitlists for affordable senior housing and this is an issue that we must continue to address.

For home owners, home equity is often the primary, and sometimes only, financial asset in retirement. For the more than three-quarters of people age 50 and over who are homeowners, home ownership can improve financial well-being.

AARP Maine supports policies that allow for flexibility in housing type and income requirements.

Taxation: It is important to recognize that property tax is the most regressive form of taxation and has the potential for significant negative impacts on people living on a fixed income. A balanced approach to both revenue and spending is essential. While raising sufficient revenue, state and local taxes should adhere to the principles of equity, neutrality, efficiency, and consistency with broader social goals.

AARP supports reforms to state tax structures that safeguard the financial security of Mainers 50-plus.

AARP Maine
aarp.org/me

AARP Maine
53 Baxter Blvd, STE 202, Portland, ME 04101
1-866-544-5380 (toll-free); me@aarp.org
Facebook/Twitter: @aarpmaine

The Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Shaughnessy, Executive Director
Eric Meyer, CEO at Spurwink Services, Board President

Members:

- AdCare Educational Institute, Maine
- Alternative Services, Inc.
- Aroostook Mental Health Center
- Assistance Plus
- Catholic Charities Maine
- Co-Occurring Collaborative Serving Maine
- Christopher Aaron Center
- Common Ties Mental Health
- Community Care
- Community Caring Collaborative
- Community Concepts, Inc.
- Community Health & Counseling Services
- COR Health Services
- Crisis & Counseling
- Crossroads Maine
- Day One
- Genoa Telepsychiatry
- Kennebec Behavioral Health
- Maine Behavioral Healthcare
- Maine Behavioral Health Organization
- Maine General Behavioral Health
- Mid Coast Hospital Addiction Resources Center (ARC)
- Milestone Recovery
- NFI North Inc.
- Pathways of Maine
- Penquis C.A.P., Inc.
- Portland Recovery Community Center
- Rumford Group Homes
- SequelCare Maine
- Spurwink
- Sunrise Opportunities
- Tri County Mental Health Services
- Wellspring, Inc.
- Wings for Children & Families
- Woodfords Family Services

Mission:

To advance treatment and recovery-oriented systems of care for Mainers experiencing mental health and substance use challenges, through advocacy, leadership, collaboration, and professional development.

With 35 members, the Alliance represents the majority of Maine's licensed safety net community based mental health and substance use treatment agencies. Our member agencies employ nearly 6,000 Maine people, who in 2020 provided treatment and services to nearly 100,000 Maine men, women, and children. The Alliance advocates for implementation of policies and practices that serve to enhance the quality and effectiveness of our behavioral health care system.

Goals:

1. Ensure a highly competent and valued behavioral health workforce.
2. Secure investments in quality behavioral health for Mainers within their home communities.
3. Achieve positive change in the public perception of mental health and substance use challenges.
4. Maintain impactful partnerships and collaborations to advance the Alliance mission.

Affiliate Foundation:

The Maine Behavioral Health Foundation is a 501c(3) incorporated in 2003 to serve as a catalyst for building a more caring, creative and effective approach to providing treatment for mental illness and substance use disorder in Maine.

295 Water Street, Suite 307, Augusta ME 04330 ~ Phone 207.621.8118 ~ Fax 207.621.8362 ~ theAllianceMaine.org

Alliance Vision and Guiding Principles for our policy work

Behavioral Health System Vision:

The behavioral health care needs of all Mainers are met with the highest quality and most compassionate care available in the most appropriate environment.

Guiding Principles for a Behavioral Health System of Care:

The Alliance recognizes the importance of supporting the people we serve in achieving their desired goals. As a result we work from a perspective that is participant driven, making it possible for people to reach their full potential.

The Alliance supports these principles:

- ✓ Maine has a robust behavioral health system in place from prevention through treatment and into peer recovery support.
  - Treatment matches the level of need, and a continuum of services is available.
  - All treatment is provided through the lens of a recovery oriented system.
  - Behavioral health care and physical health care are integrated into a continuous system.
- ✓ Access to this behavioral health care is available to all Mainers who need and/or seek care.
- ✓ Staff are treated with dignity and respect, and offered a supported learning environment.

Our Members are committed to:

- ⇨ STRENGTHENING YOUTH, ADULTS, FAMILIES, and COMMUNITIES
- ⇨ SUPPORTING RECOVERY READY COMMUNITIES
- ⇨ EXPANDING ACCESS TO PREVENTION, TREATMENT & RECOVERY SERVICES
- ⇨ ENHANCING INTEGRATED HEALTH CARE DELIVERY

Alliance Statement of Need – Behavioral Health System 2021

Currently our system is significantly overburdened. **Maine men, women and children are unable to receive key behavioral health community-based treatment and support services** that keep them healthy and productive in their home communities. Maine's investment in these services has not kept pace with the increasing intensity of need being seen in children and in adult mental health and substance use presentations, nor with increases in inflation and the movement towards livable wages. **There are many more Mainers that need intensive residential care (children and adults) with extra supports and guidance than we have spaces to treat.** The Opioid epidemic has not abated and supercedes the death rate of the COVID-19 pandemic. After years of unfettered substance use growth in Maine, young children are being found that have severe polysubstance use and a high intensity of need living in multi-generational families struggling with addiction challenges. We do not have the resources to address these issues.

This lack of access to appropriate detoxification, residential, and community-based care shows up in many forms, including:

- Expensive institutional settings being overutilized, such as hospital emergency departments, hospital inpatient units or correctional facilities
- Excessive numbers of people on wait lists or having initial appointments scheduled months out
- Inability to refer for appropriate level of services along the entire age continuum (child, adolescent, adult, older adult) leaving people getting services that may not truly meet their needs.
- Inability to find comprehensive service offerings in all communities/geographies in Maine

Alliance member organizations can provide specific examples of the lack of access to behavioral healthcare services in communities throughout Maine. An example of a profound access challenge is in the medication management programs for both adults and children, where now only a handful of provider organizations continue to operate medication management clinics. Wait lists for these clinics run in the hundreds if not thousands of Mainers. Wait times can exceed 180 days to get an appointment, virtually cutting off the system to consumers who need it. Another example is in emergency department settings where patients get "stuck" awaiting access to secure stable community mental health services.

A contributing cause of this lack of access are reimbursement rate levels that are outdated and incapable of sustaining service providers to operate in an already vulnerable and overburdened system. A lack of appropriate reimbursement rates leads to an inadequate and vulnerable service network and agencies that are fiscally beholden to community Boards of Directors that have had to cut staffing levels, locations of service, and entire programs to remain viable.

Inadequate reimbursement rates lead to:

- non-competitive compensation offerings in the market causing staff shortages
- burnout and fatigue among staff, and
- overall difficulty in retaining the personnel who provide safe and compassionate care.

Then in 2020, on top of all of these existing problems, COVID-19 came and increased the need for behavioral health services and exacerbated the worker shortage as folks roll into and out of quarantine, or do not want to work on the front lines due to pre-existing immune systems or family concerns.

The safety net for behavioral health care in Maine is at a crisis point. We need swift action.

Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

POLICY AND ADVOCACY PRIORITIES FOR 2021

1. **Invest in Behavioral Health Workforce.** Maine has seen a critical workforce shortage for behavioral health services for many years. Without adequate resources for equitable pay, many agencies see turnover rates of 40-50% for direct care staff. This adversely impacts those in need of these services by creating instability in the care provided and in the quality of that care.
   a. Investment in front line direct service and clinical staff wages.
   b. Professionalize and enhance training opportunities for direct service Behavioral Health Professionals.
   c. Streamline and reduce barriers to licensure for much needed direct care clinicians.

2. **Maintain Access for Critical Behavioral Health Services.** Many agencies have closed or reduced service offerings in recent years due to stagnant or unsustainable reimbursement rates.
   a. Emergency increases in MaineCare reimbursement rates for behavioral health services at risk of closure, to enhance adequacy of the provider network and maintain access to these services.
   b. Shift the liability risk burden for Treatment Foster Care back to the State of Maine to eliminate the threat of loss of these services. Commercial insurers are no longer providing this coverage at an affordable cost.

3. **Enhance Mental Health Services.** Many of our mental health services have been cut back and altered due to stagnant rate investments over decades, and we have been left with some services that cannot adhere to the fidelity of the models of care and truly meet the needs of those struggling with mental illnesses.
   a. Restructure Assertive Community Treatment services for persons with Severe Mental Illness to more closely adhere to the fidelity of the evidence-based model of care. Assure access to care for those experiencing homelessness and or at risk of jail or hospitalization.
   b. Restructure aspects of Medication Management services for persons with Severe Mental Illness to provide timely access, and to accommodate the various levels of support needed to sustain independence in our communities.
   c. Invest in our community based mental health services for youth.
   d. Invest in and restructure mental health services to bring home youth being treated out of state and far from their family and community.

4. **Enhance Substance Use Disorder (SUD) Treatment Services.** The need for SUD treatment continues to grow in Maine and COVID-19 has only exacerbated the problems, as access to housing, work, and basic community supports have disappeared. With generational substance use now being seen in families across Maine, there is also an increase in the number of those ever-younger presenting with an increased complexity of co-occurring substance use and mental illness.
   a. Establish services needed for the growing complexity of youth substance use, including residential treatment and medically managed detoxification.
   b. Expand Case Management services to all MaineCare members in substance use disorder treatment to assure access to the social determinants of health needed to support recovery.

Re: Interested Parties

Good Afternoon Senator Claxton, Representative Meyer and Distinguished Members of the Joint Standing Committee on Health and Human Services,

My name is Kim Humphrey, I am from Auburn. I have an adult son with autism and am the founder and President of Community Connect Maine, a non-profit organization. I'm here with David Cowing also a founding member and on our board of directors. We are excited because we just received our non-profit status in 2020, though we have been a family driven grassroots network since 2015.

Our mission is:
To connect families, caregivers and communities to improve the system of care for people with developmental disabilities and related conditions.

Disability is a widely diverse spectrum with diverse needs, often invisible-

Our vision is:
That people have the support they need, when they need it, to live a full life within their communities of choice.

In order for this often invisible population to be seen, we facilitate people in becoming more active in

1) Defining what matters to them
2) Sharing their stories and by doing so, knowing their power
3) Connecting with others in their community, local legislators, groups, organizations, families and friends with similar interests, to share what matters to them.

Their increased connection leads to people finding information and opportunities more quickly. Individuals can contribute by weighing in on legislation, or simply to navigate the direction of their lives through making it clear to others what matters. From a population perspective the community becomes more visible.

I submitted a one page informational flyer to provide more details about what we do, who we are and how to connect with us. Thank you for the opportunity to introduce ourselves to you.

Kim Fulmer Humphrey, MPH
Founder and President
Community Connect Maine
84 Boulder Drive
Auburn, Maine
khumphrey.phadv@gmail.com
207-754-3435

COMMUNITY CONNECT ME

MISSION: To connect families, caregivers, and communities to improve the system of care for people with developmental disabilities and related conditions.

PURPOSE: Work with existing resources to improve the quality of life for this population by:

- Creating a stronger statewide support network for families and individuals who receive or need services.
- Encouraging and supporting families and individuals to advocate for themselves.
- Increasing opportunities for individuals and families to strengthen their relationships with each other and their communities.
- Creating a greater presence within communities with the goal of increasing awareness and opportunities.
- Creating stronger mechanisms for quickly disseminating information.

That all people have the support they need, when they need it, to live a full life within their communities of choice.

• Join our online group: communityconnectmaine

• Join our electronic distribution list. • Start a new group or connect an existing group to our network. • Discuss topics of interest, build friendships, and express what matters to you most via surveys, conference calls, and learning opportunities. • Start or join a Community Action Cycle group (a small group that identifies an improvement aim, plans an intervention, and evaluates the outcome). • Join Maine Coalition for Housing and Quality Services, a co-founding partner organization.

FOR MORE INFORMATION: Contact Kim Humphrey: khumphrey.phadv@gmail.com or 207 754 3435

ADDITIONAL RESOURCES:

Maine Coalition for Housing and Quality Services: **maineparentcoalition.org**
Maine Association for Community Service Providers: **meacsp.org**
Maine Developmental Disabilities Council: **maineddc.org**
Maine Parent Federation: **mpf.org**
For more resources go to: **communityconnectme.org**

GET CONNECTED NOW! communityconnectme.org

COMMUNITY CONNECT MAINE IS A 501(c)(3) ORGANIZATION

MARR
Maine Association of
Recovery Residences
75 Bishop Street, Suite 18, Portland ME 04103
www.mainerecoveryresidences.com

Introduction to the Maine Association of Recovery Residences

Honorable Sen. Ned Claxton and Rep. Michele Meyer, and Members of the Health and Human Services Committee

Greetings Senator Claxton, Representative Meyer and distinguished members of the Health and Human Services Committee. My name is Dr. Ron Springel, and I am a resident of Scarborough appearing today as a representative of the Maine Association of Recovery Residences (MARR), a Maine non-profit. MARR is the Maine state affiliate of the National Alliance of Recovery Residences (NARR) – a group that has developed a national "best practices" certification program. MARR annually inspects and certifies that its members are operating at this standard.

In Maine, MARR works hand-in-hand with NARR and currently supports 28 affiliate members who operate 51 certified recovery residences in nine counties. The current bed capacity is approximately 520. Since October 2019, the Department of Health and Human Services through the Office of Behavioral Health has funded MARR's work with a grant that supports two paid staff and 9 volunteer directors. We actively offer technical assistance, training, advocacy, quality control, onsite inspections, naloxone distribution, and COVID-19 support. We maintain an online directory of certified residences. We encourage the 69 non-certified residences to achieve certification and adherence to best-practice standards.

MARR believes in recognizing all paths to recovery and supports residences that serve men, women, women with children, men with children, LGBTQ, coed, and others. In 2016, only one recovery residence allowed residents undergoing treatment with buprenorphine (Suboxone) or methadone; now 70% of certified residences allow medication for opioid use disorder (MOUD).

In the 129th session, MARR worked with this committee and others to enact three statutes to define what a recovery residence is, establish voluntary certification, develop a housing subsidy program through MSHA, require naloxone to be available on every sleeping floor, and treat recovery residences as single-family homes for the purposes of the Life and Safety (Fire) Codes.

In the 130th regular legislative session, we are working with Rep. Justin Fecteau who has introduced a bill entitled, "An Act to Increase the Quality of Substance Use Disorder Treatment in Recovery Residences". Currently, operating subsidies are available through MSHA for residences that provide MAT and are MARR-certified; this legislation would require certification for any residence receiving any public funds such as GA, DOC funds, stipends, vouchers, etc.

We look forward to continuing our work with you and the other committees in the legislature and offer to be your source for information about one of the most important and least understood recovery supports available to Mainers today – safe and sober residences where people with Substance Use Disorder reclaim their lives and become productive citizens again.

MARR
Maine Association of
Recovery Residences
75 Bishop Street, Suite 18, Portland ME 04103
www.mainerecoveryresidences.com

Additional information About MARR:

The Maine Association of Recovery Residences (MARR) is a nonprofit organization that manages the ethical and safety standards for recovery residences in the State of Maine. We believe all people seeking recovery-based housing should have access to both a safe and accommodating residence where they can live a healthy and rewarding life. The primary mission of MARR is to promote this ethical and sustainable management of high-quality recovery residences throughout the State of Maine.

The MARR Board of Directors:

President: Sarah Coupe, Owner/operator Grace house for Women
Vice-President: Dan Mahoney Owner/Operator Valdar Inc. (2 Recovery residences)
Secretary: Zoe Brokos, Recovery Advocate
Treasurer: Herb Blake, Executive Director Friendship House
Additional Directors: Alison Webb Jones, MPH, Recovery Advocate; Kerry MacDonald, RD, LDN is owner and operator of Beacon Sober Living and the Director of Women's Extended Care for The Plymouth House; Tyler Brinkmann, former recovery residence operator and recovery advocate; Paul O'Shea, recovery advocate and staff member of Twilight Drive recovery residence; Joshua Leonard, affiliate leader and manager of Portland Sober Living.

Visit our Website: https://www.mainerecoveryresidences.com.

Additional Information About NARR:

Our national partner, the National Alliance of Recovery Residences was founded in 2011 by a group of recovery housing advocates and operators with the purpose of establishing a recognized set of "best practices" and developing a network of state affiliates to organize local efforts and perform the actual inspections. From the NARR website: ***The National Alliance for Recovery Residences (NARR) is a 501-(c)3 nonprofit organization dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing. NARR and over 30 state affiliates collectively support over 25,000 persons in addiction recovery who are living in over 2,500 certified recovery residences throughout the United States.***

Visit the NARR Website: https://narronline.org/

Contact Information: Ron Springel, MD
Program Manager, MARR
Ron@mainerecoveryresidences.com
207-228-5456 (cell)

February 2, 2021

Maine Coalition for Housing and Quality Services

February 10, 2021 www.maineparentcoalition.org

Re: Letter of Introduction – Maine Coalition for Housing and Quality Services

Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Cullen Ryan, and I introduce myself today as a parent of a 24-year-old son with an intellectual/developmental disability, and Chair of the Maine Coalition for Housing and Quality Services. I also serve as Chair of the Maine Developmental Services Oversight and Advisory Board. I have served on that Board since its inception in 2010.

The Maine Coalition for Housing and Quality Services is a coalition of some 4000 people, consisting primarily of parents, that focuses on housing and quality services for people with intellectual/developmental disabilities (ID/DD). Ultimately, the goal of the Coalition is to create a system of quality housing and personal supports that is person and family centered, with choice, dignity, and efficiency being at the forefront of efforts.

The Coalition is a clearinghouse for information around Intellectual and Developmental Disabilities in Maine, as it relates to housing and support services. The meetings are open and occur monthly, under usual circumstances in Portland and 12 remote sites across the state, currently via Zoom. Those meetings are carefully captured with detailed minutes to account for the fact that many parents are unable to attend but need access to the information provided. Each monthly meeting features at least one, and sometimes several speaker(s)/presentation(s) on emerging topics related to housing or services. Each of these presentations features a question/answer and discussion phase, and that information is all captured to create real-time FAQs. The minutes are widely distributed through about 15 different groups and list serves, including the Autism Society of Maine, Maine Parent Federation, the Maine Developmental Disabilities Council, Disability Rights Maine, the Maine Association of Community Services Providers, and Community Connect. Then the minutes and lots of relevant information are posted to an updated website, that includes background on everything one might want to know about the world of ID/DD in Maine.

This Coalition has, working with DHHS and other stakeholders, including the LD 1816 Stakeholder's group that in 2012 was charged with finding efficiencies in the system, designed a continuum of care model that has wide support. Some of the model has been implemented and we are very enthusiastic to be working with DHHS to see that the rest is as well.

The Coalition has also created a Blueprint for Effective Transition which was built on the premise that transitions happen whenever there is change in someone's life and maps out how the system can best support people in making each and every transition. The Office of Child and Family Services has used this Blueprint for Effective Transition as its starting point for its Transition Age Youth Roadmap strategy, which is fantastic.

Each of these efforts is designed to remove silos and have us all working together to create a system that works most efficiently and effectively.

We are extremely pleased that DHHS is working closely with us and including us in the design and implementation stage of its shot, medium, and long-term strategies for the system of care. We hope the Department will continue to do so, as we all stand ready to help.

Thank you for the opportunity to introduce myself. I look forward to working with you to create community inclusion for people with intellectual/developmental disabilities and autism.

Cullen Ryan
Chair

c/o Community Housing of Maine, One City Center, 4th Floor
Portland, Maine 04101 207-879-0347 cullen@chomhousing.org
www.maineparentcoalition.org

Developmental Services Lifelong Continuum of Care – Vision and Goals – Revised on 3/11/19

Vision: Each person served within Maine's Continuum of Care will transition effectively through to adulthood and into the community where they will access natural community support and receive the formal support necessary to achieve autonomy and community inclusion.

Area 1: Assessment

Goal 1a: **Each person will receive a multi-dimensional strength-based functional individualized assessment of their strengths or needs, which will inform the person-centered plan.** This assessment will consider all of the domains outlined in the Continuum of Care diagram. Don't tie resources to this. Just look at the person's actual functioning. Start there to ensure the process is truly person-centered.

Goal 1b: **Each person will be assessed for the natural support potentially available to them,** and efforts will be made to maximize all of these as opportunities. This includes family, neighborhood, peers, and support networks. Each person should first access generic support and services that are available to everyone before disability-specific supports are considered.

Area 2: Service Delivery and System Navigation

Goal 2a: **Maine will establish a broad menu option model designed to match the amount and kind of paid support services needed by each individual.**

- Maine will provide choices that accommodate everyone. These choices will address the need for a variety of models and ongoing adaptability to life changes or greater independence. This is the opposite of a one size fits all approach.
- Services will be self- and/or family-directed whenever possible, to preserve choice, protect individual rights, and foster both independence and interdependence.
- Each person will also have a single point of entry that will be a gateway to all services needed.

Goal 2b: Each person will have a designated Community Resource Assistant whose job it is to help an individual at any age, and their family (defined by the individual), navigate the local available array of services. This person would know the community and be willing to use relationships to open doors, and to connect with appropriate additional services or support. An ideal model would have the Community Resource Assistant work as a navigator to leverage community resources that tap into more formal efforts within neighborhoods or communities. The Community Resource Assistant connects the person with services and opportunities on the ground including those in the following categories:

1. Community Inclusion and Self-Determination. The Community Resource Assistant will work to repair the divisions/breaks in community that still create exclusion.
2. Continuing Education. School will prepare an individual for transition to community and continued maximum inclusion through lifelong learning, creating true preparation for belonging and actual community participation at the fullest potential.
3. Natural Community Supports. The Community Resource Assistant will keep the support at the community level to foster natural supports. As part of the Person-Centered Plan, the roles of all natural supporters will be formalized.

Area 3: Information Dissemination and Planning

Goal 3a: **Maine will ensure a thorough and accessible Information Repository. Maine will enhance information dissemination so that it is thorough and constantly updated, and how services work and are accessed will be transparent.**

Goal 3b: **Maine will establish early support and planning about steps awaiting the individual and their transition to and through adulthood**. Beginning at the moment the child is identified as potentially needing some type of unique support, there will be early intervention with a constant eye toward community inclusion

and adulthood success. Collaboration will occur in all systems so that planning for transition is lifelong and comprehensive.

Throughout elementary and secondary education and beyond, efforts to support success in the community will be fostered so that education and social activities are all part of engaging and developing skills and natural supports that continue through the lifespan. People will receive lifelong support in making choices and they will experience the presumption of competence and the dignity of self-determination commensurate with their age and ability. All decisions regarding the future will be founded on self-determination and individual personal choice.

Area 4: Community Inclusion

Goal 4: **Maine will have a formal effort within each neighborhood or community to educate, foster inclusiveness, awareness, and an "it takes a village" mentality.** Each community will form an informal safety and support web. Individual Service Plans will include the management of risk, including contingency plans (around personal crises, fires, disasters, etc.). Maine will enhance the community side of the equation. Like crime prevention strategies such as neighborhood or community "watch" locations, this effort will encourage or enhance neighborly activities that make up a safer and better-connected society for everyone. All individuals will have the opportunity to belong as a natural part of every community in which they live, work, and thrive.

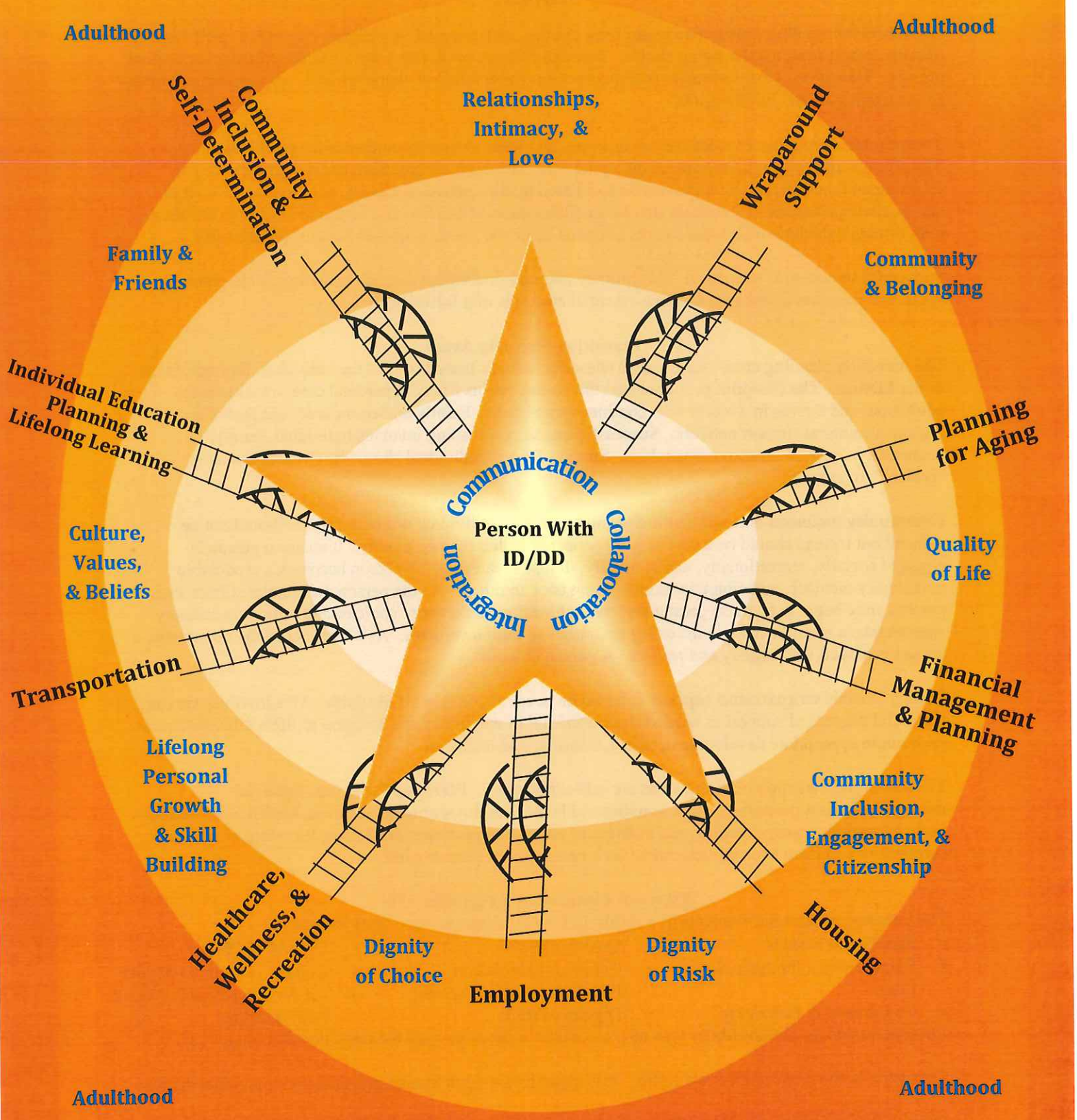
Area 5: Common Sense Service Delivery

Goal 5a: **Maine's Developmental Services will deliver only the paid services needed; nothing more, and nothing less.** Implementation will be regularly examined so that any inefficiency can be eliminated. A Stakeholder Working Group will receive input and participate in policy decisions about real life situations/policies to continue to examine the most equitable, efficient, and effective use of resources.

1. This Working Group will evaluate new methodologies or technologies that can be incorporated for success. This group would then make recommendations to improve the menu of services. They would recommend how each service can be delivered in the most efficient and effective manner. There will be regular examination of available technology to see if it can be incorporated into the achievement of goals.
2. This Working Group will regularly examine the balance of established protocols vs. acceptance of risk, i.e. one individual may accept support during the day along with very limited support during the night knowing there may be some risk associated with limited night staffing, but the tradeoff is acceptable to the person. This also applies to community risk – the person may engage with and make errors within society, but will have maximum opportunity to freely engage, and will have at least a safety net to avoid catastrophe. Each person would have presumed competence allowing the "dignity of risk" that comes with independence in society.
3. This Working Group will regularly examine developmental services through the lens of how the rest of the world functions. Generic goods and services available to enhance everyone's lives should be applicable to everyone in society. In this sense, individuals with developmental services needs are quite the same as everyone else. Specialized services should only be looked to when generic services alone can't support the achievement of the individual's goals.

Goal 5b: **Formal services will be based on individual and realistic needs, not on formulaic policies.** Services will be flexible with only the necessary amount of paid support services. There will be no "one size fits all" approach. The formal delivery system will become nimble and flexible to allow for changes in a person's functioning and support needs, and it will minimize obstacles to flexible adaptation. This will eliminate the need for people to fit into "categories", so they can receive services/housing – all will receive what they need at a level appropriate to them at any point in time, whether that increases or decreases. Maine will meet each person where they are.

Blueprint for Effective Transition



Maine Coalition for Housing and Quality Services
c/o Community Housing of Maine One City Center, 4th Floor
Portland, Maine 04101 207-879-0347 cullen@chomhousing.org
www.maineparentcoalition.org

Revised 1/13/20

Maine Coalition for Housing and Quality Services

Blueprint for Effective Transition

Narrative

All human beings have value, natural abilities, dignity, and potential. By dignity, we mean: Self-respect, nobility, worthiness, and honoring choice. Through this, we set the tone for all achievement and personal growth. Transition is the movement that incorporates these inherent characteristics, creating opportunities for a meaningful and fulfilling life.

Transition is a process, not a destination or event, and leads to quality outcomes for each individual. Transition is lifelong, with milestones along the way. It is both a foundation and a springboard to a fulfilling and meaningful life that must be facilitated by the individual, family, supports, and services across all environments. Transition involves collaboration, creativity, and community, and envisions a path through which an individual figures out what he or she wants to do and how to live their life.

Successful transition is a journey. This journey takes the individual through many transition planning areas and promotes development of the essential elements of a fulfilling life.

Transition Planning Areas

The transition planning areas (see diagram) describe various transitions for the individual throughout his or her lifetime. The blueprint presumes that the person begins life with parental care, transitions to adulthood, and thrives in a world with continued transitions. Family and community are part of a responsive natural support network. Successful transition planning involves individual, family, community, and government partnerships. Support for any individual should be closest to what is "typical" for anyone.

Community inclusion is based on the assumption that an individual with disabilities should not be isolated but instead should be a part of and connected within the community. It means a person is engaged socially, recreationally, and culturally. It also means that the person becomes a productive community member, pursuing talents and giving back to others. As the person differentiates from their parents, they begin to exercise greater **self-determination**, make more choices, and with the necessary support take a more active role in setting and pursuing their own goals. As a member of the community a person is treated with dignity and respect. A person belongs.

Quality flexible **wraparound support** is based on need, not on what is available. This involves varying types and degrees of support as needed (from minimal to maximum and adapting to life's circumstances) to promote appropriate development, safety, stability, and inclusion.

The rest of the transition planning areas are self-explanatory: **Planning for aging, financial management and planning,** stable **housing** and home**, employment** and vocation**, healthcare, wellness, and recreation, transportation,** and **individual education planning & lifelong learning**; all enhancing community inclusion and self-determination – central to the person's life.

Essential Elements of a Fulfilling Life

The interwoven essential elements of a fulfilling life (see diagram, blue font) include:

- Family and Friends
- Relationships, Intimacy, & Love
- Community & Belonging
- Quality of Life
- Community Inclusion, Engagement, & Citizenship
- Dignity of Risk
- Dignity of Choice
- Culture, Values, & Beliefs
- Lifelong Personal Growth & Skill Building

These elements are achievable by way of a successful journey through the transition planning areas.

Transition is about excellence and equity. It is about investing in human potential and individual dignity.

Central to the diagram, transition involves communication, collaboration, and integration. Integration requires transcending boundaries and braiding resources to create a comprehensive whole.

Maine Coalition for Housing and Quality Services

Blueprint for Effective Transition

Goals and Objectives

1. Collaboration, integration, and communication
    a. Comprehensive whole, not silos
        i. Have everyone at the table
            1. Have first High School IEP meeting include all players: Every service sector, and every system partner involved with the person as a child and as a future adult.
            2. Ensure High School IEP meetings have an evolving membership reflecting changes in the person's life.
            3. Have all children's case managers working with transition-age youth become familiar with and fluent in their understanding of the adult service system and local service providers.
            4. Ensure transition-age youth have overlapping children's case management and adult case management for a period of at least nine months to facilitate a warm handoff.
            5. Encourage all individuals to fully transition to an adult case manager at least nine months before exiting High School.
        ii. Have all parties fully participate
            1. Establish annual global participation permission by parents, or individual where appropriate, so all can easily be present at IEP meetings.
            2. Establish required participation by every service provider and every system partner involved with the individual.
            3. Ensure schools and departments will hold meetings at times that work for parents/families.
            4. Document all unmet needs and collaborate to meet each need.
            5. Ensure, that for individuals eligible for PCP's, IEP meetings inform and overlap PCP meetings after the age of 18.
    b. Relationship building and information sharing
        i. Establish an annual statewide joint adult and children's case managers meeting, which includes representation from school-based case managers.
        ii. Re-establish a Children's Cabinet to improve or increase collaboration between State departments.
        iii. Convene, at least quarterly, client-specific transition meetings to include school personnel, VR counselors, children's case managers, adult case managers, parents/guardians, any other important players, and the individual.
    c. Training
        i. Focus on quality, not compliance.
        ii. Have the State develop a statewide training for school-based and children's case managers to learn about the adult system.
            1. Have an online training be developed and maintained, for easy access.
        iii. Have the State develop a general transition guide, which will include a checklist of things to consider when facing any transition as well as associated timelines.
        iv. Ensure adequate training for parents/guardians so they receive all available information.
        v. Educate parents regarding what is ahead (as soon as possible, ideally upon diagnosis) so they can plan for the entire public schooling career.
    d. Allow room for creativity
        i. Build on strengths
            1. Prioritize people's strengths so they are not lost.
                a. Don't just focus on needs.
            2. Ensure strengths are documented as part of the plan and shared with the team.

3. Have the system fund strengths, as well as needs.
4. Consider strengths related to familiarity with environment, as well as strengths portable to any environment. (You have to have the skill and consideration of the environment in which one thrives).
    a. Ensure goodness of fit between environment and skill; everything has to be a good fit.
    b. Have ongoing assessment of continued good fit.

ii. Gear plans so people experience a sense of purpose in their lives.
iii. Do what works for each individual
1. Remember that every person is different and their needs are different – transition is not one-size-fits-all.
2. Discern what will make a person happy and fulfilled, and build on that with all plans.
3. Allow for appropriate risk-taking
    a. Push the envelope; provide opportunities for further growth.
    b. Build on success and failures.
4. Don't limit plans to what is currently available; special orders must be ok.
5. Don't let a person's current capacity limit plans for future opportunities and possibilities.

iv. Build communities that allow and support people with disabilities to do anything and everything.
1. Support teams should encourage each person to be an active participant in the community.
2. Tap into existing community resources and create new ones as needed.

2. Individual Support, Family System Support, Natural Support

Individual Support

a. Ensure the individual is an active participant in all aspects of planning for his or her life.
b. Provide adequate equipment, technology, and resources to individuals.
c. Ensure individuals have access to appropriate mental health counseling.

Family System Support

a. Establish reasonable schedules for informal meetings with all players on transition. (Informal can mean phone check-in or other means of communication).
    i. Have all schools in Maine recognize that planning for transition should start no later than the first year of high school.
    ii. Allow parents to determine frequency of meetings.
    iii. Aim for quarterly meetings in second to last year of high school.
    iv. Aim for monthly meetings in last year of high school.
    v. Have all schools in Maine allow extended participation until an age out year of 22.
b. Awareness of all options
    i. Maintain consideration of all options throughout the planning process. Explain these to every family.
    ii. Ensure that parents' knowledge and access to resources is on par with transition participants.
c. Address caregiver strain
    i. Provide adequate information and support to the caregiver.
    ii. Provide adequate training to caregivers when needed/requested.
        1. Help families learn how to let go and encourage increasing independence.
    iii. Recognize and respect that families know the individual best.
    iv. Provide adequate equipment, technology, and resources to caregivers.

Maine Coalition for Housing and Quality Services

Blueprint for Effective Transition

Natural Support

a. Individual natural supports
    i. Create and maintain an individualized natural support network for each person that is adequate for success.
b. Family natural supports
    i. Create and maintain a natural support network for each family that is adequate for success.
c. Community natural supports
    i. Promote awareness and understanding in the community about individual differences and needs so community members know what they can do to be natural supports.
d. Societal natural supports
    i. Promote awareness and understanding in the greater community about individual differences and needs so that each of us knows what we can do to be a natural support.

3. Self-Determination
    a. Self-advocacy skills
        i. Teach meeting skills, such as following agendas, rehearsing, and planning so one can be an active participant in his or her own meetings.
        ii. Establish concrete opportunities for self-advocacy at home, school, community, etc., throughout each day.
        iii. Learn how to actively access the community in a way that incorporates one's own preferences and goals.
        iv. Ensure individuals have information about guardianship alternatives.
        v. Ensure individuals are aware of all options and opportunities for self-advocacy throughout transition planning.
    b. Dignity of risk, dignity of choice
        i. Teach understanding of what constitutes dignity and risk.
        ii. Establish and practice safe behaviors at home and in the community.
        iii. Teach practical and functional skills to ensure one's safety at home and in the community.
        iv. Understand fixed rules vs. flexible guidelines for success in negotiating the world.
        v. Facilitate parents and caregivers letting go and allowing for appropriate risk taking and decision making by the individual.
        vi. Establish proactive neighborhood planning so people surrounding the individual are empowered to take an active supporting role as needed.
        vii. Help the individual and support network plan for emergencies, including recognizing what constitutes an emergency, and when it is appropriate to ask for/access help.
        viii. Teach strategies for decision making and the understanding of consequences.
        ix. Learn how to be a good customer, including how to assert one's self to meet one's own needs and how to achieve one's own preferences in the context of others.
        x. Ensure individuals have information about all housing/residential options.
    c. Opportunity to learn from mistakes
        i. Ensure opportunities for the individual to debrief experiences, positive and negative, and understand them as aides to personal growth.

4. Employment and Career
    a. Focus on employment first, and other community supports second.
        i. Start early and often developing employment skills and good employee practices.
        ii. Provide school-based exposure, jobs at home, pre- and post-secondary training, job experiences, internships, career preparation, pursuit of career, and volunteer opportunities.
        iii. Ensure individuals have communication support, and have developed social skills/pragmatics adequate for success in employment and career endeavors.
        iv. Build employment experiences around individual's interests.
        v. Have each individual leave high school with resume.

b. Be a good employee
    i. Learn how to be a good employee, including how to follow rules and norms of employment setting.
    ii. Ensure both employer and employee learn how to build skills, knowledge base, and aspirations, to allow for further growth and career opportunities.
    iii. Learn how to adapt to changes in job descriptions.

5. Quality of life
    a. Ensure each person is happy, healthy, and satisfied with his or her life
        i. Achieve or make continued progress towards the essential elements of a fulfilling life as defined by each individual in terms of:
            1. Family and Friends
            2. Relationships, Intimacy, and Love
            3. Community and Belonging
            4. Quality of Life
            5. Natural Supports
            6. Dignity of Risk
            7. Dignity of Choice
            8. Culture, Values, and Beliefs
            9. Lifelong Personal Growth & Skill Building
    b. Ensure stable housing and sense of home.
        i. Ensure affordability.
        ii. Ensure there is an adequate plan for maintenance and upkeep.
    c. Ensure access to resources adequate for housing, employment, transportation, health, community participation, and fun.
        i. Have resources include financial, personal support, and help with system navigation.
        ii. Have ongoing skilled case management services.
    d. Ensure mechanism for monitoring quality of life and changing priorities and choices.
    e. Ensure community inclusion.
        i. Ensure individuals have communication support and have developed social skills/pragmatics for successful community inclusion.
    f. Ensure community participation.
    g. Ensure each person's identity, culture, values, and beliefs are respected and allowed to grow, evolve, and flourish.

Developmental Services Lifelong Continuum of Care Diagram

Partnerships Support for an individual is a partnership among the individual, family, service providers, community, and government. The role of each party varies by individual, with continuity over the lifespan .

Community Inclusion People are included and engaged in their communities. Inclusion is achieved and facilitated by everyone in the community.

Community Inclusion & Self-Determination

Person Centered

The person drives the planning process. The person, family, and community are all involved in planning support as lives evolve over time. Support is based on the needs, goals, and preferences of the individual and change over the lifespan.
Self-advocacy and self-determination are primary values.

Community

Personal Support

Choice & Flexibility Each of us is entitled to have a broad array of choices about how we live our lives and what support look like. Formal support is flexible and adaptable to individual needs and preferences.

Coordinated Access, System Navigation, & Quality Outcomes

Support exists that is based on these principles, and if it does not there's a clear path to solve problems or challenges.

Housing

Continuing Education & Independent Living Skills

Legal/Financial Support **Planning for Aging**

Lifespan People need different types and amounts of support over the course of their lives. Formal support [provided by government] complements and supplements natural support provided by family and community.

Birth & Infancy to 5 — Parental Care — Age 5-21 — Family Care / School Years — Age 14-21 — Transition to Adulthood — Age 18+ — Adulthood & Aging

Health Care

Diagnosis & Early Intervention

Transportation

Education

Vocation/Employment/Retirement

Quality Flexible Wraparound Support

Developed by the Maine Coalition for Housing and Quality Services — Revised 1/13/20

Developmental Services Lifelong Continuum of Care

Principles for Developing A Continuum of Support

The Developmental Services Lifelong Continuum of Care model illustrated in the diagram and explained in this document puts the person at the center. It highlights key principles upon which support within the service system should be based, ensuring that people are supported across the entire lifespan. Each person served within Maine's Continuum of Care will transition effectively through to adulthood and into the community through a series of informal and formal partnerships providing support necessary to achieve community inclusion.

Person Centered. The person drives the planning process. The person, family, and community are all involved in planning support as lives evolve over time. Support is based on the needs, goals, and preferences of the individual and change over the lifespan. Self-advocacy and self-determination are primary values.

Partnership. Support for an individual is a partnership among the individual, family, service providers, community, and government. The role of each party varies by individual, with continuity over the lifespan.

Community Inclusion. People are included and engaged in their communities. Inclusion is achieved and facilitated by everyone in the community.

Choice and Flexibility. Each of us is entitled to have a broad array of choices about how we live our lives and what support looks like. Formal support is flexible and adaptable to individual needs and preferences.

Coordinated Access, System Navigation, and Quality Outcomes*. Support exists that is based on these principles, and if it does not, there's a clear path to solve problems or challenges.

Lifespan. People need different types and amounts of support over the course of their lives. Formal support [funded by government] complements and supplements natural support provided by family and community.

Support, both natural and formal, is designed to meet all the needs of a person including: healthcare; diagnosis & early intervention; reliable transportation; education; vocation/employment/retirement; quality flexible wraparound support; affordable, stable housing; continuing education & independent living skills; legal/financial support; and planning for aging.

***Coordinated Access:** Planning, coordinating, and monitoring all services necessary to enhance the lives of people with ID/DD, facilitated by case management.

***System Navigation:** People using services are supported by case managers to understand what services and support options are available, and how to access and utilize them when and where they're needed.

***Quality Outcomes:** The services, support, and/or interventions address the needs and achieve the goals included in the Person-Centered Plan (PCP).

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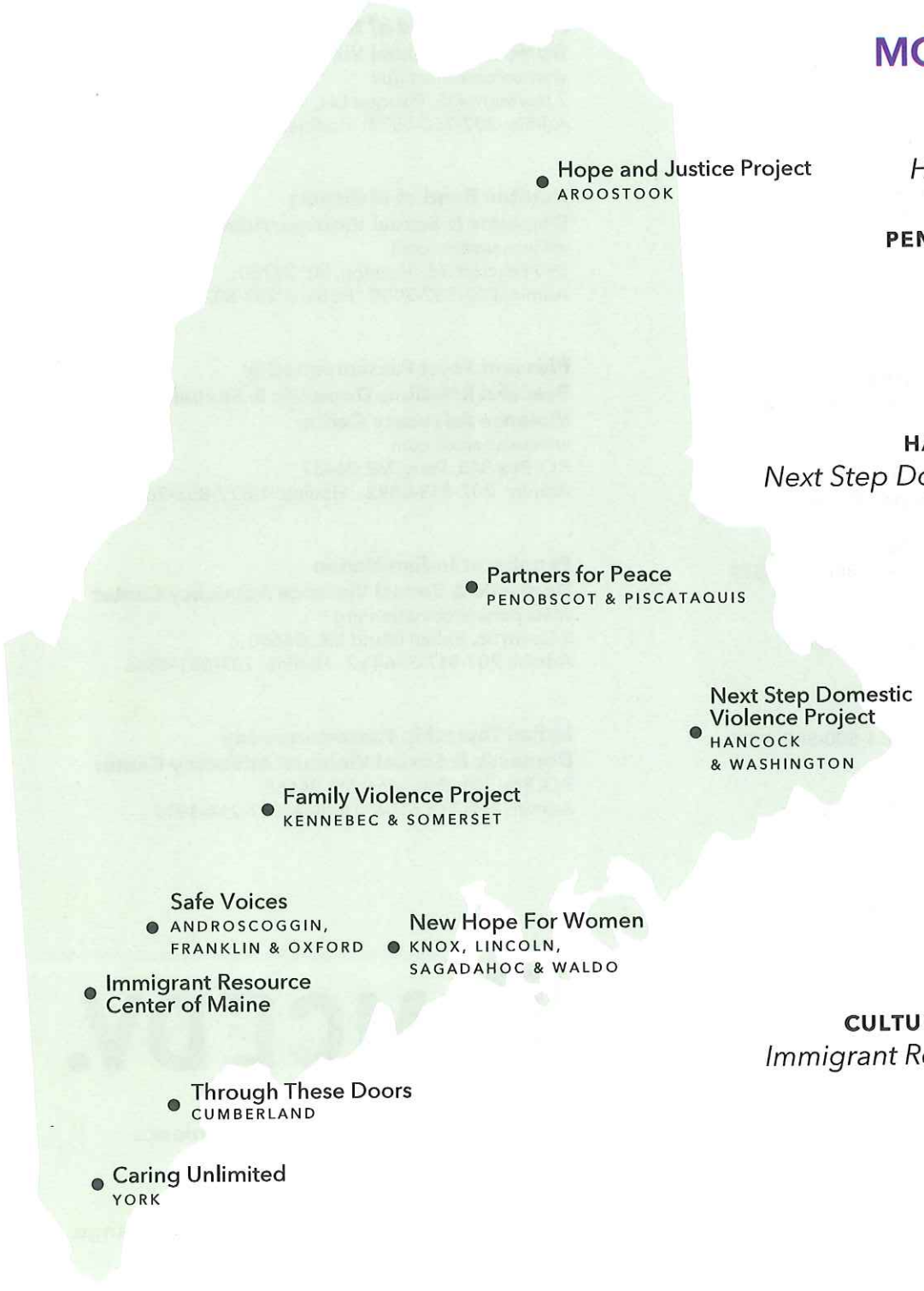
The Maine Coalition
to End Domestic Violence

Help is just a call away.

24 Hour • Toll Free • Confidential

1-866-834-HELP (4357)

Maine Telecommunications Relay Service:
1-800-437-1220



MCEDV MEMBERS:

AROOSTOOK
Hope and Justice Project

PENOBSCOT & PISCATAQUIS
Partners for Peace

KENNEBEC & SOMERSET
Family Violence Project

HANCOCK & WASHINGTON
Next Step Domestic Violence Project

ANDROSCOGGIN, FRANKLIN & OXFORD
Safe Voices

KNOX, LINCOLN, SAGADAHOC & WALDO
New Hope for Women

CUMBERLAND
Through These Doors

YORK
Caring Unlimited

CULTURALLY SPECIFIC SERVICES
Immigrant Resource Center of Maine

mcedv.org

MCEDV MEMBERS

Aroostook County
Hope and Justice Project
www.hopeandjusticeproject.org
P.O. Box 148, Presque Isle, ME 04769
Admin: 207-764-2977 Helpline: 1-800-439-2323

Penobscot & Piscataquis Counties
Partners for Peace
www.partnersforpeaceme.org
P.O. Box 653, Bangor, ME 04402
Admin: 207-945-5102 Helpline: 1-800-863-9909

Kennebec & Somerset Counties
Family Violence Project
www.familyviolenceproject.org
P.O. Box 304, Augusta, ME 04332
Admin: 207-623-8637 Helpline: 1-877-890-7788

Cumberland County
Through These Doors
www.familycrisis.org
P.O. Box 704, Portland, ME 04104
Admin: 207-767-4952 Helpline: 1-800-537-6066

Hancock & Washington Counties
Next Step Domestic Violence Project
www.nextstepdvproject.org
P.O. Box 1466, Ellsworth, ME 04605
Admin: 207-667-0176 Helpline: 1-800-315-5579

Androscoggin, Franklin & Oxford Counties
Safe Voices
www.safevoices.org
P.O. Box 713, Auburn, ME 04212
Admin: 207-795-6744 Helpline: 1-800-559-2927

Knox, Lincoln, Sagadahoc & Waldo Counties
New Hope for Women
www.newhopeforwomen.org
P.O. Box A, Rockland, ME 04841-0733
Admin: 207-594-2128 Helpline: 1-800-522-3304

York County
Caring Unlimited
www.caring-unlimited.org
P.O. Box 590, Sanford, ME 04073
Admin: 207-490-3227 Helpline: 1-800-239-7298

Serving Refugee and Immigrant Communities
Through Culturally and Linguistically Sensitive Services
Immigrant Resource Center of Maine
www.ircofmaine.org
PO Box 397 Lewiston, ME 04243
207-753-0061

Member Programs of the Wabanaki Women's Coalition

Tribal Domestic & Sexual Violence Coalition
www.wabanakiwomenscoalition.org

Aroostook Band of Micmacs
Domestic & Sexual Violence Advocacy Center
www.micmac-nsn.gov
7 Northern Rd., Presque Isle, ME 04769
Admin: 207-760-0570 Hotline: 207-551-3639

Houlton Band of Maliseets
Domestic & Sexual Violence Advocacy Center
www.maliseets.com
690 Foxcroft Rd., Houlton, ME 04730
Admin: 207-532-3000 Hotline: 207-532-6401

Pleasant Point Passamaquoddy
Peaceful Relations Domestic & Sexual
Violence Advocacy Center
www.wabanaki.com
P.O. Box 343, Perry, ME 04467
Admin: 207-853-0092 Hotline: 1-877-853-2613

Penobscot Indian Nation
Domestic & Sexual Violence Advocacy Center
www.penobscotnation.org
2 Down St., Indian Island ME, 04468
Admin: 207-817-3164 x2 Hotline: 207-631-4886

Indian Township Passamaquoddy
Domestic & Sexual Violence Advocacy Center
P.O. Box 301, Princeton, ME 04668
Admin: 207-796-6106 Hotline: 207-214-1917

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Connecting people,
creating frameworks for change.
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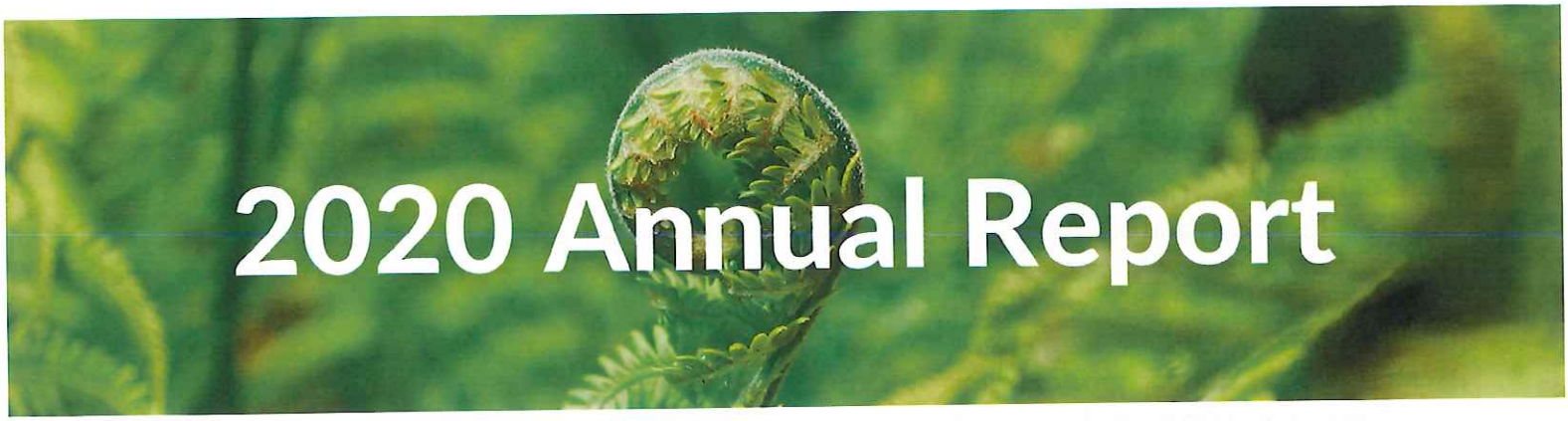


2020 Annual Report

Our Mission

The Maine Coalition to End Domestic Violence (MCEDV) mobilizes collaborative community action with and on behalf of a statewide network of Domestic Violence Resource Centers to ensure that all people affected by domestic abuse and violence in Maine are restored to safety and that perpetrators are held accountable. MCEDV builds partnerships that promote public policy, education, and systems advocacy to create and encourage a social, political, and economic environment that fosters communities where the diversity, dignity, and contributions of all are respected and celebrated, and domestic abuse and violence no longer exist.

Public Policy

COVID-19 dominated our policy efforts in 2020, truncating Maine's legislative session and forcing a reckoning within our safety net systems. The outsized effect of the pandemic on communities of color in Maine has identified glaring gaps in our state's safety net. At the same time, truths that many have long known about the disproportional impact of the criminal justice system on those same communities have been seen by the public at large in new ways.

MCEDV and our member programs have spent the summer and fall in deep dialogue, exploring how we can effectively advocate for the needs of all survivors and pursue public policy that will truly lead us to justice, equity and an end to violence. We are committed to asking questions, to broadening our understanding of what safety means and to pursuing a public policy agenda that includes but looks beyond the criminal justice system to the many facets of what creates safety in people's lives: Economic justice. Housing. Health care. The civil justice system. Language access. Culturally informed services. And more.

Only through creating a framework for safety that considers holistically what safety means for people can we really address the root causes of domestic abuse and violence, and develop interventions that that will work for all those who are affected by abuse. This will require deep listening to survivors, expanded partnerships, vision, and persistence. As we look toward 2021, we are poised to pursue a broader change agenda than ever before.

Board of Directors

Daryl Fort, President
Marvin Ellison, Treasurer
Marie Sola, Secretary
Peggy Rotundo
Emily Cain
Beth Edmonds

Training & Technical Assistance

MCEDV seeks to transform how systems and individuals in Maine support survivors and hold abusive people to account, and to shift conditions that foster abuse and violence. Last year, MCEDV's team:

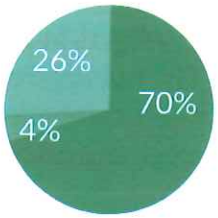
- **Spent 239 hours training 2,303 Maine professionals** - including law enforcement, nurses, clergy, advocates, child welfare workers and others - in effectively responding to domestic abuse, elder abuse, teen dating violence, and sex trafficking and exploitation. 91% of trainees reported gaining knowledge and skills that would help them respond to survivors in their work.
- **Re-designed key curricula to be effectively delivered online,** including our 12-hour training for mental health professionals and our basic and advanced training for child welfare workers.
- **Spent 1,250 hours providing technical assistance** regarding policy and practice related to domestic abuse for advocates, policy makers and systems partners.
- **Reallocated training funds** for conferences cancelled by COVID-19 to support six Assistant District Attorneys to become certified as trainers in prosecutorial response to non-fatal strangulation, advancing our efforts to coordinate multi-disciplinary nonfatal strangulation response teams across the state.
- **Supported our member programs' response to the pandemic** by developing model protocols, providing intensive technical assistance around technology-facilitated services, and convening regular peer support conversations for advocates.
- **Worked with the National Network to End Domestic Violence and Planned Parenthood of Northern New England** to distribute 1500 masks to advocates statewide when the pandemic was new and supplies were short - and helped advocates find sustainable suppliers of PPE for the long haul.

Administration

MCEDV administers federal and state funds that support Domestic Violence Resource Centers through a contract with the Maine Department of Health and Human Services, as well as two grants from the Department of Justice Office on Violence Against Women. These funds form the backbone of advocacy responses to domestic abuse in local communities across Maine. In 2020, we:

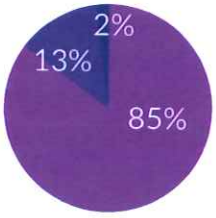
- **Administered disbursement of $8,500,921** to the DVRCs while monitoring for compliance with all contract provisions.
- **Disbursed an additional $183,470** to other project and grant partners, including Maine's network of violence intervention programs.
- Thanks to the public's attention to the vulnerabilities of survivors in the pandemic and a subsequent increase in giving, **we increased our ability to provide direct emergency financial assistance to survivors by 80%.** Unrestricted funds remain a small portion of over overall budget – but they make a big difference.

Where Did the Funding Come From?



Federal Grants.....70%
State Contracts.....26%
Private Foundations, Individuals & Dues.....4%

Where Did the Funding Go?



Payments to DVRCs.....85%
MCEDV Expenses.....13%
Payments to Other Project Partners.....2%

MCEDV. The Maine Coalition to End Domestic Violence

DVRC Snapshot

The Domestic Violence Resource Center Network

Our member Domestic Violence Resource Centers (DVRCs) provide services for people affected by domestic abuse and violence, dating abuse, stalking, elder abuse, and sex trafficking and exploitation. DVRCs are available 24 hours a day, 365 days a year, via their 24-hour helplines.

What Did It Look Like in 2020?

When the pandemic arrived in Maine, DVRCs were forced to quickly restrict in-person services, transitioning quickly to phone-based services – relying heavily on the core of their work, the helpline – and exploring new methods of offering services safely and confidentially online.

- **12,516 people sought and received help from DVRCs.** While slightly fewer people reached out this year, their needs were more intense. DVRCs reported increases in the number of phone calls with survivors (up 24% from 2019) as well as the time spent on helpline calls (up 22%).
- **612 people accessed emergency sheltering -** just under 5% of the people DVRCs served. In response to the pandemic DVRCs increased their use of hotels for sheltering by 1,375%. This was more expensive and time-intensive, but was necessary to address the risks posed by COVID-19. Although we sheltered about the same number of people as in 2019, the number of nights people were sheltered was up 13%, suggesting the obstacles to finding safe, affordable permanent housing are even more complex in the pandemic.
- **4,844 people -** 39% of survivors with whom DVRCs worked - accessed DVRC legal assistance as part of their safety plans. In addition, DVRCs advocated with the courts to maintain access for survivors needing emergency orders throughout the pandemic, addressing logistical challenges related to court closures, screening protocols, video hearings, and more.
- **441 volunteers contributed 36,576 hours of service,** an in-kind donation of labor worth more than $548,640. Even during the pandemic, community members came forward to sign up as new volunteers, playing a key role in helping meet the increased need for helpline services.
- **2,219 protective parents** involved with Child Welfare worked with specialized Domestic Violence-Child Protective Services Liaisons. Additionally, the Liaisons provided 2,908 consultations for CPS workers, equipping those workers with skills to respond to people who abuse their children as well as their partners.

Who Did We Help?

More than ever before, this year much of the DVRCs' advocacy happened over the phone. Additionally, advocates launched new text and chat services to provide options in the pandemic.
This year DVRCs:

- Took **20,020 crisis helpline calls**;
- Had **9,109 electronic contacts**; and
- Had **30,224 support calls** in addition to the helpline.

DVRC services are designed to be low barrier, without the requirement that people provide lots of demographic data or even their names. Last year DVRCs worked with:

- **1,173** people who shared they have physical, mental or cognitive disabilities.
- **222** people who identified themselves as LGBTQ+, including 21 people who identified to us as transgender and 3 who identified to us as nonbinary.
- **127** people who identified themselves as immigrants, refugees and asylum seekers.
- **842** people who identified themselves as male.
- **592** children who accessed services - 245 of whom were sheltered.
- **597** people who identified their age as over 60.
- **138** people who were victims of sex trafficking.
- **1,655** people who were homeless.

On any given day, MCEDV's member programs serve approximately 500 individuals and field 100 crisis helpline calls across the state.

What Was the Impact?

DVRC services help survivors minimize the risks they face from abusive partners and from systems and communities that often present additional barriers to safety and peace. In 2020, that meant helping survivors navigate a world transformed by COVID-19:

- **78%** of survivors we worked with between March and October said the pandemic had affected their safety.
- **73%** said they had elevated safety concerns because of social distancing and COVID-19.
- **97%** of survivors we assisted when services were restricted reported feeling that we were able to meet their needs, even when we were not able to meet in person.
- **89%** of survivors throughout the full year reported they learned strategies to help them plan for their safety and manage their risks.
- **89%** of survivors throughout the full year reported they learned about community resources that were available to them.
- **84%** of people who attended trainings offered by the MCEDV network reported an increase in their preparedness to work with victims.

Maine Community College System

OFFICE OF THE PRESIDENT
323 State Street, Augusta, ME 04330-7131
(207) 629-4000 | Fax (207) 629-4048 | mccs.me.edu

Good afternoon Senator Claxton, Representative Meyer and members of the Health and Human Services Committee, my name is Becky Smith. I am the Director of Government and Community Relations for the Maine Community College System (MCCS). Prior to my current position with MCCS, I spent almost 20 years in public health advocacy, right here in Maine, much of it for the Maine Public Health Association and the American Heart Association. I spent a lot of time in front of this committee. Although now my time with you is more limited, it is no less important. Your committee discusses issues crucial to our students, faculty and staff and inherently tied to our ability to carry out our mission.

MCCS is comprised of 7 colleges with 9 campuses and multiple satellite locations. We are located within 25 miles of 92% of Maine's population. Nearly half of MCCS students get enough grant aid to cover the full cost of tuition and fees – in fact, those with the greatest need get checks cut to them to cover books and other costs. More than 70 percent of students receive some form of grant aid to offset their costs. This, combined with the fact that our colleges have the lowest per-credit tuition in New England, makes us the most affordable way for Maine residents to get the education they need for the life they want.

Maine's Community Colleges are an integral part of Maine's health care and public health infrastructure. Health care is our largest program area. We educate close to 2,000 residents every year, studying to become nurses, LPNs, Medical Assistants, PT Assistants, Respiratory Technicians, Phlebotomists, EMTs, substance use counselors, human and behavioral health practitioners, and medical office support staff. Each and every one of our colleges has multiple allied health programs. Some are free, short-term training programs that get students ready to work in weeks; some result in badges and microcredentials; the bulk of them are one- and two-year long associate degree programs.

As you well know, Maine's healthcare workforce is in dire straits. Maine's Community Colleges are working round the clock and in new and creative ways to get our well-educated graduates out into the health care workforce while maintaining necessary COVID protocols. We also just learned that our nursing students' pass rate for the most recent NCLEX (nursing) exam was above the state average—over 90% pass rate for every college who had students sit for the exam. Our students are well educated and ready to work.

Equally important to this committee—we educate Maine's Early Care and Education workforce. Six of our seven colleges have certificates or associates degrees in Early Care and Education.

And, as you know, a well-educated workforce is integral to high quality childcare and quality childcare is crucial to child development.

The Maine Community College System also operates the Maine Quality Center program (MQC.) MQC is established in statute to deliver short-term training in partnership with Maine businesses. As we work our way through the economic fall-out and health care needs of COVID, the work of MQC is critical. These short-term training programs are designed to not only fill needed holes in Maine's workforce, but to lead to industry-recognized credentials and micro-credentials that are designed to create a path to an associates or bachelors degrees.

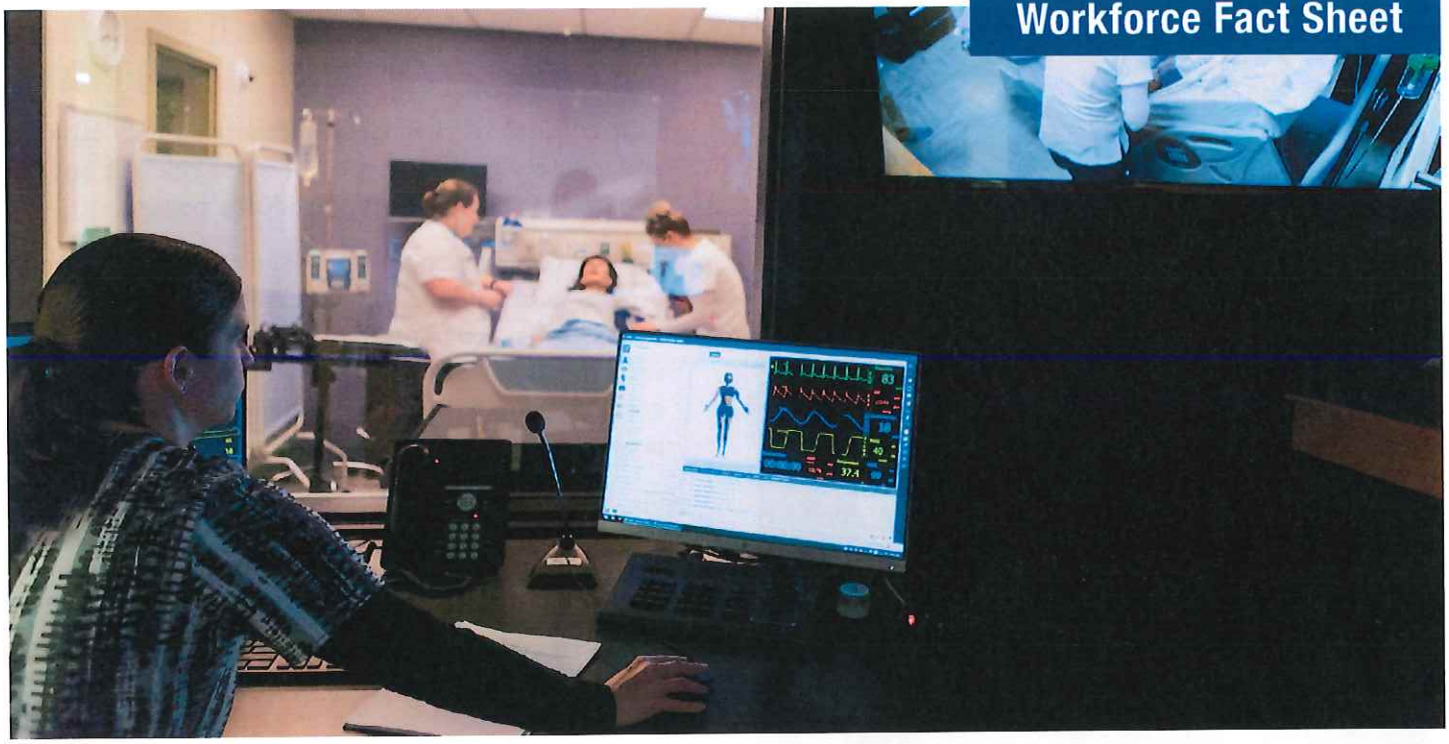
I would be remiss if I did not mention that we not only provide our students with a top-notch education, but we also, by necessity, provide many supports to our students. All of our campuses have well-used food pantries. We provide assistance to students to find and pay for childcare, housing and other basic needs. We link to Maine's social services programs and help students with the often-confusing bureaucracies they must navigate to get the help they need to stay in school.

Due to time constraints, I will not touch on all the work Maine Community College System has done and continues to do to assist the State's COVID-response and recovery.

If any members of the committee, or the committee as a whole, would like more detail on any of our programs, I am happy to facilitate zoom sessions with appropriate staff and partners or to return here with more information.

Thank you!

Workforce Fact Sheet



Maine Community College System

Preparing the next generation of the Maine workforce.

Maine's community colleges enrolled 15,948 students in credit courses in fall 2020

- 94% of incoming degree-seeking students are Maine residents.
- 72% of degree-seeking students are enrolled in career and occupational programs.
- More than 90% of 2016 graduates are employed in Maine or are continuing their education.
- Maine's community colleges offer a range of low- or no-cost short-term training programs that are directly tied to jobs that employers are currently hiring for in Maine.
- For many of our students, community college is just the start. In fall 2020, 653 MCCS alumni enrolled in the University of Maine System. Others went on to study at colleges and universities in Maine, New England, and across the country.

MCCS graduates form the bedrock of the Maine economy. This year:

- Nearly 1,900 students are preparing to become nurses and allied health professionals, helping to meet Maine's health care needs.
- 1,086 students are enrolled in skilled trades programs, including construction trades, mechanic and repair technologies, and precision production.
- 544 students are preparing to become the state's newest police officers, emergency medical technicians, and fire fighters.
- 595 students are enrolled in information technology.
- 546 students are enrolled in pre-engineering and engineering technology programs.
- 272 students are enrolled in tourism and hospitality programs, providing a skilled workforce for Maine's largest industry.

MCCS has awarded more than 40,000 college credentials since 2003.

Our Locations

The seven community colleges and their off-campus centers are within 25 miles of 94% of Maine's population.

The colleges work with employers across the state to provide customized training to upgrade the skills of Maine's workforce:

- In 2019-2020, 3,625 people completed short-term training, an all-time high and a 300 percent increase over two years.
- Maine Quality Centers (MQC) provides short-term workforce training and has partnered with 279 Maine businesses over the years to provide customized training to more than 22,500 people.
- In the last six years, MQC has partnered with 76 employers to upgrade the skills of their incumbent workers.

The mission of the colleges is vital to the Maine economy and the state's future:

- Our colleges work in close partnership with business and industry to ensure programs are relevant and responsive to employers' workforce needs.
- Maine's community colleges offer one- and two-year programs of study leading to careers in technical and occupational programs. They also provide students with an affordable entry point to higher education, enabling them to transfer to four-year degree programs and save thousands of dollars.
- Short-term training programs include mechanized logging operations, medical assisting, commercial drivers license, medical coding, medical records technician, pharmacy technician, phlebotomy, industrial electrical repair, Microsoft Office specialist, facility maintenance technician, and more.

The colleges offer a high-quality, high-skills education, *at the lowest tuition in New England.*

Tuition and fees for a full-time student average $3,700 a year.

Maine Community College System

323 State St., Augusta, Maine 04330 | Ph: 207-629-4000 | info@mccs.me.edu

Available at all seven colleges
207-629-4030; training@mccs.me.edu
mccs.me.edu/training

SHORT-TERM WORKFORCE TRAINING

Maine's community colleges offer more than a two-year degree. If you are looking for a job right now or want to learn new skills to advance in your current job, our short-term training programs may be right for you. Take a class and build up new skills and prepare for new opportunities.

Looking to jump start your skill set for a particular job? Maine's community colleges offer free, or low cost, short-term workforce training that leads to industry recognized certificates and badges.

We partner with local businesses to craft short-term customized training that provides students with the exact skills they need to qualify for high-demand jobs in the community. The courses are a mix of in-person and online, many are free and typically take between 5 and 12 months to complete.

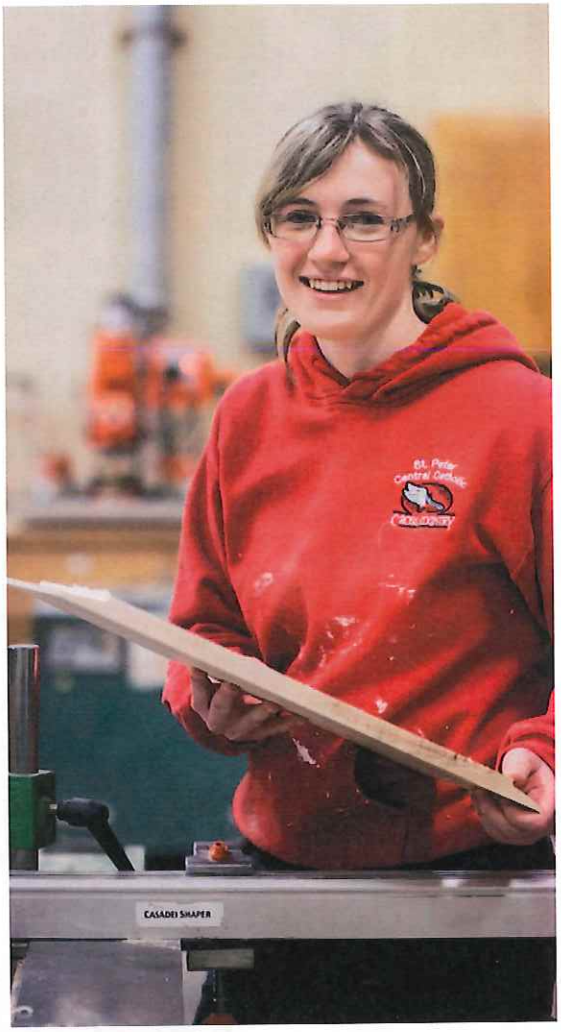
"I wanted to go into a career that I was going to be able to work in right away. Professors here are understanding and they work with you and it's not scary. I want to get my foot in the door and see what I'm good at.

Community college was the answer for me because it is flexible. There are nighttime and daytime classes. And it's affordable.

I'm the first generation to go to college. My number one goal in life is to give my children a different experience than I had when I was a kid.

This is honestly the happiest I've been in a long time. It's very exciting."

– Kaitlyn Allard, EMCC
Medical Assisting



The numbers

LOCATION All college campuses and sometimes employer workplace

3,600 students

SHORT-TERM TRAINING PROGRAMS mechanized logging operations, medical assisting, commercial drivers license, medical coding, pharmacy technician, medical records technician, Microsoft office specialist, phlebotomy, industrial electrical repair, facility maintenance technician, and more. For a list of current offerings go to mccs.me.edu/training

> **Education never ends. You can be fresh out of high school, you can be 17 or 18 years old or you can be in your 50s and you can go back to college. There's always opportunity to grow."**
>
> *– EMCC student*

Find your campus

2020-2021 Fact Sheet

Maine Community College System

Maine's comprehensive two-year college system, we offer technical, career, and transfer programs; customized training; and lifelong learning.

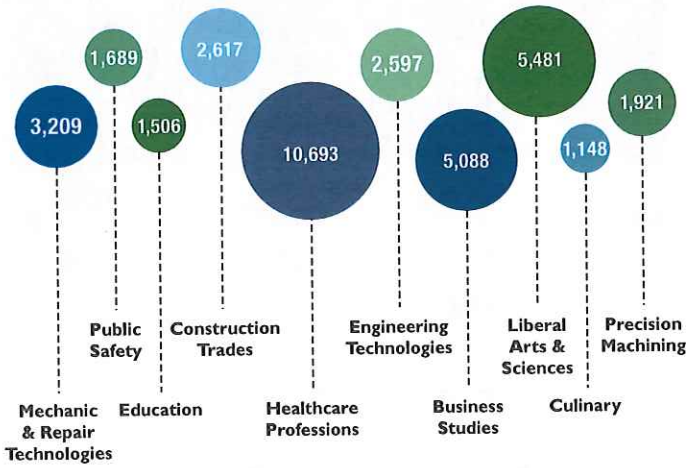
Who We Are

- We're affordable: Maine's community colleges have the lowest tuition and fees in New England, and generous financial aid.
- We're vibrant: On-campus housing is available along with sports, clubs, athletic facilities, and campus events.
- We're practical: High-tech facilities mean students learn on equipment they'll use on the job. Through practicums and internships, students can get hands-on experience in their field.
- We're welcoming: Our community includes high school students in early college programs; high school graduates starting their college path; job-focused adults in workforce training; and mid-career Mainers looking to gain new skills.

Who We Serve

- 15,948 students enrolled in credit courses in fall 2020.
- 94% of incoming degree-seeking students are Maine residents.
- More than 70% of all students get some form of grant aid. For nearly half of all degree-seeking students, grant aid covers the full cost of tuition and fees.
- 68% of all students attend part time.
- 72% of degree-seeking students are enrolled in career and occupational programs, while others are focused on completing an affordable first two years of college and then transferring for a four-year degree.

MCCS has awarded 40,729 college credentials since 2003. These skilled workers form the bedrock of the Maine economy.



Building a Skilled Workforce for Maine

- More than 90% of 2016 graduates are employed in Maine or continuing their education.
- Maine's community colleges offer free or low-cost short-term workforce training that leads to industry-recognized certificates.
- Short-term training programs include mechanized logging operations, medical assisting, commercial drivers license, medical coding, medical records technician, pharmacy technician, phlebotomy, industrial electrical repair, Microsoft Office specialist, facility maintenance technician, and more.

Our Locations

The seven community colleges and their off-campus centers are within 25 miles of 94% of Maine's population.

Maine's community colleges offer the lowest tuition in New England

Free for many. Affordable for all.

$96 per credit hour

The average cost for a full-time student is about $3,700 a year in tuition & fees.

Over $48 million in grant aid is awarded to students each year.

mccs.me.edu

Serving All Ages and Aspirations

- The average age of degree-seeking students is 26. 40 percent are adult learners age 25 or older.
- In 2019-2020, over 4,390 Maine high-school students earned college credits through early college programs offered at Maine's community colleges.
- Several early college programs, including Embark and Bridge Academy, offer specialized success-oriented supports to students transitioning from high school to college.
- Students at Maine's community colleges can easily transfer credits for general education courses to the University of Maine System, and liberal studies students can be admitted to UMS with advanced standing. In fall 2020, 653 MCCS alumni enrolled in the UMaine System, while many other graduates continue their education at colleges across New England and the country.

Offering Customized Training & Education

- In 2019-2020, 3,625 people completed short-term training, an all-time high and a 300 percent increase over two years.
- Maine Quality Centers (MQC) provides short-term workforce training and has partnered with 279 Maine businesses over the years to provide customized training to more than 22,500 people.
- In the last six years, MQC has partnered with 76 employers to upgrade the skills of their incumbent workers.

Maine Community College System

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Maine Community College System

Spotlight on Healthcare Programs

Maine's community colleges have long filled a critical role in preparing students for valuable, meaningful work in healthcare professions across the state.

- **Since 2003, 10,693 people have been awarded credentials in the healthcare professions - the #1 program area for the system.** That's almost twice the size of the next largest program area – liberal arts and sciences – with 5,481 graduates.

- **Our nursing graduates consistently outscore graduates of other Maine institutions on the NCLEX**, the national licensing exam. In recent results, half of Maine's top 10 institutional pass rates (for both 2- and 4-year nursing programs) were at our colleges.

Here's a look at current healthcare students at *just one campus* taken just before COVID hit. It was standing room only at SMCC's start-of-the-semester nursing forum on January 17, 2020.

Systemwide, we now have about 1,900 students studying to be nurses and allied health professionals. That's a 19 percent increase over 2018-19.

We're committed to supporting our students, one by one.

Meet Sara, one of our newest students.

Sara Namwira (here with Student Success Coordinator Vicki Porter) started her college education in nursing last year at SMCC's Midcoast Campus in Brunswick.

To support our healthcare students, we invest in the latest tools and technologies and provide hands-on training and experiences.

- In addition to realistic "classrooms" that include an actual ambulance in one room and simulation labs, examination rooms and critical care environments, we have new virtual anatomy tables at NMCC and CMCC.

- Hands-on experience counts: Over the 2019-20 winter break, students took a biomedical laboratory research intensive course at MDI Biological Laboratory.

Our programs constantly evolve to meet the needs of our state, and we are committed to being responsive and relevant.

- Last spring, Eastern Maine Community College launched **a new program to prepare students to be substance abuse counselors, with a focus on the opioid epidemic**. The 30-credit certificate program meets state requirements for graduates to become certified alcohol and drug counselors.

- **Amid industry shortages** in a number of areas, we offer programs in occupational therapy, physical therapy, radiological technology/Medical radiography and respiratory therapy technologies.

These are **good-paying jobs for Mainers**: A review of annual earnings by program found that our registered nursing graduates had median earnings of $53,152; cardiovascular technicians, medical radiologic technicians and respiratory care therapists were all earning between $49,788 and $54,482.

Our future is bright, and the demand for skilled, qualified, dedicated healthcare workers is as high as ever in our state. But don't take our word for it, our students and graduates share their stories directly:

Regina Angelo, Medical Assisting

I was inspired to come to college and study Medical Assisting after visiting my homeland of South Sudan and seeing the lack of medical care there. My family moved to Maine when I was young to escape the war. I wasn't ready to go to college when I graduated high school in 2006, but that changed after I traveled back to Africa for a visit. When I'm not in class, I work as a health care provider for children and elderly people. My goal is to become a nurse, return to South Sudan and give back to my community. You've got to give back to where you came from.

Jeremy Culberson, Human Services

Soon after moving to Portland in 2010, I was hired at the Shalom House, a nonprofit organization that operates residential programs for mentally ill clients. I was later promoted to assistant program manager. I'm now a case manager for a Maine Behavioral Healthcare Assertive Community Treatment (ACT) team working with people who are mentally ill and are in life-threatening situations. I enrolled in SMCC's Human Services program so I can get my full Mental Health Rehabilitation Technician/Community (MHRT/C) certification while also earning an Associate in Applied Science degree in Human Services. After I graduate, I plan to continue my education and earn bachelor's and master's degrees and become a Licensed Master Social Worker. I hope to eventually have a private practice working with people with mental illness and substance abuse issues. I love the human services field because of the direct human contact. It's humans helping humans the best way we know how. Any form of social work is the foundation of community.

Kristina Fucini, Nutrition & Dietetics

There are hundreds of opportunities upon graduation for Dietetics students like me. I plan to get into community dietetics with a school, a public health organization or maybe as a health coach when I enter the workforce. After high school, I worked as a waitress for many years before enrolling in college at the age of 29. I've known forever this is what I want to do, and I finally decided to stop putting it off. There are only two programs in Maine for dietetics, and SMCC was close, a lot less expensive and it gives you a well-rounded view of the dietetics world. A healthy diet is so important — seven of the nine major diseases can be prevented through healthy eating.

Paul Ratigan, Health Sciences

I decided to enroll in the Health Sciences program after getting the itch to be involved in the management end of the air medical services industry. I earned a paramedicine degree from SMCC in 2010 and have worked as a paramedic ever since. While working as a flight paramedic in 2015, I realized that I love flying and I love being a paramedic. By enrolling in the Health Administration pathway of the Health Sciences program, I hope to eventually work for a company that provides life flight services transporting patients by helicopter and plane to and from healthcare facilities and accident scenes. This is the perfect program for me to secure a bright future and reach my goals. It also streamlines the pathway for all paramedics to earn their college degrees.

Kimberly Couillard, SMCC Nursing Alumna

I studied accounting when I first went to college, but later came to SMCC to earn a nursing degree when I realized that healthcare was where I belonged. SMCC served as the catalyst for my nursing career and my passion for patient care. I attended UMass Lowell for accounting straight out of high school. But my college career was put on a hold to raise a family. After moving to Maine, I worked in billing and insurance for a cardiology medical group in Portland. That's where I recognized how much I enjoyed working with patients. When the time was right, I enrolled in the nursing program, drawn by SMCC's affordability, small classes and the fact that I could become a nurse quicker than at a four-year school. I graduated in 2018 and now I'm working at Maine Medical Center providing medical and surgical care to cancer, cardiology, urology and other types of patients requiring specialty care. All of the instructors at SMCC are really vested in making sure you're successful. It's not an easy program and you have to put in the effort to get through it. But your success is their success, and that's what they want.

The problem is, we're not making much progress on these big systems changes, and in many ways, we're falling behind. The question is why?

We think the answer is partly because we see aging as personal, something that is happening only to me or to my parents; we see the problems that come with aging as individual, not collective problems. Of course, the best minds in Maine have not solved our workforce shortage, created a new transportation funding strategy, or found the resources to build all of the affordable housing we need, so surely we cannot expect a single person to be responsible for these challenges alone.

COVID-19 has also forced us to start a new conversation that is uncomfortable. We're beginning to explore how our own age-related bias – our own feelings about growing old, and the way we think about older people in later life – influences the policy decisions we make. Last year, we heard prominent law makers from the around the country say older people would be willing to die to reopen the economy, and we saw hundreds of thousands of older people die, a majority of them in care facilities, while we argued about whether this virus is real.

Extensive national empirical research conducted by the FrameWorks Institute finds that most Americans hold unproductive and inaccurate thoughts about older people, and that they don't believe ageism is real. What we also know from decades of research, though, is that ageism is not only real, it is very bad for our health and leads directly to a lack of support for systemic change.

For instance, plenty of us have made jokes like, when I get too old to take care of myself, I want someone to take me out behind the barn and shoot me. We really are only joking, only this isn't funny. This message says I don't value my life if I'm dependent on others, and these feelings can transfer to my thinking about the value of others who are dependent, like people in nursing homes, who a Westbrook City Councilor said last year were only waiting to die.

Over the last nine years, the MCOA has supported many multi-sector conversations about aging in Maine, and has been building a transformational shared vision for how we collectively want to age. The Maine Blueprint for Action on Healthy Aging is the culmination of this work and is our guiding action plan. I urge you to read it if you haven't. As we continue to implement this plan, we're also shifting our focus to combatting ageism as a critical step to creating support for the systemic changes needed in Maine to support the vision in this plan.

While I'll come before you many times this session to ask you to consider structural investments that need to be made to solve the collective challenges older people are experiencing in Maine – challenges we cannot solve on our own, today I invite you to consider your own personal feelings about growing old, and how they might influence your thinking on these issues. This is work I'm doing, I'm asking my board to do, and we're asking our members and the media to do as well. It's the start of a deeper conversation we hope will lead to a brighter future for us all.

We look forward to working with this committee on bills that advance healthy aging, and encourage you to reach out to us if you would like to discuss any aging policy issues, or if you'd like to be a part of any of our efforts outside of the legislative session.

Finally, I invite you to join our bi-weekly Member and Partner COVID-19 meetings on Tuesday mornings at 8:00, and to join the Legislative Caucus on Aging meetings that are on the first

Maine Council on Aging
Introduction

130th Legislature's Joint Standing Committee on Health & Human Services

February 9, 2021

Greetings, Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health & Human Services:

My name is Jess Maurer. I'm the Executive Director of the Maine Council on Aging (MCOA). The MCOA is a broad, multidisciplinary network of more than 100 organizations, businesses, municipalities, and older Mainers working to make sure we can all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities.

Established in 2012, the MCOA is a unifying force across sectors that is creating a new narrative about aging and older people in Maine with the goal of building local, statewide, and national support for the systemic changes needed to support our new longevity.

Consider, just a century ago, in just a century, our life expectancy has gone from less than 40 years to 76 today! We've just sworn in a 78 year old man to be our president, and a 73 year old woman leads our great state. These are not anomalies. Today, older people are living active, engaged, and productive lives long into their 80s, 90s and even 100s!

Maine has an incredible opportunity to lead the nation in building new systems that take full advantage of the "Longevity Era". We need new systems because, as we age, the systems that have always worked for us before, like two story homes, single passenger vehicles, and restrictive zoning, don't always work for us as our abilities and finances change.

How well we age is dependent upon how well our housing meets our physical needs, whether we can engage fully in all aspects of life when we can no longer drive, how well our communities are planned, and whether we can still earn a living to supplement our savings. It also depends upon whether we can access the kinds of care we need, if we need care.

The other thing that has come with this new longevity is a strong desire to change the way we live as we age. Today, most people want to age in their homes, and if they can't stay at home, they want to stay in their communities. To do this, though, we have to reimagine all of our systems – community planning, transportation, housing development, and care delivery systems.

Monday of each month at 11:30. Thank you for your attention and good work on this committee.

Jess Maurer
207-592-9972

Maine D.O. Osteopathic Association

*P.O. Box 315/ 29 Association Drive, Manchester, ME 04351 * Phone: 207-623-1101 **

*Fax: 207-623-4228 * www.mainedo.org*

MOA Introduction Statement for Feb. 3rd 2021 Meeting

Senator Claxton, Representative Meyer and distinguished members of the Health and Human Services Committee,

My name is Amanda Richards, and I serve as the Executive Director of the Maine Osteopathic Association. I've been honored to serve this organization and our physician members for more than 4 years now. I personally reside in Topsham, ME.

The Maine Osteopathic Association (MOA) is a professional organization representing approximately 400 practicing osteopathic physicians (or DOs as they are known by their designation) as well as an additional 700+ residents and students undergoing their medical training in Maine.

- The MOA's mission includes advocating for the "availability of quality osteopathic health care to the people of this State".

- Our offices are located in Manchester, but our members serve patients throughout the state of Maine.

For those of you who may not be familiar, DOs, are fully licensed physicians who practice their unique whole-person approach in every medical specialty. They look beyond your symptoms to understand how lifestyle and environmental factors impact your wellbeing, and complete extensive postgraduate and clinical training before becoming fully licensed physicians.

- Roughly 1 in 5 Maine physicians is a DO.

- Osteopathic medicine is one of the fastest-growing health care professions in the country, with one out of every four medical students enrolled in an osteopathic medical school. Maine's Medical School, the University of New England College of Osteopathic Medicine (Biddeford, ME), is accredited for 165 students per class year.

- The profession has a long history of providing care where patients lack doctors-- more than 50% of active DOs practice in the primary care specialties of family medicine, internal medicine and pediatrics and UNE COM has been a consistent provider of Maine's rural doctors.

- DOs are also formally trained in a unique form of manipulative therapy called OMT; a hands-on treatment that has been shown to ease pain, promote healing and increase overall mobility.

- More than one-third of our MOA members are in private practice medicine, and therefore we are mindful of the unique challenges presented by providing care for patients as an independent physician.

We support patient access to physician-led care, evidenced-based medical practice, and equity within the healthcare system.

The MOA is proud to work with Charlie Soltan, Esq. and James Bass, Esq. of Soltan Bass, LLC as our contracted lobbyists.

Thank you for the opportunity to introduce myself and the MOA. I look forward to working with you this session. Please do not hesitate to contact me directly arichards@mainedo.org or by phone at 207-623-1101.

Maine Licensure Stats (via Maine Board of Osteopathic Licensure & Board of Licensure in Medicine):

4,252 Licensed MDs with Maine Address
944 DOs Licensed in Maine with ME address
~22% of Maine physicians are DOs

American Osteopathic Association Annual Report on the Profession 2019-2020

Maine PRISONER ADVOCACY Coalition

Monday February 10, 2021

Greetings:Senator Claxton, Representative Meyer and Members of the Health and Human Services Committee

Introductions:
Jan Collins, Assistant Director of Maine Prisoner Advocacy Coalition

Our Mission:
MPAC's mission is to support Maine's incarcerated citizens, their families, and friends, in their struggle with Maine's criminal justice system. Our purpose is to reduce Maine's use of incarceration by creating a criminal justice system that is ethical, humane, and restorative in nature.

Who we partner with: civil liberties, restorative justice, mental health, drug reform, homelessness, immigrants rights, women's rights, gender equity, disability rights, hospice, victims rights, as well as with the Department of Corrections with whom we are in regular contact.

Many of our major concerns parallel those in the 2019 Justice Reinvestment Report which is a blueprint for change in Maine's Criminal Justice System:

1. Maine's jails and prisons are filled with people who could be better served in a medical setting. It is less expensive to place a person with substance use disorder in a treatment bed than a jail cell, yet we continue to place them in jail. The AMHI consent decree released hundreds of people suffering from mental health issues into their communities without adequate support services. Coincidentally, our prison population has risen proportionately over the period since then. Prison exacerbates and does not properly treat their mental health issues.

2. In 20-21, the juvenile corrections budget will spend $12 million dollars on community corrections and $18 million dollars for Long Creek. Long Creek serves a population of less than 30 children on a daily basis. Children and their communities would both benefit if those funds were diverted to community support systems instead of it being spent to lock kids up. In most states juvenile detention is part of human services and not under the auspices of the adult corrections department.

3. The burden of mass incarceration falls heavily on the children and families of inmates. The recent release of the Cutler Institutes report BreakingtheCycle.pdf outlines steps that can be taken to increase the likelihood of more positive outcomes for these children. This study builds on the the still relevant 2016 report by the Annie E Casey Foundation A Shared Sentence.

4. Maine's Public Defender's Office is understaffed leading to inadequate representation with underpaid, attorneys for Maine's poor. This has created a two tiered legal system...one for those who can afford their own attorney and another

for those who cannot. No additional funds have been set aside in the governor's budget to remedy this violation of the Sixth amendment.

5. Cash Bail represents an insurmountable hurdle for most poor Mainers. Personal recognizance bail has risen from $500(already unattainable) to $2500 in some cases.

6. Programming and **reentry services** are lacking in jails and prison, leading to high recidivism rates and a cycle of despair. We need more **recovery homes** and job training.

7. Maine has no parole. There is no reward for those who work diligently to reform. We keep people in prison long after there is any risk to the community.

8. It is time for **compassionate release for the dying**.Our crime rates are declining, arrests are down, yet our prison population continues to rise(with the exception of this year of Covid when many courts were closed for extended periods.) Longer sentences mean our prisons have a disproportionate number of the aged. It is time to release the elderly, infirm and dying so they can be cared for in a licensed long term care facility.

9. **Covid-19** continues to be a ticking time bomb. Thirty percent of corrections staff have declined the vaccine. There is no plan for vaccinating inmates even those who qualify under 1A standards - over age 70 with chronic medical conditions in a congregate setting.

10. The Justice Reinvestment report indicates a pattern of institutional **racism** that leads to higher proportions of indigenous peoples and people of color being arrested, adjudicated, and sentenced to longer terms than white inmates.

Ninety-five percent of all inmates have a release date. They will be returning to our communities. We must return them restored, rehabilitated, and whole.

https://csgjusticecenter.org/wp-content/uploads/2020/10/ME-Launch-Presentation1.pdf
https://csgjusticecenter.org/wp-content/uploads/2020/10/JR-in-Maine-second-presentation1.pdf
https://csgjusticecenter.org/wp-content/uploads/2020/10/ME-Third-Presentation_12.11.19_FINAL.pdf

Questions - Thank-you for inviting us to speak before the Health and Human Services Committee.

Good afternoon Senator Claxton, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services.

I am sorry I was not able to introduce myself in person, however I am thankful to be afforded to at least introduce myself in writing. I am the Director of Community Programs at NAMI Maine and also a licensed clinical social worker. I have been working in the mental health field in Maine for close to 20 years in various roles. I have worked in roles with children and families, as well as many years in the crisis system. I am proud to say I was born and raised in Maine. I left to attend school out of state, but returned and committed to working to support the 1 in 4 Mainers who experience a mental health challenge each year. I initially planned to remain out of Maine following my graduation, however in the months leading up, I was sent Maine newspaper clippings outlining the critical need for mental health providers in the state, particularly with children. Seeing the critical need outlined almost 20 years ago, I resolved to return and work for those in my home state. Sadly, Maine continues to have a critical shortage of mental health providers, with the pandemic creating an even greater shortage.

NAMI Maine is the state chapter of NAMI National, the National Alliance on Mental Illness. NAMI National was founded in the 1970s by mothers who had adult children living with severe and persistent mental illness. What was initially founded to support mothers who were frustrated with the lack of support, education, and advocacy for their children has grown into the largest grassroots organization in the nation. The Maine Chapter of NAMI was founded in the 1980s and has also grown to be one of the largest chapters in the country.

In my role within NAMI, I have worked to implement CIT- Crisis Intervention Teams- throughout the State of Maine. CIT is recognized as the gold standard of collaborative community response to individuals experiencing a mental health challenge or crisis. CIT has the goals of (1) diverting individuals from the criminal justice system, or other higher levels of care, (2) reducing injuries to individuals in crisis and officers, and (3) supporting a multi-system approach in supporting community responses. In my years working in the mental health field, I have seen significant stigma attached to mental health, which includes a false belief that individuals with mental health challenges pose a greater risk to the public. Research has indicated that an individual with a severe and persistent mental illness is 11 times more likely to be the victim of a crime than to perpetrate a crime. It has also been found that if mental illness were to be eliminated from the violent crime rate in this nation, it would only reduce the numbers by 3-4%. Despite the statics regarding the small percentages of individuals who experience a mental health challenge and demonstrate criminal behavior, we are seeing more and more involvement with law enforcement and the criminal justice system in responding to and faced with managing mental health. Nationally we are seeing that county jails are becoming the largest providers of mental health services in most states, Maine included.

As we see gaps in services emerging for some of the most vulnerable in our state, NAMI Maine is committed to ensuring that evidence-based treatment options are available within communities across the state. We are also committed to supporting legislation that supports various programs and resources, including a strong mental health workforce becoming available through all parts of our state. Lastly, we will continue to work to de-stigmatize mental health and increase the understanding that physical and mental health are equally important and often impact the other.

Thank you so much for your time. I would be happy to answer any questions you may have as we move forward in this session. Please feel free to contact me with any questions or concerns you may have. I can be reached at 622-5767 x2319 or HannahL@namimaine.org

Thank you, Hannah Longley LCSW

Northern Light Health

northernlighthealth.org

Member Organizations

1. **Presque Isle**
   Northern Light AR Gould Hospital
   Northern Light Home Care & Hospice
   Work Health

2. **Greenville**
   Northern Light CA Dean Hospital

3. **Dover-Foxcroft**
   Northern Light Mayo Hospital

4. **Bangor**
   Northern Light Eastern Maine Medical Center
   Northern Light Acadia Hospital
   Northern Light Health Foundation
   Northern Light Home Care & Hospice
   Northern Light Laboratory
   Northern Light Pharmacy
   Work Health (occupational health services)
   Work Force (employee assistance programming)

   Brewer
   Beacon Health
   Northern Light Eastern Maine Medical Center (Cancer Care of Maine)
   Northern Light Health Home Office
   Northern Light Laboratory
   Northern Light Pharmacy

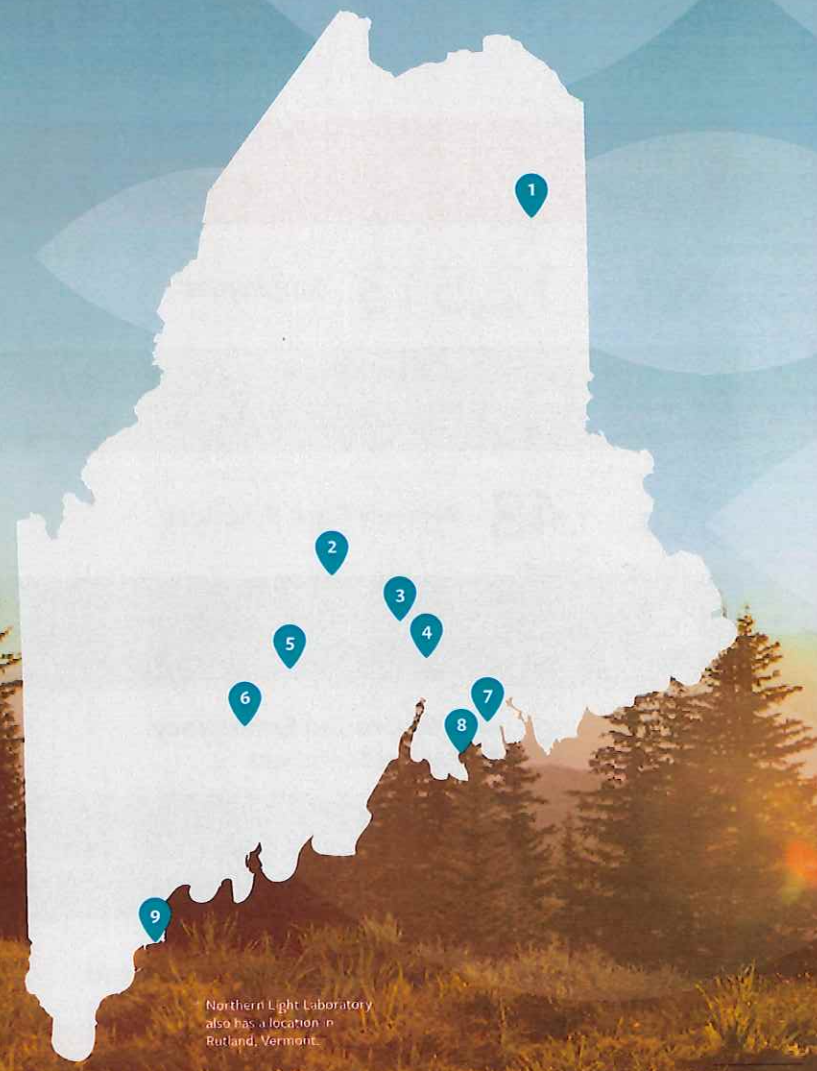
5. **Pittsfield**
   Northern Light Sebasticook Valley Hospital
   Work Health (occupational health services)

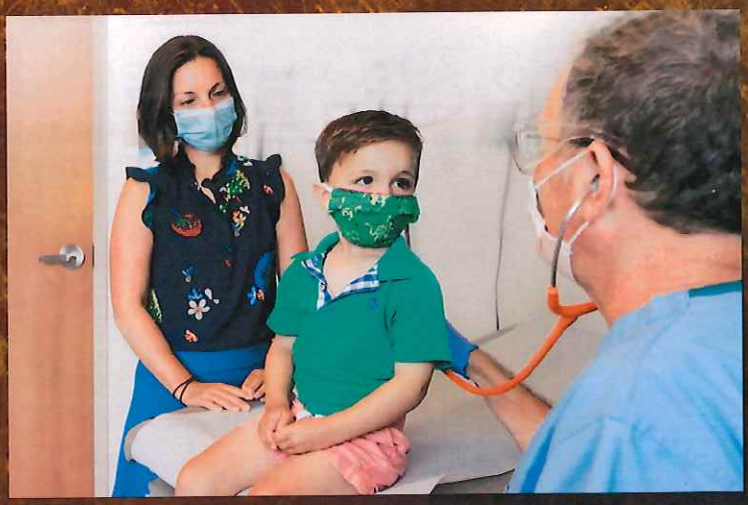
6. **Waterville**
   Northern Light Inland Hospital
   Northern Light Home Care & Hospice

7. **Ellsworth**
   Northern Light Maine Coast Hospital
   Northern Light Home Care & Hospice

8. **Blue Hill**
   Northern Light Blue Hill Hospital

9. **Portland**
   Northern Light Mercy Hospital
   Northern Light Home Care & Hospice
   Northern Light Laboratory
   Northern Light Pharmacy
   Work Force (employee assistance programming)



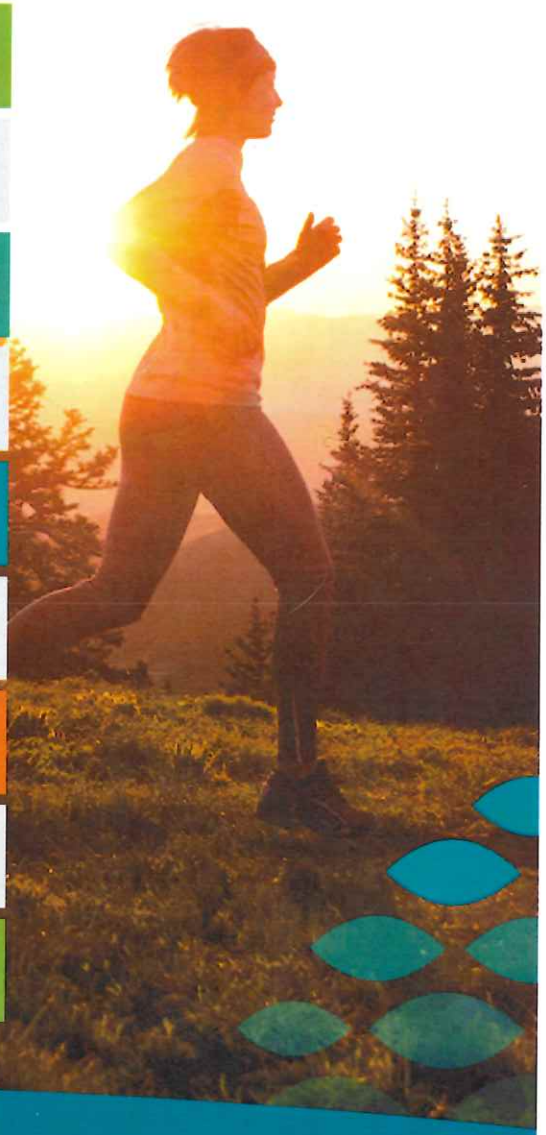


Fiscal Year 2020 Service Statistics

Northern Light Health℠

The System at a Glance

- **10** Hospitals Located Across Maine
- **12,513** Employees
- **681** Employed Physicians
- **48** Primary Care Practices
- **5** Retail Pharmacies
- **6** Air and Ground Emergency Transport Members
- **8** Nursing Homes
- Integrated Electronic Medical Record
- **104,319** Emergency Room Visits
- **86,794** Covered Lives
- **219,203** Home Health and Hospice Visits



Lisa Harvey-McPherson, RN, MBA, MPPM
Vice President Government Relations

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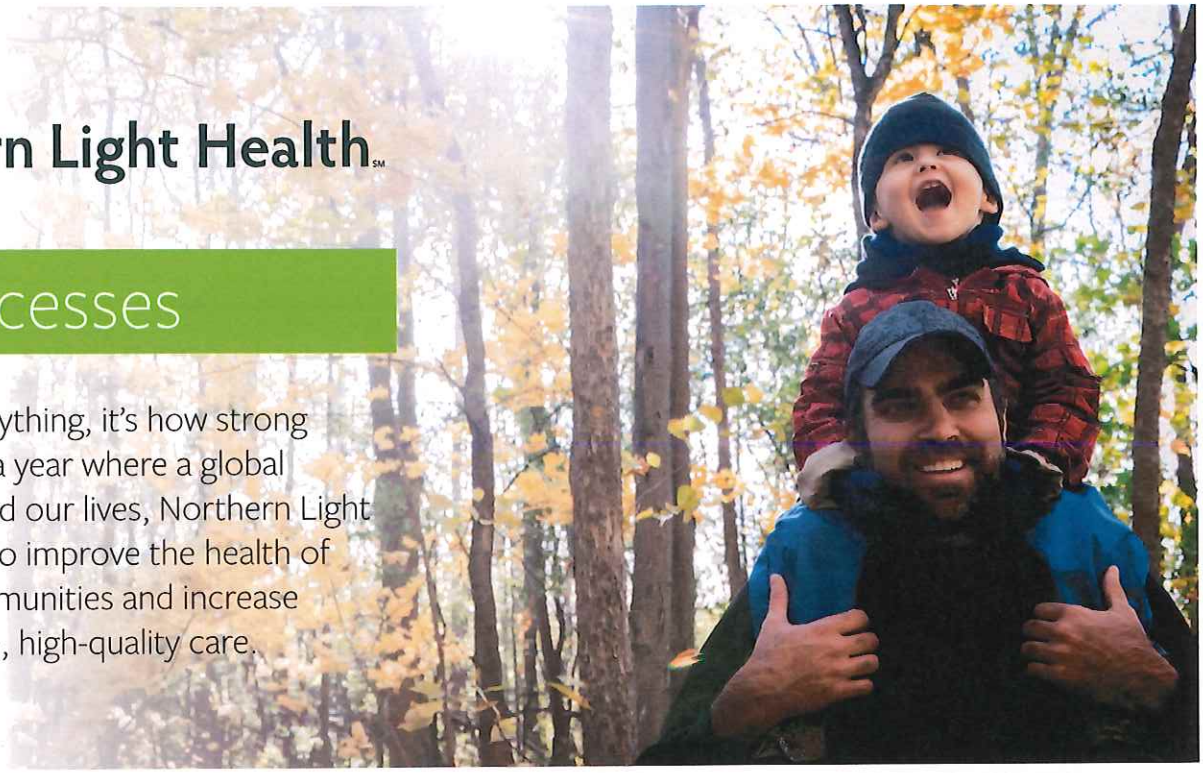
Northern Light Health℠

2020 Successes



If 2020 taught us anything, it's how strong we are together. In a year where a global pandemic dominated our lives, Northern Light Health found ways to improve the health of individuals and communities and increase access to affordable, high-quality care.

New Leadership

On April 1, Tim Dentry became president and CEO of Northern Light Health. Tim was the right leader at the right time, connecting with staff and others through his style of servant leadership, and his experience preparing hospital systems in Africa and the Middle East for the Ebola virus outbreak. Previously he served as our chief operating officer, and briefly as the interim president of Northern Light Eastern Maine Medical Center.

Growth

Northern Light Mayo Hospital in Dover-Foxcroft became our tenth hospital in March, creating a sustainable healthcare future for people in rural Piscataquis County.

Brand Awareness

Within only 18 months of our new brand launch, Mainers showed strong awareness of Northern Light Health. In a statewide survey, 87% of respondents had awareness of the new brand.

Diversity, Equity, Inclusion

Northern Light Health created a ***Diversity, Equity, and Inclusion Council*** with a charge of examining policies, training, hiring, and disciplinary practices and launching awareness programs and activities. Nearly 6,000 listeners have tuned into our ***Tim Talk*** podcasts as guests shared their own experiences they relating to medical and social justice. (***Tim Talk*** can be downloaded using iTunes, PodBean, or Google Podcasts).

Grants, Philanthropy, and Generosity

Despite limits on in-person gatherings, Mainers still wanted to donate to our charitable causes, and we found ways to help them do that. Fundraising events such as virtual walks, auctions, and holiday tree lightings were held online. In addition to monetary gifts, people donated face coverings, gift cards for coffee, treats, and dinners, and thousands of boxes of Girl Scout cookies for frontline staff.

Innovation

Northern Light Health experienced a record year for telehealth, with 34,000 visits hosted in April alone. Prior to COVID-19, only about 1% of physician visits were conducted virtually. Now, approximately 19% of total visits are being delivered via telehealth. Northern Light providers are now equipped to perform Telehealth visits, and practices can coordinate appointments with patients via text and email. A patient Help Desk has been established to assist patients in connecting with their providers via Telehealth and through Northern Light's Patient Portal.

Mass General Partnership

Neurologists at Northern Light Eastern Maine Medical Center and Massachusetts General Hospital are now providing 24/7/365 virtual access to neurologists at six Northern Light hospitals: AR Gould, Blue Hill, CA Dean, Inland, Maine Coast, and Sebasticook Valley. Northern Light's partnership with Mass General is also positively affecting care in other specialties, like primary care, behavioral health, and neurosurgery.

New Providers Coming to Maine

Maine has become an increasingly attractive place to live and work, including for providers. To that end, 266 new providers signed letters of intent with Northern Light Health in 2020, and 239 new providers began their work with the system during the 2020 calendar year.

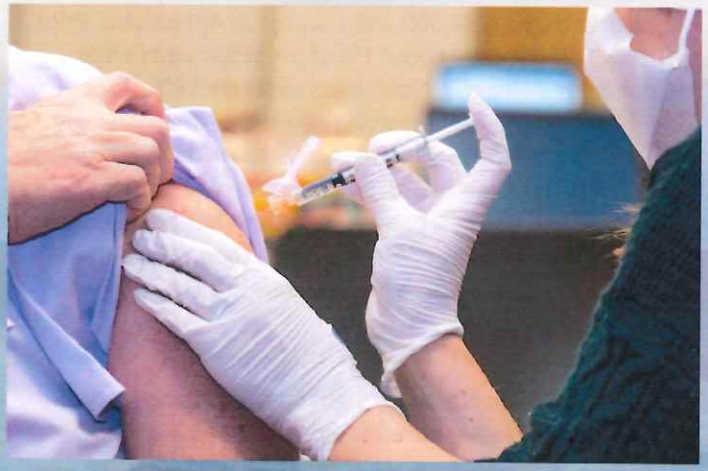
Responding to the Pandemic

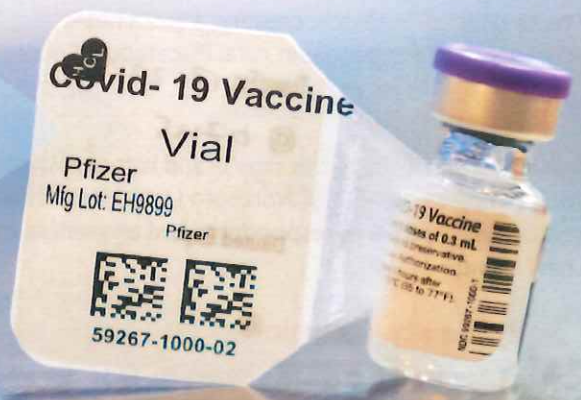
It is difficult to overstate both the challenges that COVID has brought our state, as well as the positive response from courageous people, both within and outside the healthcare sector. Northern Light Health partnered with local, state, and federal governments, shared information and education with other health organizations, and assisted smaller hospitals outside of the Northern Light system. In addition:

- Northern Light Work Health was hands-on for schools and businesses tasked with bringing students, staff, and customers back
- Northern Light Beacon Health hosted weekly Back to Business Zoominars offering the expertise needed to operate safely during a pandemic. Eighty-eight unique Maine businesses have participated in the calls, and more than 750 unique individuals have called in, joining numerous elected officials, leaders of non-profit organizations, and other healthcare organizations.
- Northern Light Acadia Hospital's Healthy Life Resources provided resilience and stress management training, a complement to our Employee Assistance Program.
- Northern Light Health kept the public informed through twice weekly statewide media briefings on Zoom, resulting in 475 media stories and counting.
- Our Constant Contact messaging campaign kept patients up to date with timely news they could use about COVID-19 and other topics.

We also leveraged our existing relationships with private industry in Maine to not only protect our workforce but to save local jobs. With a nationwide shortage of personal protective equipment, we worked with Hermon-based Ntension Corporation to manufacture the face masks and face shields that were critical to safe care. This partnership also allowed a Maine business to not only retain its workforce, but invest in a new product line, and expand.

In December, Northern Light began the vaccination process with front line healthcare workers and has been steadily expanding access with guidance from the Maine Centers for Disease Control. Large scale vaccinations are the key to returning to a more normal life, and we are honored to be an integral part of this process.





Northern Light Health

Health and Human Services Committee Interested Parties Meet & Greet

February 2, 2021

Becca Matusovich

Partnership for Children's Oral Health

Partnership for Children's Oral Health

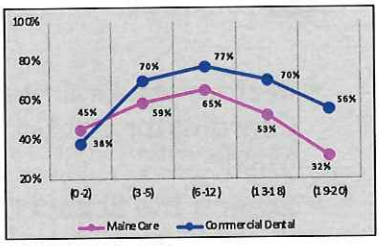
1

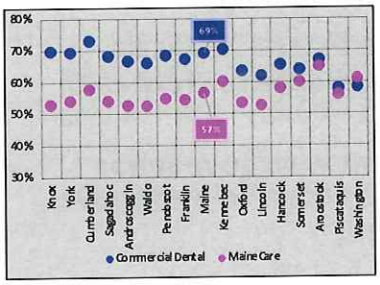
The current reality of children's oral health in Maine

Challenges:

- Almost half of kids in Maine are not getting regular preventive dental care
- Oral surgeons and pediatric dentists are especially in short supply
- The economics of providing dental care, especially in rural areas and for MaineCare and uninsured families, are very challenging - even non-profit dental centers must fill revenue shortfalls with grants in order to keep their doors open
- COVID has exacerbated pre-existing access challenges by decreasing provider capacity, increasing provider costs, changing home-care routines, and delaying preventive care

Preventive dental care among Maine children under age 21, 2019





Note: these graphs reflect the rates among children with consistent coverage (i.e. 11+months of either MaineCare or commercial dental insurance in 2019).

Source: 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

2

Partnership for Children's Oral Health

A network to ensure all Maine children can grow up free from preventable dental disease

Shared Mission

Transform Maine into a state where we

1. meet the oral health needs of all children and families,
2. prioritize prevention, and
3. address oral health as a key element of overall health and economic well-being.

PCOH Network Initiatives

Collaborative work by many partners

- Action teams
- Innovation Projects
- Advocacy for Systems Changes

Strategic Priorities

1. Integrate oral health into primary & prenatal care
   Legacy initiative: From the First Tooth
2. Preventive care in school and community settings
3. Access, Quality, and Sustainability

Collective Vision

All children in Maine can grow up free from preventable dental disease

For more info:
www.mainepcoh.org
Becca Matusovich, Executive Director
becca@mainepcoh.org
Kalie Hess, Associate Director
kalie@mainepcoh.org

PCOH Backbone Support

- 501c3 organization (2 Staff)
- PCOH Board
- Partnership Council
- Consultants and contractors
- Core operational funding from the Sadie and Harry Davis Foundation

January 2021

3

Partnership for Children's Oral Health

2021 Policy opportunities to improve children's oral health in Maine

- Restore the Oral Health Coordinator position within Maine CDC
- Expand the School Oral Health Program to all schools
- Maximize federal Medicaid funds for children's oral health services
- Implement ways to monitor children's access to preventive dental care
- Provide comprehensive dental benefit for MaineCare adults and low-income children who are currently not covered
- Expand teledentistry
- Extend MaineCare dental incentive payments and increasing rates to maintain the dental provider network

4

Good resource for state legislators: National Conference of State Legislatures

https://www.ncsl.org/research/health/childrens-oral-health-policy-issues-overview.aspx

https://www.ncsl.org/blog/2020/12/18/improving-childrens-access-to-oral-health-services-during-a-pandemic.aspx

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