Children’s Behavioral Health Division of OCFS manages many services & supports funded through state general funds. These services are often noted as pivotal in keeping families together as they struggle with the special needs of their child with a disability. Services include- Respite Care, Individual Planning Funds, Homeless Outreach Services, Early Intervention Services (Birth-5), and Parent Support Services. Decrease in available funding is due to multiple budget reductions and curtailments.
Children’s Behavioral Health Services Division of OCFS is the State mental health authority that oversees a comprehensive service system for over 24,000 children and youth annually, birth through 20 with serious emotional disorders, mental illnesses, intellectual disabilities and autism spectrum disorders. The array of available MaineCare services includes- targeted case management, outpatient services, rehabilitative services, residential treatment, home & community-based treatment services, medication management, crisis services and children’s assertive community treatment services.

CBHS has been able to achieve over 20 million in savings since FY04 by oversight of the Children’s mental health service system, providing direct prior authorization and utilization management functions for several service components and ongoing quality improvement and TA activities with the provider networks. Other initiatives such as standardization of provider rates, supporting evidence-based practices and restructuring of home & community-based services were pivotal in achieving a reduction in costs, while at the same time achieving improvements in child & youth behavioral health outcomes.
Head Start provides early care and education, as well as health, nutrition, mental health, social and family support to low-income families with children from prenatal to five years old. The State Head Start Funds are used to expand the numbers of children and families receiving comprehensive Head Start services and to provide the required match for federal funding. Decrease in the adjusted amount reflects a reduction, due to an increase in the Fund for a Healthy Maine funding to Head Start at that time. Increase in the adjusted amount reflects additional funds that were placed in this appropriation to fund additional services to income eligible families to maintain services at current levels as result of shortfall created by reduction in federal grant award and by administrative costs being paid with other funds no longer available.
The State Funds in this appropriation provide supports to children with special needs who are at risk of being expelled from child care settings based on their multiple needs (behavior, mental health, medical, complex multiple needs). Services range from specialized staffing to consultation with programs so children can remain in the setting of the parent’s choice. All parents are working, going to school, or in training. Decrease in this fund represents various curtailments of services. Increase in the adjusted amount (2007) reflects one-time funds provided on a short-term basis to support the centralization of child care vouchers, the implementation of which was pushed back 6 months. The centralization of child care voucher subsidy has resulted in a more coherent, effective, and efficient system of eligibility determination, along with all other federal public benefits. It supports “one-stop” shopping for parents seeking subsidy for child care. Funds were de-appropriated in FY 2004. No funds were provided in FY 2005 and FY 2006. In FY 2007, $2,888,189 was provided for Child Care Services. This funding was to “maintain services at current levels as a result of a shortfall created by a reduction in the federal grant award and by administrative costs associated with a program being paid with other funds that are no longer available for this purpose”.
State Funds for Purchased Social Services funds a variety of community-based services such as, domestic violence, sexual assault, victim advocacy, transportation, family planning, child care, substance abuse, and homeless services. In FY2004 and FY2005 a decrease of approximately $5.5 million occurred due to the transfer of many contracts to a federal block. Other decreases to this fund represent various curtailments of services that have taken place. The increase in FY2007 occurred when the legislature appropriated more funds to maintain services at current levels, as a result a shortfall created by a reduction in the federal grant award. Increases from FY2009 to FY2011 reflect additional funds that were placed in this appropriation to fund Florence House which provides safe, supported permanent housing to chronically homeless women in Portland, Maine. The increase also includes funding transferred from MaineCare to continue to serve youth in need of transitional services.
Funds in this appropriation support child protection, community social services, information services, fiscal management, and foster home licensing. OCFS administration is primarily responsible for the development, delivery, and oversight of all activities attendant to Child Protective and Children’s Services, including regulation of children’s foster homes. OCFS administration enables Maine to meet the mandate of state law and does the needed work to access federal funds under the Social Security Act. OCFS administration drafts, implements, and monitors all aspects of programs relating to child welfare by way of a State Plan for Child Welfare Services. All elements in the state plan must be fully executed in conjunction with federal directives in order to realize federal financial participation in child welfare activities. OCFS administration develops, maintains, and disseminates policy and procedural manuals for staff, ensures compliance with requirements for federal funding, determines where resources are needed and focuses development of resources to meet the needs. Decreases in FY2004-2005 represent a variety of savings such as the merger of the Department of Behavioral and Developmental Services and the Department of Human Services; savings in worker’s compensation, health insurance, technology, and retiree health insurance excess contributions; as well as savings in employee transportation costs. FY2006 budget was unremarkable, and in FY2007, FFY2010, and FY2011 slight savings resulted from increased efficiencies. FY2008-FY2009, there was an increase in the budget due to staff salaries that were transferred from another appropriation.
This appropriation provides funds for OCFS to manage, supervise, and deliver direct and purchased services to children in the care and custody of the State, to children who are reported to be abused and neglected, and to their families as mandated by Federal Law; Regulations; 22 MRSA, Section 1071; and The Child and Family Services Child Protection Act. Delivery of direct casework services to clients receiving protective services, which include investigation of allegations of suspected child abuse and neglect, reasonable efforts to prevent removal of a child from his/her home through provision of family support services, seeking court intervention when voluntary services have not succeeded in ameliorating the abuse or neglect. Delivery of children’s services which include rehabilitation and reunification services as described in the Child Protection Act, provision of a safe and stable placement, transitioning to adoption, recruiting new adoptive families, matching and placing children with families and supporting and stabilizing the adoptive family system and post legalization support services. In addition, establishing collaborative efforts with community-based agencies, providers and individuals, designed to improve services to children and families. The delivery of child welfare services in Maine is accomplished by an organization divided into 8 districts. Each district has a Program Administrator who has overall responsibility for service delivery, planning, and the supervision of Caseworker Supervisors who, in turn, have responsibility for supervision of Child Protective, Children’s Services, Adoption, and Licensing Caseworkers.
Reduced funding from FY2004-FY2008 resulted from several different de-appropriations for the following: Attrition Increase by .8%; UAL Amortization - 17 to 25 years - Retiree Health Insurance excess Contributions; the merger of the Department of Behavioral and Developmental Services and the Department of Human Services; health Insurance, dental insurance, and worker’s compensation; and attrition rate and effect of the hiring freeze on this account. In FY2008, reduced funding represents savings achieved by managing vacancies. In FY2009, funding increased to provide for technology services. In FY2010 and FY2010 funding decreased due to the following: increase in attrition rate from 1.6% to 5%, not granting merit increases during the 2010-2011 biennium, closing state government for 10 days in each year of the 2010-2011 biennium; savings achieved through the retirement incentive program (GF); reductions in workers' compensation rates; elimination of four positions; and savings from reducing retiree health insurance rates.
This appropriation funds critical shelter, case management, community collaboration, and outreach services to youth from age thirteen (13) to age twenty-one (21), their families and/or legal guardians, including preliminary assessments, safety plans, and other services. Services are made available to youth who are, at that time, unable to live at home and for whom a more permanent living arrangement is currently neither available nor feasible. In FY2006-2007 the legislature appropriated more funds for homeless youth services to be put out for bid; however, the Request for Proposals did not go forward until FY2009; therefore, the additional monies that the legislature appropriated in FY2006-2007 were not used utilized in FY2008.