



SEN. JUSTIN CHENETTE, SENATE CHAIR
REP. ANNE-MARIE MASTRACCIO, HOUSE CHAIR

MEMBERS:

SEN. PAUL T. DAVIS, SR.
SEN. LISA KEIM
SEN. NATHAN LIBBY
SEN. LINDA SANBORN
SEN. JEFFREY TIMBERLAKE
REP. KATHLEEN R.J. DILLINGHAM
REP. AMY ARATA
REP. H. SAWIN MILLETT, JR.
REP. MARGARET O'NEIL
REP. TERESA PIERCE

MAINE STATE LEGISLATURE
GOVERNMENT OVERSIGHT COMMITTEE

MEETING SUMMARY

September 23, 2019

Accepted October 15, 2019

Call to Order

The Chair, Sen. Chenette, called the Government Oversight Committee meeting to order at 8:35 a.m. in the Cross Office Building.

Attendance

Senators:	Sen. Chenette, Sen. Davis, Sen. Keim and Sen. Sanborn Joining the meeting in progress: Sen. Libby and Sen. Timberlake
Representatives:	Rep. Mastraccio, Rep. Millett and Rep. O'Neil Joining the meeting in progress: Rep. Arata and Rep. Dillingham Absent: Rep. Pierce
Legislative Officers and Staff:	Danielle Fox, Director of OPEGA Amy Gagne, Analyst, OPEGA Etta Connors, Adm. Secretary, OPEGA
Executive Branch Officers and Staff Providing Information to the Committee:	Dr. Todd Landry, Director, Office of Child and Family Services, Department of Health and Human Services

Introduction of Committee Members

The members of the Government Oversight Committee introduced themselves.

Summary of August 14, 2019 GOC Meeting

The Meeting Summary of August 14, 2019 was accepted as written.

Sen. Chenette noted that Sen. Gratwick and Rep. Hymanson, Chairs of the Health and Human Services Committee and Sen. Diamond were at the meeting.

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New Business

- **Pursuant to GOC request, report from Dr. Landry, Director, Office of Child and Family Services on prioritized initiatives to improve Maine's child protective system**

Dr. Landry presented his testimony to the GOC regarding prioritized initiatives to improve the child protective system. (A copy of Dr. Landry's testimony and presentation are attached to the meeting summary.)

Rep. Mastraccio referred to the Family First Prevention Services (Family First) and asked if Maine can use federal funds to treat parents who need substance abuse services or only the children and how does that money help Maine do a better job at helping families stay together.

Dr. Landry said as Maine builds its State plan, which is required under Family First, one of the things that they will identify is which evidenced-based practices and models they are going to implement as part of that plan. Some of the programs that are currently on the clearinghouse at the federal level include adult treatment services, but is still tied to the child. What Maine will have to do, as a State, is come up with what the Fed's call a definition for a candidate for entry into the child welfare system, specifically, a candidate for imminent risk of entering the system. I start with the child, but if you can then implement services to prevent that child from coming into the system, then all those services can potentially be paid for by using Family First dollars. For example, if there is an individual that has a substance use issue but they don't have any kids, OCFS will not be able to use Family First dollars. If there is a family who has a parent that has a substance use issue and their child is in imminent risk of coming into the system, OCFS can identify, as part of that prevention plan, the parent's treatment in order to prevent that child from coming into the system. Then they can access Family First dollars to pay for that treatment.

Rep. Mastraccio asked how payment would work if the person has MaineCare. Dr. Landry said MaineCare would pay first and then Family First. In that situation, if the person has MaineCare and the service is a qualified service that the provider is able to bill MaineCare for, that would be the funding source. If they do not have MaineCare or, for some reason, are not eligible for that treatment level in MaineCare, then Family First could potentially be used.

Rep. Mastraccio noted the reduced number of group homes for foster care or large numbers of children in one foster home and asked if Maine is in a better position for federal funds. Dr. Landry said that is his interpretation. Currently, in the State of Maine about 4-5% of the children in care are placed in residential settings. All of those are at the PNMI level, which means none are in a non-medically necessary level of care group home. Some other states, including others in New England that have a large number of children in group homes, are not as well positioned because under Family First those group homes can no longer access, or the State can no longer access, Family First dollars to pay for those group homes after the first 14 days. Maine is in a better position because they don't have the group homes. All of Maine's facilities are at the medical level of necessity which helps, but at the same time, still have hurdles for residential providers to get through. They will have to meet what the Federal Government calls the QRTC (Qualified Residential Treatment Center) level so that QRTC or QRTP level is also a requirement. In the desire to drive more dollars into the State, OCFS is going to take their time to pick their implementation date and send in their State plan to the Fed's as close as possible to when they can meet all of the requirements so Maine is not losing dollars at the same time they are trying to bring dollars into the State to benefit its kids and families.

Referring to the handout, Sen. Chenette noted that there are about 2,200 kids in State custody and about 1,500+ in family foster homes and asked for clarification on where the kids were placed. Dr. Landry said those in kinship families, and the kin and relative families are not necessarily captured in the family foster homes. Some

family homes may be included because they have gone through the licensing process, but those that have not gone through the full licensing process would not be included on the chart. Of the State's total number of 2,200 kids in care, about 50% are placed with relatives.

Sen. Chenette thinks he heard, in terms of the time line question on the Background Check Unit, that they are only capturing information from York and Cumberland County. Dr. Landry said those are the only two counties where automatic background checks are being used in all assessments. In the rest of the other counties it is currently done on a request basis. With OCFS's new staffing that was authorized beginning September 1, they will be able to do it automatically in all of the counties and anticipate that once they complete all of their required FBI, DPS and other training, the department will have all assessments in place by the end of this year or the first of 2020.

Sen. Chenette referred to the MACWIS, noting that DHHS has awarded the RFP and asked if the company has given any timelines. Dr. Landry said it will take a year and a half to two years.

Rep. O'Neil referred to foster home inspection requirements and asked what the Department was going to do to get the requirement changes out and to reach out to those families who would have been possible placements. Dr. Landry said OCFS is working with the Adoptive and Foster Families of Maine to help get the word out about the changes in home inspections. They are also working with their contracted private agencies who assists in the recruitment and retention of families through A Family for Me website and promotion, are going back through DHHS's records and providers are going back through their records to see if there were homes where the inspection was the only barrier and possibly re-engaging with those families to see if they still have an interest in providing foster care.

Sen. Keim asked if Dr. Landry could provide the GOC with more specifics on what the home modification changes are that will make it easier for people to qualify to have foster children in their home. Dr. Landry said he will provide the Committee with more detail on home inspections. OCFS continues to work with OPEGA as they continue to do their work on that question as well, so has been working on providing information to them, but will be happy to provide more details about the specific changes that are being put in place. One of the twelve strategies listed in the information provided is about foster families and recruiting foster families, but OCFS has specific details that they can share with the Committee.

Sen. Chenette thought a year and a half to two years for implementation of a new computer system (MACWIS) seemed like a long time and asked if there is a template that another state has already utilized. A new system is going to be more effective for caseworkers and supervisors and he thought that was a long time for children to wait for a safer environment.

Dr. Landry said he added on the additional 6 months when told it should be done in a year and a half in order to recognize that sometimes it takes a bit longer. They are using some templates developed for other states, however, every state is different. While they have models from other states, such as Delaware, it is still going to have to be customized specifically for Maine's policies, legislation, practice, etc. He hopes everyone will keep in mind that this is nearly a \$40 million (plus) system. It is not an insignificant investment and it is also complex as well as complicated. So, it does take time to make sure it is done correctly. The timeframe is considerably shorter than Delaware, noting theirs took over 3 years. It is a complex system and that timeframe also includes the required staff training. OCFS staff has made it clear, through the OPEGA report that they have to be brought along throughout the process. There is a significant amount of training that will go on so that the Office can implement the system and get the maximum use from it. If staff are not appropriately trained and given the time to make sure they are using the system to the best extent possible, what good is it? So, are making sure they take the time to train the staff and bring them along in the process. It is not pulling Microsoft word off of the shelf at Best Buy. It is considerably more complicated and complex than that.

Sen. Libby followed up by asking if the staff were going to be involved in the development and refinement of the program. Dr. Landry said staff is going to be involved and, in fact, they are in the process of reallocating one of their prior program administrators to be the business lead to go along with the technical lead. They also have set up staff committees that include the caseworker level to ensure that their input is being captured along the way. They had an initial meeting that included staff at all levels of the organization.

Sen. Sanborn thinks one of the most important investments the State can make is in prevention and that Dr. Landry talked about adverse childhood experiences and long term outcomes from children in quality early childhood education. For programs like Early Head Start and Head Start the State is investing very little and only has services for 20 to 30% of the kids that qualify for those programs. It feels to her like the State has taken huge steps backwards in regard to the quality child care services and asked if Dr. Landry could talk about Maine's investments in that area moving forward.

Dr. Landry thinks child care and quality child care are one of the best preventive mechanisms there is in place to support children and families and prevent child abuse and neglect from ever occurring. To that point, he was happy to see and support the Governor's call to reconvene the Children's Cabinet with a focus area being quality early childhood education. OCFS has been working with their partners in the Children's Cabinet, including the Department of Education (DOE) and the preschool development grant that they are currently working on in order to align efforts as much as possible. OCFS is also looking at ways they can further utilize their CCDF funds to increase quality, as well as, accessibility. From his view, when they look at the child care and quality early childhood education, it is about 3 things - access, quality and workforce. These are the 3 areas they are going to be focusing on. He is encouraged hearing that there may be additional dollars coming to states from the Federal Administration through the Childcare Development Block Grant. Maine was invited to and participated in a regional convening with the Federal ACF (Administration for Children and Families) to specifically talk about how Maine utilized the last infusion of increase in dollars to the block grant and what they would do going forward if they got another infusion. In the last infusion of dollars, Maine choice to take, what he would call a broad approach and increased the reimbursement rate for all providers to the 75th percentile of the market survey rate. They also increase what they call the quality bump for those providers who are at their 3 or 4 level rating system. In his view, if Maine received another infusion of dollars they should consider looking at what other states around our region who specifically targeted infants and toddlers because there is such a need and demand in the State or that they use those dollars to specifically target specific parts of the state that are under served. In Maine's situation it would be the rural counties. One of the things clearly shown in the online Dashboard is the relatively low percentage Maine has of children receiving subsidy and attending a higher quality childcare setting, specifically levels 3 and 4. He thinks you have to continue to focus on that. One thing they are doing, and is part of their revision of their CCSP (Childcare Subsidy Program) rules that came out earlier this fall, was to come into compliance with federal requirements, but part of it was to give them more flexibility. One of the things that almost every state in the country does, for example, is incentivize providers with a higher rate of reimbursement if they are at step 3 and 4. What DHHS is going to begin doing in Maine, having the capacity to do it, is beginning early next year they are also going to incentivize the families by giving them a reduced co-pay if their child is in a higher quality setting as well. Dr. Landry wanted to be clear that to his knowledge and to ACF's understanding and knowledge, no state in the country is doing this on a statewide basis. Some states are doing it in specific counties, but they believe there is impetus for change and positive change that can be done in Maine if they implement that. The desire is not to take children out of their family setting and go to a higher quality setting. Rather, the desire is for them to incentivize the providers and for the families to move up to a higher quality level as well. DHHS is placing a major emphasis on getting back into compliance with federal requirements in the childcare program area. The changes that were made in the last few years clearly departed the State from being in alignment with federal requirements. Earlier this year the Federal Office of Childcare confirmed that Maine was out of compliance and told that if we did not make moves to get back into compliance, Maine could incur, or stand to incur, a penalty of over \$800,000 in the CCDF funding. As the Department puts forward its unified licensing rules, those changes will be going through the major substantive rules process with the Legislature in the next session.

Sen. Sanborn asked if Dr. Landry would encourage more monies from the State to supplement the Head Start programs as budgets are being reviewed by the Legislature. Dr. Landry said all dollars are needed and is another reason why they don't want to have to lose money at the federal level. The Head Start and Early Head Start programs lie within DOE so he will let them speak to that. He did say, however, OCFS is closely aligning with DOE in the Preschool Development Grant submission that will be submitted later this year. The grant will first go to the Children's Cabinet to make sure that what they are doing on the Child Care Subsidy and the Child Care Development side in early education aligns with what is happening on the DOE side as well. There could be opportunities for other federal grants so are working together in the Cabinet to make sure they can take advantage of those opportunities when they come forward.

Sen. Keim thought being able to access criminal history information is vital and was pleased to hear about that. She also thought the work that Dr. Landry is doing with the Field Instruction Unit, which lets students actually get college credit and also helps them figure out if child welfare is a good fit for them. That has a lot of potential.

Sen. Keim noted that once OCFS improved their ability to take calls at intake, there is an increase in the number of children in care and that those two things correlate. She asked if Dr. Landry agreed. He believes what has been seen in Maine is what has been seen in other states when you have had a high profile situation of child safety related to child welfare you see more calls at intake. Generally, the societal awareness of our joint responsibility to report suspicions of abuse and neglect goes up. That drives an increase in the number of intake calls, assessments and kids in care. He thinks that is the driver being seen and also because OCFS has changed some of their practices as a result of the events of last year. The GOC and HHS Committee has delved in much more deeply about when children remain in their home situation when there is a safety issue and that has also had an impact. Part of it is policy, but his view is the vast majority is the increased societal awareness driving more calls of suspicions of abuse and neglect. Dr. Landry said he was not talking about mandatory reporters, they have always done an outstanding job of reporting, but talking about the general public.

Dr. Landry referred to the Background Check Unit and Field Instruction Unit and wanted to be as transparent about it as he has been with OCFS staff. There was some feedback from staff saying they thought the Background Check Unit was supposed to make their life easier because that Unit was going to do that now. That is not what the Background Check Unit is for. The Unit can, in fact, add more work to caseworkers not less. The Unit can identify where there are areas of concern, but it is still the caseworker who has to get the specific investigative reports and make a determination. The Background Check Unit is not about reducing workload, it is about increasing safety. Dr. Landry thinks there was some confusion about that and wanted to be clear about it. The Field Instruction Unit, in his opinion, is the best tool for improving the quality of education of future caseworkers and child welfare professionals by giving a wonderful opportunity to those who are thinking about coming into the child welfare kind of work.

Sen. Keim asked who the Alternative Response Providers (ASP) are that Dr. Landry referred to when talking about hotels and emergency rooms. He believes OCFS has 4 or 5 ARP providers around the State and an amendment to their contracts was done earlier this year at a cost of about \$1 million in order to have trained staff be with the children, specifically on weekends and evenings, in emergency departments. It does not cover 100% of the hospitals, but the feedback from staff is that it is significantly helping with the evening and weekends and enables the OCFS's staff to be doing other work.

Sen. Keim referred to the number of children who are hoteling or in emergency rooms provided by Dr. Landry that shows OCF's staff hours and asked if the numbers are lower because of the ARPs are being used in those situations instead of OCFS staff. Dr. Landry said this is part of the reason, but they are also seeing a reduction in the number of kids being in those situations. They had as many as 10 kids in a hotel situation and have only had one in the last month. They had 20+ kids in an emergency room situation and are down to 10. He said Sen. Keim was correct, but the reduction in staff hours is a mix of the two pieces, both the ARP contracts and the number of kids.

Sen. Sanborn asked Dr. Landry to speak to where the State is weakest in the child protection system. Dr. Landry said a few examples where he feels they have some significant areas of need is they do not have a PRTF (Psychiatric Residential Treatment Facility) in Maine. By OCFS's last count of the children that are currently placed out-of-state in a residential setting, 16 of those children are youth and currently placed there because they have a need for a PRTF level of care and Maine does not have any that the kids can go to. Sixteen of the current 50 – 60 kids out-of-state are placed there because even if OCFS wanted to place them in Maine, they could not because medically that is the level of need the kids had been assessed for. That is one of the things you will see on the Children's Behavioral Health strategies plan. Their plan is to implement one or more PRTFs in Maine and is something they are working on.

The other area that is of particular concern to him is in the home and community based treatment alternatives. Specifically, he referred to the number and availability of evidenced-based treatment providers for some of those modalities. He can reference functional family therapy and another model called multi-systemic therapy. Ten to twelve years ago Maine had teams, whether they be functional family therapy or multi-systemic therapy teams, in virtually every county of the State. Currently, and as shown on his Dashboard page, if you are north of Bangor, there are no teams. Those evidence-based models are critically important and will become more important as OCFS moves forward with Family First implementation. Functional family therapy and multi-systemic therapy are two of the roughly ten model programs currently on the Family First clearinghouse federally, but Maine is going to have to do some work to rebuild those services going forward.

Rep. Mastraccio remembered when Maine had the team approach and did a lot of community based work and asked the cost of rebuilding those services. Dr. Landry did not have specific costs to share with the GOC, but said OCFS will be developing that cost in their implementation plan. In a prior legislative session a requirement was passed by the Legislature that DHHS do rate studies for trauma focus cognitive behavioral therapy, including a rate study for multi-systemic therapy and functional family therapy with a report due to the Legislature by the end of the year. This Administration has placed a priority on that work and OCFS is working with its sister office within DHHS and his hope is some positive results will be seen from the rate study. Beyond that, Family First could be an avenue to further augment those efforts that either MaineCare does not pay or for those families and kids who can't access MaineCare.

Rep. Mastraccio referred to OCFS working with DOE because lack of services in communities has impacted the school systems because are expected to pick up the slack. Dr. Landry agreed and said they do have to be partnering with DOE which is why he has been as enthusiastic about the Children's Cabinet and all of the Commissioners who are partnering together. In addition, at the commissioner level, they have staff teams that are in place to support the work of the Cabinet. The staff teams are meeting frequently to come up with specific plans, both around early childhood education and the broader group of support for at risk youth and families, which impacts all of the systems whether it be juvenile justice, child welfare, education, public safety, etc.

Rep. Mastraccio noted that the GOC has directed OPEGA to look into out-of-home placements and in listening to what Dr. Landry has said, it appears that OPEGA's work will not be duplicative to OCFS's work and, in fact, might be helpful information, especially where foster care and in-home placements and Family First are all going to be working together. She hoped he agreed. Dr. Landry said he was not in a position to tell the GOC what to do. He said OCFS continues to work alongside OPEGA in making sure to provide answers to all their questions so the Legislature can make the best informed decision they can.

Rep. O'Neil thanked Sen. Keim for asking about hoteling and ERs and asked if Dr. Landry could talk more about what that means for the kids who are in State care. She is concerned because the kids have been through so much trauma and they are going to experience more trauma as a result because Maine is trying to catchup. She asked what the differences are with an ARP. Is it the same situation, but the hours are showing differently? She thought it would be valuable for her to be able to see what those hours are for the providers as well. Dr. Landry said he will provide that information.

Dr. Landry said OCFS's ARPs are trained in trauma focus and informed practices to provide coverage in emergency departments and can assist with those type of dynamics that may be going on. One of OCFS's 12 priorities is to reassess the ARP provision of service to see if the State is getting the best benefit they can from those services. There are questions about whether or not we are getting the best benefit for those services for the kids and families. The ARP piece is two-fold. One is from a workload perspective and was to move some of the assessments from OCFS's staff when there are low risk situations or those that are determined to be low risk, to the ARP. He thinks the more important piece the ARPs can do, is provide a community based intervention and involvement with families to help those families safely stay together and eliminate any type of risk situation from a safety view point. Having that two fold approach sometimes confuses the work of ARPs and it could be that OCFS needs to be streamlined and focused on one of those areas versus the other. He absolutely believes there is a vital role for community involvement in working with some of the families and it is certainly a major requirement with their work with Family First as they implement that plan. He does have some questions about whether the split responsibility assessment and provision of service to the family is the best path to go down in the future.

Dr. Landry will provide the Committee with specific information about breaking down the number of hours so they can see the number of hours that an ARP is providing in emergency departments versus the number of hours OCFS staff is providing.

Rep. O'Neil asked how a child would be considered low risk, but be in an emergency room. Dr. Landry said they would not be and is why it is two different things. He was talking in general about the ARP contracts. They now have 3 pieces. For most of them they have the assessment piece and would be for those, through intake, a safety question where it is considered and rated as low risk and some can be assigned to the ARP to do the assessment versus OCFS's staff. Separately there is an opportunity for those community providers to provide direct service to the family. Say it does not rise to the level of a safety issue where the child has to be removed from the family, but there are still issues and challenges within the family that providers can help with. That is a second role. A third role in place is in certain cases they will have trained staff that will actually be in the emergency rooms to be with children instead of OCFS's staff being there. It is not necessarily the same child or family in all 3 of the situations. In the last situation it is children who are in State custody and OCFS has a responsibility to be there in the emergency room with the child and, in that case, ARPs are helping to fill that gap.

Rep. O'Neil was looking forward to receiving the data regarding the breakdown for the number of hours Dr. Landry is to provide.

Sen. Davis does not think Maine does enough to protect children. He referred to LD 1923, with the clinical consultation being award to Penquis CAP, who will be going to Dover-Foxcroft and asked Dr. Landry to explain that contract. Dr. Landry said the clinical consultation contract that OCFS developed and is now piloting is an RFP contract that came out of LD 1923 and is for clinical consultation for OCFS's staff. It adds a level of clinical consultation for staff on specific issues where they need to rely upon a clinical viewpoint of what is happening in a family, or what is going on in a situation, so they can do a better job of working with that family from a casework perspective. It usually is going to be those high intensity and high need situations where they might be stymied and have tried different things that have not worked, are still getting feedback from the foster family or the parents say something is still not happening. It is an additional resource for OCFS staff and currently is being piloted in those two areas, an urban, as well as, a rural area, to evaluate and study whether there are any differences before OCFS goes out further.

Rep. Mastraccio asked how far into the data can OCFS go on the Dashboard. Looking at York County you see the number of children, and over time will be able to look at each month to see how many kids are in custody and asked if there was a way to get to how many were in her district, or does OCFS not want that information public. Dr. Landry explained that for two reasons OCFS has chosen not to go that far down with the data. One is it is sometimes difficult because you may have a child where they were in one household OCFS investigated,

but it is a possibility that the parents are in a different households. They are usually in the same district, but not in the same legislative district. The other reason is that in some parts of the State the numbers are so small that it ran the risk of potentially becoming identifiable. So, OCFS erred on the side of caution and is why they left it at the district level for those services. When you go over to Children's Behavioral Health and the childcare data on the Dashboard is based generally, in all cases, on the county level. Again, they have more opportunity on the county level to be able to disaggregate the data, but again felt at the county level it was still not going to run the risk of identifying any potential client.

Rep. Millett commented on Dr. Landry's presentation, which demonstrated a quick study ability to get to the issues that comfort OCFS in the short time that he has been here. He was impressed with the prioritization process, getting down from the 170 recommendations to the few that would be priorities and loved the guiding principles strategies and outcomes, the interconnectedness of them, and he's impressed with the responsiveness to both the 128th and 129th legislative initiatives. He liked the quickness, not only staffing up, but providing them with support in the job shadowing and the mentoring. That is extremely important and Dr. Landry seems to have gone about it in the right way whereby there are system wide approaches and knowledge that emphasize the last guiding principle of how you do the work is as important as the work that you do. He loves the intra and inter agency communications that Dr. Landry referenced many times in his comments because thinks that is important within the broader Executive Branch that not only are they attentive to what the Legislative Branch asked him to do, but he does it collectively rather than in silos. The transparency in which he speaks and uses the PowerPoint is impressive and Rep. Millett said he keeps coming back to, and believes Rep. Mastraccio and Sen. Sanborn referred to the data Dashboard and the long and short term outcomes in how he tracks and reports. He thinks the questions Dr. Landry has been asked really force the Committee to stay on track with their assignment, but also opens the door to many other committee communications that are going to be as critical as what the GOC talks to him about periodically. He can imagine the HHS Committee and all of the work of the Children's Cabinet is going to be primarily discussed in other forums than this one, but impressed with Dr. Landry's ability to stay in focus and on top of the many issues before him. Rep. Millett likes the notion of frequent updates that are quantitative and is impressed with what he has heard from Dr. Landry at this meeting and hopes he continues to stay focused.

Dr. Landry said much of the information provided at this meeting will be going into much more detail at the HHS Committee level and other committees and looks forward to being able to make sure that everyone stays connected. OCFS has a commitment and desire for that level of transparency and to be open in the direction they are going in. He thinks to a certain degree it is about rebuilding the children's behavioral health system and that is what they need to focus on in the area of child welfare. It is about focusing on those priorities that are going to get the long term benefits of safety, permanency and wellbeing.

Sen. Chenette knew that Dr. Landry could not comment on personnel matters and he did not want him to, but obviously everyone saw the article regarding one particular OCFS caseworker and their license being revoked. Generally, it is concerning when a lower level staffer gets let go when ultimately the buck stops with the higher up, especially when there are systemic problems facing the Department. One thing not highlighted was that it was not known how many State caseworkers had complaints before the Licensure Board. He knows that is not directly included in Dr. Landry's oversight, but it was something he flagged in the article. Sen. Chenette knows Dr. Landry cannot comment on specifics, but was making sure it is understood that it is not necessarily the frontline workers they also recognize there are other systemic problems trying to be corrected, which Dr. Landry's presentation outlined. He thinks a lot of people were surprised by the article.

Dr. Landry said he could not talk about specifics, but pointed out that when the Department is able to say that someone is no longer with the Department, that does not necessarily mean that they were terminated. The person could have resigned or other things could have occurred. Because someone is no longer with the Department does not necessarily infer termination specifically.

The members of the GOC thanked Dr. Landry for his presentation and for answering their questions.

Unfinished Business

None

Report from Director

Director Fox referred to a tracking document the GOC previously discussed. She thinks Dr. Landry's presentation will provide OPEGA with something that will narrow the focus to those 12 strategies. Based on today's discussion that is what she is envisioning the tracking document will look like and will be much more manageable than what she was anticipating earlier. It may also be helpful in showing which committees will be doing the more detailed and drilled down level of work and will give the GOC a higher level view. It may also facilitate the check-in with the other committees if this Committee so chooses to have future check-ins. She asked if the members of the Committee agreed and they did.

• Status of projects in process

Today's meeting will be helpful to OPEGA in developing a project direction statement or scope questions for the GOC in the **Out of Home Placements for Children Removed from Care by DHHS/OCFS** review. Rep. Mastraccio alluded to trying to not duplicative and trying to find information that is external to DHHS/OCFS that might be helpful to them in addressing some of those strategies towards improving the placements for children once they are removed and in the care of DHHS. OPEGA is wrapping up the preliminary research and hopefully at the next meeting will be able to present the Committee with a project direction statement for the GOC's review and comments. With regard to the **Maine Citizen Initiative Process** review OPEGA is still in fieldwork. There is still some information and data analysis that OPEGA is doing, but hopeful it is something the Committee can take action on if they so choose in the next legislative session. OPEGA is still in the preliminary research phase in the **Commission on Indigent Legal Services** review and at the next meeting may be able to give more information, or a better idea, of when OPEGA will present their project direction statement. The **Follow-up Survey: OCFS Frontline Workers** may be a topic for discussion at a future meeting and based on what was heard earlier. OPEGA was in the planning stage on that review, but will need feedback from the GOC with regard to some of the things that Dr. Landry noted today regarding the initiative and survey fatigue and the information regarding the new workers just now coming on. OPEGA will gather and present that information to the GOC for discussion about when they would like to see the follow-up survey done in order to get the most useful information. Most of the fieldwork is complete on **BETE and BETR Tax Evaluation** review. OPEGA is still doing fieldwork on economic modeling and looking at the economic impacts of the program, but are drafting other elements of that report. She expects that review to be complete early on in the Second Regular Session for the Committee to take action and discuss with the TAX Committee. OPEGA has begun the preliminary research on the **Maine Capital Investment Credit** and working to provide the GOC a project direction statement on the **Updated design assessment for PTDZ**. At the August meeting the GOC approved OPEGA looking at how they are doing with the new objectives that were placed in statute since OPEGA's last review and also how they are responding to the critiques of the assessment that were in the 2017 Report. That work is still in the planning phase.

Sen. Keim noted that the next GOC meeting appears to be set for October 15th and reported she could not attend and wanted to circle back on what OPEGA planned to present about Indigent Legal Services. Director Fox said OPEGA is in preliminary research on the review and will give an idea of when they might be able to present the GOC a Project Direction Statement. It will not be anything substantive at the next meeting, more of an updated time line.

Director Fox reminded the Committee that annually they are required to categorize and prioritize tax expenditure reviews, both in the A Category and the Expedited Category and said OPEGA has been off the schedule for that work in the past. By statute it is required to be done in October so OPEGA is aiming to

have the GOC do that work at least before the beginning of the Second Regular Session to be more in line with the schedule rather than doing the work in the Spring.

Director Fox reported that the Taxation Committee is meeting tomorrow and will be reviewing the Expedited Report that the GOC reviewed at their last meeting, as well as, receiving a presentation on the ETIF Report. OPEGA will be giving a presentation to the Taxation Committee on both.

Planning for upcoming meetings

Sen. Chenette said it appeared that the majority of the GOC can meet on October 15th at 9:00 so will be the next meeting date. The Chairs and Leads of the HHS and JUD Committees were also polled for that meeting date. Today's presentation by Dr. Landry was phase one of discussions regarding prioritized initiatives to improve Maine's child protective system. Phase two is the GOC's October meeting when the Chairs and Leads of HHS and JUD Committees will be delving into the work they did during the past legislative session regarding child protective services, in addition to any carryover legislation that they have moving into this coming year and trying to make sure committees are coordinating and talking and that is the objective of the GOC's October 15th meeting.

Sen. Chenette noted that because of Thanksgiving and other events in November Rep. Mastraccio and he would recommend not meeting in November. Committee members agreed. The Chairs would like to have a meeting in early December. Following Committee discussion it was decided the best day to meet would be December 10th and is the tentative date for December.

Next GOC meeting date

The next GOC meeting is scheduled for October 15, 2019 at 9:00 a.m.

Adjourn

The Chair, Sen. Chenette, adjourned the GOC meeting at 10:32 a.m. on the motion of Sen. Davis, second by Rep. Dillingham, unanimous.

**Testimony of
Director Todd A. Landry, Ed.D.
Office of Child and Family Services**

Before the Joint Standing Government Oversight Committee

Hearing Date: September 23, 2019

Good Morning Senator Chenette, Representative Mastraccio, and esteemed members of the Government Oversight Committee,

When I first appeared before you in May one of the things I hoped to convey was my desire to ensure that changes and improvements within the Office of Child and Family Services (OCFS) were developed thoughtfully, with the input of staff and stakeholders. It was clear to me almost immediately upon arriving in Maine that both groups felt disenfranchised and frustrated with the inability to utilize their considerable skills, experience, and knowledge to improve a system they care deeply about. Since my arrival 5 months ago what I've learned is that the dedication of staff and stakeholders to child safety and wellbeing is unparalleled and many jumped in to assist as we methodically and thoughtfully approached improving our system.

A major part of that process has been about building trust and relationships throughout the child welfare system and that's something I have prioritized in the last few months. I've had the opportunity to engage with numerous stakeholders as a result of evaluation work being completed both in Child Welfare and in Children's Behavioral Health, I have met regularly with the Child Welfare Ombudsman, been involved with the Children's Cabinet, attended meetings of both the Maine Child Welfare Advisory Panel and the Child Death and Serious Injury Review Panel, and made a point of holding introductory meetings with as many providers and other stakeholders as possible. I've also had the good fortune to be able to visit every OCFS District at least once and during those visits have had very productive and meaningful conversations with our staff. I've also had the opportunity to reconnect OCFS with national and regional experts in the field of child welfare who have been immensely helpful in lending support and providing input as we've worked towards systemic improvements. These include the Child Welfare League of America, Casey Family Programs, the Annie E. Casey Foundation, and the New England Association of Child Welfare Commissioners and Directors.

OCFS' North Star

Within many of our meetings with staff and external stakeholders we asked participants to engage in a word cloud exercise. The goal was to look at commonalities among groups regarding the objectives of the child and family services system and used this information to create a "North Star" for OCFS. Over the summer, with feedback from staff, we developed the North Star graphic as a visual reminder of what we are hoping to ensure for all families across the state. This graphic serves as a consistent reminder of the meaning behind the important work staff and stakeholders do every day. A special thanks to the John T. Gorman Foundation for their assistance in developing the graphic.

We purposely focused on developing a North Star that aims to transcend time, politics, and the organizational divisions within OCFS. As we seek to improve individual areas of OCFS, we've also been focused on breaking down organizational silos and recognizing that each part of our office relates to and impacts the other. There were 2,196 children in State custody on 9/1/19 and nearly half of them (984) were authorized to receive at least 1 (or more) behavioral health services on that same date. That does not

include the children who have been involved with child welfare and returned to their parents or were adopted and continue to receive behavioral health services. We also know that accessible and affordable high-quality early childhood education is one of the most effective factors in preventing child abuse and neglect. While we've been working to study and improve the child welfare functions of our Office, we've also been dedicating significant resources and energy to improvements within Children's Behavioral Health and Child Development.

We've utilized four office-wide priorities to guide our work throughout the Office. We've been focused on rebuilding trust, both internally with staff and externally with providers, stakeholders, and the public across the State. This connects directly to our priority of genuinely involving and engaging with staff and stakeholders. I'm currently completing another round of District visits for the fall to continue my conversations with staff and be able to hear in-person feedback about the changes we are working towards. You will hear me talk about two separate projects we have underway to develop improvement plans – one for Children's Behavioral Health and one for Child Welfare. With both efforts we've taken great care to ensure that staff and stakeholders are aware of the work, have the opportunity to engage, and the ability to provide feedback. That feedback loop has been invaluable for both efforts and resulted in priorities and strategies that reflect the needs of our State and its children and families.

In my first few months with OCFS, I also noted that there were several areas where we were failing to meet Federal guidelines. I want to be clear that I do not believe these situations were the result of a lack of dedication on behalf of our staff, but instead reflect the fact that at times the previous administration's priorities differed from those set out at the Federal level. Two areas of primary concern are the Child Care Development Fund grant and the licensing requirements for our early education and childcare providers. Over the last few months we've transitioned licensing of child care and residential facilities for children back into OCFS from the Division of Licensing and Certification. This has allowed us to fast-track the development of updated rules that meet Federal requirements in these areas. In children's behavioral health, we are facing a lack of providers and resources for families in many areas across the State. This has resulted in waiting lists and children who end up in a higher-than-necessary level of care. A primary drive in our visioning work within Children's Behavioral Health has been the desire to reduce waitlists and ensure every child and family in Maine, regardless of their location, has access to evidence-based services at the appropriate level of care to meet the child's needs.

I know all of us are aware that over the last few years OCFS' staff (particularly child welfare staff) have expressed concern regarding their work. We saw those concerns reflected in high turnover rates and staff who did not feel valued or appreciated. To remedy this we've engaged staff, but we've also collaborated on strategies to improve new worker training, provide improved ongoing training, update policies and procedures that guide practice, and provide ample opportunities to recognize and appreciate our staff. I want to thank the Governor for declaring the week of September 9th as Maine Child Welfare Employee Appreciation Week and take a moment to thank OCFS' Child Welfare Staff across the State for all they do in the service of Maine's children and families on a daily basis.

Early Childhood Education

We've also been involved in work across State government and the larger community to develop innovative ideas to improve both the accessibility and affordability of high-quality early childhood education, which, as I mentioned earlier, is considered one of the most effective protective factors in preventing child abuse and neglect and strengthening families. The Governor recently reconvened the Children's Cabinet and early childhood education and development is one of the two priorities (along with supporting at-risk youth). Guiding factors to improve the early childhood education system include:

- Encouraging healthy development and providing ready access to early intervention services when needs are identified;
- Fostering improvement in the relationship between the parent and the child;
- Supporting parental resiliency;
- Encouraging social connections and interactions among peers, and constructive and supportive social connections for parents;
- Connecting children and their families to supportive adults; and
- Creating economic opportunities by allowing parents to achieve educational or employment goals.

When we can prevent adverse childhood experiences and, where the ACEs have already occurred, mitigate the effect, there will be corresponding improvements in long-term outcomes for children across the State. This means fewer children who have experienced traumatic events that may ultimately require child welfare intervention and more families that not only remain intact but are able to function more effectively to support the physical, emotional, and educational growth of their children.

LD 997 passed in the last session directed the Department to establish and implement an early childhood consultation program to allow trained consultants with expertise in the areas of early childhood development and mental health to work on-site with early care and education teachers and providers. The goal is to aid them in the use of low-cost or no-cost evidence-based strategies that reduce challenging behaviors in children and promote social and emotional growth. By providing effective ways to address children's behavioral difficulties and connecting children and families to programs, resources, and supports, we can begin to address behavioral challenges earlier and more comprehensively. The Office of Child and Family Services has been tasked with this work. Later this month I will be traveling to Washington County where we've been seeing positive results from the work underway to provide professional development and support to early childhood education providers in that area. I will be joined by representatives from our Professional Development Network provider. The Professional Development Network furnishes support and technical assistance to early childhood educators Statewide. The Department is enthusiastic about the Legislatures' strong support of this work. LD 997 has given us the directive and funding to ensure we develop an evidence-based program that is well adapted to the specific needs of Maine's children and early childhood education providers.

Children's Behavioral Health

As I mentioned earlier, Children's Behavioral Health has significant impact with child welfare. The availability and effectiveness of services across the system of care is likely to improve outcomes for Maine's children and families. You'll see on the screen and in your handouts this theoretical framework regarding the Children's Behavioral Health service array. I want to be very clear, this document represents best practice with regard to the depth and breadth of the service array. As we stand today, there are multiple services outlined in this document that do not exist here in Maine, or, if they exist, are not widely available. Through the Children's Behavioral Health visioning process, we've been developing a framework and solutions meant to increase access to evidence-based services for all Maine children and families in need of children's behavioral health services.

This graphic represents the visual representation of the results of this visioning process. We've worked with stakeholders and staff to create guiding principles. These are based on the U.S. Substance Abuse and

Mental Health Services Administration’s guiding principles, but staff and stakeholders provided us feedback on adapting the language for Maine. You’ll see strategies – grouped into short-term and long-term strategies – recognizing that there are things we can do relatively quickly to improve the system for children and families, and others that will require more time and collaboration. Finally, you’ll see the major outcomes we are driving towards with this work.

Improvements within Children’s Behavioral Health will also benefit the Child Welfare system, but certain improvements will create bigger ripples within Child Welfare. In particular, I believe that the expansion of access to parent support services will help families build their own capacity to manage their child’s mental or behavioral health challenges and create a supportive system around the family; a full-time, on-site OCFS Medical Director will be available not just to Children’s Behavioral Health, but also to Child Welfare in order to focus on issues like the use of psychotropic medications for children in care and the comprehensive medical evaluation that children receive when they enter care. Shortages in the behavioral health care workforce are impacting families throughout the State, including foster families and kinship caregivers as they try to meet the needs of the children in their care, many of whom have experienced significant trauma in their young lives. It is imperative that we begin to address these shortages with a focus on the use of evidence-based and evidence-informed community-based models and services to ensure the effectiveness and availability of interventions that minimize the need to utilize higher levels of care.

Data Dashboard

Under the leadership of Commissioner Lambrew, across DHHS we’ve seen great emphasis placed on transparency, including the development of Data Dashboards that provide readily available data on key metrics in each area of practice. The OCFS Dashboard went live Friday and we shared it with you, but I wanted to take this opportunity to provide you with some background information on the metrics we’ve chosen for the Dashboard.

- Child Welfare:
 - **Federally Required Measures:** The following three Federally required measures were selected as key indicators regarding the child welfare system:
 - **Safety While in State Custody:** Monitors all children in State custody during a 12-month period and the rate of victimization per day in State custody.
 - **Permanency in 12 Months:** Details the agency’s ability to reunify or place children in safe and permanent homes as soon as possible after removal pursuant to Federal guidelines.
 - **Success in Permanency:** Indicates whether the agency’s programs and practice are effective in supporting reunification and other permanency goals so that children do not return to State custody.
 - **Children removed within one year of an assessment with no findings:** A non-Federally required measure that monitors if assessments are being conducted thoroughly to ensure the safety of children and youth.
 - **Children in DHHS State Custody:** The number of children in State custody by county as well as the rate per 1,000 children in each county based on census population data.
- Children’s Behavioral Health:

- **Number of Children Receiving Evidence-Based Children’s Behavioral Health Services:** Shows the number of children that received evidence-based services by county and type of service.
- **Access to Children’s Behavioral Health Community-Based Services:** Details the number of children waiting for services by type and the average number of days they have been waiting.
- **Number of Children Receiving Residential Treatment Services:** Data on the number of children who required and received residential treatment in-state as well as out-of-state.
- **Early Childhood Education:**
 - **Children on Subsidy Receiving High-Quality Early Childhood Education Services:** Percentage of children receiving a subsidy through the Child Care Subsidy Program (CCSP) whose early childhood education provider has a quality rating score of 3 or 4 in the QRIS.
 - **QRS Rating Levels:** Details the percentage of children receiving CCSP by Quality Rating Step of their early childhood education program.
 - **Children Served through the Child Care Subsidy Program:** Shows the number of children being supported by CCSP subsidy by age group.
 - **Licensed Providers:** Tracks the number of licensed early childhood education providers by type and quality rating level.

The Dashboard is still relatively new, but the data clearly demonstrate both where we are doing well and where improvements are needed. We look forward to continuing this type of transparency to ensure that all stakeholders are working together with a collaborative understanding of the strengths and challenges within these systems.

In the request for information to be shared at this hearing, you included an update on co-sleeping deaths after the implementation of a new public awareness campaign regarding safe sleep practices. The Maine Center for Disease Control has taken the lead on the development and deployment of that campaign, last week launching an updated safe sleep website and new web and social media ads, with television and radio ads and a mailing to MaineCare members coming later this month. DHHS will provide that information to you as it is finalized and released. OCFs will continue to monitor child deaths, with particular attention paid to concerning trends, including those related to safe sleep.

I’ve included several slides here which provide some point-of-time data, as well as data over time to reflect the current workload with the Office of Child and Family Services. We’ve experienced a significant increase in the number of reports, assessments, and children in care throughout the State over the last year.

Turnover

While we’ve been monitoring workload we’ve also been tracking staffing trends closely. We’ve seen an overall decline in turnover, churnover, and vacancies over the last year. We believe that this is due, in part, to the increase in staffing and the additional \$5 an hour and \$1 an hour stipends provided within LD 1923 last fall.

Our goal in engaging staff has been to ensure that changes and initiatives are well-informed and fully vetted by those who will be tasked with learning and implementing them. I strongly believe an additional benefit is that our staff feel valued and appreciated. Over the past year, caseloads have risen significantly

with the addition of hundreds more children in care. Despite this, we've seen an overall reduction in our turnover rate thus far in 2019.

Child Welfare Staffing

I want to thank you and your fellow legislators for the inclusion of 62 new OCFS positions in the adjusted biennial budget as proposed by Governor Mills. The positions included:

- Frontline Staff:
 - 33 Caseworkers
 - 6 Supervisors
 - 4 Case Aides
- Staff to Support Frontline Workers:
 - 11 Caseworkers and 2 supervisors for Intake
 - 5 Caseworkers and 1 Case Aide for the Background Check Unit

As the Commissioner has said, these positions are a vitally important down payment towards child and family safety and wellbeing. Of note, the budget did specify these positions were not effective until 9/1/19. Over the past few months, staff within the Office of Child and Family Services have worked to study staffing trends, caseload, and other factors impacting workload. This allowed us to allocate the positions across the 8 District offices based on need. Staff were consulted along the way to gather their feedback on the proposed staffing plan. Leadership also worked diligently to complete the process required to develop these positions. Our Recruitment and Retention Manager was busy attending recruitment events and working to fill current vacancies while also building our rosters of qualified candidates in areas where offices were fully staffed.

We posted the new positions at the earliest possible date (8/30) pursuant to State requirements for hiring. The positions were required to be posted for two weeks. The earliest possible date on which we could make an offer to a qualified candidate was 9/16 at 5pm. During these two weeks we conducted over 34 second interviews across the State and were prepared to make offers at 5pm on 9/16. As of 10:30am on 9/18/19 we had made hired 16 caseworkers to fill new positions and had hired an additional 6 caseworkers to fill existing lines, for a total of 22 new caseworkers statewide. As of 9/18/19 there were an additional four candidates pending hire as we completed reference checks and followed-up with the candidates.

We have scheduled new worker Foundations training strategically through the fall to capture these new staff at the earliest possible juncture after hiring. Staff whose hire dates do not align with the start of a Foundations training will work on completing the pre-service job shadowing requirements until the next session of new worker training begins.

We are not just focused on hiring, but also on retaining those individuals, along with our current staff, long-term. We heard from many staff who felt that the support for new workers was lacking and we have developed a new mentorship program for incoming staff which will connect each newly hired caseworker with a seasoned child welfare staff person. These mentors will provide invaluable learning opportunities for new caseworkers but will also serve as a built-in support for staff as they begin to navigate the complex and difficult work within child welfare.

We anticipate that these additional staff will have an impact on caseloads, although some of the positions are within areas that, while essential for ensuring child safety and completing work that will aid frontline staff and reduce their workload, will not have any direct impact on the allocation of open assessments and

cases among staff. For example, workers in the Intake unit and the Background Check Unit provide a vital child welfare function in providing information to staff in order to make well informed child and family safety decisions, but they do not directly impact the ratio of cases to caseworkers.

We have continued to see a rise in the number of children in care over the past few months. As of 9/1/19, there were 2,196 children in care. That's up from 2,153 on July 1, 2019 and a significant increase from 1,729 on July 1, 2018. Across the country, other states have experienced a similar increase when public awareness of child welfare has risen, therefore Maine's increase is not atypical. Casework staff with manageable caseloads are essential to ensuring child and family safety, which includes the desire for children to safely exit the care of the Department to permanency in a timely manner (whether that is reunification or another permanency option). LD 821, passed in the last session, required the Department to review caseload recommendations and develop an initial report with findings on this work. OCFS' report is due to the Health and Human Services Committee on 10/1/19 and we are currently finalizing it. We anticipate that information on projections and the possible need for any additional staff for OCFS will be available within that report, which we will share with you as well.

OCFS staff within child welfare are guided by numerous policies. Staff I've spoken to (along with those who provided input in the CBHS visioning process) have continually identified the need to update these policies and modernize the way they are presented to staff. This recommendation was also reflected in several of the reports we have received over the last year. With that in mind, an effort that has been underway within OCFS to inventory, review, and revise our policy and procedure manual, as well as our new worker training. We are partnering with the Muskie School of Public Service at the University of Southern Maine through a Cooperative Agreement to secure their assistance and considerable child welfare policy and training experience to aid us in this endeavor.

Additionally, Muskie will assist OCFS with developing a Field Instruction Unit. This Unit previously existed within OCFS but was dismantled several years ago. We noted that many staff who began their career through the Field Instruction Unit were also those that we were able to retain long-term and develop into experience leaders within their practice areas. The Field Instruction Unit will take social work students nearing the completion of their studies and allow them to gain college credit by working directly in OCFS offices. This allows for the development of real-world training and experience, but also gives prospective employees the opportunity to fully experience the work and determine whether child welfare is a good fit for them.

Intake

In June of 2019 we implemented changes within our telephone system at Intake. The Intake unit receives 6,000-7,000 calls per month and makes an average of 3,500 outgoing calls each month. The goal of this work was to increase the accessibility of Intake to members of the public seeking to make a report of suspected abuse and neglect. On June 18th, we rolled out an improved and modernized telephone solution meant to increase the number of calls answered live, decrease the rate of abandoned calls, and improve the ability of supervisors to actively manage call flow.

Changes included:

- Redesigned call flows to give child abuse and neglect-related calls priority;
- Call flows for work hours and after hours to better align with the services offered during each time period;
- Improved treatment of callers in the queue by offering an opt out voicemail option; and

- First-in-line capability – which monitors waiting times and asks the caller if they prefer to continue waiting or have the system call them back when their call can be answered.

You'll see on this slide that since deployment of this new system was completed in June, we've seen a marked increase in the percentage of calls answered live and a corresponding decrease in the number of abandoned calls. Both changes correlate directly to the time after implementation of improvements in the phone system. We are continuing to evaluate additional functionalities of our phone system as we seek to further capitalize on technological solutions to streamline the end-user experience of our Intake unit.

As I mentioned, some of the additional staff provided to OCFS in the biennial budget will be allocated to Intake. This will increase the capacity of that unit to answer calls live and also allow staff adequate time to take and process reports. We think of Intake as the “front door” of the child welfare system. Well-trained staff with manageable workloads have a greater ability to gather and synthesize all of the relevant information from the person making a report so an informed decision can be made regarding the allegation in the report.

Hotels and Emergency Rooms

Over the last few months, we've also seen decreases in the amount of time our staff have spent with children in hotels and emergency departments. In April, we had 7 children in care who spent time in a hotel and 21 who spent time in an emergency department. In July, the last month for which data was available, 1 child spent time in a hotel and 10 children spent time in an emergency department. This reduction is reflected in the number of hours our staff reported that they spent supervising a child in each of these settings.

We believe that our ability to utilize kinship caregivers and attract and retain non-related foster parents will continue to contribute positively towards a downward trend in these numbers. We've also tapped our Alternative Response providers and their experience with child welfare to provide coverage when a child is in an emergency department. This alleviates the burden on our staff to provide round-the-clock supervision and allows them to focus on the critically important work they have related to child and family safety and wellbeing – which includes seeking a safe and appropriate placement for any child who is staying in a hotel or emergency department.

Legislation

We have also been implementing new legislation. Here is a quick summary of our progress.

- 128th (Second Session)
 - LD 1920 – LD 1920 changed the expungement period for unsubstantiated assessments and inappropriate reports from eighteen months to five years. OCFS has made the necessary updates to its computer system and record retention schedule to ensure expungement now occurs at 5 years.
 - LD 1921 – LD 1921 provided the authority to access confidential Maine criminal history information and Interstate Identification Index criminal history information. We have fully implemented that access with several staff trained and authorized to use the system. The Background Check Unit has been serving all of York and Cumberland counties by providing criminal history information in each assessment. As staff have learned the system and the way in which it can be used to aid child welfare staff in making safety decisions, we discovered more staff would be necessary to ensure adequate Statewide coverage. Governor Mills included additional staff for this unit in her change package for the Biennial Budget proposal and those positions were included in the finalized budget.

We are currently working to fill these positions in a manner that minimizes disruption for children and families involved in cases or assessments assigned to these frontline staff. At the current staffing level any caseworker across the state can request criminal background information from the unit on individuals who have previously lived out-of-state, but it only occurs in every assessment in Districts 1 and 2. We anticipate that by the beginning of 2020 this will occur automatically in all Districts, but we are also cognizant of the fact that staff will not be permitted to use the confidential State system or the Interstate Identification Index system until fully trained by Department of Public Safety (DPS). We look forward to continuing our partnership with DPS in this work.

While the Unit is not yet fully staffed, it has been operational since 12/12/18 and as of 9/6/19 had completed checks on 6,108 requests. Within those requests the Background Check Unit has found several individuals convicted of murder who were involved in open assessments. All of these charges occurred outside of the State of Maine and would not have been reflected on an individual's State of Maine criminal records (which previously were the only records our staff had access to). The Background Check Unit has also found multiple individuals with convictions for sex offenses that occurred outside of the State of Maine. The Unit is able to research State of Maine confidential criminal history information and has uncovered situations where charges were dropped or pled down, including aggravated assault, gross sexual assault, drug trafficking, and other violent crimes that may impact child safety. OCFS did not previously have access to this type of confidential information.

The Background Check Unit has been able to provide caseworkers with the date of the arrest and arresting agency, as permitted under State and Federal privacy laws related to highly sensitive criminal history information. Staff then use this information to seek the specific police report and/or investigative records to further assess any impact on child safety decisions. The Background Check Unit has been a significant additional tool that has strengthened the ability of staff to assess safety and wellbeing and to help ensure that children are safe.

- LD 1922 – OCFS continues to seek to balance both the importance of reunification (when safe and appropriate) with the critically important need to obtain permanency for children currently in the State's custody.
- LD 1923
 - Maine Automated Child Welfare Information System (MACWIS) – The RFP has been awarded to Deloitte. We are currently awaiting Federal approval of the project before we move forward on contracting with Deloitte.
 - Trauma Focused Cognitive Behavioral Therapy – MaineCare has been the primary lead on the work to study the TFCBT rate. We anticipate a report from their work in December of this year.
 - New positions – were intended as a short-term solution until work could be done to further study and better understand workload and caseload best practices for Maine's child welfare staff. As mentioned earlier, OCFS is currently finalizing the report on workload and caseload evaluation that is due to the HHS Committee next month.
 - Clinical Consultation – this pilot has been developed and the contract was awarded to Penquis CAP. They are currently rolling out the pilot in Bangor and Dover to gather feedback from both urban and rural areas.
- 129th (First Session)
 - LD 821 – As I mentioned previously, this report is currently being finalized. OCFS has engaged with many experts in the field of child welfare (including Child Welfare League

of America, Public Consulting Group, Casey Family Programs, and the New England Association of Child Welfare Commissioners and Directors) to complete this work and ensure national best practice information is incorporated. OCFS has also involved staff and studied and incorporated the specific factors that impact workload and caseload within the State of Maine (based on things like geography, policies and practices, etc.) We are considering the report that will be published on 10/1 to be “version 1.0” of this document. It is a tool that we can continue to refine and update as we move forward, especially as we deploy new staff and implement initiatives that have an impact on policy and practice. The next version of the report will be published, as statutorily required, in January 2020.

- LD 1526 – This bill removed the statutory requirement of a Fire Marshal inspection in the licensing process for foster homes. We’ve had a tremendous increase in the number of children in care: from 1,724 on 7/1/18 to 2,195 on 9/1/19. We continue to work towards exiting children to safe and stable permanency as expeditiously as possible while ensuring safety and wellbeing, but this increase has continued to tax our foster care system. Our data indicates approximately 50% of children that enter care are placed with kin. An increase in the number of children in care means an increase in the number of family members seeking to be a placement resource for these children. By reducing the barriers associated with the Fire Marshall’s inspection and putting in place a more family-centered approach, we will be able to maximize the availability of safe and appropriate kinship caregivers for children in care.

Additionally, we are hopeful that these changes will reduce barriers to licensing of family foster homes and encourage more individuals to engage in the licensing process. The tools developed to implement the approach are based on those used in other States and we are providing training and ongoing technical support to staff to ensure they have the knowledge and tools necessary to complete their review of safety for each potential relative and foster home.

- LD 1792 – I’ll talk more about Family First in the next few minutes, but I just wanted to touch on this bill and thank you and your fellow legislators for your continued support of our implementation of the Family First Prevention Services Act.

Child Welfare Priorities

We began with (by my count) about 170 recommendations across multiple reports including PCG, OPEGA, the Ombudsman, and others. It was clear that implementing all recommendations would not just be imprudent, it would be impossible. OCFS and Department leadership took a step back to think about these recommendations in the context of the mission of OCFS. We determined that the best means by which to prioritize recommendations for implementation was by identifying those that would have the greatest impact on improving outcomes for children and families. With that in mind, we focused our efforts on narrowing the list of recommendations and developing plans for implementation. Our staff continue to recover from what we have termed “initiative fatigue” and we wanted to be thoughtful about new initiatives and changes to implement alongside the day-to-day work of ensuring child and family safety and wellbeing.

Once we identified a direction, we leveraged the services of Casey Family Programs to begin the work of linking business process improvements to outcomes for children and families.

Throughout this process, OCFS has benefitted immensely from the input and insight of numerous stakeholders and groups with both national and Maine-specific expertise in Child Welfare. Key among them were our child welfare staff and stakeholders. Over the last year, PCG has conducted site reviews

and town hall listening sessions. In the Spring, we developed a stakeholder group which allows staff and other key stakeholders to provide feedback, but also to serve as a conduit for information to flow back and forth between the group and others on the frontline. We capitalized on the expertise of national and regional leaders in the field of child welfare, including the Child Welfare League of America, and the New England Association of Child Welfare Commissioners and Directors. We conducted an onsite in-person session with these experts and stakeholders. This session utilized various individual, small group, and large group facilitation techniques to support the team in mapping out each major initiative within child welfare. Once mapped, each initiative was analyzed to consider staff and stakeholder's opinion on importance, target population, outcomes (intended or proven), timeline for implementation, and budget allocation. This process allowed us to prioritize initiatives and align them with our vision for the child welfare system. This mapping process took 80 recommendations and 47 initiatives and focused Child Welfare on 12 key priorities. We benefitted from the knowledge and expertise of the Child Welfare Ombudsman and the Attorney General's Office in this process and I want to thank both for their dedication to working alongside us to complete this work.

Our commitment to involving our staff has remained strong, with staff from across the State being consulted at each juncture to confirm that we were on the right track. Ongoing current efforts include developing an individualized plan for execution of these 12 key priorities. We will continue to leverage the expertise of national experts, stakeholders, and most importantly our staff moving forward.

(See Attached Priority Document)

I would remiss if I did not take this opportunity with you today to touch on the Family First Prevention Services Act. Family First represents a major change in Federal funding to support the prevention of child abuse and neglect. It is the first modernization of funding for the child welfare system in decades. Family First represents a shift towards a public health approach to child welfare that recognizes that children thrive when their family is strong and united. The focus on prevention allows families to safely stay together, supported by evidence-based services.

For children who cannot remain safely with their parents, Family First also includes Federal funding for kinship programs, an emphasis on the least restrictive and most family-like setting that is appropriate to meet the individual needs of each child in care, and new requirements related to children in the State's custody placed in residential treatment facilities.

The hope is through careful and thoughtful implementation of Family First we can reduce the need for children to leave the care of their parents. We are holding a kickoff meeting to begin coordinating a unified Statewide plan for Maine's implementation of Family First. That meeting is being held on Thursday of this week. We have over 120 RSVPs. Family First directs us to develop a plan for implementation with the expectation the changes will be fully implemented no later than 10/1/21. The development of Maine's plan will require the participation of stakeholders from throughout the child welfare and children's behavioral health community to ensure that we transform our system to meet the needs of our children and effectively support Maine families. We are committed to focusing on investing in solutions that will keep more children safe and united with their families.

With the help of our staff, stakeholders, and national and regional experts we have completed a significant amount of work, but it pales in comparison to the continued work towards implementation that lies ahead. My experience in the past 5 months has proven to me that OCFS has all of the key components to ensure success in these endeavors – strong leaders and advocates in Governor Mills and Commissioner Lambrew; insightful and engaged staff and stakeholders who are dedicated to improving the systems and supports available to children and families throughout the State; Legislators who support these efforts;

and colleagues across the region and the nation who are generous with their time and allow us to benefit from their expertise and experience.

I know I have presented you with a lot of information here today. My hope is that I've answered many of the questions that you provided in advance, but I'm sure my presentation has also brought new questions to light. I want to again thank you for the opportunity to be here and for your continued partnership in improving these systems so all Maine children and families can be safe, stable, happy and healthy.

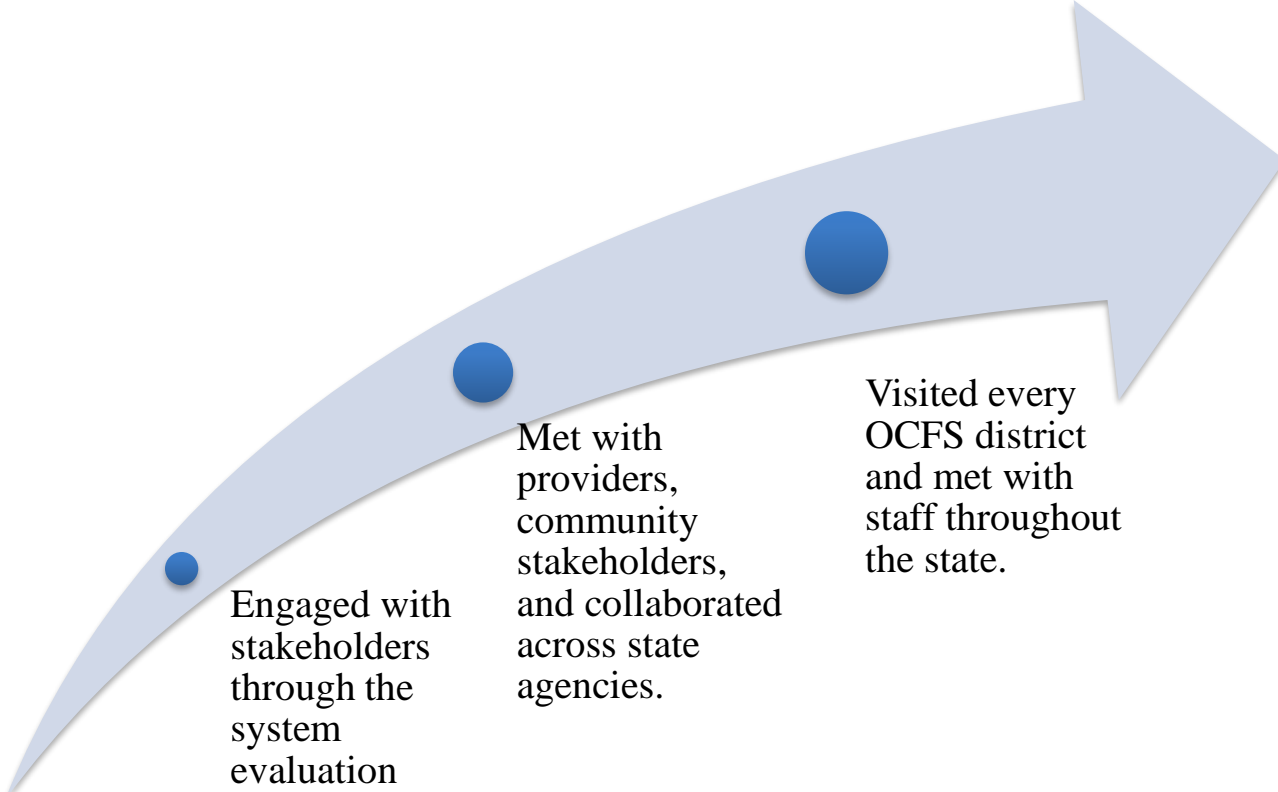
OCFS Update to the Government Oversight Committee

September 23, 2019

Dr. Todd A. Landry, Director
Office of Child and Family Services



OCFS North Star



Engaged with stakeholders through the system evaluation work being completed within OCFS.

Met with providers, community stakeholders, and collaborated across state agencies.

Visited every OCFS district and met with staff throughout the state.

Child Care Subsidy Staff Word Cloud



District Management Team Staff Word Cloud



Supervisory Advisory Team Staff Word Cloud



Caseworker Advisory Team Staff Word Cloud



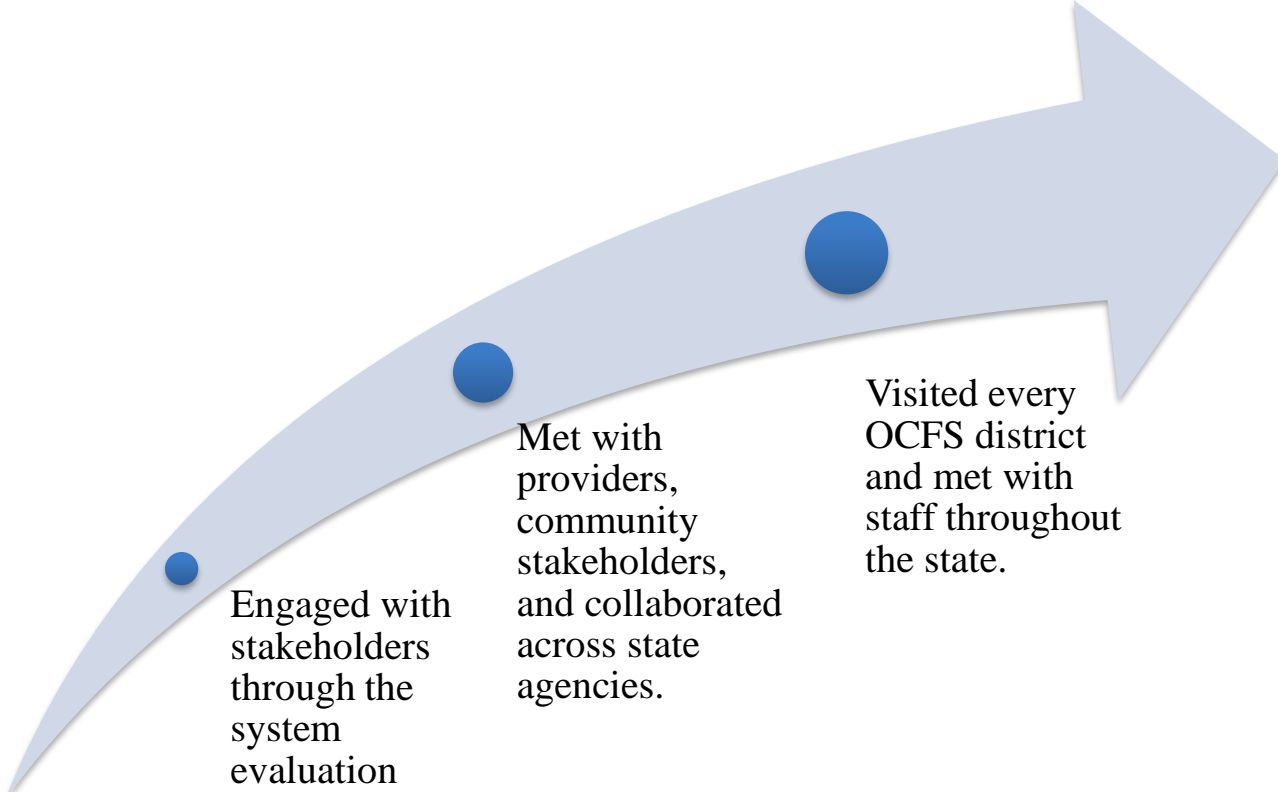
Operations Staff Word Cloud



Maine Child Welfare Advisory Panel Word Cloud



OCFS North Star



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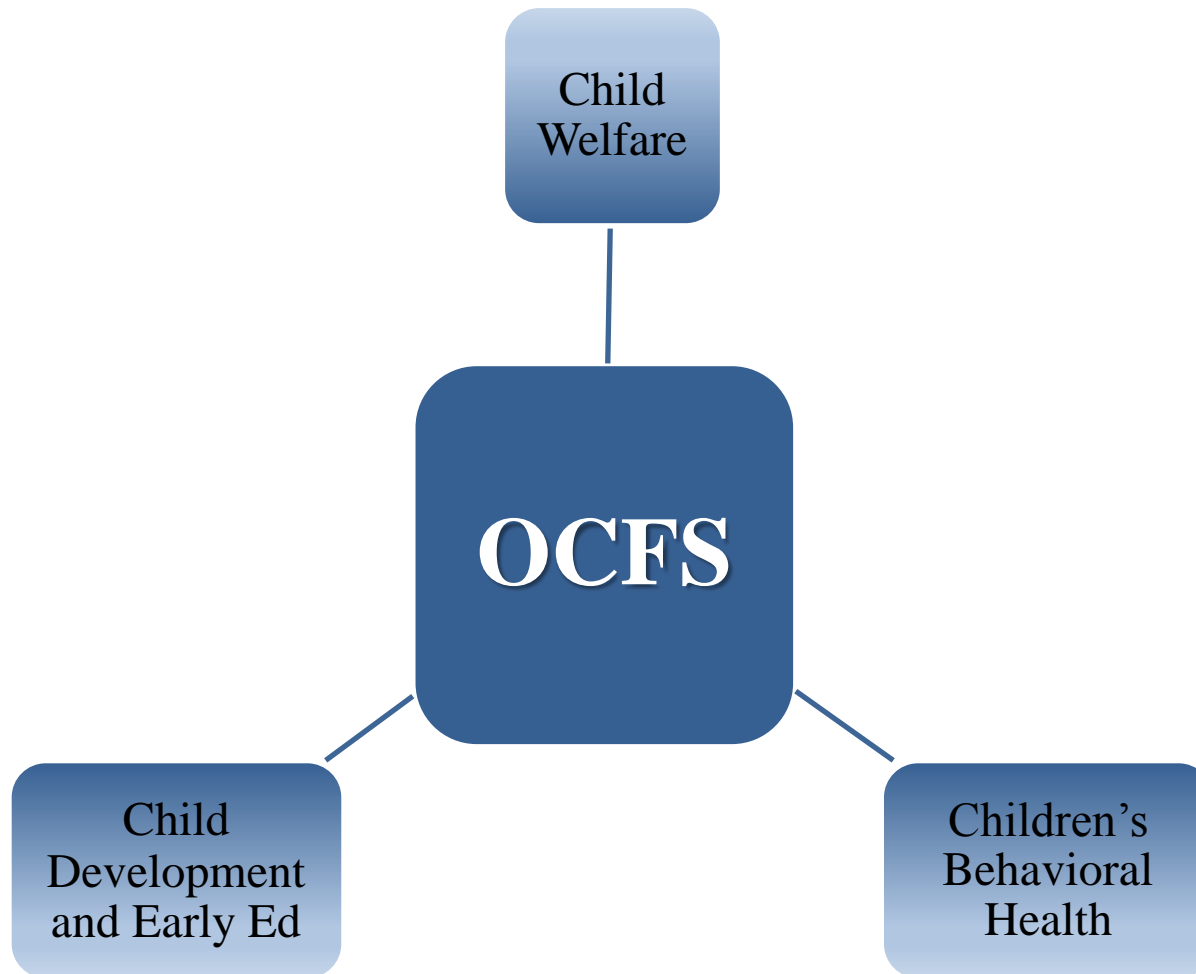
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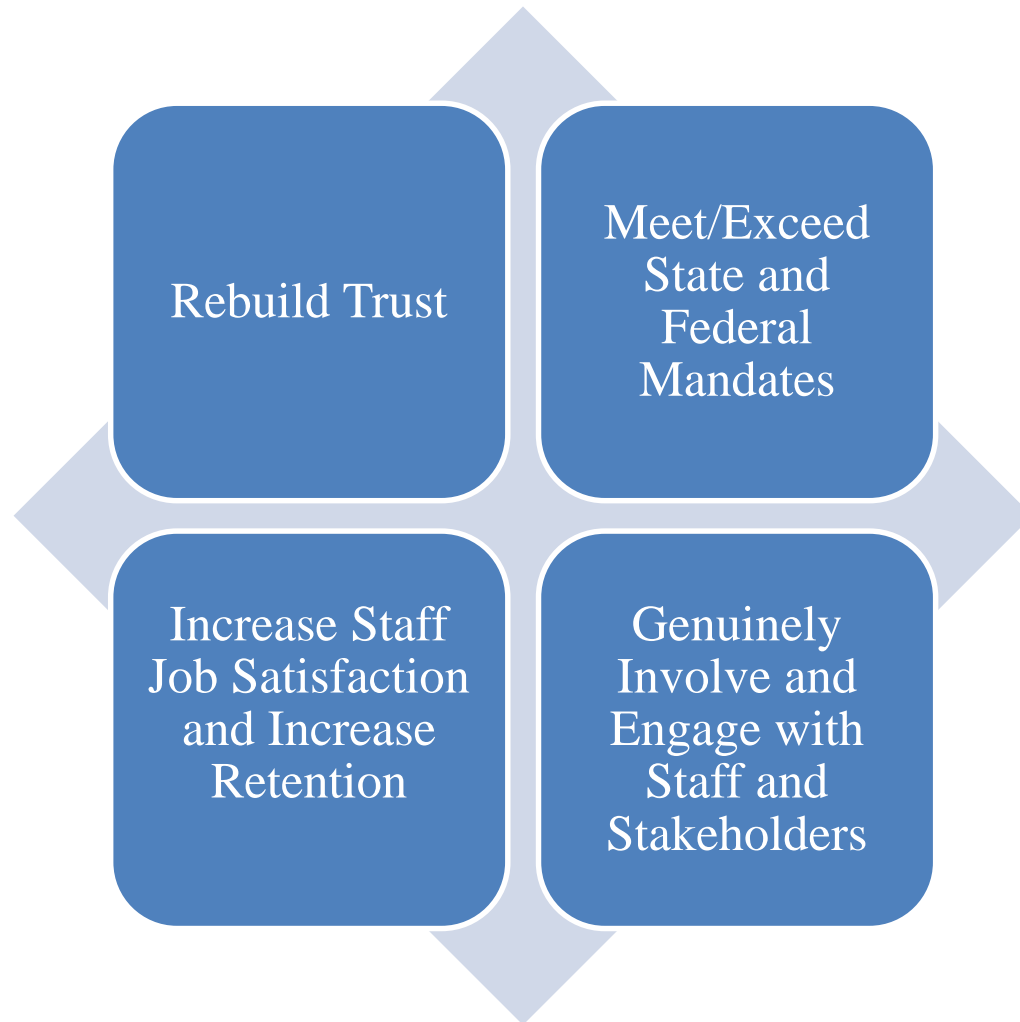
All Maine Children & Families

**SAFE, STABLE,
HAPPY, HEALTHY**

Working Together Versus In Silos



Four Office-Wide Priorities



OCFS' Commitment to Transparency

Desire to ensure transparency throughout the Organization

3-5 outcome measures for each program area

Establishment of a OCFS Data Dashboard

OCFS Dashboard Measures

Child Welfare:

- Federally Required Measures
 - Safety While in State Custody
 - Permanency in 12 Months
 - Success in Permanency
- Children Removed Within One Year of an Assessment Closing With No Findings
- Children in DHHS State Custody

Children's Behavioral Health:

- Number of Children Receiving Evidence-Based Children's Behavioral Health Services
- Access to Children's Behavioral Health Community Based Services
- Number of Children Receiving Residential Treatment Services

Early Childhood Education:

- Children on Subsidy Receiving High Quality Early Childhood Education Services
- QRS Rating Levels
- Children Served through the Child Care Subsidy Program
- Licensed Providers

OCFS Data Dashboard Sample Screenshots

<http://inet.state.me.us/dhhs/ocfs/dashboards/index.shtml>

Child Welfare Dashboard

Live 9/20

Early Childhood Education

[Outcome Measures](#) | [Child Welfare](#) | [Children's Behavioral Health](#) | [Early Childhood Education](#)

[Outcome Measures](#) | [Child Welfare](#) | [Children's Behavioral Health](#) | [Early Childhood Education](#)

[Children in DHHS Custody](#) |
 [Safety in Foster Care](#) |
 [Permanency in 12 Months](#) |
 [Success in Permanency](#) |
 [Removal after Closed Assessment](#)

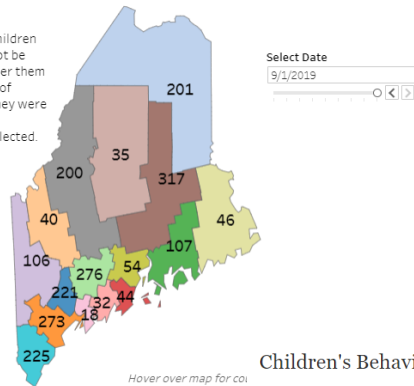
[High Quality Care](#) |
 [QRS Rating Levels](#) |
 [Children Served](#) |
 [Licensed Providers](#)

Children in DHHS State Custody

The goal of the child welfare system is to keep children safe from abuse and neglect. When a child cannot be kept safely in their own home, the court may order them into State custody. This map shows the number of children in State custody based on the county they were removed from.

Data is as of a point in time based on the date selected.

Total Number of Children in State Custody
2,195



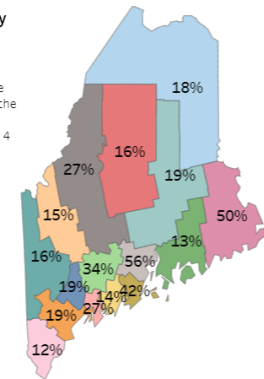
Children on Subsidy Receiving High Quality Early Childhood Education Services

The goal of the Child Care Subsidy Program is to support families in accessing high quality early childhood education services. This report shows the percentage of children receiving a subsidy through the Child Care Subsidy Program whose early childhood education provider has a quality rating score of 3 or 4 of all children receiving subsidy.

Point in Time Data as of: 8/1/19

State

22%



Children's Behavioral Health

[Outcome Measures](#) | [Child Welfare](#) | [Children's Behavioral Health](#) | [Early Childhood Education](#)

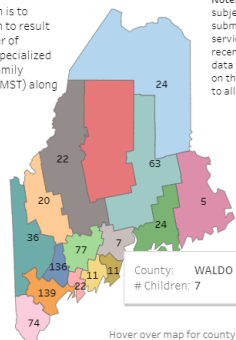
[Number of Children Receiving Evidence-Based Services](#) |
 [Number of Children on Waitlist and Avg Days](#) |
 [Residential Treatment Services](#)

Number of Children That Received Evidence-Based Children's Behavioral Health Services

The goal of the Children's Behavioral Health system is to provide high quality services that have been proven to result in positive outcomes. This report tracks the number of children that received evidence-based services of Specialized Rehabilitative and Community Support Services, Family Functional Therapy (FFT), Multi Systemic Therapy (MST) along with MST - Problem Sexual Behavior.

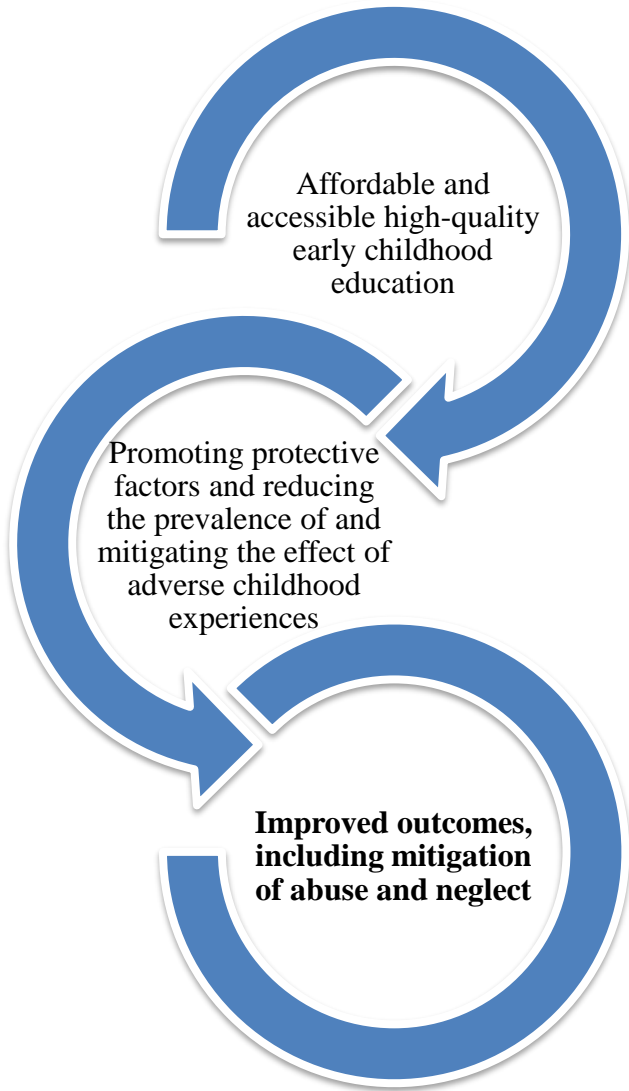
State Total

All Services 671



Note: Data based on MaineCare claims and is subject to change. MaineCare billing can be submitted up to 12 months from date of service. For example, choosing the most recent month will likely contain incomplete data for the counties and state total. Based on this, data displayed has a two month delay to allow for more claims to be submitted.

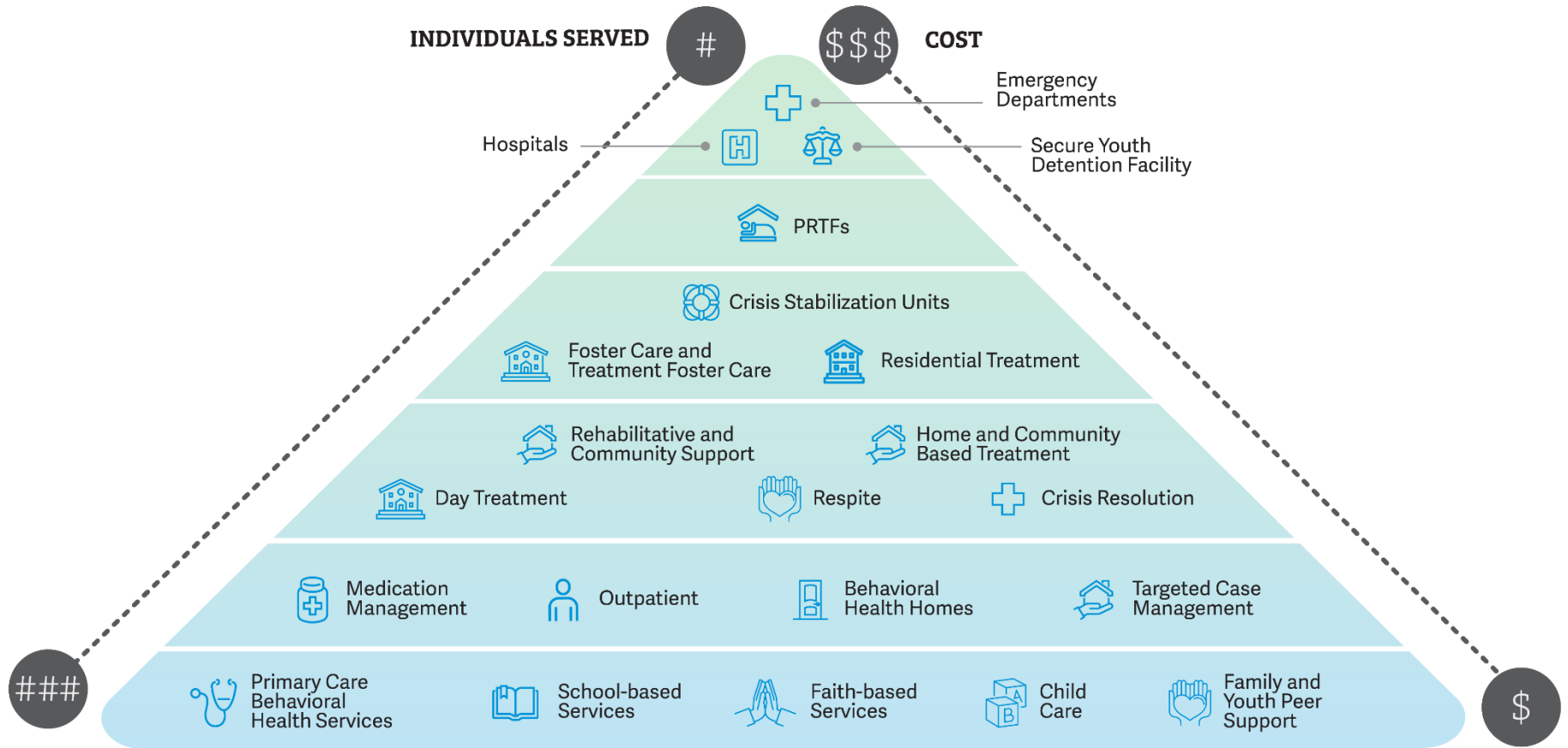
Early Childhood Education



Current Efforts

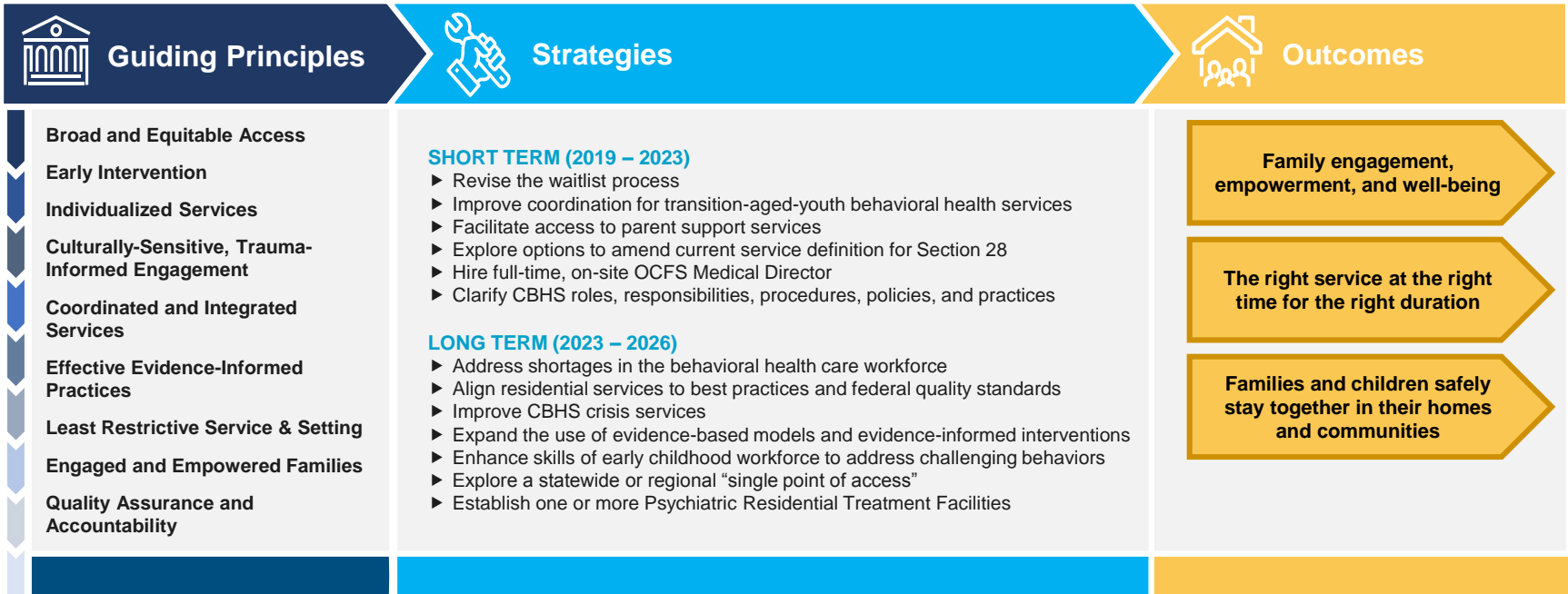
- Administer Federal grant funding to support early childhood education and allow parents to work or attend school or training. **We currently support over 3,000 families and nearly 5,000 children with this funding. There is currently no waiting list for these services.**
- **Currently focused on bringing subsidy program and child care licensing into federal compliance.**
- Increased reimbursement rates.
- Encouraging high-quality care by providing high reimbursement to providers that obtain quality ratings.
- Streamlining eligibility.
- Support the Maine Roads to Quality Professional Development Network to assist early childhood education staff with their professional growth and development.
- **Partnering with those involved with the Children's Cabinet to develop a comprehensive and accessible early childhood education system.**
- Collaborating on innovative solutions to improve the quality of child care available and provide effective and accessible professional growth and development opportunities to early childhood education staff.

Children's Behavioral Health Service Array



Children's Behavioral Health Services Visioning

All Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school and community.



Updated August 2019
 Next update: July 2020

Children and Families Served

Children in
State Custody

As of 9/1/19

2,196

Children
Achieving
Permanency

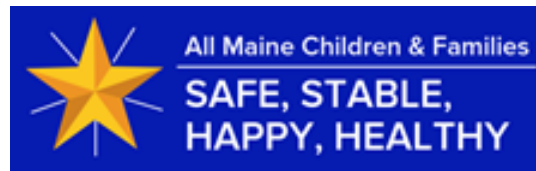
*4/1/19-6/30/19 (3rd
Quarter FFY)*

206

Family Foster
Homes

As of 9/1/19

1,517



Children
Authorized -
Behavioral
Health
Services

As of 9/1/19

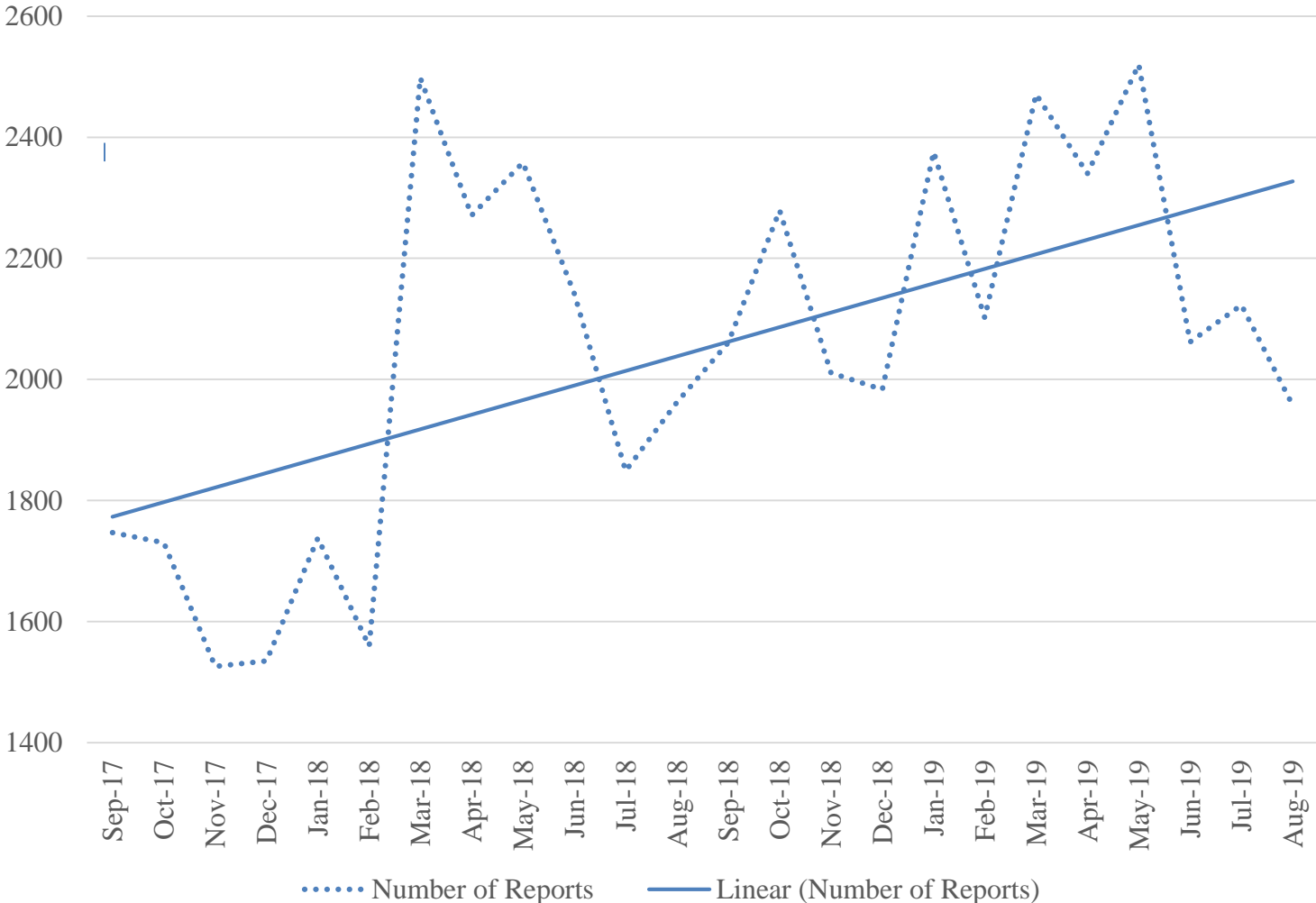
18,305

Children
Receiving
Childcare
Subsidy

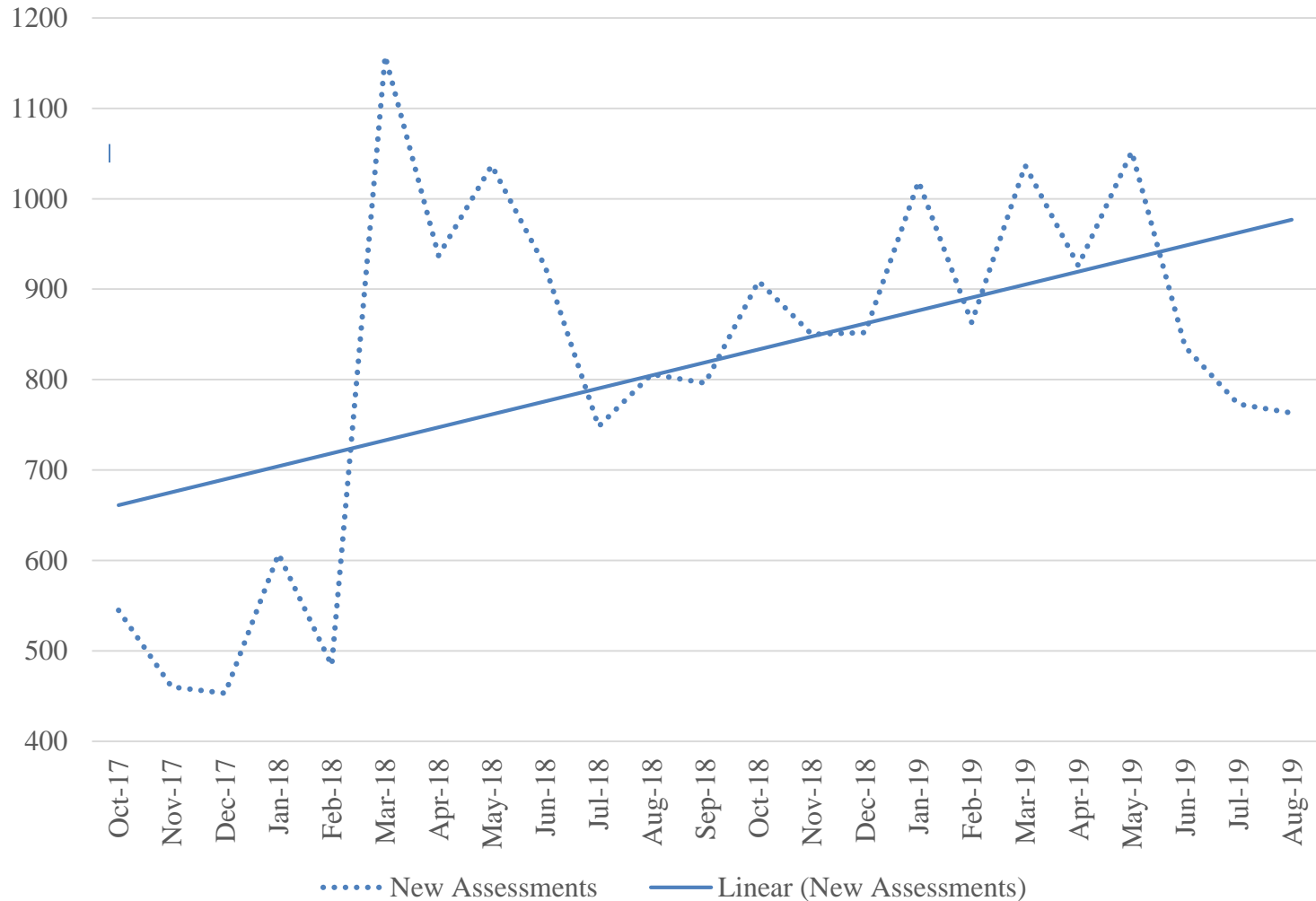
As of 9/6/19

5,013

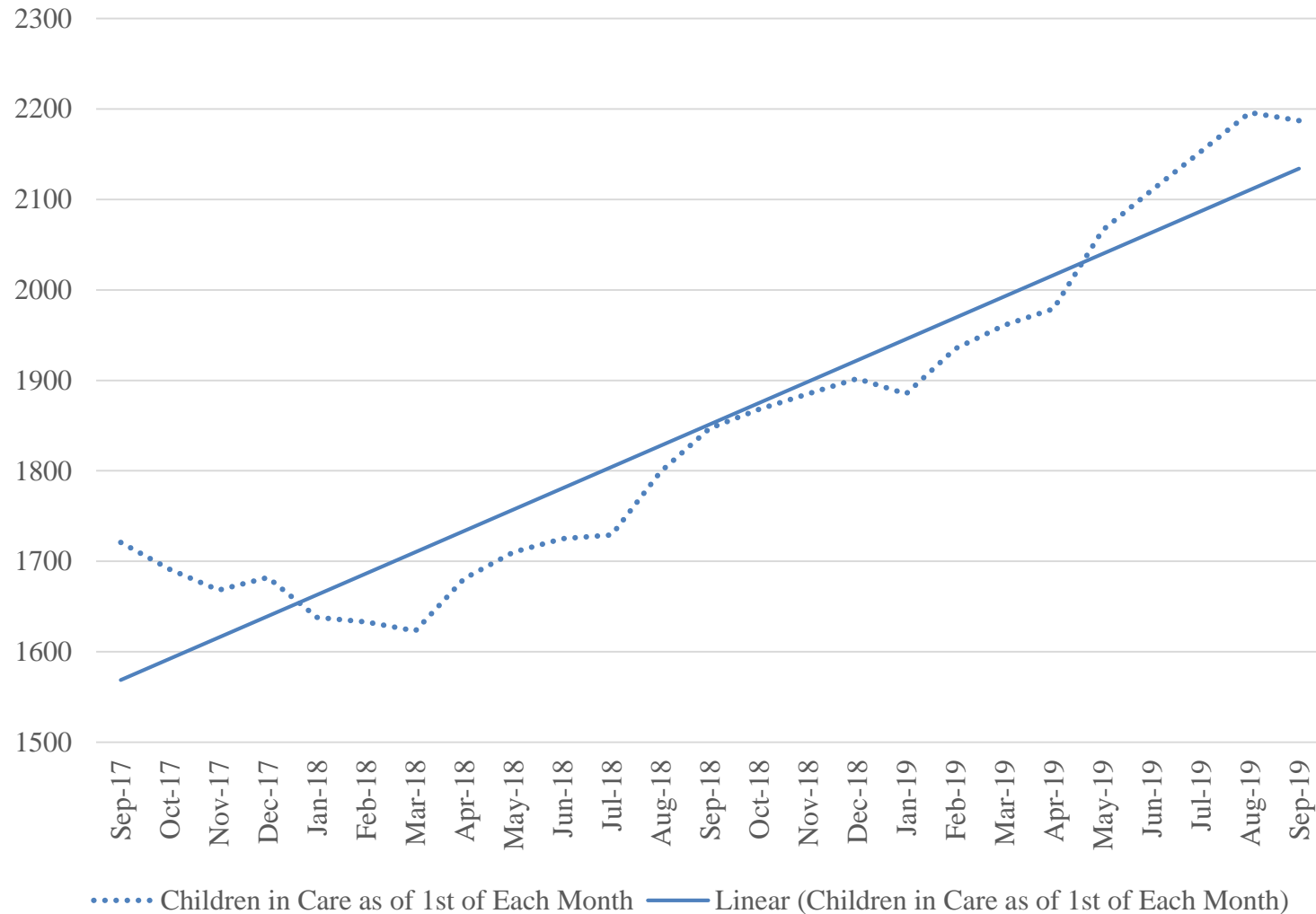
Calls to Intake



New Assessments

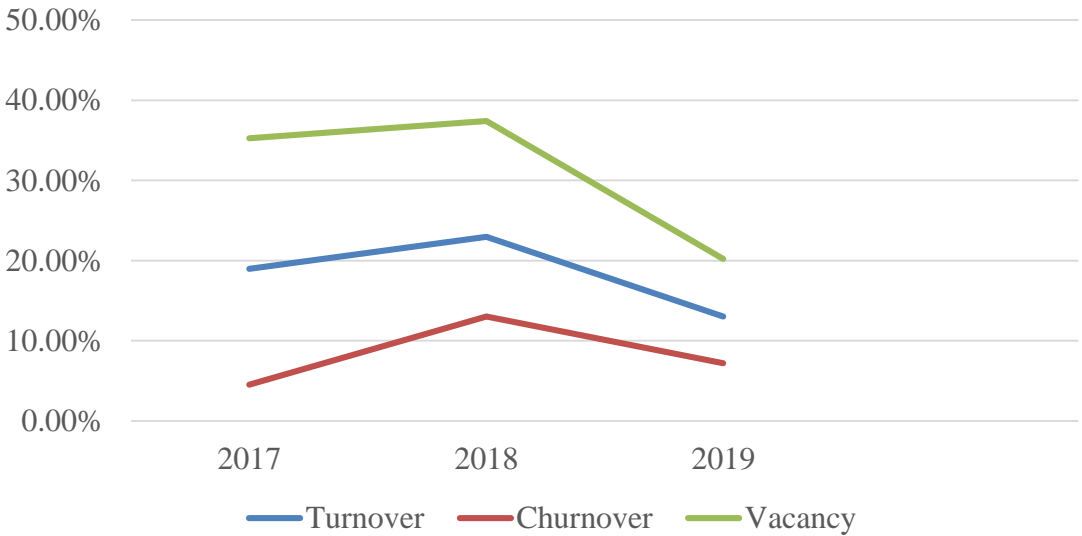


Children In Care



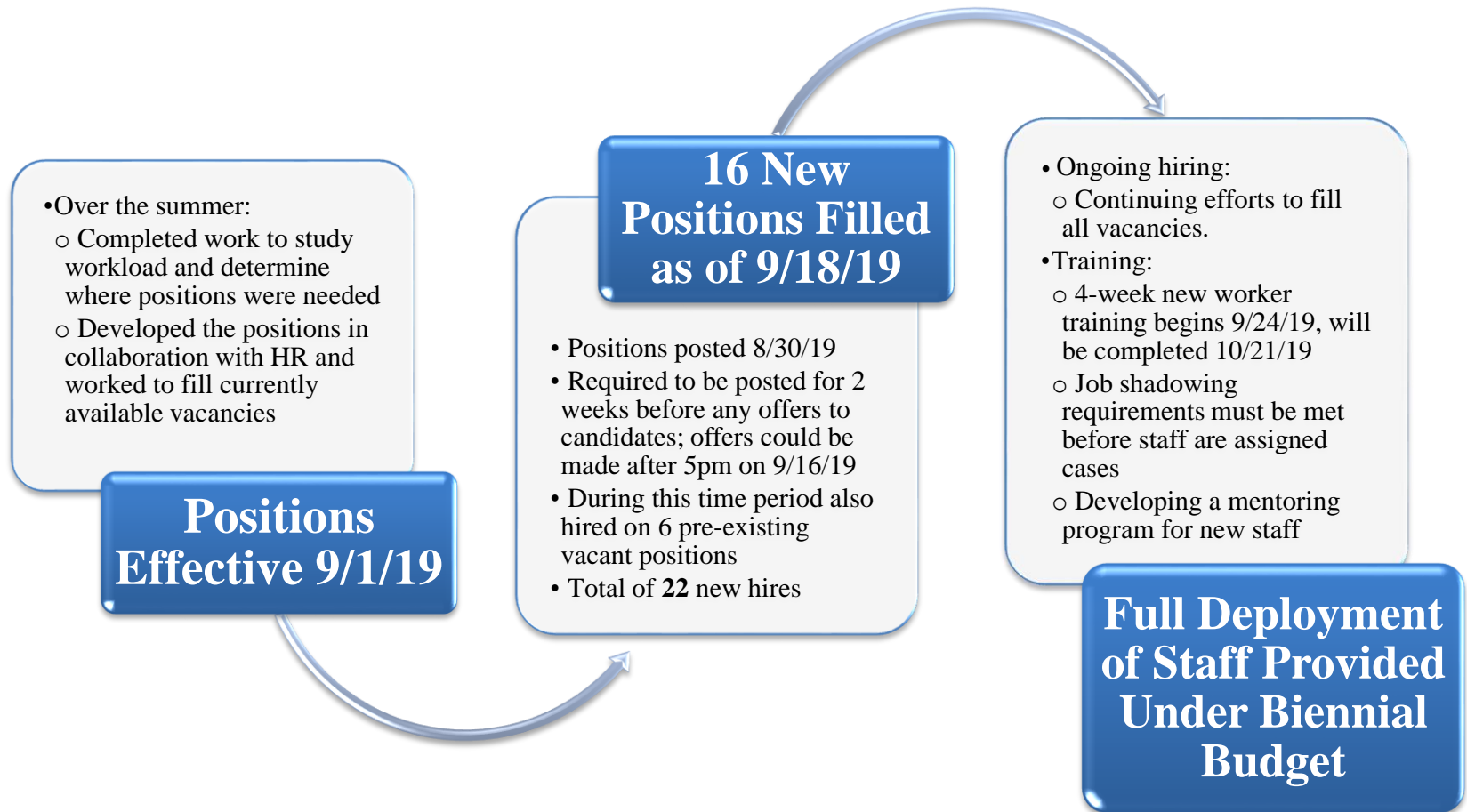
Staffing Trends

	2017	2018	2019 (YTD)
Turnover	18.98%	22.95%	13.02%
Churnover	4.53%	13.03%	7.20%
Vacancy	35.27%	37.4%	20.22%



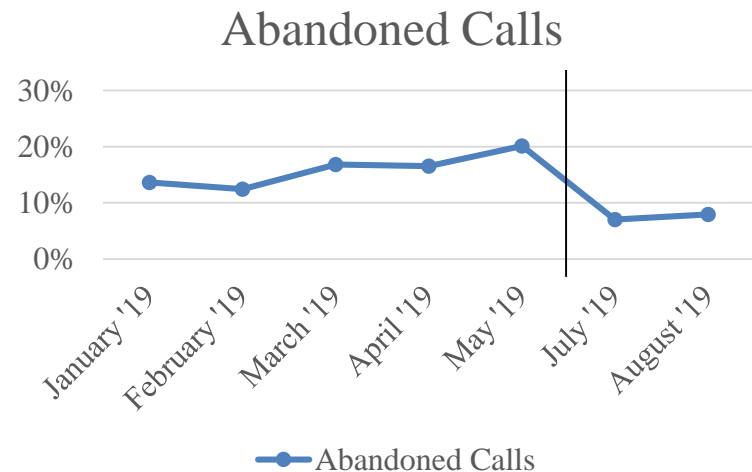
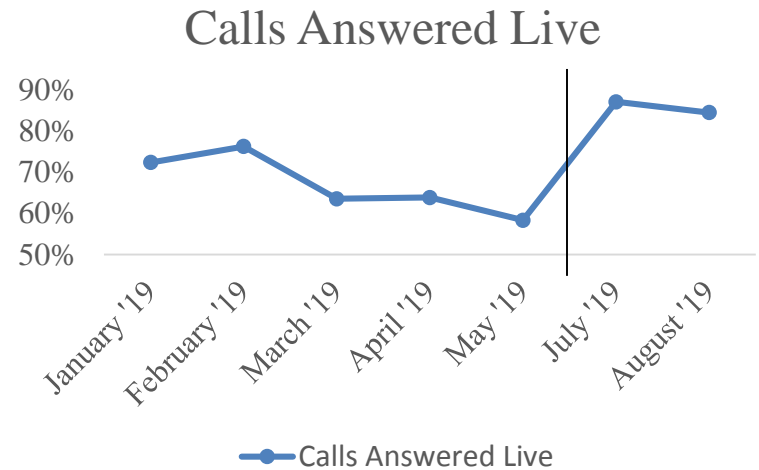
Staff and Hiring

62 new positions in the biennial budget, including 33 new caseworker positions
a vitally important down payment towards child and family safety and wellbeing



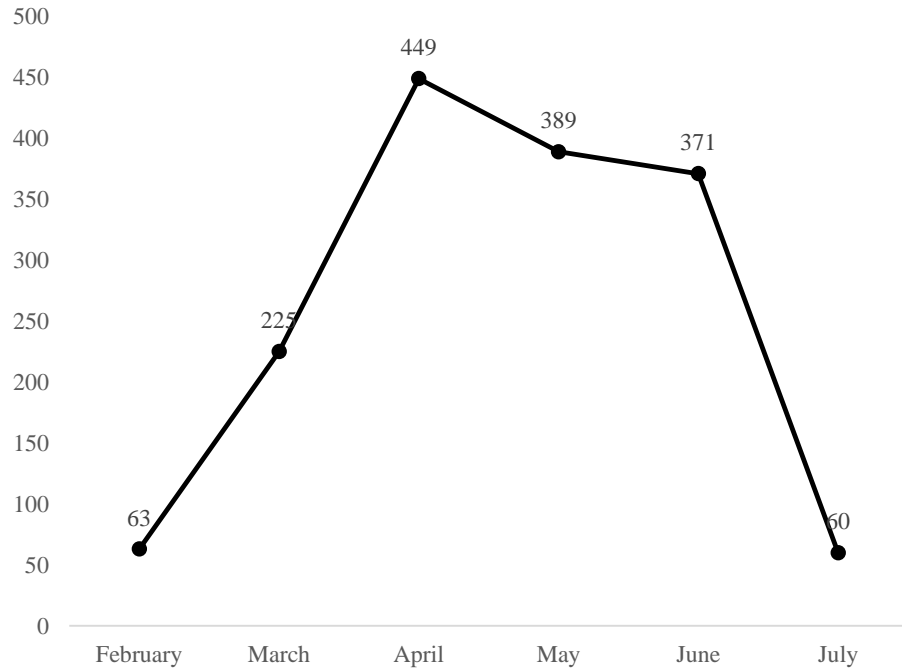
Intake Update

Month	Calls Answered Live	Calls Abandoned
January 2019	72.3%	13.6%
February 2019	76.2%	12.4%
March 2019	63.5%	16.8%
April 2019	63.8%	16.5%
May 2019	58.3%	20.1%
June 2019	Transition	Transition
July 2019	87.0%	7.0%
August 2019	84.4%	7.9%

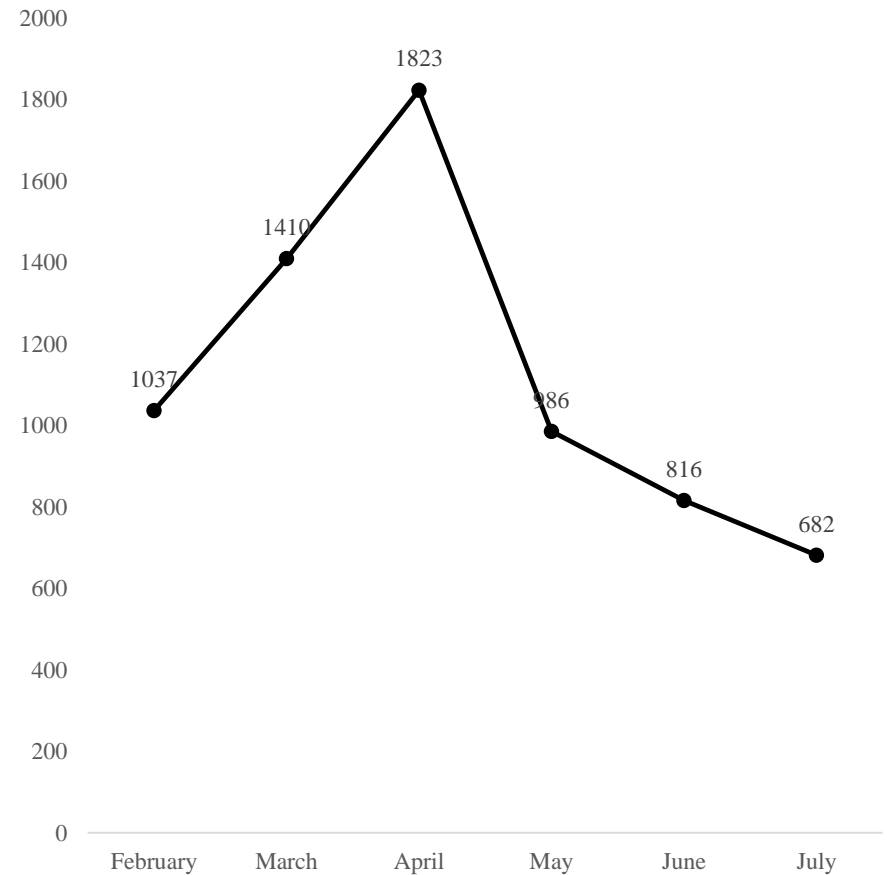


Hotel and Emergency Department Coverage Update

OCFS Staff Hours in Hotels



OCFS Staff Hours in ED



Legislative Updates – 128th

LD 1920

Expungement

Fully Implemented:

Unsubstantiated assessments (that qualify for expungement per statute) completed after 9/7/18 are expunged at 5 years instead of 18 months.

LD 1921

Background Checks

Fully Implemented:

Background Check Unit created in partnership with OAG and DPS. BCU has access to confidential Maine criminal history information and interstate criminal records.

The Biennial budget created additional staff positions for this unit which we expect to hire soon. Will allow for statewide implementation of the BCU's services.

LD 1922

Reunification

This bill was an apparent attempt to better clarify that the Department has to prioritize both rehabilitation and reunification and the child's need for a permanent home in a time that is reasonable from the child's perspective.

LD 1923

Child Welfare Improvements

Fully Implemented/In Process:

- Increased reimbursement for foster homes.
- Awarded RFP for MACWIS replacement.
- Reported to HHS committee on implementation in January '19.
- TFCBT rate study in process by MaineCare
- Stipends implemented.
- New positions created and filled.
- Visitation pilot program developed and implemented.
- Clinical consultation program developed and implemented.

Legislative Updates – 129th (First)

LD 821 – Case Load Standards

- Finalizing Report
- Will be delivered to HHS 10/1/19 and will be shared with GOC members and OPEGA
- Next report due January of '20
- Ongoing refinements

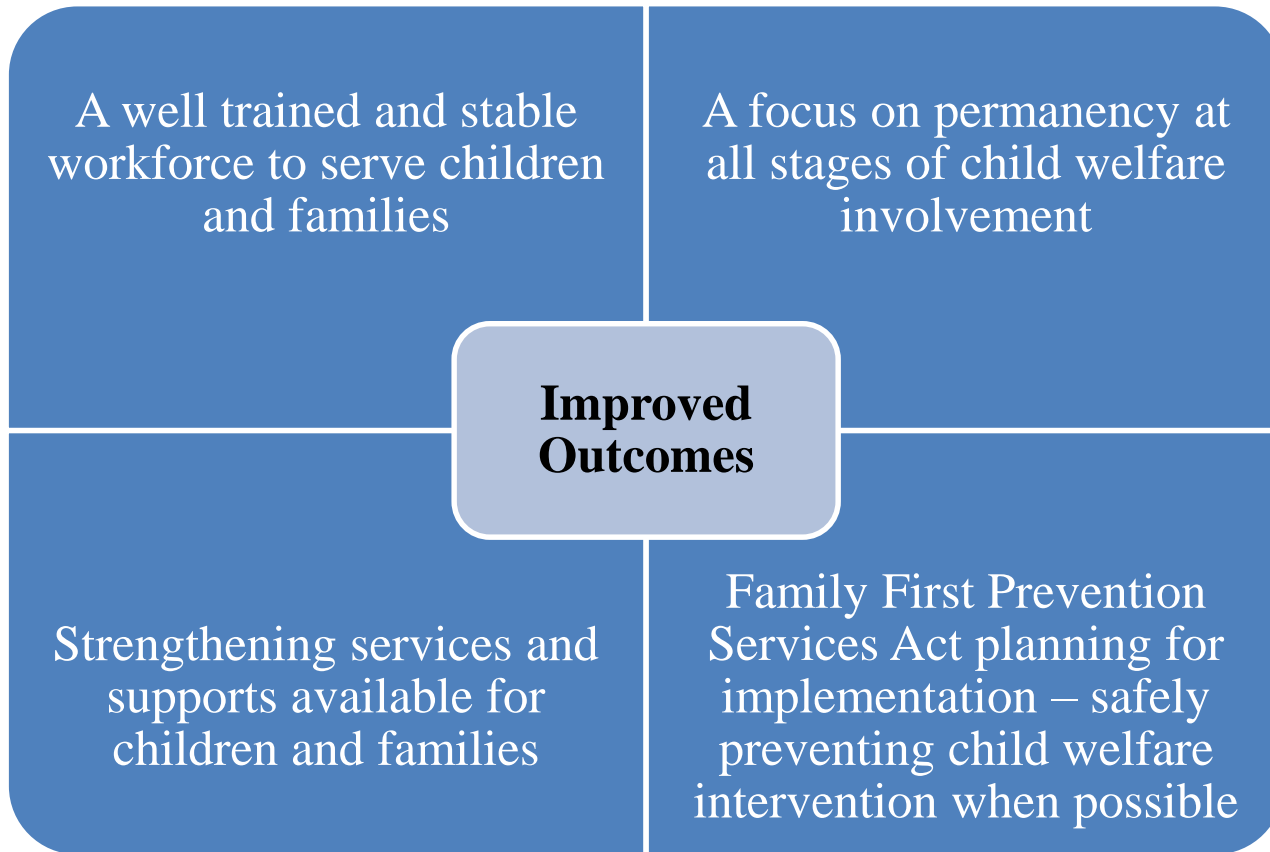
LD 1526 – Availability of Foster Homes

- Effective 9/19
- Revision to the rules in process
- Developed tools and training to assist staff
- Staff trained 9/24/19

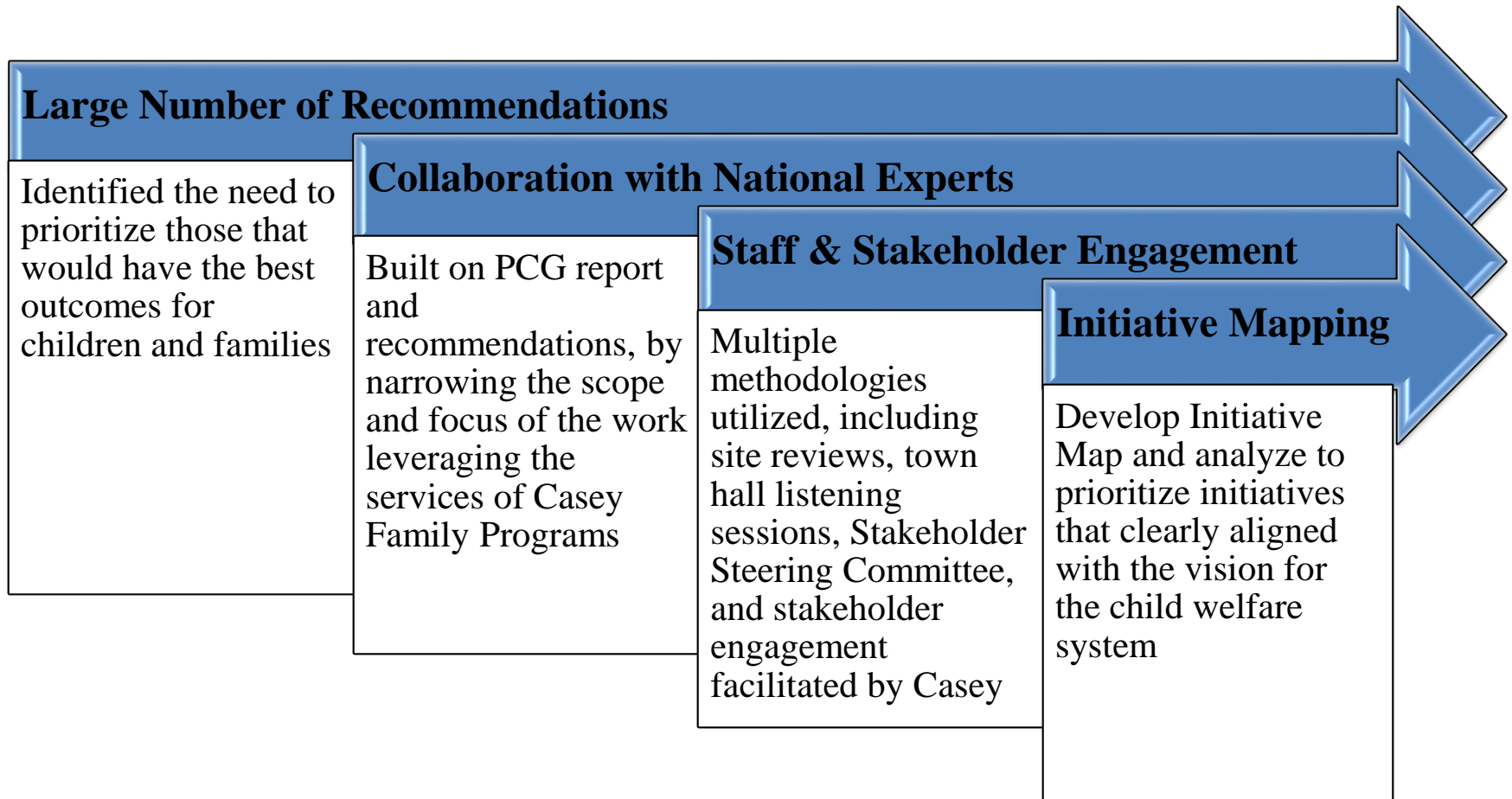
LD 1792 – Family First Compliance

- Fingerprinting
- Collaborating with providers on this provision and implementation
- Family First Kick-Off Event 9/26/19 in Waterville

Best Outcomes for Children and Families



Development of Child Welfare Initiatives - Prioritization






Child Welfare Visioning

Mission

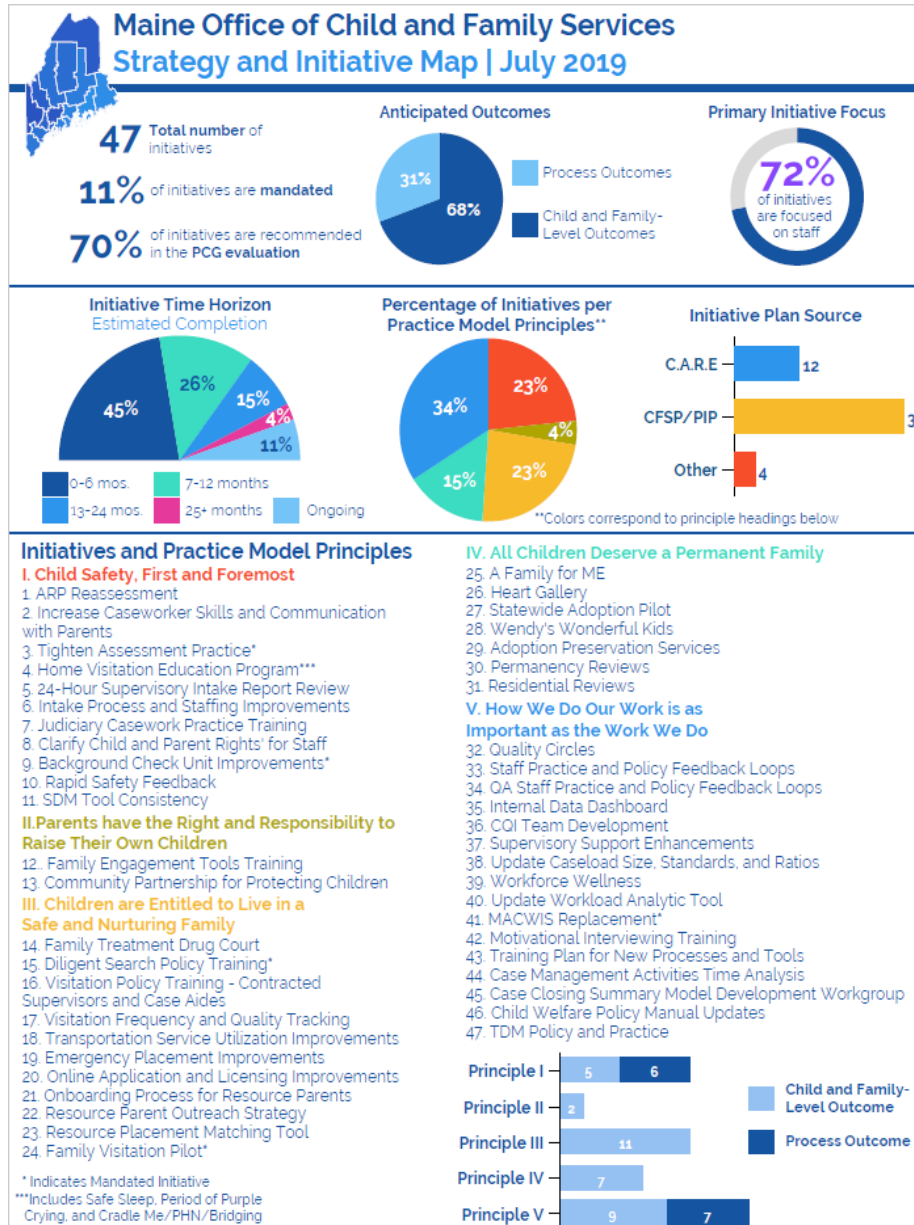
Child and Family Services joins with families and the community to promote long-term safety, well-being and permanent families for children.

Strategic Framework

In order to achieve their mission, Child and Family Services uses guiding principles as a foundation to employ strategies that lead to improved outcomes for children and families. The strategies listed below were prioritized by executive leadership and regional staff.

 Guiding Principles	 Strategies	 Outcomes
<ol style="list-style-type: none"> 1 Child Safety, First and Foremost 2 Parents have the Right and Responsibility to Raise their Own Children 3 Children Are Entitled to Live in a Safe and Nurturing Family 4 All Children Deserve a Permanent Family 5 How We Do Our Work is as Important as the Work We Do 	<ul style="list-style-type: none"> Safety > Address Intake processes and improve staffing > Re-assess the Alternative Response Program > Enhance Assessment Processes Permanency > Develop a Permanency Review Process > Monitor the Family Visit Coaching pilot to develop best practices > Improve SDM tool consistency Well-being > Develop family engagement tools and training > Improve resource parent outreach and support Staff Training and Support > Develop policy and training plan for new processes and tools > Establish workforce wellness teams and education > Update caseload size, standards, and ratios > Procure MACWIS replacement <p style="text-align: right;">> Indicates effort underway</p>	<p>Safety for children through timely response and thoroughly assessing and addressing safety and risk issues</p> <p>Improved timeliness to permanency</p> <p>Enhanced well-being of children through identification of individual needs and engagement with formal and informal supports</p> <p>Strengthened child welfare practice through improved engagement with families and children</p>

Child Welfare Priorities




Federal Family First Prevention Services Act


An unprecedented opportunity to improve the lives of children and families in Maine and across the nation.



Federal dollars available to address the underlying factors that lead children to be placed in foster care by providing prevention services that help children remain safely at home.

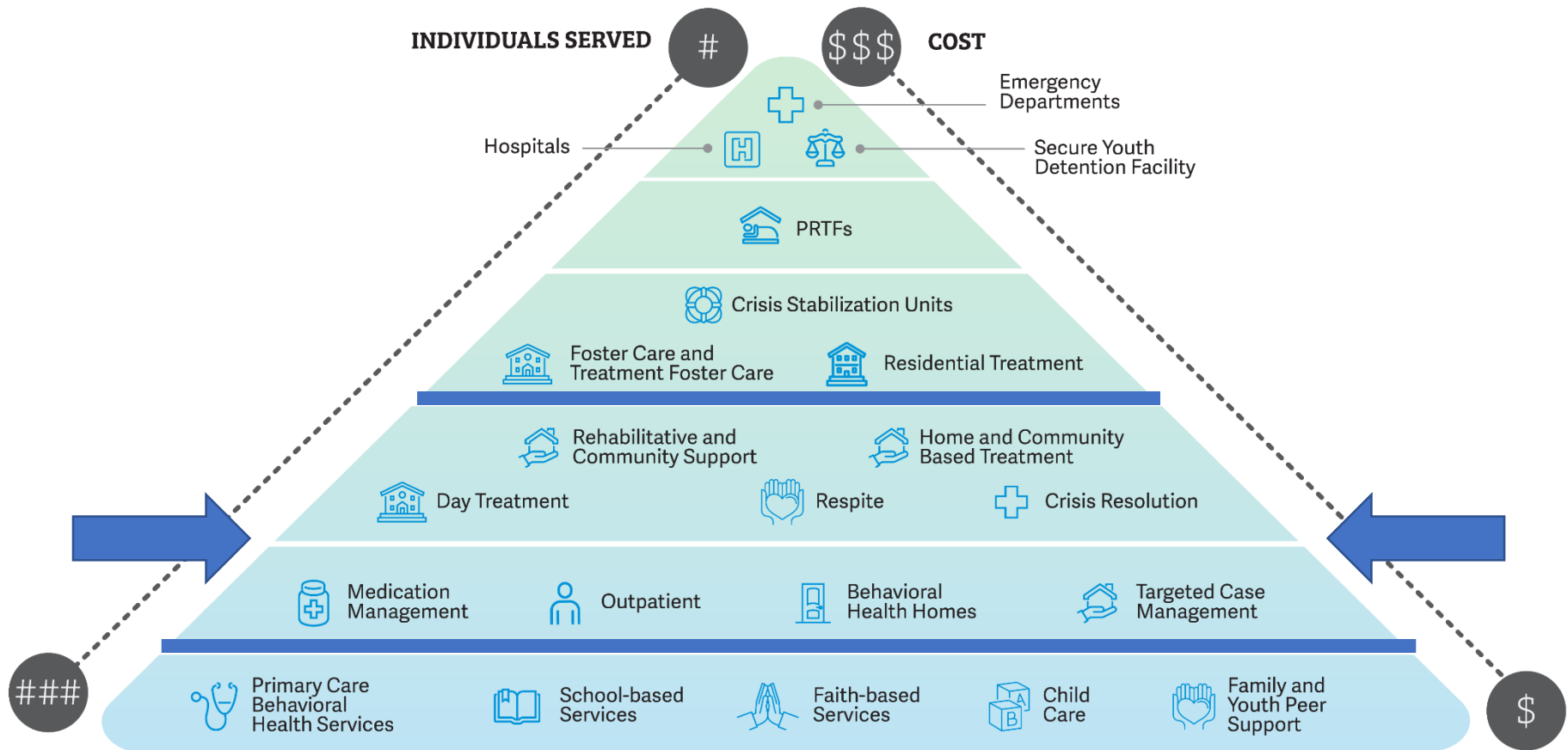


Prevention services funded must be evidence-based and include mental health services, substance use disorder treatment, and in-home parenting support.



Also includes components meant to improve the lives of children who cannot remain safely with their parents.

Family First and the CBH Service Array



Next Steps

Continued Commitment to Transparency

Hiring and Training New Staff and Focusing on Supporting and Retaining Staff

Implementing Initiatives as Prioritized in Child Welfare and CBHS

Ensuring Adequate Support for System of Care

Family First Planning and Implementation

Increase Availability of Evidence-Based Services Across the System of Care

Increase the Availability and Accessibility of High-Quality Early Childhood Education

Questions?

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Todd.A.Landry@Maine.gov

