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TO: Members, Government Oversight Committee
FROM: Lucia Nixon, Director
DATE: April 13, 2022
RE: Work Session on OPEGA Report on Child Protective Services Investigations

At the Government Oversight Committee meetings of March 25 and April 8, 2022, the committee received the presentation of the OPEGA report on Child Protective Services Investigations, heard public testimony, had the opportunity to ask questions of OPEGA staff and representatives of DHHS/OCFS, and discussed various aspects of the report and related matters. At the April 8 meeting, the GOC voted to endorse the OPEGA report. The GOC's remaining work with respect to this report is to determine, and vote, on any follow-up actions the committee wishes to take based on the findings and recommendations presented in the report.

On the pages that follow, this memo outlines the issues, recommendations and areas for consideration identified by OPEGA in our review of Child Protective Services Investigations, as presented in our report, and identifies potential options for the GOC to consider should the committee wish to take further action on any of these items. The memo also: lists pertinent information that the HHS Committee has requested from OCFS in its letter of 4/11/22 (attached); and indicates relevant bills currently pending before the Legislature.

To the extent that the GOC pursues actions that assign new project work to OPEGA, it will be important to consider the priorities between these assignments, available staff resources, and implications for the scope and timelines of other planned OPEGA project work, including evaluation of Permanency and Reunification in Child Protective Services.

Issue 1: High Workloads Impact the Thoroughness of Investigations (p.52)

OPEGA Recommendations for OCFS: Evaluate workload using its existing workload analytical tool and any other appropriate methods; implement strategies to adjust the contributing factors (staffing levels, 35-day investigation timeframe, investigation tasks and number of investigations) to reduce workloads of caseworkers.

Information Requested from OCFS by HHS Committee (Letter of 4/11/22, item 1): Information regarding efforts to increase number of caseworkers and reduce tasks including:

- whether OCFS has been able to remove certain tasks from caseworkers;
- how OCFS is working to fill caseworker vacancies;
- whether OCFS has considered of a career ladder approach;
- are plans in process to have 50% caseload for new caseworkers; and
- whether OCFS has extended, or plans to extend, the 35-day time frame for investigations

Other Potential Options for GOC:

1.1 Assign OPEGA a new project to further examine and report to the GOC regarding OCFS caseworker staffing levels and contribution to workload challenges, including: vacancies, recruitment, retention and attrition rates, and OCFS progress and performance in addressing staffing issues and caseworker vacancies in particular.

Issue 2: After Hours Expectations for Caseworkers (p. 55)

OPEGA Recommendations for OCFS: (1) Evaluate after-hours work requirements and expectations and risks to caseworker effectiveness and burnout; (2) design and implement changes to address identified issues and risks; and (3) consider restructuring the delivery of after-hours services to decrease or eliminate the requirement of overnight shifts for caseworkers and supervisors.

Pending Legislation: LD 1995 (Supplemental Budget) proposes to add 16 caseworkers and 3 supervisors for weekend and overnight positions.

Other Potential Options for GOC:

2.1 Request that OCFS report back to the GOC and/or HHS on the staffing status of the new weekend and overnight positions (pending approval by Legislature), including recruitment, vacancies, retention.

[Note: could be done by letter or adding language to LD 1995 to require reporting]

Issue 3: Caseworker Practice Concerns Issue (p. 56)

OPEGA Recommendations for OCFS: (1) Build on foundation of its existing Quality Assurance (QA) system to better identify specific practice concerns in a timely manner, within all OCFS districts; and (2) link identified practice concerns to opportunities for supervisor feedback, mentoring, and, potentially, additional training for individual caseworkers or other district staff.

Information Requested from OCFS by HHS Committee (Letter of 4/11/22, item 2): Information on what OCFS is doing to improve quality assurance; and how OCFS involves workers at all levels in QA case reviews.

Other Potential Options for GOC:

3.1 Request that OCFS develop and submit a QA Action Plan to the GOC and/or HHS to enhance the existing QA system to: (a) provide for more effective and timely identification of practice concerns overall and at the district level, and (b) link identified caseworker practice concerns to opportunities for feedback, mentoring and additional training.

[Note: could be done by letter to OCFS or amending a pending bill to require this plan]

A.1 New Caseworker Training and Case Assignments (p. 57)

OPEGA Identified Concerns: (1) The prior version of Foundations training was insufficient to prepare caseworkers for investigations work; and (2) concerns about the number of investigations assigned to new workers initially.

Information Requested from OCFS by HHS Committee (Letter of 4/11/22, item 5 and item 1, 4th bullet): Information on (1) whether OCFS has plans to survey the cohort of new caseworkers that have completed the new Foundations training by the Cutler Institute, and how OCFS will measure success of the new training; and (2) whether plans are in place to have a 50% caseload for new workers and if that approach has been used in the past and how success is measured.

Other Potential Options for GOC:

A.1.1 Assign OPEGA a new project to conduct a survey to assess how well the new, revamped training programs for caseworkers and supervisors serving the needs of staff, with particular attention to success of revised Foundations training in preparing new caseworkers for their work.

A.2 Access to Medical Records and Treatment Information (p. 58)

OPEGA Identified Concerns: (1) Challenges for caseworkers in accessing critical information during investigations; and (2) inaccessibility of medical records and treatment information, in particular, as a barrier to completing thorough and timely investigations.

Information Requested from OCFS by HHS Committee (Letter of 4/11/22, item 6): Status of the work of the multidisciplinary work groups convened by OCFS with stakeholders to create protocols and agreements for information sharing between providers and DHHS/OCFS staff and AAGs.

Other Potential Options for GOC:

A.1.1 Request that OCFS report back to the GOC and/or HHS with specific details on the referenced work groups, including membership, goals, products, meetings to date, and timelines.

A.1.2 Assign OPEGA a new project to conduct a survey of substance use/mental health professionals, with a focus on barriers to information sharing. *[Note: less necessary if these professionals are active participants of one or more of the referenced work groups]*

B.1 Services for Families (p. 59)

OPEGA Identified Concerns: Services for children and families in the CPS system including lack of service availability, waitlists, and access barriers such as transportation, child care, and ability to pay.

Pending Legislation (Related to Child Protective Services):

LD 393, A/A to Improve the Child Welfare System (increases funding for services to families in CPS system; requires DHHS to study/report on ability to allow a parent to continue to receive services after child removed)

LD 1824, Resolve to Establish a Commission to Develop a Pilot Program to Provide Legal Representation to Families in the CPS System

LD 1850, A/A to Ensure Continuation of Services to Maine Children and Families through the Alternative Response Program

Other pending Legislation (Related to Services for Children and Families)

LD 1748 A/A Regarding the So-called Leveraging Investments so Families Can Thrive Report Produced by the DHHS (Enacted House 4-12-22, Engrossed Senate 4-11-22; has Fiscal Note)

Currently On Appropriations Table:

LD 372, A/A To Provide Maine Children Access to Affordable Health Care

LD 432 Resolve, To Improve Behavioral Health Care for Children

LD 496 A/A To Clear Waiting Lists for & Ensure Timely Access to Mental Health Services for Maine Children

LD 533 A/A To Expand the Statewide Voluntary Early Childhood Consultation Program

LD 582 A/A To Support the Fidelity and Sustainability of Assertive Community Treatment

Other Potential Options for GOC:

B.1.1 Assign OPEGA a new project to examine service availability, accessibility and barriers to access and participation in services for children and families, focusing on selected services of key interest and concern.

B.2 Prevention of Child Abuse and Neglect (p. 59)

OPEGA Identified Concerns: Whether State investment in child abuse and neglect prevention is sufficient; domestic violence, trauma, mental health, and substance use create ongoing challenges to keeping children safe and preventing abuse and neglect.

Pending Legislation: LD 393, An Act to Improve the Child Welfare System, directs the DHHS Commissioner to establish a Special Projects manager position within the department to coordinate child abuse and neglect prevention initiatives within DHHS and across agencies.

Other Potential Options for GOC:

B.2.1 Request that DHHS report back to the GOC and/or HHS regarding work the new Special Projects Manager (pending approval) and DHHS efforts in the prevention of child abuse and neglect. *[Note: could be done by letter or adding language to LD 393 to require this reporting]*

Other Concerns from Testimony and Committee Discussion

X. Structured Decision Making (SDM) Tools

Concerns Raised by GOC: Need for better understanding of the suite of SDM tools used by OCFS, including: their origins, evidence base, how well they are working for Maine, how they are used in practice by staff, and the provisions around, and frequency of, overriding the outcome of the tools.

Information Requested from OCFS by HHS Committee (Letter of 4/11/22, item 3): Information regarding how often is recommendation of the SDM tools overridden; and who determines when that should occur. (refers to the SDM tool used to screen reports for investigation and response time)

Other Potential Options for GOC:

X.1. Assign OPEGA a new project to evaluate the SDM tools and how they are used by OCFS.

Y. Confidentiality and Transparency, Particularly Regarding Child Deaths

Concerns Raised by GOC: Transparency concerns; tension between the desire for access to relevant CPS records, particularly in cases of child deaths, and existing confidentiality laws and policies.

Other Potential Options for GOC:

Y.1 Create a Task Force to review issues regarding transparency and confidentiality surrounding CPS records, and child deaths in particular, and the implications for timely review of cases external entities. Potential members might include representatives of the Legislature, DHHS/OCFS, Office of the Attorney General, Child Death and Serious Injury Review Panel, Child Welfare Ombudsman, attorneys and other stakeholders.

[Note: could be created through a Joint Study Order; or amendment to a pending bill]