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**Testimony of
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Before the Joint Standing Judiciary and Health and Human Services Committees

Hearing Date: February 5, 2020

Good Afternoon Senator Carpenter, Representative Bailey, Senator Gratwick, Representative Hymanson, and esteemed members of the Judiciary and Health and Human Services Committees,

Thank you for the invitation to join you today. I'm looking forward to sharing with you some information about the current work underway within the Office of Child and Family Services, as well as accomplishments in 2019, and our plans for additional improvements in the systems the Office oversees.

As many of you probably know, I have been the Director of the Office and Child and Family Services since May of 2019. One of my major focuses throughout the Office in the last nine months has been rebuilding trust and relationships throughout the child welfare, children's behavioral health, and early childhood education program areas. OCFS benefits from the engagement of a dedicated group of staff and stakeholders whose commitment to the children of Maine is unparalleled. I would be remiss if I did not take a moment to recognize members of our staff, the provider community, and other stakeholders who have devoted their time and considerable knowledge and experience to developing, evaluating, and implementing initiatives for systemic improvement.

OCFS' North Star

Soon after I arrived in Maine the team at OCFS collaborated on the development of a "North Star" for OCFS. We used feedback from staff and stakeholders on the goals for our system with regard to the children and families in Maine. The culmination of this work was the development of the North Star graphic you see on the screen. It is a visual reminder for our staff, stakeholders, clients, and Maine's citizens of what we are hoping to ensure for all families throughout the state. We have found that this graphic provides a consistent reminder of the meaning behind our work. We purposely focused on developing a North Star that aimed to transcend time, politics, and the organizational divisions within OCFS. A special thanks to the John T. Gorman Foundation for their assistance in developing the graphic.

Within OCFS we oversee three primary program areas: Child Welfare, Children's Behavioral Health, and Early Childhood Education/Child Care. To give you some perspective on the number of Mainers whose lives our work touches each day I wanted to provide you with a snapshot of some of the key datapoints within our office. As of the first of January, there were 2,224 children in state custody. As of 12/31/19 we have 1,547 family foster homes. 4,797 children across the state are receiving childcare subsidy and as of 1/3/20. 18,863 children throughout the state are authorized to receive at least one Children's Behavioral Health Service. In the last quarter of 2019, 219 children achieved permanency statewide.

Trust through Transparency

I mentioned rebuilding trust a moment ago. I believe one of the best ways to increase trust is through transparency. 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 in September, 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 and refinements will continue to be made, 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.

I wanted to highlight a few of these metrics for you. First, in our child care subsidy program, the number of children receiving subsidy who are receiving “high quality” care (with high quality defined as a provider at a quality rating step 3 or 4). Currently, statewide 20% of the children receiving subsidy are doing so with a high-quality provider. That number is below where we would like it to be and one of our primary strategies to improve early childhood education will be to increase the number of providers who work towards and achieve quality ratings in step 3 or step 4. I do want to highlight Washington County where 47% of children on subsidy are doing so in a high-quality setting. This is a real bright spot in our data and over the last few months we’ve devoted energy to meeting with providers from Washington County to understand what is working well and how we might implement some of those principles on a larger (statewide) basis.

The next datapoint I wanted to highlight is the number of children receiving evidence-based behavioral health services throughout the state. The most recent data available indicates that number sits at 698. That’s a number we must increase. In the coming slides I’ll elaborate on the work underway in Children’s Behavioral Health and within the context of the Federal Family First Prevention Services Act in order to increase the availability of evidence-based services throughout the state. We are putting particular emphasis on ensuring that the services we are championing and supporting throughout the state are those with solid evidence that supports their effectiveness in improving the lives of children and families.

Last, I wanted to point out an area within child welfare where we are doing well. The federal government requires us to measure the safety of children who are in state custody. This is done by looking at the number of instances of abuse and/or neglect that occur while a child is in care versus the total number of days that all children spent in state custody. The ratio is per 100,000 days spent in State custody. The national standard is 8.5 or less. Statewide we currently sit at 6.56, well below the national standard. This speaks to the dedication and commitment of our foster parents throughout the state, as well as the hard work of our licensing staff who ensure that placements for children, whether they be relative placements or unrelated foster homes, are safe and appropriate for children in care.

Early Childhood Education

I’d like to first share developments in early childhood education and children’s behavioral health. We know that strengthening these systems can help improve the health and safety of our children and families.

Over the last few months we have been involved in work across State government and the larger community to develop strategies to improve both the accessibility and affordability of high-quality early

childhood education, which is considered one of the most effective protective factors in preventing child abuse and neglect and strengthening families. Earlier this year, the Governor reconvened the Children's Cabinet and early childhood education and development is one of the two priorities (along with supporting at-risk youth). The Children's Cabinet is particularly focused on three priorities with regard to child care: access, quality, and workforce. We have heard time and again about the difficulty that parents face in securing child care. In many areas of the state there are waiting lists, particularly for high quality providers. We are currently in the process of evaluating and revising our licensing rules for providers in order to bring licensing into federal compliance, but also to look at ways in which we can remove unnecessary administrative hurdles for providers while still ensuring quality and safety. We are also taking a look at our Quality Rating and Improvement System (QRIS), sometimes known as Maine Roads to Quality, to examine how we can get more providers to engage in the program which provides identifiable standards of quality for parents and an encouragement for providers to devote time and resources towards quality improvements. Along with this we are supporting the Maine Roads to Quality Professional Development Network to assist early childhood education staff with their professional growth and development. In addition, we are collaborating on innovative solutions to improve the quality of child care by providing effective and accessible professional growth and development opportunities to early childhood education staff.

In conjunction with the priorities of the Children's Cabinet we have been working on the implementation of LD 997. LD 997 was passed in the last session and 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 providers 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 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.

In my first few months with OCFS, I 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. One area of concern was the Child Care Development Block Grant (CCDBG).

OCFS recently promulgated an overhaul of the Child Care Subsidy Program's rules. This revision partially brings Maine into compliance with federal law and regulations related to the Child Care Development Block Grant (CCDBG) which provides the funding to support our state's subsidy program. This will allow us to avoid future financial penalties for non-compliance. We were also able to include into these rules some new and innovative concepts. For example, we are now one of the first in the country implementing statewide a demand-based incentive for families to choose high quality settings for their children. The second necessary step to bring Maine into compliance with federal rules involves changes to the Child Care Licensing Rules and we are in the drafting process of new rules currently.

Children's Behavioral Health

As I mentioned earlier, Children's Behavioral Health is a significant part of the work of OCFS. Improving availability and effectiveness of services across the system of care is likely to improve outcomes for Maine's children and families in many ways, including at home, in school, and in the community. You will 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 array 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 developed 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 next graphic represents the visual representation of the results of a visioning process we undertook over the last year within Children's Behavioral Health. We've worked with stakeholders and staff to create guiding principles. These are based on the Federal 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.

I also want to highlight one particular area of interest, which is the number of children currently receiving treatment at out-of-state providers. There are currently 69 Maine children receiving treatment outside of Maine, 56 of those children are placed in programs within New England. Of the 69 children receiving treatment outside of Maine, 18 are children in the care and custody of the Department. Children's Behavioral Health staff have been working on meeting with parents and guardians to develop individualized plans to return children to Maine as soon as it is safe and appropriate within the context of their treatment.

The Children's Behavioral Health staff is also working with families that have a child placed in an out-of-home placement more than 50 miles away from their homes to provide financial reimbursement so that families can remain connected and be involved with their child's treatment.

Child Welfare

On the screen and in your handouts, you will find a document that outlines the case flow and legal process for child protective services. We recognize that child protective services can be an incredibly complex system for someone who doesn't work within it. There are numerous decision points and possible outcomes throughout our involvement with any given family. This Committee benefits greatly from several members who are attorneys and who have experience with child protective services, but for those of you who are less familiar we hope this will be a helpful guide as we discuss child welfare data and efforts towards improvement.

Before I dive into the work currently underway in child welfare, I wanted to give you some data to provide context regarding where our system is currently. This first chart represents the number of calls to our Intake unit each month since November of 2017. To put this into numeric terms for you we received 1,526 reports to our Intake unit in November of 2017, two years later, in December 2019, we received 2,044 reports. The next chart represents the number of new assessments assigned to our staff each month. In December of 2017 that number was 453, in December of 2019 it was 856. Finally, the number of children in state custody has been increasing rather steadily over the past two years. On January 1st, 2018 there were 1,638 children in care. On January 1st of this year that number was 2,224. That's a 35% increase in two years. Across the country, other states have experienced a similar increase in the number of reports when public awareness of child welfare has increased, therefore Maine's increase in the number of reports, and ultimately the number of children in care, is not atypical.

I did want to highlight our more recent data over the last six months. You can see that the number of children in care seems to have leveled off somewhat since early summer. We are hopeful that, with increased staffing and practice changes, we are close to turning a corner where the number of children exiting our system to safe and appropriate permanency is equal to or exceeds the number of new entries into care.

Child Welfare – Policy and Training

Within OCFS there is currently a focus on the best way in which to train our staff. This includes both new hires and experienced caseworkers and supervisors. We recognize that the need for high-quality training is substantial and that our resources within the Office to develop and deliver these trainings are relatively limited. As a result, we have entered into a Cooperative Agreement with the Muskie School of Public Service at the University of Southern Maine. Muskie school staff have considerable child welfare experience in jurisdictions throughout the country and they bring expertise in effective staff training engagement. Over the coming months we will be working in conjunction with the Muskie School to update trainings in order to maximize staff engagement and learning. Additionally, OCFS is exploring the use of innovative technological solutions to accommodate the diverse learning styles reflected throughout our staff, as well as reduce the time staff spend travelling to and from trainings. Our goal is to reach all staff with more frequent and engaging training opportunities.

OCFS will also be partnering with the Muskie School on the implementation of a new Field Instruction Unit (FIU) which will allow OCFS to partner with students nearing completion of their studies to receive college credit for completing internships in OCFS' District offices. Students will develop critically important social work skills related to child welfare work in preparation to begin a career with OCFS upon graduation. This will result in a new pool of applicants who are already trained and experienced with OCFS' policies and procedures, as well as experience with the difficult work that child welfare involves. Maine previously utilized the Field Instruction Unit model and we noted that many of the staff who started in the FIU before coming to work fulltime for OCFS seemed to remain with the organization longer and be strong leaders within their respective offices.

Throughout all of the evaluations we have completed and participated in one theme that has emerged is our staff's concerns regarding the policy manual that governs child welfare. Under the Cooperative Agreement, Muskie school will be assisting OCFS in reviewing current policies, streamlining the policy manual where possible, and ensuring the manual is both accessible for staff and easy to navigate.

Child Welfare – Staffing

On the topic of the child welfare staff, I want to start by thanking you and your fellow legislators for the inclusion of 62 new child welfare positions in the adjusted biennial budget as proposed by Governor Mills. The positions included:

- Frontline Staff:
 - 33 Field Caseworkers
 - 6 Supervisors
 - 4 Case Aides
- Staff to Support Frontline Workers:
 - 11 Intake Caseworkers and 2 Intake Supervisors
 - 5 Child Protective Services Investigators 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. After the budget was enacted we carefully studied staffing trends, caseloads, and other factors impacting workload. This allowed us to allocate the new positions across the 8 District offices based on need. Staff were consulted along the way to gather their feedback on the proposed staffing plan.

We posted the new 33 field caseworker positions at the earliest possible date (8/30) and within two weeks we completed over 34 second interviews. By 9/18/19 we had hired 16 caseworkers to fill new positions and an additional 6 caseworkers to fill vacancies in existing lines. We have continued our focus on hiring and have been diligently working to fill the remaining new positions, as well as backfill positions as experienced caseworkers have promoted into the new supervisor lines. By late Fall, all the new 33 field caseworker positions had been filled.

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 assessments or cases to caseworkers.

Child Welfare - Turnover

While we've been focused on hiring, we have also been tracking staffing trends closely. We've seen an overall decline in turnover and vacancies over the last year. We've also seen a decline in churnover from last year, but our YTD percentage within churnover is well above the 2017 number. Churnover is defined as a staff person leaving their position, but not leaving the organization (for instance when a caseworker is promoted to a supervisor position). Given the new supervisory lines allocated in the Biannual Budget, it is not surprising that our churnover has remained higher than in 2017. Overall, we believe that the declines we have experienced in both turnover and vacancy are due, in part, to the increase in staffing and the additional \$5 an hour and \$1 an hour stipend provided within LD 1923 last fall. The increases are especially noteworthy when you consider the surge in the amount of work evidenced by the data regarding reports, assessments, and children in care.

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. I know all of you are aware that over the last few years our staff (particularly those in child welfare) have expressed concern regarding their workload and our agencies performance. One of my primary goals in my first months as director has been to listen to their concerns and we've collaborated with them on strategies to make improvements. These include things like improved ongoing training opportunities, updated policies and procedures that are easy to access and reference, and our dedication to recognizing and appreciating our staff whenever possible.

Child Welfare – Workload

As noted before, we have continued to see a rise in the number of children in care over the past few months. As of January 1, 2020, there were 2,224 children in care. That's up from 1,638 on January 1, 2018. 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).

Spurred by the concerns of staff and stakeholders (including the Legislature), OCFS worked throughout 2019 to study both caseload and workload. The initial report from this work (as required by LD 821) was released on October 1, 2019 and was followed-up by our first annual report this past Friday (January 31st). The most recent report indicated OCFS needs 39.7 additional caseworkers statewide (in addition to the 33 new caseworkers OCFS received effective 9/1/19 in the Biennial Budget). Earlier this week Governor Mills unveiled her supplemental budget, which included \$1.5 million for 20 new positions to allow OCFS to respond quickly and effectively to reports of child abuse and/or neglect.

In the coming year, OCFS will continue its efforts to quantify both workload and caseload for frontline staff in order to ensure staffing is at a level that allows staff to complete their work in a timely fashion, as well as engage in professional development regarding assessment activities, family engagement, and other skills necessary to improve casework practice. As required by LD 821, OCFS will continue to report on this annually until 2030.

Child Welfare – Child Placement

Along with the rise in the number of children in care comes the need for appropriate placements. I know there has been interest in the number of children in hotels and emergency rooms statewide. The data indicates that overall a very very small percentage of the children in the Department's custody are spending time in a hotel or emergency room. In the last quarter of 2019, an average of .19% of children in custody spent any period of time in a hotel room. Of those children the average length of stay in a hotel was 2.76 nights. Over the same time period, an average of .47% of children in custody spent any period of time in an emergency room with an average stay of 1.73 nights. The downward trend of the children in hotels is in-line with national data that indicates calls, assessments, and the number of children entering custody tends to peak in the September-October timeframe as children return to school after the summer break and their teachers begin noting and reporting concerns.

OCFS strongly believes that children need the support and structure of a loving home in order to thrive. This is particularly true with children in the Department's custody who typically have experienced some amount of trauma in their young lives. OCFS has sought to increase the number of available licensed foster families to care for the increased number of children in care. As you can see from the data we've seen a dramatic rise in the number of licensed kinship resource homes over recent months. We are grateful for these relative caregivers who have come forward to provide care. We have also continued our efforts to recruit new licensed non-kinship homes and retain those we already have. We continue to work

with our contracted foster parent recruitment vendor, as well as Adoptive and Foster Families of Maine which provides support for both kinship and non-kinship care providers. We've also implemented LD 1526, which this Legislature passed in the last session. LD 1526 removed the requirement of a Fire Marshall's inspection in the licensing process. We've replaced those inspections with a home safety inspection conducted by our licensing staff. Our staff have been trained and are utilizing a tool OCFS developed to evaluate safety.

Child Welfare – 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. This prevents the need for callers to wait on-hold when Intake is busy and provides for a call back when they reach the top of the queue.

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.

Child Welfare – Priorities and Initiatives

As it relates to Child Welfare, we began with (by my count) about 170 recommendations across multiple reports including Public Consulting Group, 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. During 2019, 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 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. We conducted an onsite in-person session with these experts and stakeholders. When taken together, this work 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.

(See Attached Priority Document)

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. We are currently engaged in develop individual implementation plans for each priority area.

Child Welfare – Computer System

Within Child Welfare the computer system we use to document and track our work with children and families plays a critically important role. We are currently utilizing a 20-year-old solution known as the Maine Automated Child Welfare Information System (or MACWIS). Over the last few years, staff within Child Welfare and our Operations team identified the need to replace MACWIS with an updated system. The Legislature also recognized this need and provided us with funding for the development of a new system in the special session held in September of 2018. This also coincided with a push from the federal government to upgrade to what is termed a “Comprehensive Child Welfare Information System” (or CCWIS). In the spring of 2019, we issued an RFP for this new system. Over the summer the contract was awarded to Deloitte. Deloitte has considerable expertise in developing these new comprehensive systems in other states and they have provided an aggressive timeline for development (eighteen months from the contract start date). We are currently in the final stages of negotiating the contract with the provider. We have received preliminary approval from the federal government (who will be providing significant funding to support this project) on our Advanced Planning Document. Once the contract is finalized it will also need to be approved by our federal partners. We are planning for a contract start date in early spring of 2020.

We believe that, when fully implemented, the system will reduce duplicative work, allow for mobile interface for real-time data entry in the field, and provide numerous other features that will streamline the work for our staff and improve our ability to document information and track assessments and cases through our system.

Child Welfare and Children’s Behavioral Health – Family First Prevention Services Act

I did want to take this opportunity to talk with you today about some new and exciting work we expect to be tackling as we move into 2020. In 2018, the Federal government enacted the Family First Prevention Services Act which marked 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 the possibility of 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. These new requirements are meant to better ensure that the care children are receiving in these facilities is clinically sound and comports with nationally accepted standards for children's residential treatment.

As we have been working to prioritize and create workplans to reflect both the Children's Behavioral Health and Child Welfare goals and strategies, we have also been working towards development of a state plan for Family First in Maine. We recently closed a job posting for a Family First Manager that will report directly to me. We expect to hire on that position in the next month. In the meantime, we have been focused on providing stakeholders with information about Family First in order to begin the process of mobilizing them to assist in the development of Maine's plan for implementation. Our plan will be more effective if we can effectively engage 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 focused on and committed to investing in solutions that will keep more children safe and united with their families. There will always be a role for child welfare, but we believe there is enormous potential to avoid the trauma inflicted on a child and their family when the child is removed. We believe this can be accomplished through the implementation of evidence-based services that are available to families throughout the state. As we move ahead, Family First will provide an important waypoint on the road to improving both the Child Welfare and Children's Behavioral Health systems of care.

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 eight 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 your questions, 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.

Judiciary and Health and Human Services Committees February 5, 2020

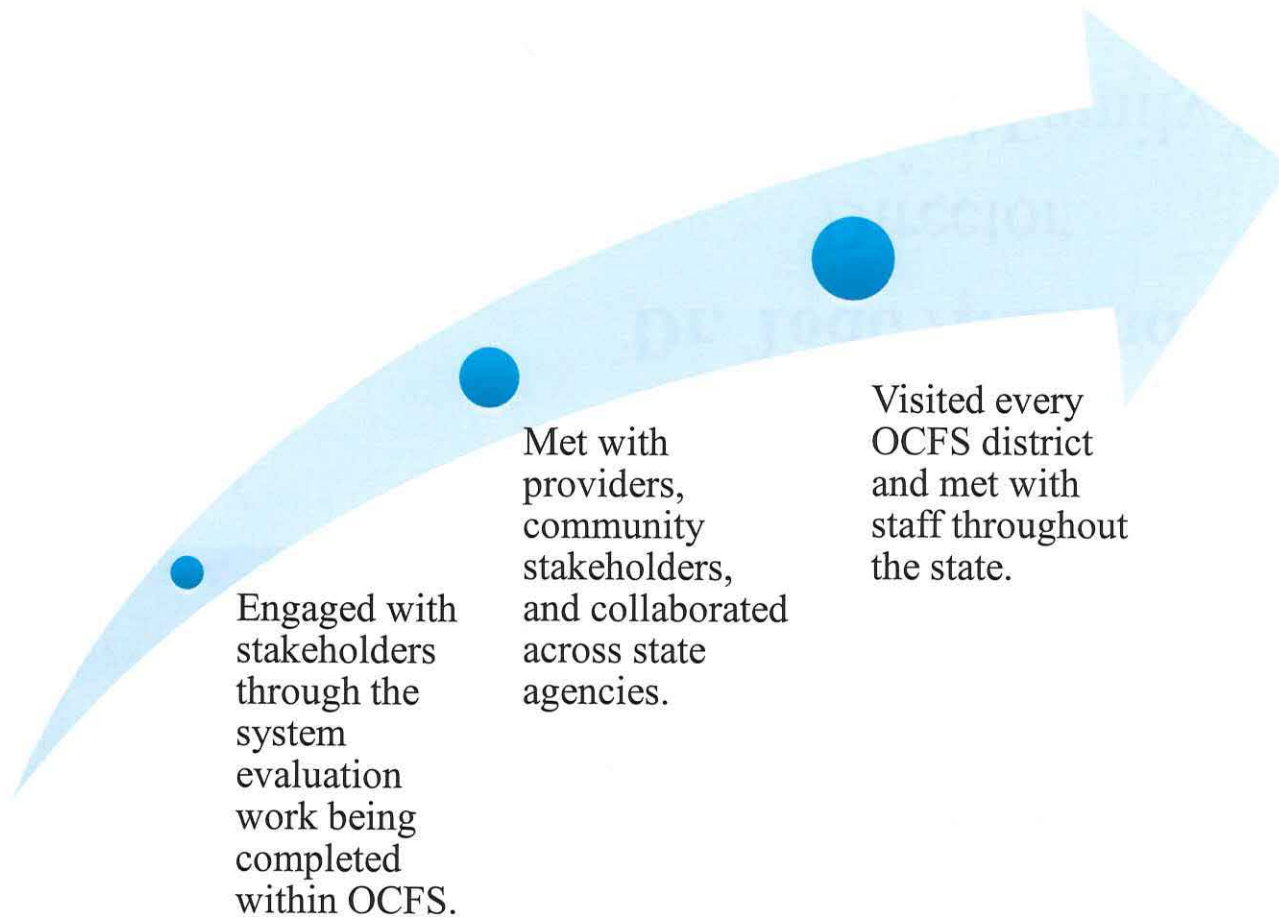
Dr. Todd A. Landry

Director

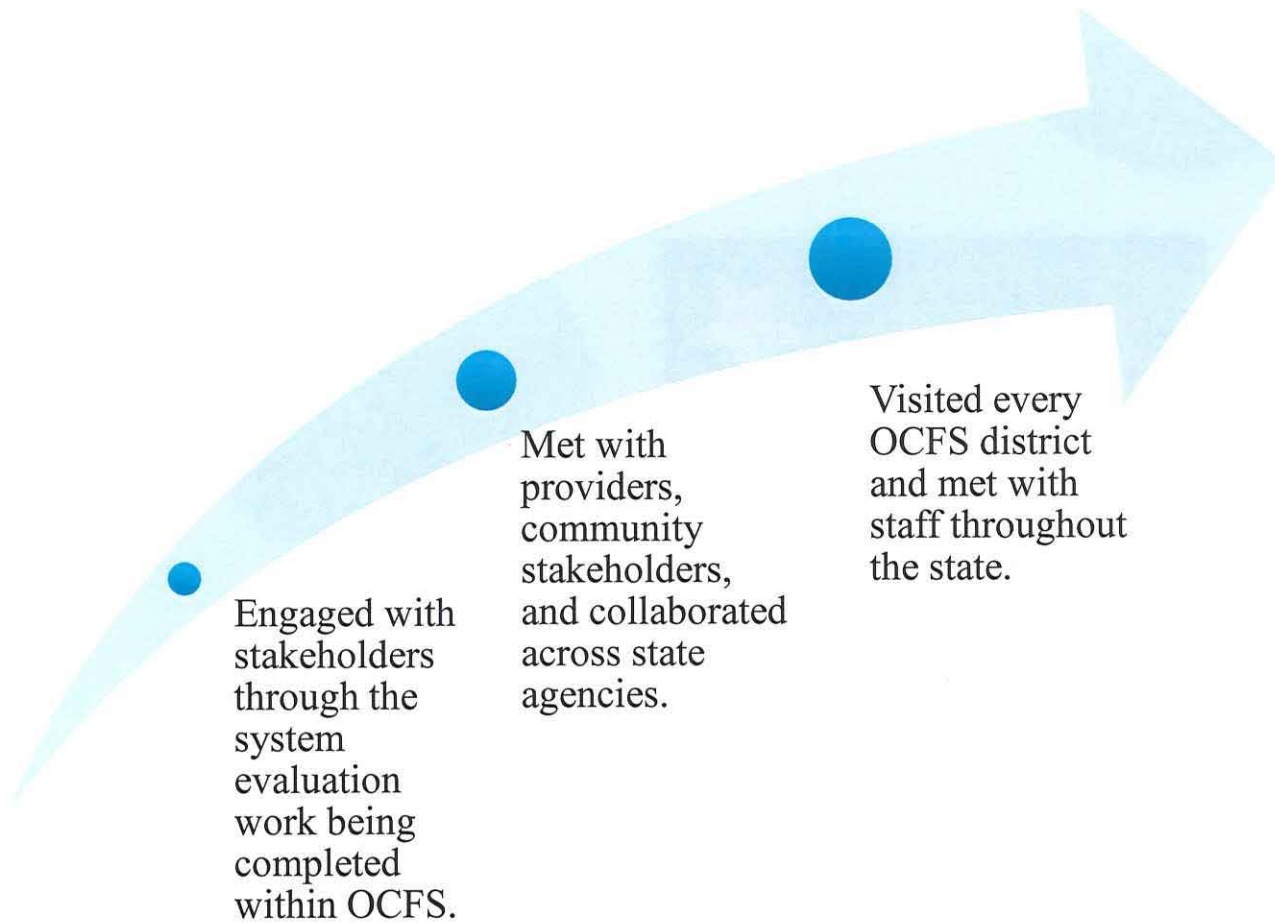
Office of Child and Family Services



OCFS North Star



OCFS North Star



Children and Families Served

Children in
State Custody

As of 1/1/2020

2,224

Children
Achieving
Permanency

*October 1, 2019 –
December 31, 2019*

219

Family Foster
Homes

As of 12/31/19

1,547



All Maine Children & Families

**SAFE, STABLE,
HAPPY, HEALTHY**

Children
Authorized -
Behavioral
Health
Services

As of 12/1/19

18,863

Children
Receiving
Childcare
Subsidy

As of 1/3/20

4,797

OCFS' Commitment to Transparency

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

Desire to ensure transparency throughout the Organization

3-5 outcome measures for each program area

Establishment of a OCFS Data Dashboard

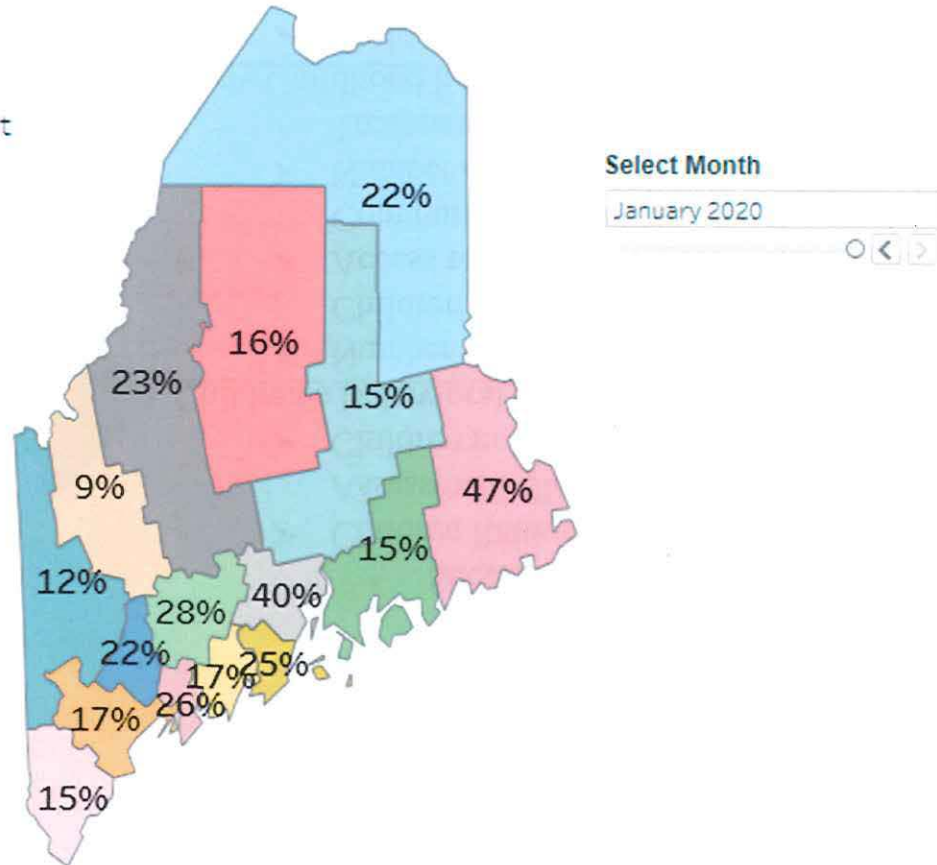
OCFS Data Dashboard

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

State
20%



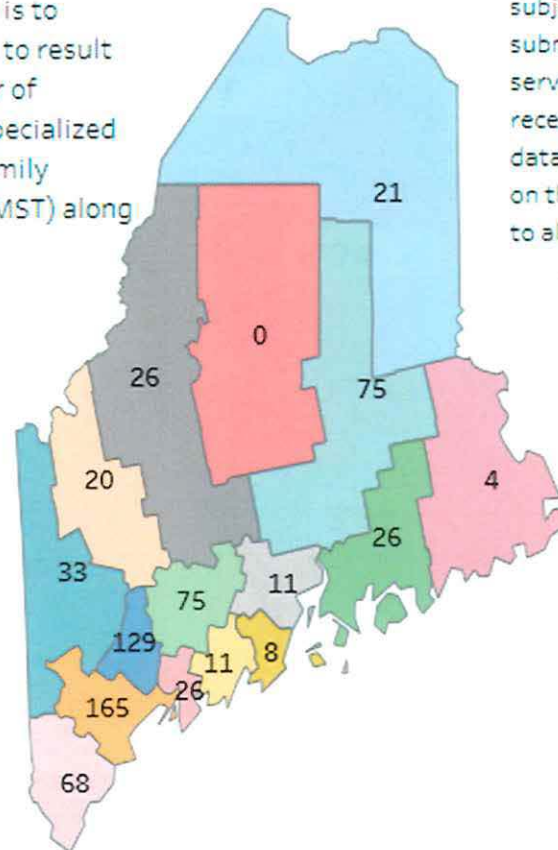
OCFS Data Dashboard

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.

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.

State Total	
All Services	698



Select Month/Year

October 2019



Select Service

All Services

OCFS Data Dashboard

Safety While in State Custody

The goal for children while in State custody is to remain safe while in custody. This report shows the rate of abuse of children while they are in State custody. The number is calculated by dividing the number of instances of abuse/neglect by the total number of days that all children spent in State custody. The ratio of this report is per 100,000 days spent in State custody.

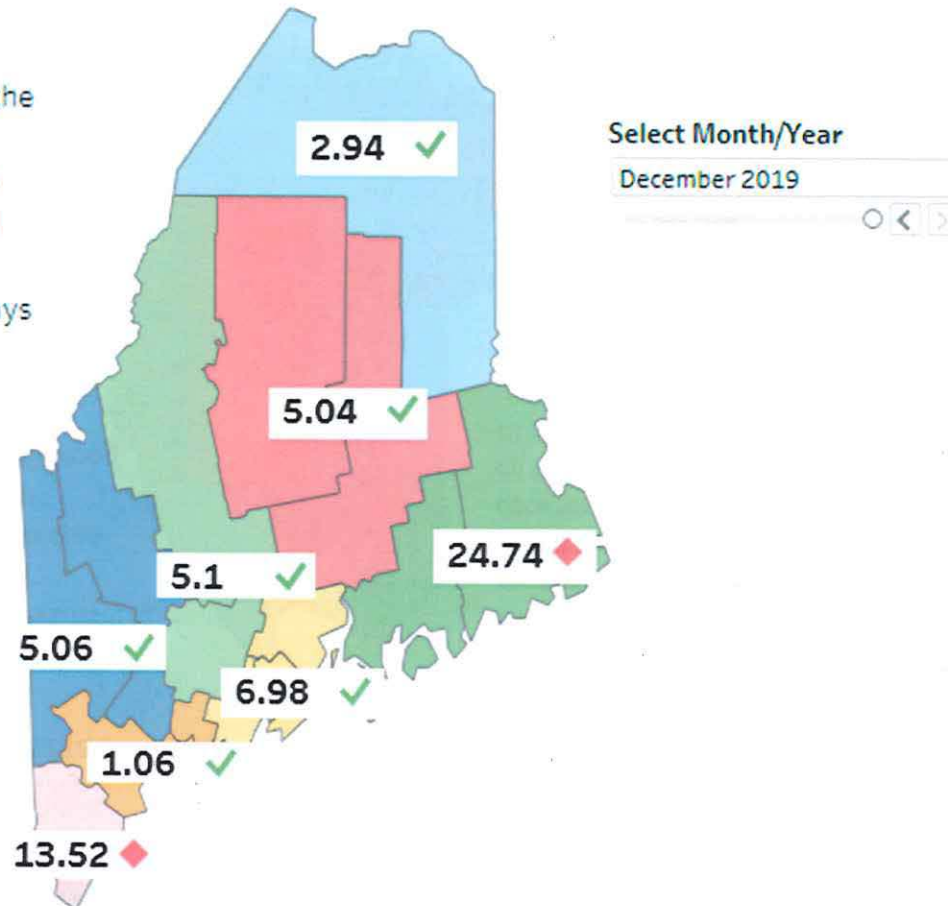
STATE AVERAGE

6.56 ✓

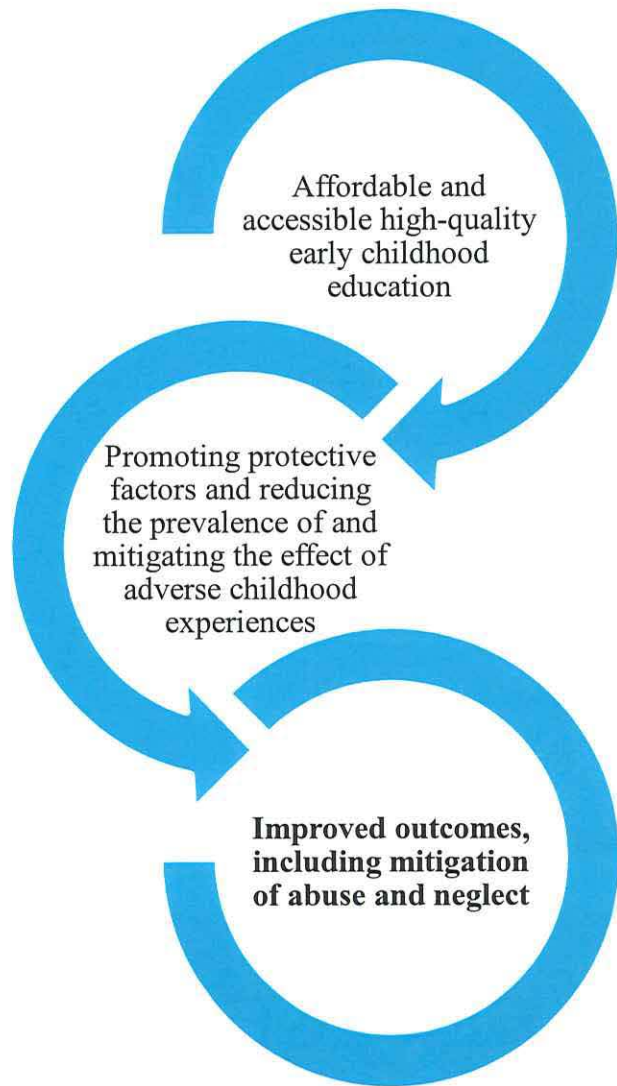
National Standard:

8.5 or less (a lower rate is better)

The National Standard is an average set by the Federal government to monitor each State's performance on key child welfare outcomes.



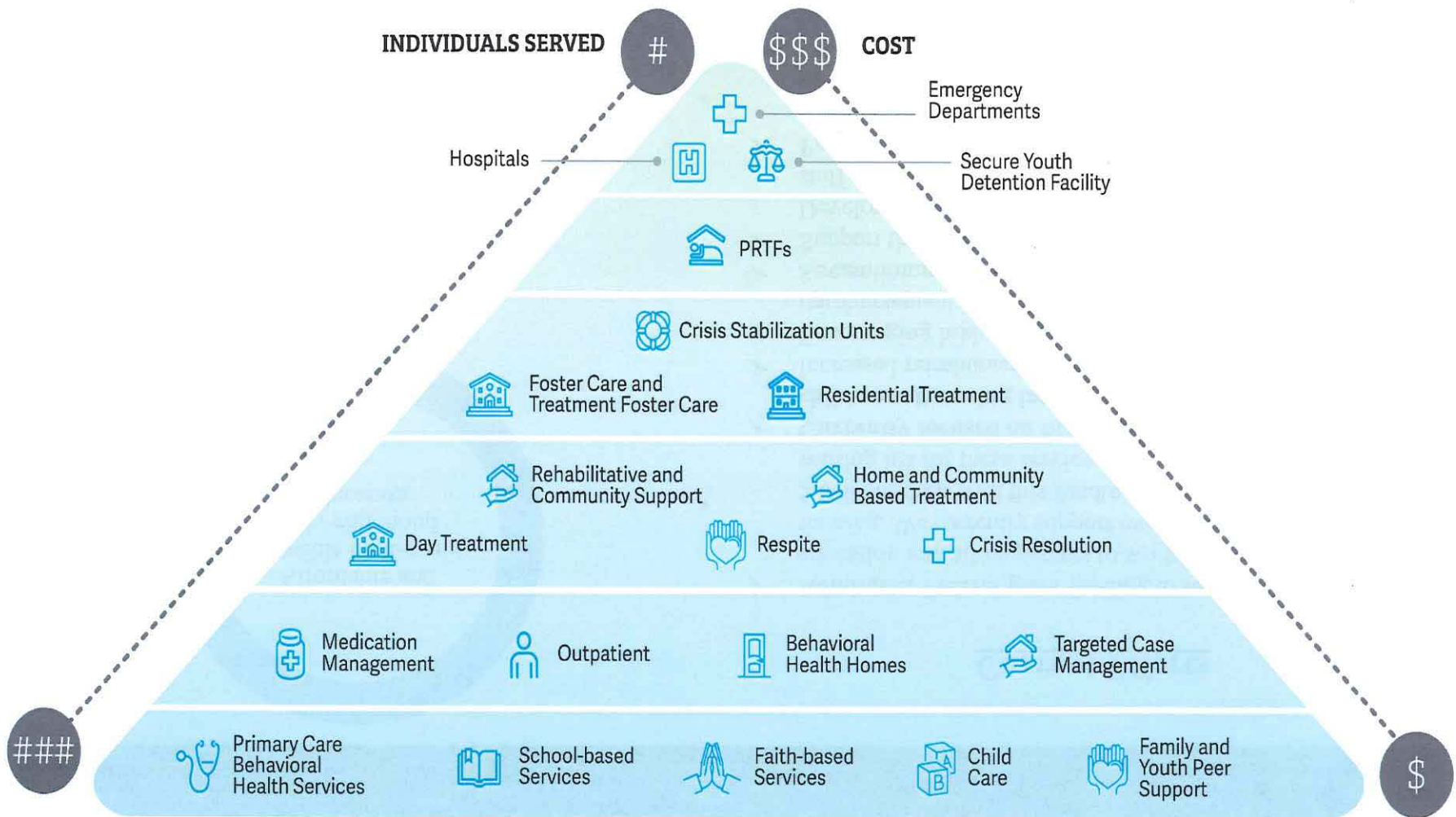
Early Childhood Education



Current Efforts

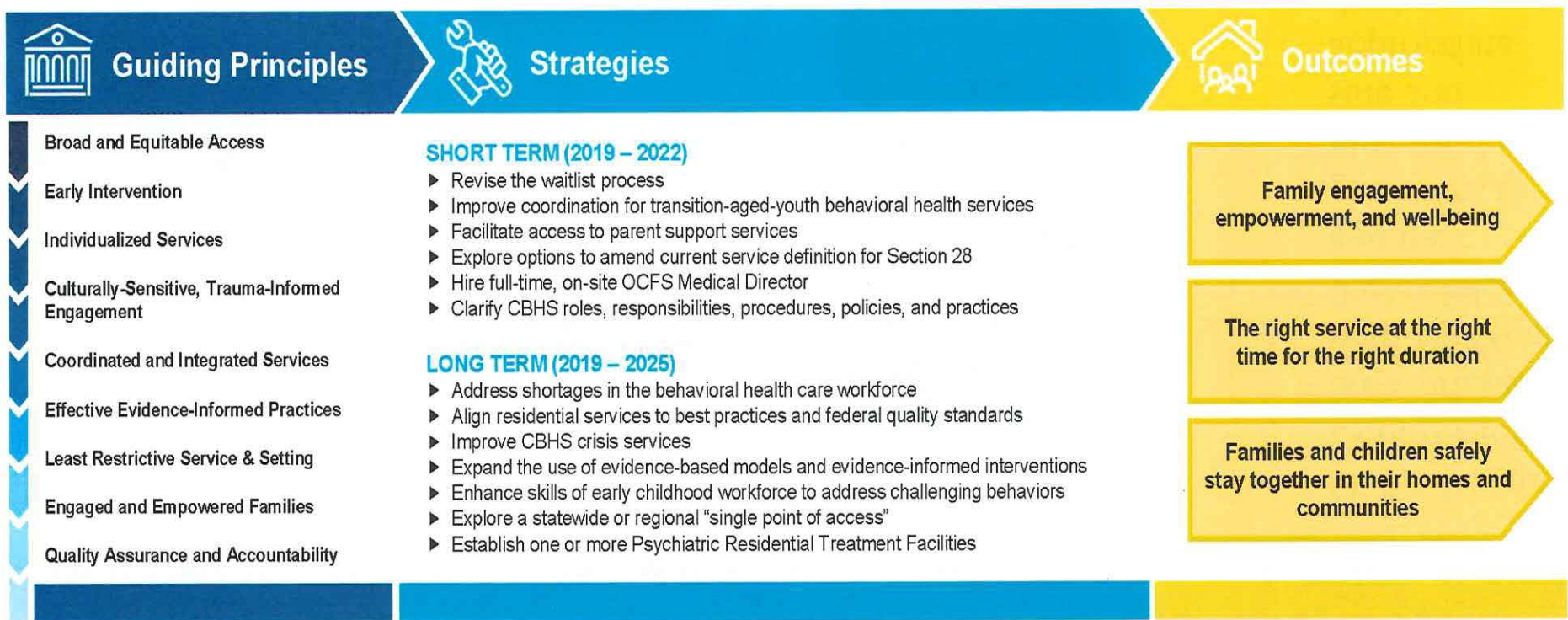
- Administer Federal grant funding to support early childhood education and allow parents to work or attend school or training. We currently support over 3,000 families and over 5,000 children with this funding. There is currently no waiting list for these services.
- **Currently focused on bringing subsidy program and child care licensing into federal compliance.**
- Increased reimbursement rates.
- Encouraging high-quality care by providing higher 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 Aspirational Service Array



Children's Behavioral Health Services Visioning

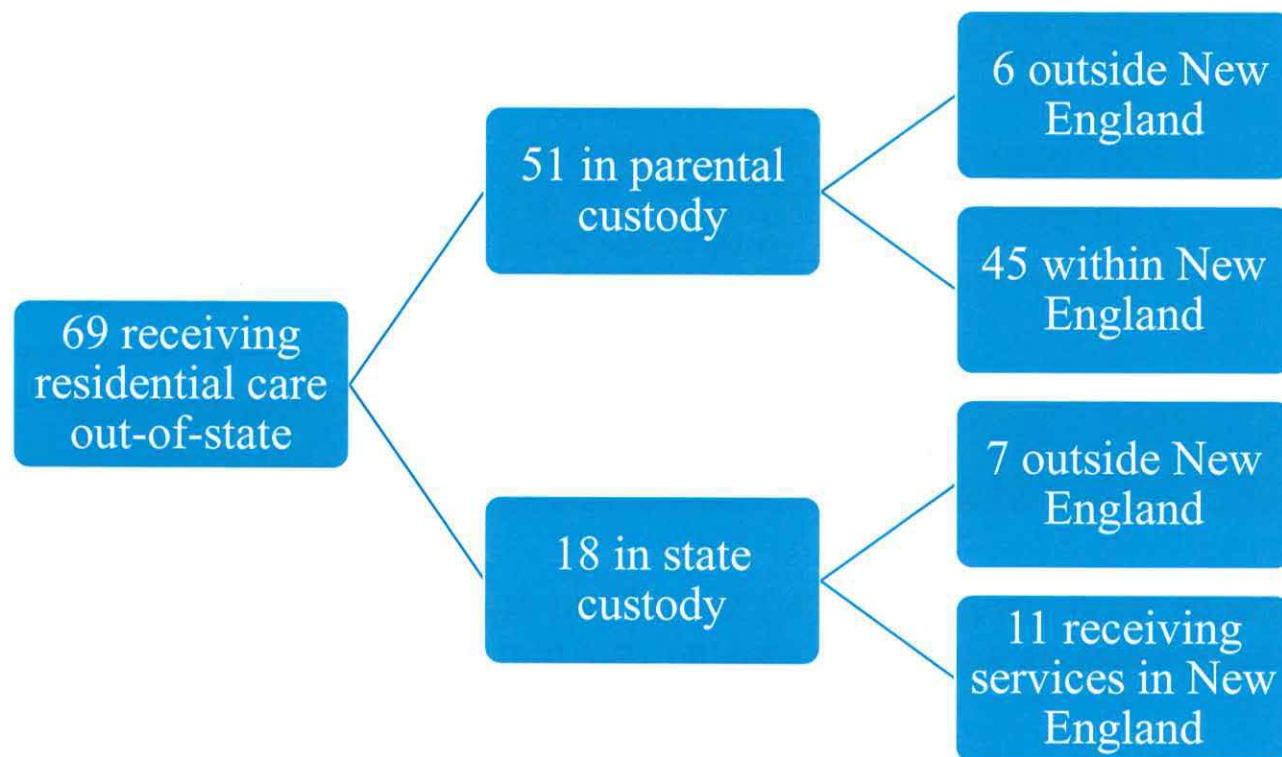
All Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school and community.



Updated August 2019

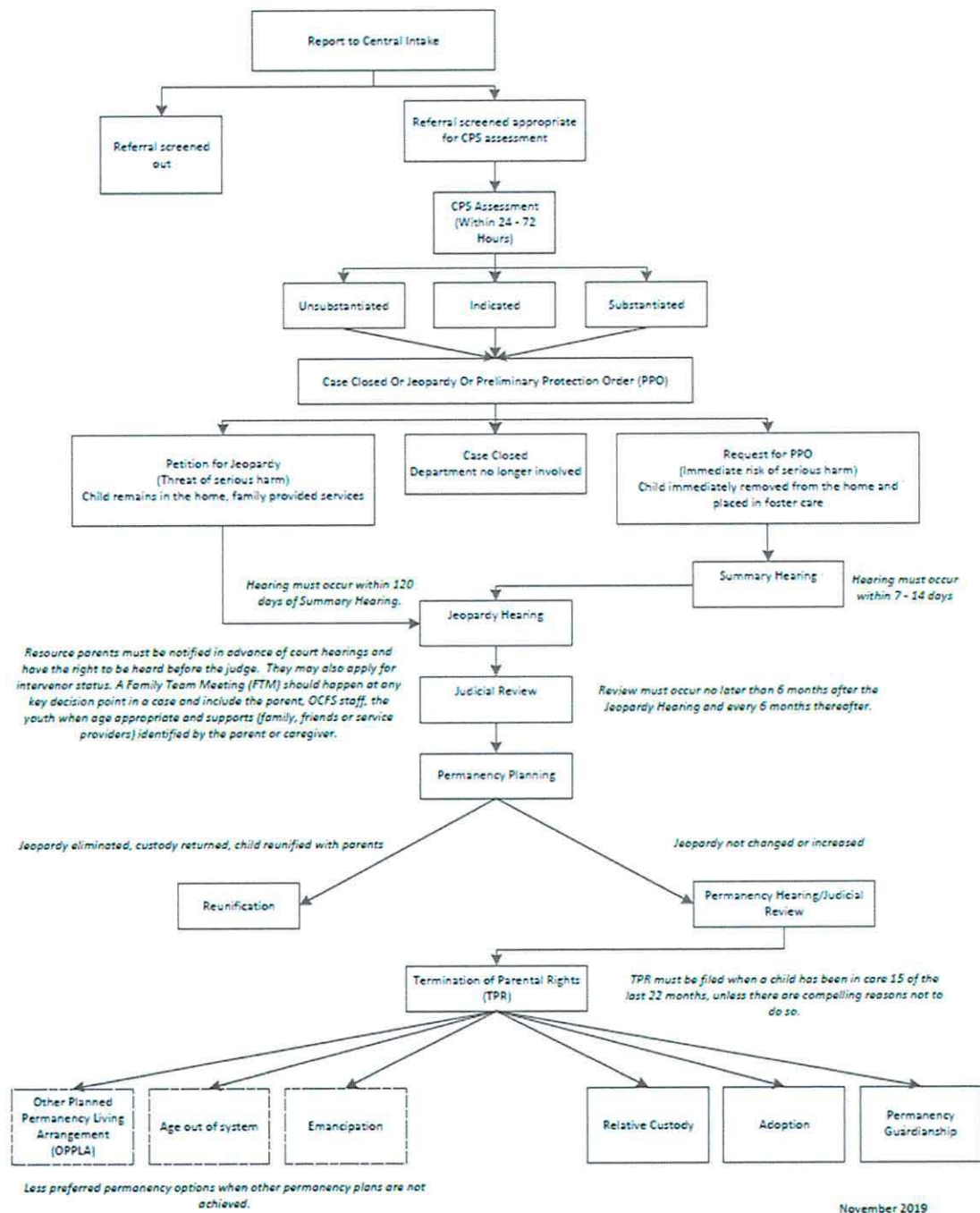
Next update: July 2020

Children Receiving Residential Treatment Out-of-State

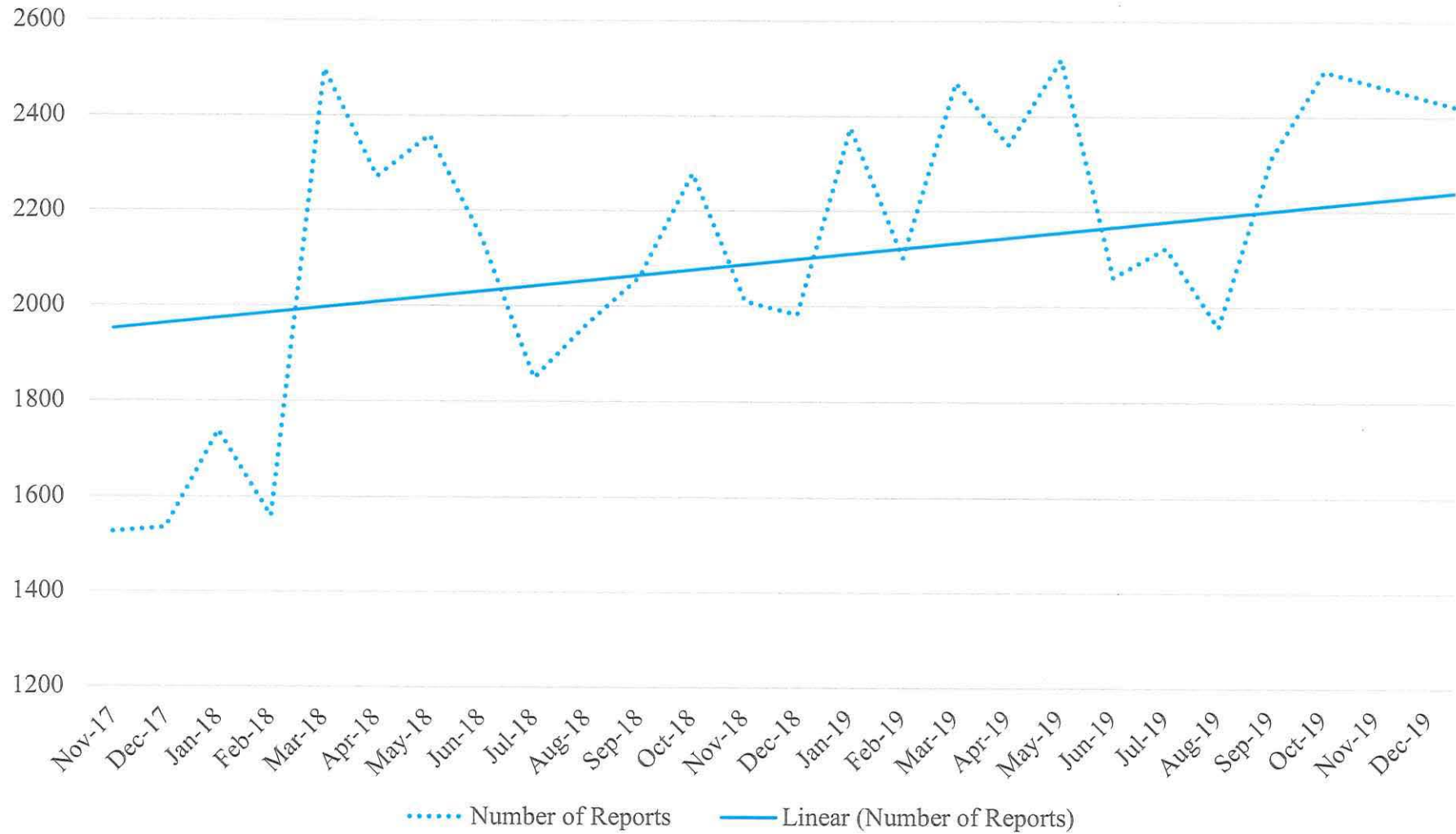


OCFS Program Coordinators are working with **100%** of these children and their guardians to plan for their safe and appropriate discharge (back to Maine or other appropriate location) when treatment is complete.

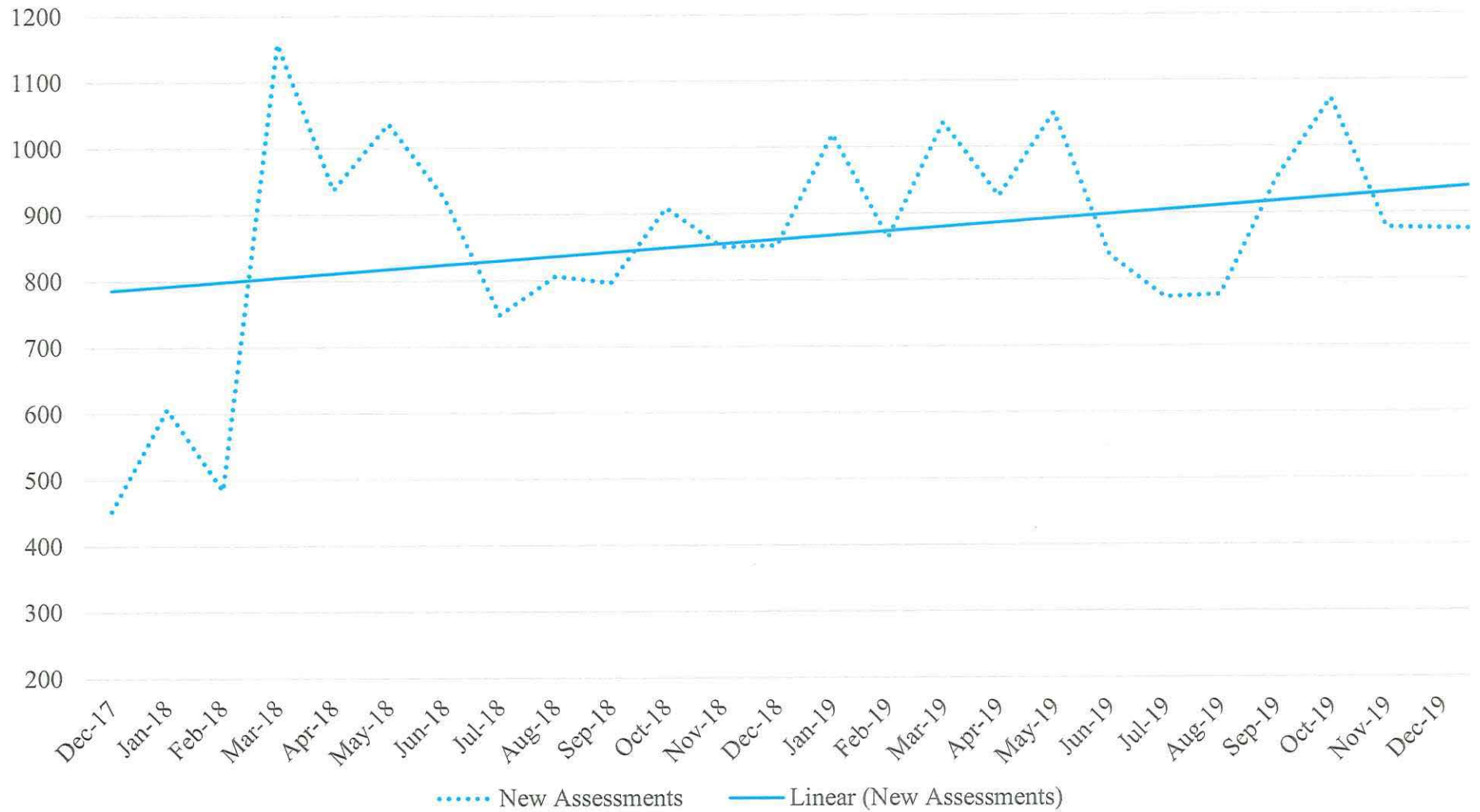
Child Protective Services Case Flow and Legal Process



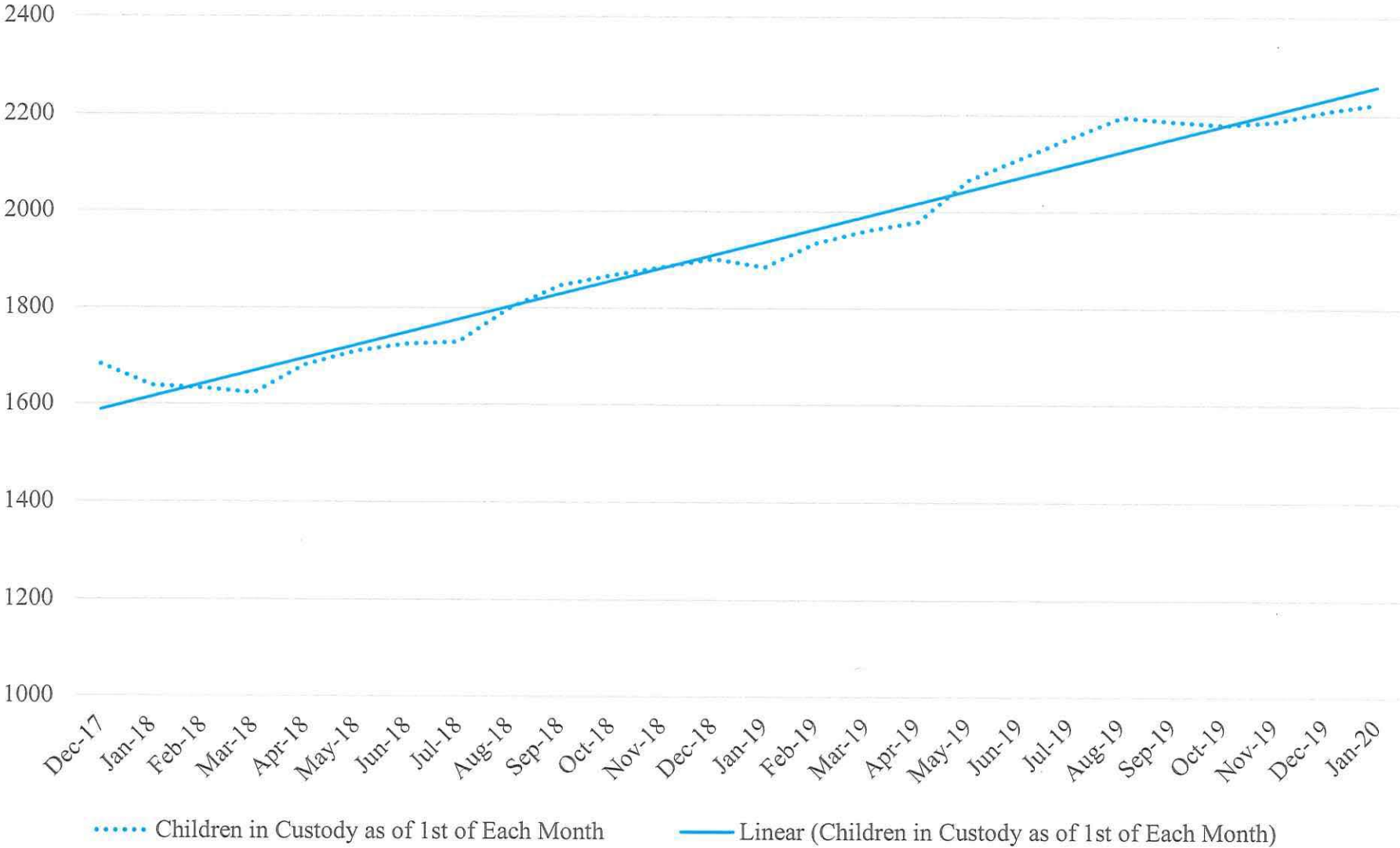
Calls to Intake



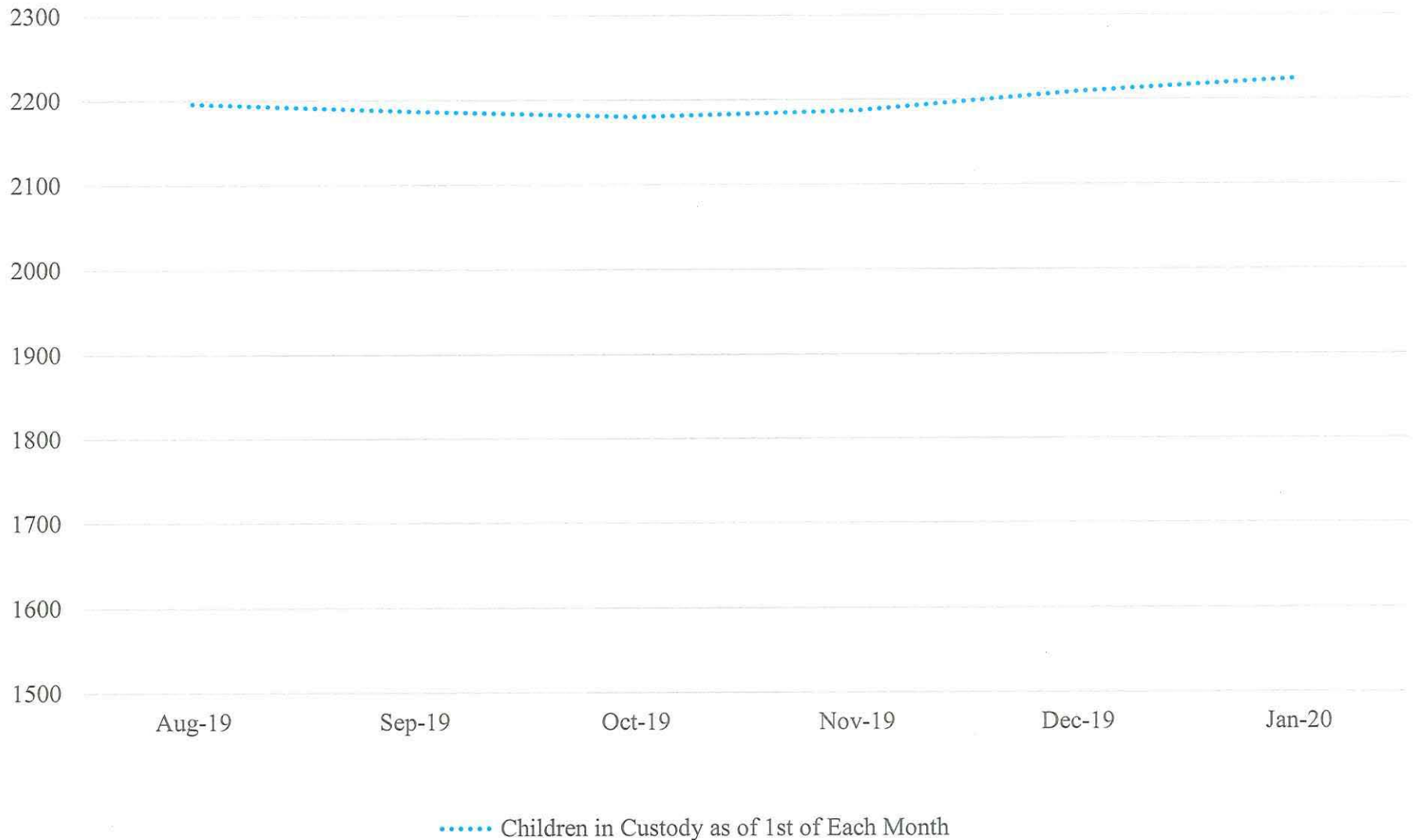
New Assessments



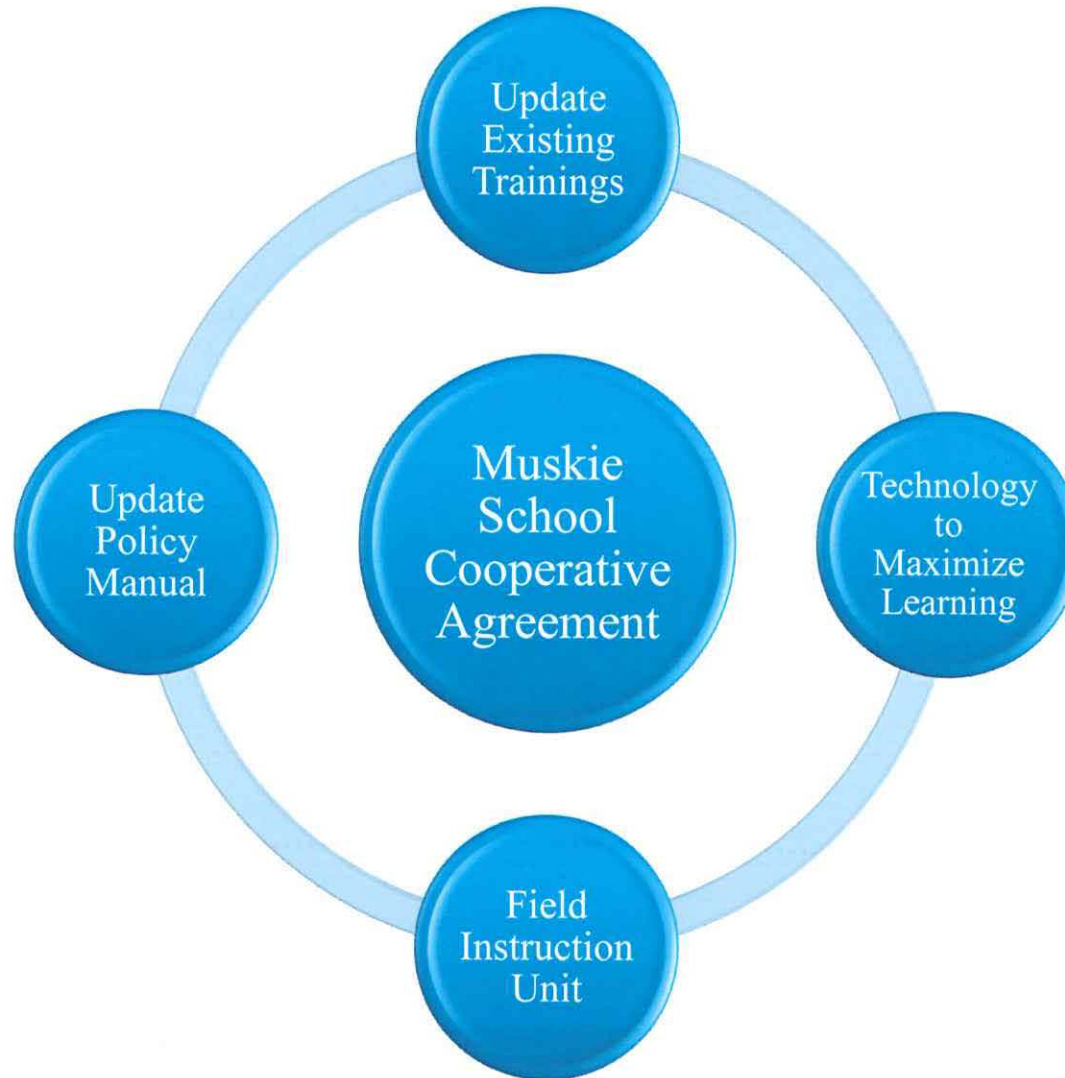
Children In Custody



Children In Custody – Recent Data

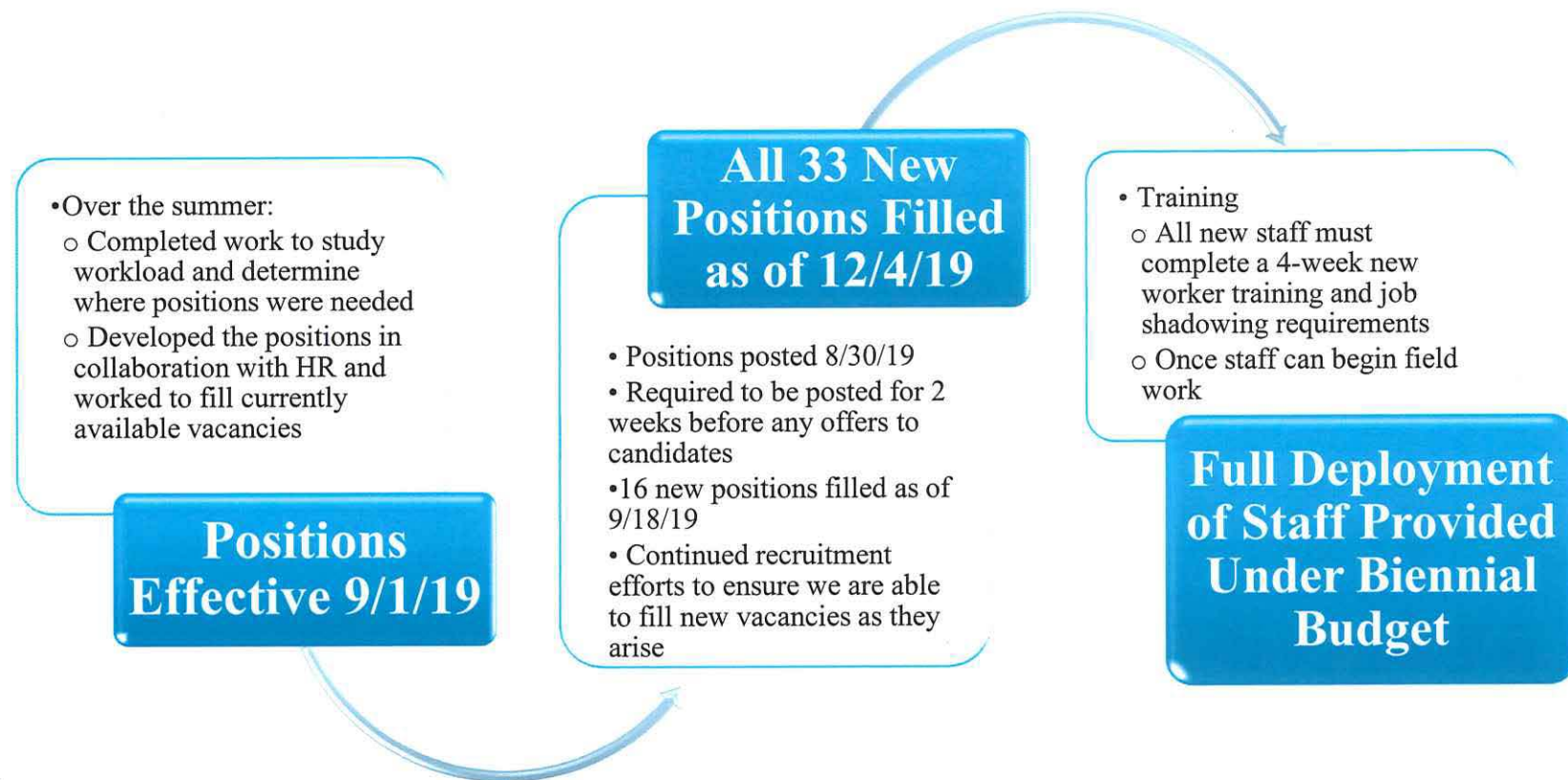


Policy and Training



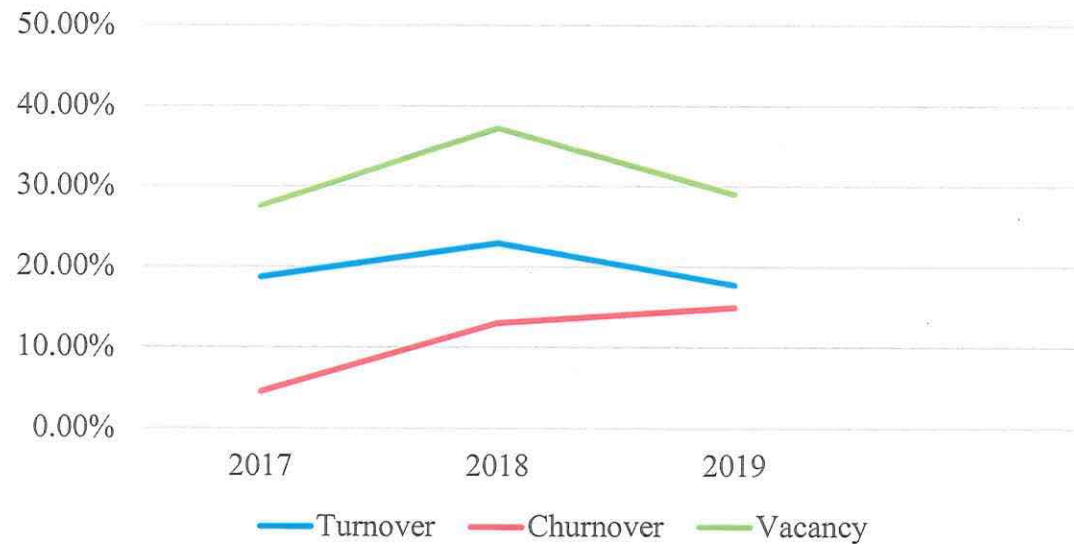
Staff and Hiring

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



Staffing Trends

	2017	2018	2019
Turnover	18.70%	22.95%	17.73%
Churnover	4.53%	13.03%	14.96%
Vacancy	37.57%	37.24%	29.06%



Workload Report – 1/31/2020

District	December 2018 Number of Caseworkers	December 2019 Number of Caseworkers	Needed Number of Caseworkers	Difference
1	47	53	46.9	(6.1)
2	51	59	54.1	(4.9)
3	48	53	64.3	11.3
4	23	25	23.8	(1.2)
5	62	60	79.3	19.3
6	43	53	62.2	9.2
7	23	20	21.4	1.4
8	18	23	33.7	10.7
Total	315	346	385.7	39.7

* Data from Open Cases as of December 31, 2019

Child Placement Data

	October	November	December
Number of Children in Care as of the Last Day of the Month	2,191	2,222	2,224
Children Spending Time in a Hotel at any Time During the Month	10 (.46%)	3 (.13%)	0 (0%)
Children Spending Time in a Emergency Room at any Time During the Month	9 (.41%)	14 (.63%)	8 (.36%)

	October (As of 10/31/19)	November (As of 11/30/19)	December (As of 12/31/19)
Licensed Non-Kinship Resource Homes	1,263	1,223	1,220
Licensed Kinship Resource Homes	271	329	327

Intake Update

Month	Calls Answered Live	Abandoned Calls
January 2019	72%	14%
February 2019	72%	12%
March 2019	64%	17%
April 2019	64%	17%
May 2019	58%	20%
June 2019	Transition	Transition
July 2019	87%	7%
August 2019	84%	8%
September 2019	84%	8%
October 2019	83%	7%
November 2019	83%	8%
December 2019	79%	9%

Calls Answered Live



Abandoned Calls



Child Welfare Priorities



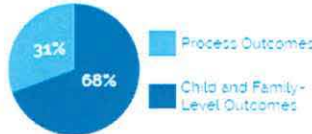
Maine Office of Child and Family Services Strategy and Initiative Map | July 2019

47 Total number of initiatives

11% of initiatives are mandated

70% of initiatives are recommended in the PCG evaluation

Anticipated Outcomes



Primary Initiative Focus



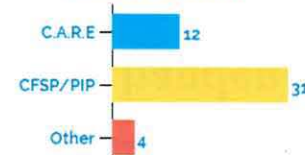
Initiative Time Horizon Estimated Completion



Percentage of Initiatives per Practice Model Principles**



Initiative Plan Source



**Colors correspond to principle headings below

Initiatives and Practice Model Principles

I. Child Safety, First and Foremost

1. ARP Reassessment
2. Increase Caseworker Skills and Communication with Parents
3. Tighten Assessment Practice*
4. Home Visitation Education Program***
5. 24-Hour Supervisory Intake Report Review
6. Intake Process and Staffing Improvements
7. Judiciary Casework Practice Training
8. Clarify Child and Parent Rights for Staff
9. Background Check Unit Improvements*
10. Rapid Safety Feedback
11. SDM Tool Consistency

II. Parents have the Right and Responsibility to Raise Their Own Children

12. Family Engagement Tools Training
13. Community Partnership for Protecting Children

III. Children are Entitled to Live in a Safe and Nurturing Family

14. Family Treatment Drug Court
15. Diligent Search Policy Training*
16. Visitation Policy Training - Contracted Supervisors and Case Aides
17. Visitation Frequency and Quality Tracking
18. Transportation Service Utilization Improvements
19. Emergency Placement Improvements
20. Online Application and Licensing Improvements
21. Onboarding Process for Resource Parents
22. Resource Parent Outreach Strategy
23. Resource Placement Matching Tool
24. Family Visitation Pilot*

* Indicates Mandated Initiative

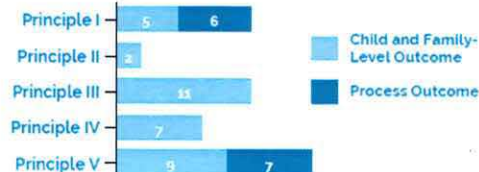
***Includes Safe Sleep, Period of Purple Crying, and Cradle Me/PHN/Ending

IV. All Children Deserve a Permanent Family

25. A Family for ME
26. Heart Gallery
27. Statewide Adoption Pilot
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30. Permanency Reviews
31. Residential Reviews

V. How We Do Our Work is as Important as the Work We Do

32. Quality Circles
33. Staff Practice and Policy Feedback Loops
34. QA Staff Practice and Policy Feedback Loops
35. Internal Data Dashboard
36. COI Team Development
37. Supervisory Support Enhancements
38. Update Caseload Size, Standards, and Ratios
39. Workforce Wellness
40. Update Workload Analytic Tool
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42. Motivational Interviewing Training
43. Training Plan for New Processes and Tools
44. Case Management Activities Time Analysis
45. Case Closing Summary Model Development Workgroup
46. Child Welfare Policy Manual Updates
47. TDM Policy and Practice






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 	<p>Safety</p> <ul style="list-style-type: none"> > Address intake processes and improve staffing > Re-access the Alternative Response Program > Enhance Assessment Processes <p>Permanency</p> <ul style="list-style-type: none"> > Develop a Permanency Review Process > Monitor the Family Visit Coaching pilot to develop best practices > Improve SDM tool consistency <p>Well-being</p> <ul style="list-style-type: none"> > Develop family engagement tools and training > Improve resource parent outreach and support <p>Staff Training and Support</p> <ul style="list-style-type: none"> > 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>

Family First Prevention Services Act: Changes to Title IV-Funding

Funding can be spent on in-home services meant to prevent the need for intrusive child welfare involvement. Services must be evidence-based and approved federally.

Services are for children, parents, and/or kinship care providers. The child must meet the state's federally-approved definition of "candidate for foster care". There is no income test for services.

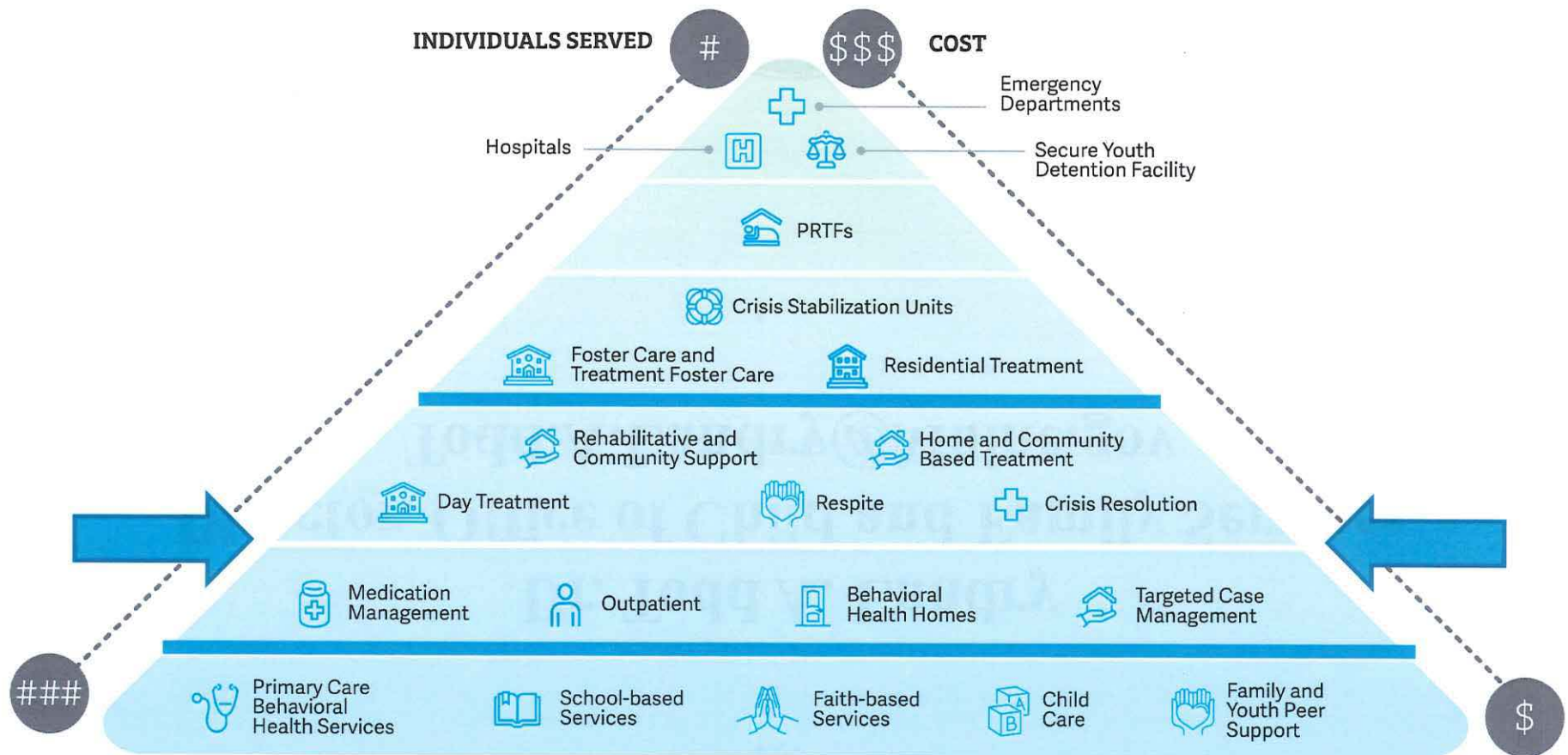
IV-E funding may still pay for the cost of children in care, but there are new requirements for residential care providers for a child's placement in residential to be reimbursable. Requirements are meant to ensure clinically-appropriate care in the least restrictive setting possible.

Questions?

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



Family First and the CBH Service Array





Maine Office of Child and Family Services

Focus on Outcomes




In July 2019 Maine's Office of Child and Family Services partnered with Casey Family Programs to map the **major initiatives and strategies** currently underway in Maine. This mapping was designed to help executive leadership and regional staff **evaluate which strategies were working to produce outcomes and areas where duplication of effort or inefficiencies might exist**. As a result of this work, the Office of Child and Family Services **streamlined their approach and prioritized strategies** as shown below in the strategic framework.

Mission

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

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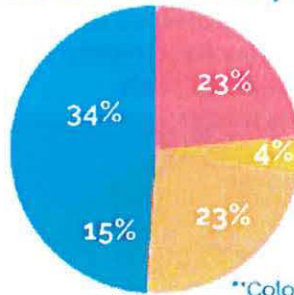
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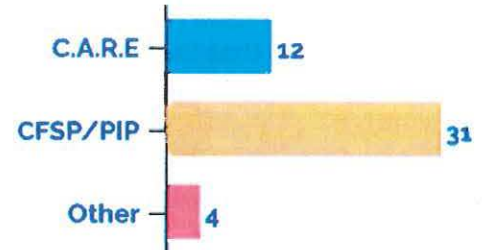
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* Indicates Mandated Initiative

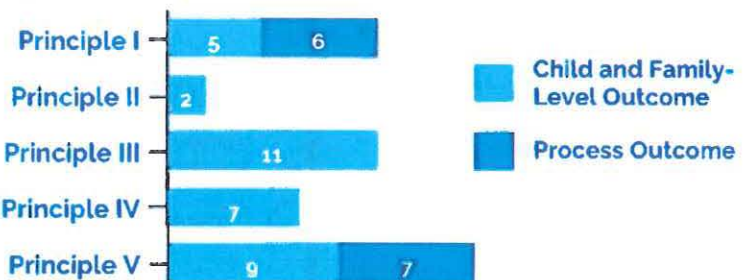
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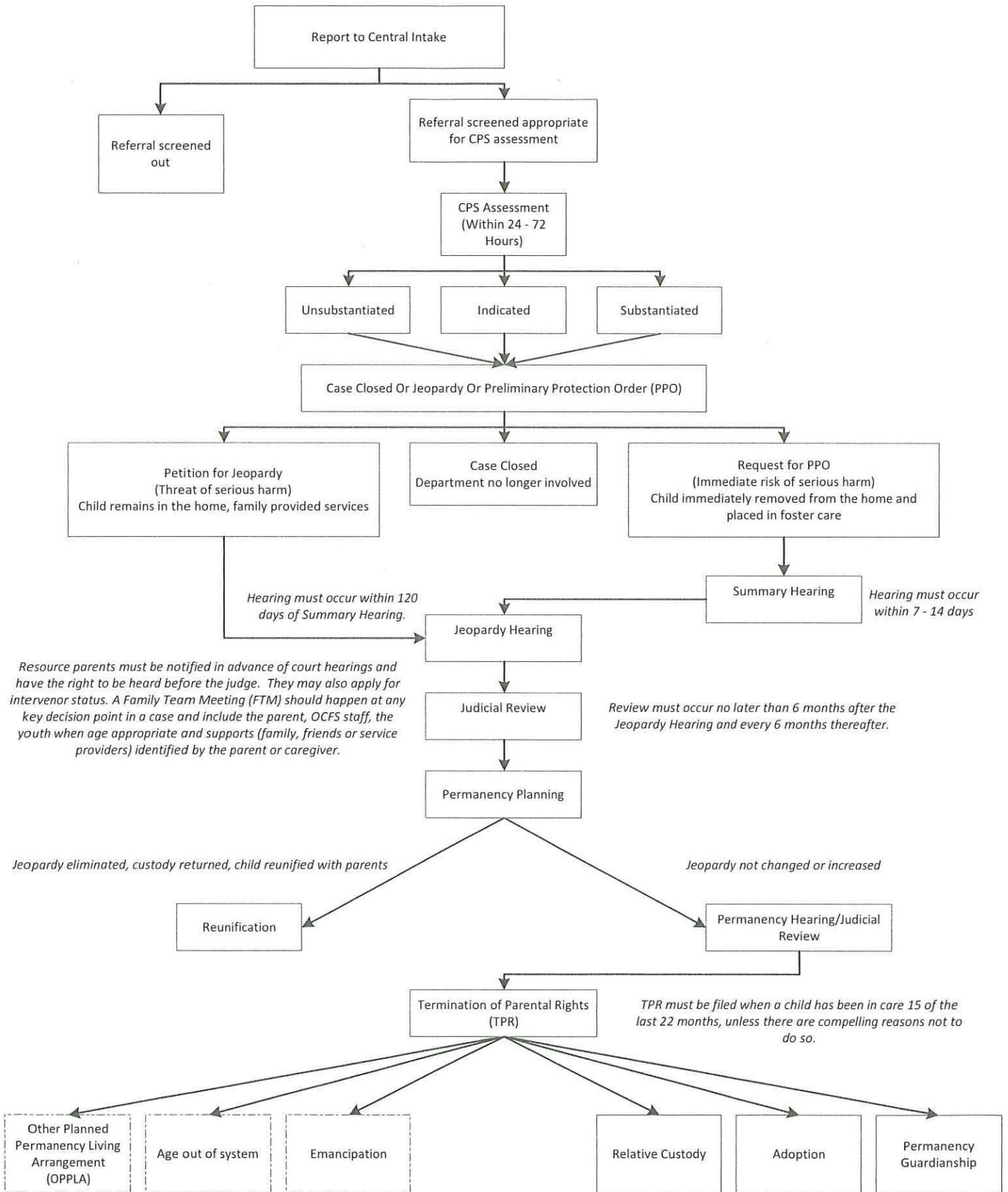
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47. TDM Policy and Practice



Child Protective Services Case Flow and Legal Process





Office of Child and Family Services: 2019 Year in Review

DEVELOPING STRATEGIES TO IMPROVE SYSTEMS

- **Child Welfare Services Vision:** With support from staff, national experts, and stakeholders, evaluated over 170 recommendations for improvement. Engaged in Initiative Mapping to determine the most impactful initiatives and built a Vision with 12 key strategies to improve child welfare practice and outcomes for Maine children and families.
- **Children's Behavioral Health Services Vision:** Evaluated over 30 recommendations for improvement. Engaged in visioning sessions with participation of staff, providers, advocates, stakeholders, and national system of care experts to identify the most important initiatives to produce 13 strategic initiatives in the CBHS Vision.
- **Aligning Licensing:** Transitioned Children's Licensing and Investigation Services into OCFS to support a seamless and robust licensing system for child care, behavioral health, and foster care.

RESTORING TRUST TO STRENGTHEN PARTNERSHIPS WITH STAFF, STAKEHOLDERS, AND CLIENTS

- **Trust Through Transparency:** Established a web-based publicly accessible dashboard of key data indicators for Child Welfare, Children's Behavioral Health, and Early Childhood Education.
- **Prioritizing Communication:** Ensured staff remained informed of new developments and sought their input into strategic visions and other key decisions made that would impact their work. Met with providers and advocates to build relationships and partnerships throughout the systems of care we oversee.

SYSTEM IMPROVEMENTS IMPLEMENTED IN 2019

- **Child Welfare Information System:** In July made a competitive award to Deloitte Consulting, LLP for development of a new Comprehensive Child Welfare Information System.
- **Advancing Child Care Subsidy:** Promulgated new Child Care Subsidy Program rules to clarify eligibility standards and bring Maine into compliance with federal requirements.
- **Modernizing Intake System:** In June implemented a modernized intake telephone system, increasing the number of calls answered live and decreasing the rate of abandoned calls and wait times.
- **Improving Foster Care Licensing:** Supported the passage of LD 1526 which removed the requirement of a Fire Marshall's inspection in licensing. Implemented a health and safety inspection completed by licensing staff.

PROVIDING STAFF WITH WHAT THEY NEED TO BE SUCCESSFUL

- **Understanding Caseworker Workload:** With support from national experts and staff, developed a workload analytic tool to project staffing needs. Published the first annual report on workload on 10/1/19 in accordance with LD 821.
- **Addressing Staff's Concern Regarding Afterhours Coverage:** Amended existing contracts to allow for contracted staff to provide supervision of children in custody while in the emergency department. Working with providers to further amend contracts to provide staffing and supervision for children in hotel rooms.
- **Focusing on Impactful Training:** Trained staff in Motivational Interviewing which improves engagement skills and allows staff to assist parents in making necessary changes to ensure child safety.
- **Building Partnerships to Benefit Staff:** Established a Cooperative Agreement with the Muskie School to make improvements in policy, training systems, and workforce development.

THINKING OUTSIDE THE BOX TO SOLVE PROBLEMS AND EFFECT POSITIVE CHANGE

- **Improving Services to Benefit Children and Families:** Developed and implemented a visit coaching model that focuses on the strengths and needs of the family and children. Piloting the Visit Coaching and Assessment Services model in Penobscot county to inform a redesign of visit coaching services statewide.
- **Utilizing Technology to Improve Operations:** Developed a pilot project for electronic discovery in court cases. Procured software to create a secure system and developed workflow process to deliver sensitive documents. Currently finalizing plans to pilot the system in two Districts to inform a future statewide rollout.

Strategic
Priorities

Transparency

System
Improvements

Prioritizing
Staff

Innovation



All Maine Children & Families

**SAFE, STABLE,
HAPPY, HEALTHY**