Testimony of
Mark W. Moran, LCSW
Chair, Maine Child Death and Serious Injury Review Panel
Before the Government Oversight Committee
December 13, 2023

Senator Hickman, Representative Fay, and members of the Government Oversight Committee:

My name is Mark Moran. I am a Licensed Clinical Social Worker and the Chair of Maine's Child Death and Serious Injury Review Panel (CDSIRP)*. Thank you for the opportunity to join you again today to hopefully help inform your thinking as you move further into your consideration of opportunities for improvement in Maine's child welfare system.

Two weeks ago, I was asked by Sen. Bennett for some additional thoughts related to my prior comments about opportunities to improve child welfare information sharing. This concept is important because if communities are to be considered part of the broad child welfare system, the key members of those communities must be well enough informed to fill their role as part of our children's safety net. I previously recommended proactive sharing of investigation outcome data with primary care providers, to allow greater awareness of risk and safety concerns by members of this critical component of the child welfare system. As I've considered information sharing further, I'd also like to highlight three additional opportunities for OCFS to improve its information sharing.

First, OCFS has, for several years, employed a "Family Team Meeting" (FTM) as part of their practice and efforts to engage a support system around a family that, ideally, would help monitor and ensure a child's safety once formal state intervention ends. Through my work in the medical setting, I have participated in many such meetings over the years, typically during the early part of OCFS involvement when decisions were necessary about whether a parent could safely care for the child upon discharge from the hospital. Those meetings included an opportunity for all gathered to voice their safety concerns for the child in question. In addition to the parents and the OCFS staff, other attendees of the FTM, such as grandparents, other family members, and various professional supports a family might have, would hear the specific points of concern and thus have the potential to meaningfully be part of the child's safety net. The outcome of a meeting could be a safety plan developed with the help of the team, or it could be a decision for OCFS to seek custody of the child. Regardless of the outcome, I have found the transparency afforded by this practice to be invaluable. People who care about the child- and the parents- can have a true understanding of the concerns, rather than receive a potentially one-sided explanation (which may or may not be accurate) from a parent post-removal. FTM practice has evolved over the years and in the context of other OCFS challenges, I fear that this practice, at least to some degree, has fallen by the wayside.

Second, education personnel make the most reports to child protective services agencies across the country. They are as integral to a child's well-being during their formative years as any non-family member could possibly be. Yet, like medical providers, there is no proactive sharing of information with school administrators, counselors, or teachers from OCFS. This is another opportunity to put relevant information in the hands of those who are best positioned to help monitor and support a child's safety.

Third, and finally, the National Center for Fatality Review and Prevention's Case Reporting System. As I explained to the HHS Committee in September, my Panel has, intermittently over many years, advocated with OCFS leaders for Maine to become a contributor to this case reporting system. In September, I was able to confirm with the director of the National Center that Maine was one of only three states in the country who was not participating in the database. The other two states were Vermont and North Carolina, and both were in the process of joining. Benefits of participation include the systematic collection of data that can then be summarized, analyzed, and used to provide evidence informed recommendations to policy makers, to those making practice decisions, and to prevention focused organizations. The Panel has repeatedly been told over the years that there were various barriers to Maine's participation. As I told your colleagues on HHS, if every other state in the country can find ways to overcome those barriers, it seems quite likely Maine would be capable of doing the same.

At my last appearance before the Committee, Sen. Timberlake also asked for additional thoughts about what I would like to see change in the child welfare system from the medical system's perspective. With the caveat that I wouldn't possibly be able to represent the entirety of the medical system, I can offer some of my thoughts, informed by my work with and in the medical system. In addition to my earlier comments about proactive information sharing with primary care providers, I'd like to highlight three additional items.

First, the issue of minors being left in hospital emergency departments. Last week, Commissioner Lambrew said that as of December 3, there were 4 children in hotels and no children in Maine's emergency departments. I have to assume she meant that there were no children *in DHHS custody* who were in Maine's emergency departments, because I am personally aware of multiple youth who have been medically and psychiatrically cleared whom parents refuse to pick up from the ED. These are most often behaviorally challenged children whom the parent is either unable or unwilling to continue to manage at home. Hospital staff make regular reports to OCFS alleging abandonment of these youth, but OCFS views these as situations in which the parent has no other choice to keep the child safe and therefore declines to intervene further from a child protective services standpoint. Realistically, even if OCFS did seek and obtain custody of those kids, alleging abandonment, I expect they would be no more likely to leave the ED setting in which some of them stay for weeks and months. Maine lacks a comprehensive spectrum of behavioral health services for youth and these kids are compelled to remain in a setting that is not only unequipped to address their therapeutic needs, but may also, at times, cause additional harm.

Second, the critical child welfare system role of Child Abuse Pediatricians (CAPs). I touched on this in my November 29th testimony, where I also included an op-ed written by retired child abuse pediatrician Dr. Lawrence Ricci. Child Abuse Pediatrics is a formal medical subspeciality, recognized as such by the American Board of Pediatrics, that helps diagnose various forms of child maltreatment and, as importantly, that helps *exclude* a diagnosis of child maltreatment. Stated simply, with the aid of CAPs, the child welfare system is more likely to get cases right, protecting children when needed and preserving families when possible. Because of case specific challenges my Panel has identified involving Child Abuse Pediatrics, I highlighted this topic for the Health and Human Services Committee in my last quarterly presentation. Maine is fortunate to have the services of 2 CAPs, but could use more, and I believe my colleague, child abuse pediatrician Dr. Amanda Brownell, will be speaking to this in more detail.

Third, and finally, an evidence-based community health program- Nurse Family Partnership (NFP). As both GOC and HHS have heard repeatedly, the Family First Prevention Services Act includes emphasis on the implementation of evidenced based programming that prevents child maltreatment. Yet, Maine has not, to my knowledge, taken any steps toward considering or implementing this program that has been deemed by the California Evidence Based Clearinghouse to be a Level 1 program ("well supported by research evidence") - the highest category available. This program has been studied for over 40 years and boasts evidence of 48% reduction in child abuse/neglect, 56% fewer emergency room visits for accidents and poisonings through age 21, and 67% less behavioral and intellectual problems in children at age 6. Cost savings with this program average $26,898 per family served (or $2.90 per dollar invested) and total benefits to society equal $60,428 per family served (or $6.40 per dollar invested). NFP is present in 41 states, and while I am glad the ranks of Maine's Public Health Nurses have been replenished in recent years, Maine could very well be missing out on significant prevention benefits by not implementing this specific practice model.

In preparation for being here with the committee today, I asked Director Schleck for any guidance he might provide those of us who were asked to speak- How can I/we best be of service to the committee? The Director provided a simple question as a prompt for my thinking- What do you want the committee to know? As I've contemplated this over the past couple of weeks, I've struggled to distill my thoughts down to the most important things I would want you to know about the child welfare system- in part, I think, because all aspects of the system are important. That said, I offer my best summation of three key points to conclude my testimony.

First, the culture, workload, and turnover issues within OCFS must be prioritized. Those investigating maltreatment allegations, seeking removal of kids when necessary, reunifying when possible, and finding permanency regardless of the outcome need the resources to do that work well- not only tangible things like enough state cars and technology that helps their work rather than hinders it, but also the intangible things, like being able to reliably be home for dinner at 6 pm, feeling that someone appreciates their work, and having the time to review and learn from mistakes. There are generational differences in the workplace. Younger workers place much more emphasis on work-life balance and greater flexibility in their positions to get their work done. For some, if not many, extra pay and a genuine desire to do good, meaningful work is simply no longer enough to tolerate the extreme adversity the job presents. It is no longer enough for a state agency to adequately retain this critical element of our workforce.

Second, proper investigation of children's safety and risk must continue and improve, even while our state pushes toward the ideal of prevention and family preservation. There will undoubtedly be families that benefit from the efforts of those whose primary focus is on prevention and implementation of the Family First Prevention Services Act, but there will also continue to be some for whom those efforts to prevent maltreatment and strengthen families will be insufficient to keep children safe. We need people to continue to talk about that reality so front-line staff have an awareness that removal is sometimes a necessary option, equally front of mind as prevention and family preservation. Until we can eradicate all child maltreatment, there are some kids who will be traumatized regardless of whether they remain in their homes or are removed to a safer environment. The situation referenced by former Senator Mike Carpenter on November 8 is an excellent example. If you've forgotten, he spoke about 3 siblings who

were finally removed from their home after several years of maltreatment that seemingly never rose to the level of "immediate risk of serious harm." He described the condition of the kids now in rather dire terms, saying at least one of them required residential care and would likely be incarcerated or institutionalized for many years. I fully acknowledge that a choice to remove those kids several years ago would not have been a benign intervention, but surely, they would have had at least a slightly better chance at a well-adjusted life had more substantial action been taken earlier. As a specific example of why the reality that removals are sometimes necessary must not be forgotten, I encourage you to examine the 2023-2026 OCFS Child Welfare Strategic Priorities. These can be found on the final page of the Maine Safety Science Model 2022 Report as well as the Child Welfare Annual Report for Calendar Year 2022. Under the heading "Safety," the second bullet point is "Improve the consistency and quality of CPS investigations." The first listed method of accomplishing that priority is "Ongoing implementation of the FFPSA." I fail to see what the consistency and quality of CPS investigations has to do with FFPSA. Investigation is the inquiry, the questioning, the gathering and evaluation of any evidence relative to an allegation. If there is evidence that child maltreatment is present, then a choice must be made about how to intervene. Family First may provide an option here if sufficiently intensive services are available, or removal may be necessary. Inserting Family First language into every element of child welfare rhetoric can be harmful through its exclusion of the sometimes-necessary removal. I worry that this implicitly signals and therefore influences front line staff toward interventions that are more aligned with prevention and family preservation than with what may be safest for the child.

Finally, identification of both case specific and systemic issues through post-hoc case reviews by various multidisciplinary groups in various settings is essential for continual child welfare system improvement. It is, in some respects, easy to look back at the Goding, Williams, and Harding cases, as I imagine it will be with the Melvin case, and pick out where the most opportune points of intervention were, what the most salient themes were that could or should have been identified and acted upon, and what system or service gaps contributed to a child and family not getting what they needed to be safe, stable, happy, and healthy. It is much more difficult to look back and be able to articulate why Hailey, Maddox, Jaden, and Sylus are the specific children we're discussing. What made them different from every other child in Maine that lives in similar situations, where intergenerational child maltreatment (and its resulting trauma and adversity), untreated or undertreated substance use and mental health disorders, domestic violence, and poverty are the norm? I don't think we know that answer, but in the process of trying to find out, we can still do good work in identifying opportunities for improvement and ensuring feedback about those opportunities gets to those at all levels who can learn from it. The work to "get it right" in child welfare is never ending and it truly does "take a village," because we are smarter together than we are alone.

Thank you once again for the opportunity to speak to you today and for your continued partnership in this work. I'm happy to try to answer whatever questions you may have.

**Testimony offered on behalf of the CDSIRP does not necessarily reflect the official opinion of any state, public, or private entity whose employee is a member of the Panel. The testimony offered today does not necessarily reflect the official opinion of the CDSIRP unless otherwise stated.*

Testimony of Dr. Amanda Brownell
Medical Director, Spurwink Center for Safe and Healthy Families
Vice-chair, Maine Child Death and Serious Injury Review Panel

12/13/2023

Good morning and thank you to Senator Hickman and Representative Faye and the rest of the Government Oversight Committee for allowing me to speak on this panel today. I am Dr. Amanda Brownell. I am a child abuse pediatrician, medical director of the Spurwink Center for Safe and Healthy Families and the vice-chair of the Child Death and Serious Injury Review Panel. I offer the unique expertise to discuss the intersection of the medical world with the child protective system.

It is important to say that I appreciate the relationship the Center has with Acting Director Johnson and the Department of Health and Human Services. The difficult work of protecting children is not solely the responsibility of the Department of Health and Human Services; it involves many agencies and community partners along with legislative support.

Thank you to Mr. Moran for bringing up the role of the child abuse pediatrician in the child protective system at large. A large focus of the GOC has been assessing why children in Maine are dying at the hands of their caregivers and why children in Maine are suffering multiple instances of abuse. I previously submitted written testimony on November 29th about the work that the Center does. To summarize, the two child abuse pediatricians in Maine are already involved in many cases that the department assesses from the first call to the intake hotline to DHHS making a finding of abuse or not at case closing. Our goal is to use objective information to correctly diagnose maltreatment or the lack of maltreatment of children.

I believe there is more of a role for the Center in the state's work of protecting children. We already know that the early diagnosis of child abuse prevents more serious and potentially fatal abuse from occurring. An example of this would be an infant who has a fracture that was inflicted upon them by a caregiver. This injury is an indication of an unsafe environment. We know these young and vulnerable children can go on to experience worse and potentially fatal abuse without intervention from the child protective system.

Within our current capacity we are unable to be involved in every case of reported physical or sexual abuse. I believe there is an opportunity to share our expertise in a more integrated way with the Department. Increasing our involvement in more cases may prevent instances of re-abuse. Having the benefit of our expert opinion allows DHHS and the court to make more fully informed decisions about child safety. Conversely, our assessment may provide evidence that the child was not abused.

Another possibility is the increased integration of our expertise into child protective intake. We are currently consulted by the department on some cases at the point of intake. However, more routine consultation with us may prevent opening unnecessary investigations, preserving the state's limited resources. This would also potentially decrease caseworker workload, allowing staff to focus on the cases in most need of the department's attention.

Another barrier to child protection is the lack of appropriate reporting of potential abuse by mandated reporters. There are many reasons why this may be the case. One worrying reason I have heard from

professionals is that they hesitate to make a report to the department out of fear that they are punishing a family by doing so. It causes mandated reporters to second guess their professional duty to report and puts a child's safety, and potentially life, at risk. This stigma also makes the work of child protective workers and others, like our clinic, more difficult. It is difficult to retain staff, who frequently enter this work to be a helper, when their work is instead portrayed as punitive rather than lifesaving. The purpose of the child protective system is just that, to protect the child.

If after hearing what we do, you believe the Center should be more involved with child protective work, I agree. We should be more available to more children. Unfortunately, at the current level of revenue from insurance billing and from DHHS, the Center loses money while providing these vital services. Maine Care rates for child abuse evaluations have not changed significantly in a decade or more. If things continue as they are, our availability as it stands is at risk and we would certainly not be able to expand our involvement as I have discussed. Additional support from the state is not without precedent and does occur for child abuse programs in other states. I look forward to continuing to work with the legislature, DHHS and community partners protecting Maine's children.

Thank you and I would be glad to answer any questions you may have.

Amanda Brownell, MD

Testimony of Christine Alberi, Child Welfare Ombudsman
Government Oversight Committee
Child Welfare Panel
December 13, 2023

Good morning, Senator Hickman, Representative Fay, and members of the Government Oversight Committee. Thank you for having me here today. My name is Christine Alberi, and I am the Child Welfare Ombudsman for Maine. I am happy to discuss and answer any questions about child welfare that I am able to, but I wanted to highlight several topics.

2023 Annual Report

We will be releasing our annual report as of January 1, but I wanted to give a brief preview of what our findings and recommendations are. In short, our findings this year were very similar to last year's: the Department has consistently struggled in determining safety of children in two areas: 1) at the beginning of involvements during child protective investigations, and 2) at the end of cases when deciding whether or not to reunify children with their parents.

Our work is, by statute, focused on the Department's actions within the case specific reviews that we complete. However, we also take note of other parts of the child welfare system that greatly affect how the cases proceed. And particularly for the reunification part of cases, lack of services for parents and children are an issue in the majority of cases in one way or another. At the very least there are delays in obtaining services, or even when services are in place, they are not the ideal type of services for the particular issue a family is experiencing.

Another issue outside of our direct statutory mandate is the availability of services and prevention programs and supports for families that are not the current subjects of child protective investigations and cases. Ideally, we could prevent that call to the child abuse hotline from ever being made for every family in Maine. While that is not realistic, the more prevention services we can put into place, the fewer calls we will get that children are being neglected or abused. These services include mental health services, substance use treatment services, trauma informed services, domestic violence services, housing, and transportation. All of these services, for both adults and children, are necessary for the safety and well-being of children both before, during, and after child welfare involvement.

Safety Science

I strongly recommend that the Department and the child welfare system as a whole lean in to Safety Science. Safety Science reporting and recommendations generated by Department staff should be shared with all stakeholders as well as Department staff, and systemic recommendations should be implemented through statewide effort.

The 2022 Maine Safety Science Model Report echoes exactly what you have heard from caseworkers who have spoken publicly to this Committee. For example, "staff knowledge, training, and experience were identified as factors contributing to barriers in work practices. In terms of knowledge, staff perceive that the onboarding process for new staff is challenging, and

that the Foundations training does not prepare caseworkers for the complexities of the work, which influences staff turnover." Also, "investigation staff reported feeling pressure to complete investigations on time, to close overdue investigations, and to prevent new investigations from becoming overdue."

Safety science reviews are based on listening to staff and quantifying the practical barriers that exist to effective casework, and ultimately ensuring the safety of children. Some of these barriers are system wide barriers, while others are solely within the Office of Child and Family Service's control. All of these barriers require creative solutions and really listening to what child welfare staff need.

Katahdin

On January 18, 2022, the new child welfare database, Katahdin, went live. This was a long-planned move due to the age of the previous database, the Maine Automated Child Welfare Information System (MACWIS). MACWIS was antiquated, difficult to use, and would not likely have functioned effectively for much longer. Katahdin was created on the web-based Salesforce platform through a contract with Deloitte Consulting. All stakeholders agreed that MACWIS needed to be replaced, but unfortunately, so far, Katahdin has not been an effective replacement for MACWIS and does not function well as a child welfare database. This lack of function directly, and negatively, affects child safety.

Any child welfare database serves different purposes for different individuals. Caseworkers must be able to easily enter and upload the correct data and documents, be able to see the history of cases and families, and provide discovery to the attorneys if there is a court case. Supervisors, program administrators, and central office staff must be able to use a database to supervise cases and perform reviews of cases and critical incidents. Quality Assurance staff use the database to collect federal reporting data and perform case reviews that inform practice improvements in individual cases, as well as systemic reviews. Other central office staff use the database to present to the safety science selection team and the Serious Injury and Death Review Panel.

Katahdin has been in use for almost two years at this point, and has been an issue in one way or another in essentially every single case that my office has reviewed during this time. It is difficult and time consuming to use, especially when looking up a family's history. The Department has recently made a significant practical fix which has made history easier to access: now it is possible to view the events that occurred in a case in chronological order, which looks much more like the information that was generated by MACWIS. My office does not ever enter data into Katahdin, so I am not able to comment on staff experiences from that end, but I have heard anecdotally that staff and supervisors feel it takes significantly longer to use in general.

Placements for Children

Finally, I have listened to the discussions within and testimony before this committee about placements for children, and the problems with children placed in emergency rooms and hotels. Clearly, neither hotels nor emergency rooms are appropriate placements for children, but the staffing issues around these placements also seem to be a significant contributing factor to staff

turnover within the Department. I don't have an obvious solution, but one thing that I don't believe has been discussed at length here is the recruitment and retention of foster homes. I strongly recommend that this be a priority of the Department and Legislature, because if children cannot be with their parents, a family home is the best place for them to be. Ideally, these foster homes would be relative placements, but relative placements also need support, often even more support than non-relative resource homes.

Thank you for your time, and I am happy to answer any questions.

Christine Alberi
Child Welfare Ombudsman
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Maine Child Welfare Advisory Panel Quarterly Report

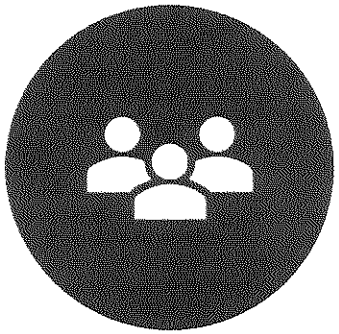
Report to the Joint Standing Committee on Health and Human Services

December 14, 2023

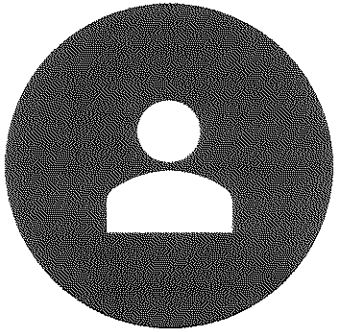
Resolved: That the child welfare advisory panel...shall submit reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters. Any presentations of the reports to the committee must be presented by the citizen members of the panels to the extent possible. Each quarterly report must contain, at minimum, the following:

1. A summary of generalized and anonymized observations in the prior 3-month period regarding efforts by the Department of Health and Human Services, Office of Child and Family Services to improve the child welfare system
2. A summary of the collaboration between the advisory panel and the review panel as well as the Justice for Children Task Force established in 2006 that reports to the Supreme Judicial Court; and
3. Any recommendations on how to further protect the State's children through Department of Health and Human Services policy and rulemaking and through legislation.

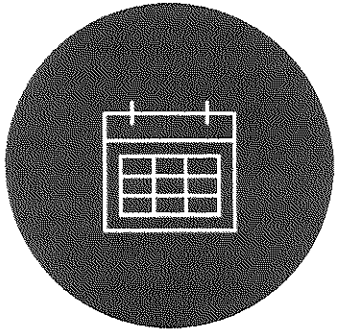
Panel Overview



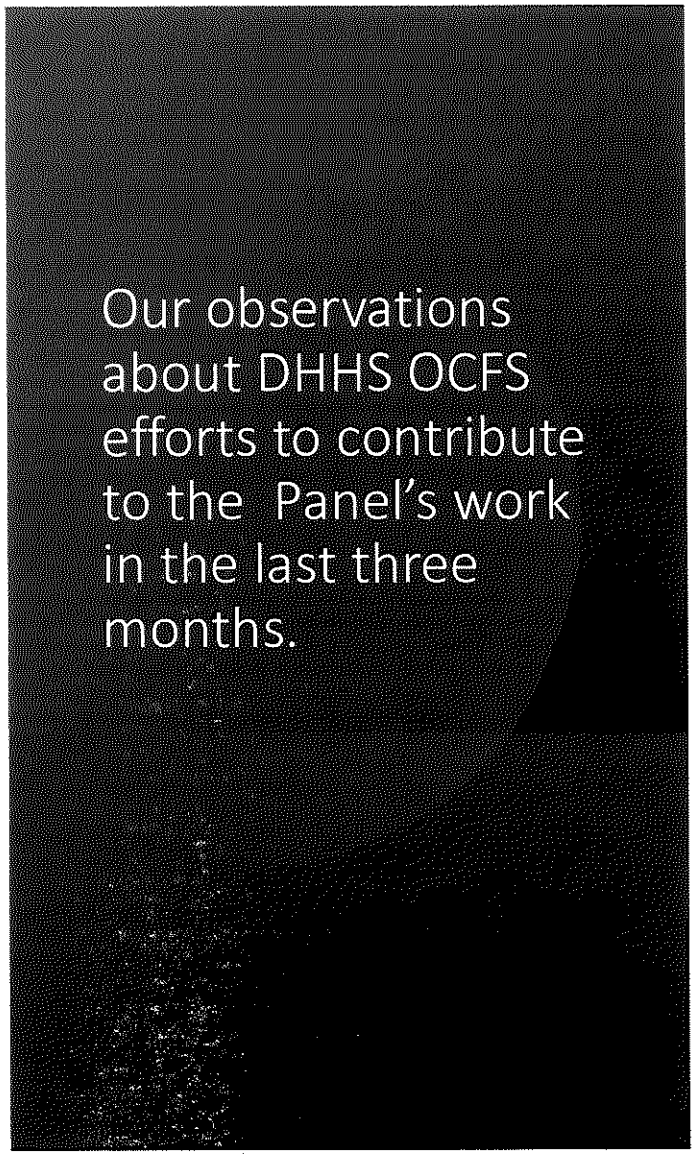
CITIZEN REVIEW PANELS



MEMBERS



SCHEDULE



- OCFS staff participated in all Panel meetings. This included: monthly meetings of the full Panel and Executive Committee meetings.
- OCFS has now assigned staff to consistently participate in all subcommittee meetings and in-between meeting work. Panel members have been appreciative of this investment.
- OCFS has responded to Panel requests for additional data and information, including a presentation from their Home Builders Program in December to help support members understanding of that intensive in-home program that is now available to families.

Recommendations on how to further protect the State's children through DHHS policy and rulemaking and through legislation.

2024 Recommendations

Two types:

- System recommendations
- Panel goals

Recommendation: Office of Parent Counsel

The State should create an Office of Parent Counsel to ensure the roster of contracted attorneys who are appointed to represent indigent parents in child welfare cases are provided with supervision and support to strengthen the quality of representation available to parents and custodians in these cases and to participate in systemic advocacy to promote the State's ability to promote the safety and wellbeing of families.

Recommendation: Child Welfare Law Specialist

The State should certify the "Child Welfare Law Specialist" certification program offered through the National Association of Counsel for Children as a specialization available to Maine attorneys. As part of this effort, the State should explore funding sources to provide scholarships to interested attorneys.

Recommendation: Attorney for Children

Title 22 should be amended to require the automatic assignment of a client directed attorney to any child aged 10 or above and permit any party to request the appointment of a client directed attorney for a child of any age involved in an active child welfare case. This should include creating a specific roster of attorneys and offering specialized training. All appointments should be in addition to the appointment of a best interest guardian ad litem.

Recommendation: Support Judicial Officers in Engaging with Youth

The Maine Judicial Branch, in collaboration with interested parties, should develop a best practice guide for judicial officers for engaging with youth in child welfare proceedings.

Recommendation: Placement/Child Care Challenges

DHHS OCFS should report to MCWAP and HHS quarterly on:

- Number of children in OCFS custody who are staying or have stayed in hotels during the previous quarter (age, length of stay, district).
- Number of children in OCFS custody held at DHHS offices for more than 6 hours at a time awaiting placement or because staff is providing child-care in lieu of that being available through the placement (age, length of time held/cared for at district office, district).

Department should create a policy and practice to inform all case participants within three days of any of the above circumstances.

Recommendation: Home Builders Program Review

DHHS OCFS should review the implementation of the Home Builders Program with particular attention to contract compliance, understanding of the program amongst OCFS staff who are making referrals to the program, and the extent to which the program is able to fully meet the needs of all referred parents, including that services of the program are being provided without discrimination. OCFS should report to the Panel on how it is engaged in ongoing monitoring of this program by March 2024.

Recommendation: Alignment of Economic Supports

The Department should identify areas in which economic support for parents and custodians are not aligned with economic supports provided to foster/resource/kinship placements, as well as uncompensated visit supervisors, and take steps, including updating any necessary formal or informal policies and practices, to align them.

Recommendation: Evaluation of FTM Model

OCFS should engage outside technical assistance to develop a system of evaluation for Maine's Family Team Meeting (FTM) model, to include:

1) establishing and implementing a process for ongoing data collection and analysis that includes case review and FTM participant input;
2) use of data to evaluate the extent current practices reflect policy requirements; and
3) plans for the continuous quality improvement of the FTM model.

Progress on the data collection system, evaluation findings, and plans for improvement should be reported to the Panel by June 30, 2025.

Panel Goal: Examine Use of Child Benefits

The Department should provide to the Panel by June 2024 a deidentified:

1. dollar for dollar expenditure list of social security benefits and child support that was collected by the Department while a child was in State custody, and
2. how that money was spent by the Department.

Additionally, the Department should provide information on how any social security and child support payments offset any other funding, federal or otherwise, that the Department receives.

Panel Goal: Review of Know Your Rights Materials

The Family Centered Policy and Practice working group in collaboration with individuals with lived experience with the child welfare system, will review any documents provided by the Department to parents/custodians that explain their rights as well as the process(es) currently used by the Department to provide parent/custodians with this information.

Panel Goal: Review of Know Your Rights Materials

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Panel Goal: Efficiently Supporting Lived Experience Training Efforts

The Maine Child Welfare Advisory Panel's (MCWAP) Lived Experience Subcommittee recommends that MCWAP's Lived Experience Training efforts be coordinated by the Maine Child Welfare Action Network (MCWAN) in collaboration with MCWAP members.

Panel Goal: Structure of 2024 Work

- Sub-Committees that will continue:
  - Family Team Meetings
  - Family Centered Policy and Practice
  - Citizen Engagement
- Lived Experience subcommittee from MCWAP, will merge with the work being done by the Maine Child Welfare Advocacy Network.

Looking Ahead to 2024

- Triennial surveys to parents/custodians and community providers are required to be issued and collected in 2024;
- Information from state agency partners will be reviewed around:
  - Implementation of contingency fund (June, OCFS)
  - Quality hearing pilot project (April, MJB)
  - Implementation of the first year of the Home Builders Program (February, OCFS).

Questions?

Thank you for your interest in the activities and recommendations of the Maine Child Welfare Advisory Panel (MCWAP).

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Government Oversight Committe2 Testimony 12/13/2023

Melanie Blair, District 3 foster Parent

Communication- complete and honest:

Affects the safety of children and the families they are being placed in

Needs go unmet, children go through multiple placements and are traumatized even more.

Consequences of challenging the department:

Children removed, not returned back, or not utilized for future placements.

Inconvenient, coincidental incidences. (daycare pay/ c.w. confidential personal disclousure/GAL demand/ IAU

Results of high caseworker turnover:

Multiple workers drag out cases, period. Policies aren't followed- permancy ie.

Three current cases=

Case 1- 27 mos, 2 supervisors, 3 c.w.'s, 2 GAL's

Case 2- 10 mos, 2 c.w.'s – MIA bio for 7 mos

Case 3- 5 mos. Whole team is going strong!!!

When we don't all get the things that are needed, the children are the ones affected.

Unsupported:

Key Lessons for Improving Maine's Child Welfare System by Supporting All Stakeholders

By Walk a Mile in Their Shoes...

The Journey

My name is Melanie Blair, I am a biological, adoptive and foster parent, as well as an educator.

For the past several months, I have journeyed with walk a mile in their shoes throughout the state in an effort to discover the challenges that frontline workers have been experiencing in regards to keeping children safe. We have asked these frontline workers what they see as possible solutions to the problems they have been plagued by. And we took the time to listen.

My personal frontline experience has been as a foster parent and an educator. I can relate to you, that my family has suffered greatly at times as a result of working with DHHS. It was about two years ago that I began to realize just how bad things were, AND that we weren't the only ones experiencing the rath of a bureaucracy that holds all the power with no qualms about who they hurt, including and ultimately the children, when you advocate against their agenda, or refuse to succumb to their attempts to cover up a bad decision.

This journey has allowed me to 'walk a mile in THEIR shoes; those that are in the trenches sometimes drowning in despair while they fight in advocacy against the dept., and face the consequences of retribution there-of in an effort to keep kids safe; those that are tasked to do a job that they are not properly trained to do- or realistically able to do; those who work in schools or as clinicians with these children

that are constantly reporting their concerns to DHHS only to have them fall on deaf ears with not even a follow up phone call; and the kinship family members who are desperately trying to get the dept. to step in and help a child in their family but they too are ignored.

My journey, OUR journey, has been extremely disheartening at times and has shown common threads in every frontline group we have met with. Poor leadership, a toxic environment, abusive and bullying relationships, a lack of honest communication and follow through, inconsistent policy and practice, failure to follow existing policy, and a disregard of reported concerns have brought us where we are today.

We all want to be part of making the system safer for Maines Children, but instead, the ball game is being played with just a pitcher, a catcher, and an umpire while the rest of us are benched, we want to contribute- but are shut out. There is no team work, no culture of excellence, it is simply a strive to survive environment. Frontline workers lack the empowerment and respect from higher ups to do their jobs.

For too long, we have been kept behind a smokescreen of bureaucratic minutia and inauthentic empathy that does not follow existing laws and policies necessary to achieve or promote the safety of children. Rather, the ideology of family preservation pushes DHHS to reunification at all costs. So while we pass the buck from one person to another and hide behind a smokescreen of dysfunction, the children are stuck lost and scared in the smoke. They are being re- traumatized or worse, by the policies that aren't being followed, policies that are not working and poor decision making. It is time to clear out the smoke, the toxic culture and those perpetuating it.

Charles Kettering, A very successful inventor and businessman stated decades ago that "A Problem well defined is a problem half solved". I

have watched and listened to legislators at the Government Oversight Committee for the last two years try to figure out how to stop record numbers of children from dying that were on DHHS radar. Everyone WANTs this to change, none of us WANT our state to rank twice the national average in child maltreatment, but even the most dedicated legislators and advocates can not solve a problem that isn't acknowledged or well defined with specific issues. Walk a Mile has traveled throughout the state to bring you, the law makers and enforcers, this information. We now have a report with well-defined problems, and specific solutions. Now it is time for action, and to truly make the safety of children the first and foremost priority.

Testimony of Debra Dunlap
to the Government Oversight Committee
Wednesday, December 13, 2023

Senator Hickman, Representative Fay, and esteemed members of the Government Oversight Committee:

My name is Debra Dunlap, and I'm one of the cofounders of the Maine Child Welfare Action Network. I am also supporting the development of the Center for Parent Leadership and Advocacy in Child Welfare (CPLA). For over twenty years, I have worked in programs and developed initiatives to help families who are experiencing multiple stressors, including involvement with the child protection system.

As a former Director of Parenting Education in a community based organization, I provided direct services and supervised staff in Parent Coaching, Supportive Visitation, Family Mediation, and other parenting programs and support groups. I also worked with the Maine Department of Health and Human Services to establish the first peer support program for parents who were involved with child protection. Later in my career, I was the Regional Director of Community Partnerships for Protecting Children (CPPC), a public-private initiative that was established during the last major round of child welfare system reform efforts. This initiative built a broad coalition across five Southern Maine communities that included partners from DHHS, law enforcement, behavioral health services, schools, faith communities, and community leaders who were all committed to developing better ways to help children and families to be safe and well.

All of these experiences taught me the importance of listening to the people who are closest to the problems we are trying to solve. Working alongside parents and community members, I often heard ideas for practical solutions that were not necessarily being discussed in policymaking circles. I was fortunate to be in many rooms where people with different experiences and perspectives came together to find creative solutions for families. I was also fortunate to meet many parents who were willing to share their stories with state leaders in order to improve service systems. Some of these parents are here to speak to you today.

Although it was my professional path that brought me to this work, I am also the granddaughter of a loving couple who assumed care of my father and made him part of their family when he needed them most. As the mother of two adult children, I have also accessed supportive services for my own family over the years. As we hear the experiences of parents today, I invite you to consider the ways all families, including our own, need help sometimes.

We will hear first from Karen Tompkins, one of the co-founders of CPLA, who will read a letter that was collectively written by a group of parents who have experienced the child protective system. We will then hear from Jamie Brooks, a parent with lived experience and another co-founder of CPLA. We will open up to questions after both parent speakers have finished. Please consider the personal nature of the subject matter when framing your questions to individuals. Melissa Hackett and I will also be taking notes, and we will be happy to respond to any questions we can't answer fully today in writing after the session.

Thank you for your time and attention,

Debra Dunlap, MPH
Gorham ME

Testimony of Karen Tompkins
to the Government Oversight Committee
Wednesday, December 13, 2023

Senator Hickman, Representative Fay, and esteemed members of the Government Oversight Committee:

My name is Karen Tompkins, and I am a proud mother of two amazing adult children. I have worked with parents who are involved with child protective services for over ten years, through various positions that were all designed to help families understand what the Department does, while also helping the Department understand the family experience. I have served hundreds of parents and providers touched by the child protective system. I am currently one of the facilitators of the Child Protective Services 101 for Parents, by Parents, and am one of the co-founders of the Center for Parent Leadership and Advocacy in Child Welfare (CPLA).

My training for this work started when I was a parent who was receiving services. Even though my family has never been involved with child protection, we were navigating many of the same issues that bring children into foster care. I know now that there are a lot of reasons why kids come into protective care, including parents who have mental health and substance use disorders, and families who have children with a disability and high care needs. Our family was struggling with all of these things. We were served by the Wraparound Maine initiative for two years and it made a big impact on the course of our lives. When we were ready to graduate, one of the members of my team suggested that I apply for a peer support position with the Wraparound program. Since 2009, I have been supporting families who have multiple stressors, including involvement with child protective services.

I will be reading a letter today that was written by a group of parents who are connected to CPLA. I have been asked to represent this group in order to protect the privacy of the individuals who contributed.

(Letter attached)

Thank you for your time.

Karen Tompkins
Portland, ME

Letter from Parents Involved with
the Center for Parent Leadership and Advocacy in Child Welfare,
an initiative of the Maine Child Welfare Action Network
to the Government Oversight Committee
Wednesday, December 13, 2023

Senator Hickman, Representative Fay, and esteemed members of the Government Oversight Committee, we respectfully submit this letter to you from the Center for Parent Leadership and Advocacy in Child Welfare (CPLA). CPLA is a new initiative of the Maine Child Welfare Action Network and is currently building capacity to bring the voices of parents who have personally experienced the child protective system into Network advocacy efforts.

While you will be hearing from some parents today, there are many more parents who have experienced the system whose voices also need to be heard. The following is collective insight from some of the parents who are connected to CPLA, and have personally experienced the child welfare system. We are submitting this letter in order to protect the privacy of the individuals who contributed. As you read our insight and recommendations, we invite you to recognize that we are not defined by our past. Each of us has experienced great growth and change since that first knock on the door. We invite you to approach this information from a place of curiosity and learning.

As parents who care deeply about all children, we grieve the tragic events in the cases you have recently reviewed. We also want you to understand that these extreme events are the exception. Given the right support, many parents, including all of us, are able to make the safety changes that brought them into contact with the child protective system.

We collectively had a variety of experiences with child protective staff. Although not the norm, when we experienced positive relationships with caseworkers, there were common practices that made this possible. Most significantly, these caseworkers worked closely with our Family Teams (groups of our service providers and family/friend supports). They listened to the perspectives of other team members, and took those perspectives into consideration when making case decisions. The Family Team members who made the most positive impact regularly told us that they wanted us to succeed in bringing our children back home.

Resource parents who shared similar messages of hope also played an important role in successful reunification with our children. Some resource parents went out of their way to encourage and support our own growth and change, as well as caring for our children. A few of our relationships with resource parents were long lasting as they became true extended family. Peer support from other parents who had personally experienced the child protective system was

a source of hope for those of us who had this service; those of us who did not have this support recognize it would have been helpful. Collectively, we agree that it is essential that parents are connected to somebody who provides unconditional positive support throughout the process.

Many of the experiences that we did not find helpful were related to communication. Most of us did not understand what would happen next during our case, and when we asked, it was not explained in a way that made it easier to understand. It was hard not knowing what was going to happen, and this made it easier to imagine the worst-case scenario of losing custody of our children forever. While caseworkers are asked to give all parents a few documents when they first meet them that explain parents' rights and responsibilities, many parents aren't able process what is being said after they are told their children are being removed. This information needs to be reviewed in subsequent visits when there may be more time for a conversation. Caseworkers get seven weeks of training to understand how the system works, but the vast majority of parents don't get any formal training, and they need their rights and responsibilities reviewed as many times as necessary. Expecting parents to learn how the system works on their own can make many issues more challenging, and make reunification less likely. Every parent should have access to training that explains their rights and responsibilities. Investing in peer support and educational services for parents can make a big difference.

We preferred when our family teams were able to have hard conversations, sharing all the information they had with us, and telling the truth even when they thought there might be a strong reaction. We recommend that caseworkers and supervisors take the time to share whatever they can with families, tell them what they will be doing during the time it takes for a decision to be made, and help parents understand what they should be doing. Parents need transparency and to know what is going to happen, and it's important to help them understand the process and their responsibilities.

Collectively, we had a variety of stressors in our lives that brought our families into contact with child protection. These included untreated mental health issues, untreated substance use disorders (SUD), relationships with people who used violence to control us, and generational poverty. Each of our situations was unique and overwhelming, and getting services and support for the stressors in our lives was critical. We needed care for our physical and mental health, and support to face old traumas from our own childhoods with honesty and courage. Some of us had Family Team members who helped us get resources for our children, addressed our housing situations with vouchers, and supported us as we juggled appointments and made life changes.

Some of the most important resources we received were not just formal services, but opportunities: we first needed reliable income to meet our needs, and then a pathway to financial independence. Poverty is often mistaken for neglect, and it takes skill to know the difference. Many states have updated their definitions of neglect to clarify it as withholding a resource parents already have, not one that is absent in their household.[1] We recommend investing in policies and programs that relieve immediate financial stress for families, while helping them build a path forward to new economic opportunities. We also recommend updating statute to clarify neglect as willful withholding, not a lack of financial resources.

It was equally important that everyone working with our families understood the other issues we were facing. Some of us experienced child protective staff or other providers who did not understand depression, and the deep mental obstacles that needed to be overcome in order to do the work. For some of us, our substance use increased initially when our children were removed, as a way to cope with the pain and grief we were experiencing. Some of us worried about how to pay for treatment, or didn't know about Medication Assisted Treatment (MAT). Substance use disorder touches many people, and relapse is not unusual. Things sometimes got worse before they got better, but people can and do change. A study by the US Centers for Disease Control and Prevention showed that 75% of people with a substance use disorder find recovery.[2]

Many parents want help, they just don't know how to ask, or they are fearful or feel shame. Access to mental health and recovery services are essential both during a crisis, and in order to maintain health over a lifetime. The current reality of long waitlists for services is not aligned with federal timelines for family reunification. We recommend developing more SUD and mental health recovery and treatment resources in every community, including more peer support services, and more opportunities to keep families safely together while parents are seeking treatment and making changes. Instead of expecting caseworkers to be experts in all of these topics, we also recommend establishing access for each district office to people who understand the issues of mental health, SUD recovery, domestic violence, and poverty.

Child removal causes lifelong trauma that affects the whole family, including parents, kids, grandparents, and extended family, and can last for generations.

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[1] https://www.childtrends.org/blog/in-defining-maltreatment-nearly-half-of-states-do-not-specifically-exempt-families-financial-inability-to-provide

[2] https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment

Families don't have to stay in difficult places in their lives. We didn't stay there. The right support can help more parents make the changes needed to be the parents they want to be.

Thank you for your time and attention.

Testimony of Jamie Brooks
to the Government Oversight Committee
Wednesday, December 13, 2023

Senator Hickman, Representative Fay, and esteemed members of the Government Oversight Committee, my name is Jamie Brooks. As a professional, I have supported child welfare systems change in Maine for many years. I provided peer support for 10 years to parents involved with the child welfare system, I am a Family Consultant for the Federal Children's Bureau- Capacity Building Center for States, and I consult on other projects here in Maine aimed at improving parents' experience in child welfare. I am a co-founding member of the Center for Parent Leadership and Advocacy in Child Welfare (CPLA). This is a new initiative of the Maine Child Welfare Action Network that is currently building capacity to bring the voices of parents who have personally experienced the child protective system into advocacy efforts.

I am here as a parent with lived experience in child welfare. Many years ago, I had a child protection case, and my children were placed in foster care. I am one of many parents who have successfully navigated the child welfare system in Maine and reunified our families. You have heard a lot recently about parents who were unable to provide safety for their children. I am here today to represent the perspective of the many, many other parents who have a crisis point in their life that leads to a child protective case, but they make changes, and go on to live their lives and raise their children.

I grew up in a family with undiagnosed mental health issues, untreated substance uses disorders, and power and control dynamics. It was all I knew and was our normal. My parents grew up with many of the same issues. They did their best to give us a good life and I know they loved us. I have a lot more empathy for them- and for myself- now that I recognize these issues were generational.

I have three adult children. My kids were removed from my custody and placed in foster care when my youngest child was an infant. The child protective concerns in my case were domestic violence, mental health, and substance use in our home…the same issues that I grew up with in my family. As a young adult, I ended up in a relationship that was a mirror image of my childhood experience. In my case, I was able to begin breaking the cycles that had existed in my family for generations. I was able to learn a different way to live and developed a safe support system. My children were returned to my custody, and I never became reinvolved. That's what parents can do when they have the right support.

For me, one of the most important sources of support came from my son's foster parents. One of the most impactful things was just seeing how the resource Mom mothered. She parented in a way that I had never seen before and showed me that there are different ways to have relationships with my children. She had loving and direct conversations with me when I thought it might be better to give up. She believed in me when I didn't believe in myself, and kept telling me, "You can do this." I trusted her, so I thought it must be true.

I also had access to a lot of financial support, some of which is less available to families today. I got a housing voucher immediately when I applied and was able to find housing quickly. I had a counselor who helped me to work through trauma and develop more skills. She also encouraged me to go to school and finish my degree through the Parents as Scholars program, so I didn't have to keep working in jobs where schedules were unpredictable, and the pay was low. The Parents as Scholars program helped me purchase school supplies and books and even connected me to a program that provided a vehicle for low monthly payments, and this allowed me to get to my classes and appointments. Finishing that degree was so empowering. All my children were with me when I graduated, and I still have the picture on my refrigerator and look at it every day. These economic supports gave me choices about my situation and my future that I did not have when I was living in poverty without any help. Finances are a huge part of having choices: if I could have just packed up and moved somewhere else instead of being isolated in a domestic violence shelter, my family's story may have been very different.

People don't want to live on benefits, and I ended my voucher and other financial support as soon as I was able to stand on my own. Today, I am not reliant on any kind of public help. I am independent and educated, working, and able to take care of myself and my family. That is where everybody wants to end up, and I was one of the lucky ones to receive what I needed to get there. Everyone deserves to have these same types of opportunities to help themselves and their families.

It takes more than money to help a single mother leaving a dire situation to be able to take care of their kids on their own. The agency I worked with provided everything I needed in one place: therapy for my children and for me, visits with my kids, and parenting classes. These services continued well beyond the time of our case. I had case management for one of my kids who needed extra support, and my children continued therapy for over a year. I stayed with my therapist for many years. I took another parenting class on my own after my case closed. Aftercare services are essential to helping families continue to heal and grow, and to keep them from returning to the types of crises that lead to more child protection involvement.

And of course, there are my son's foster parents. They never left our lives; they were just family to us after that, known as Auntie and Uncle to my children. I had somebody to call to pick up my son from school when he was sick or take my children to do something fun when I was working two jobs and going to school. "Auntie" is kind and loving. She has been direct and supportive when I still needed help working through life's tough decisions. Our lasting relationship was life changing. That is the hope and dream for recruiting foster parents. If they could all support children from the perspective of encouraging and empowering their parents, instead of seeing foster care simply as a pathway to adopt, it would make a difference.

I have the luxury of the years since my case to continue to grow and learn and heal. Looking back, I can see there were many interventions I needed even as a young child, and through middle and high school. Some support at those times in my life could have interrupted those family systems earlier. Helping kids and their families learn coping skills is so important, and we need to invest in programs that support older youth who will be the next generation of parents.

We also need to train case workers in how to be clear and kind with parents about their concerns. In my experience, caseworkers often don't know how to have hard conversations with parents, so they might spend an entire meeting just talking about logistics. They rarely talk about any ongoing safety concerns in a way that parents know if they are making the right changes. Parents need to understand not only what they need to change, but why. They need to have access to the resources to make those changes attainable. Finally, aftercare for families after a child protective case is critical. Families need financial assistance, wraparound coordination, peer support, and therapy that last much longer than the trial placement. These supports need to last as long as the family needs them.

I can see how things are different for my adult children in many ways. I may not always have the right words, but they always have somebody who can support them when needed. I couldn't necessarily fix my extended family's situation, but I could improve my children's. We are not perfect. I am still a work in progress. But we work to have open communication and are committed as a family to creating even more positive changes for the next generation.
Thank you for considering my testimony.

Jamie Brooks
Saco, ME

Testimony for Public Hearing
By Jessica Creedon of Buxton, Maine

Senator Hickman, Representative Fay, and distinguished Members of the Committee on Government Oversight

My name is Jessica Creedon. I live in Buxton.

Thank you for allowing me to provide testimony sharing my personal experience as a resource parent in Maine. We have had a severely medically fragile child who is experiencing foster care for the past 1,071 days. Before joining our family she spent 115 days in the Neonatal Intensive Care Unit. In the time that she has been in our care we have spent the equivalent of several months in the hospital with her (most often without pay from our places of employment), hundreds of medical appointments and thousands of therapy appointments.

Our home is set up like a hospital unit in order to take care of this infant-like child and all of her needs. She has an area of 600 sq feet on our first floor dedicated to all her medical equipment and supplies. She needs this area for her therapies, medical care, daytime living and engagement. In addition: she has a 300 square foot bedroom that she must have alone given the amount of time she is awake during the night requiring medical care. This includes: multiple diaper changes, repositioning her, and monitoring her g-tube and feedings. She is awake, fussy and needing attention approximately 5-7 times per night.

We don't think that anyone would disagree with just how complicated this child is. Her list of medical conditions amaze most physicians. We have been told repeatedly by most of her doctors that it is because of the expertise of both my husband and myself that we have been able to keep her as healthy as we have. Paul is a nurse practitioner and I am a special education teacher with expertise in child development and working with medically fragile children. Our background and knowledge has allowed us to manage many medical issues at home, catch infections early, advocate for her and set her up with the services and therapies that she needs. She has between 8-12 appointments EVERY week. We have created a team of amazing, highly skilled experts to support her needs.

In the last 3 years she has had at least 5 Case Workers. They have been some of the most compassionate and amazing humans that I have ever met, however, they have left for positions in other states and other State of Maine departments. These people were tired of fighting for children only to be bullied and mistreated for fighting for what is right.

The state of Maine stands on the platform of permanence: simply put, permanence is the preservation of family. The state has decided that it doesn't matter that we are all she knows. We have made the simple request for DHHS to assist in those things that are above and beyond raising a typically developing child. Those things that she needs because of her medical condition that are not covered by MaineCare. There is a lot of literature that suggests that raising a child with extreme medical needs costs 7 times more than raising a typical child. Our experience is that this is an accurate number. The stipend that we are given to care for her does not begin to touch the cost of her regular monthly supplies. When an expensive need comes up that costs thousands of dollars beyond the stipend, there is no money to pay for these things and the state does not want to, but somehow we make it happen for her. We have spent the last 3 years making sure that she has been given all she needs to make it as far as she can developmentally while giving her a quality of life. There are many things that have been ordered by the courts to be paid for, yet DHHS refuses reimbursement. DHHS has made it clear that the legislature and federal law won't allow them to help us beyond the stipend after adoption, no matter how complicated this child is.

The state took the steps to remove this child from her parents to keep her safe. I think most would agree that this was a good decision. The state is now deciding that they don't want to commit to keeping her safe with the only family that she has known because they don't want to give her what she NEEDS. The reality is that she will need all of these things no matter who she is with.

We have been told that once we adopt her that she is "our problem". She has even been referred to as "unadoptable" by many DHHS workers. We have been told several times in meetings and emails from those in decision making powers that if we don't adopt her that she will be put into a nursing home. They even went so far as to give us the name of the nursing home they would put

her in at the cost of between $800 and $1,200 per day. DHHS believes that this is a better option for them because the cost of her care in an extended nursing facility won't come out of their budget. This disgusting sentiment has been voiced by more than one state employee.

We have asked for over 8 months to have a meeting with those with decision making abilities to really see and meet this child and get an accurate sense of the intense care involved in order to make the most appropriate decisions for her. We did finally have a meeting scheduled several weeks ago, yet the Supervisor canceled less than 2 hours before the meeting and has made NO attempt to reschedule.

Her developmental pediatrician has extreme concerns with DHHS's decisions. He asked to be at a meeting, however the supervisor "didn't know how to reach him to invite him". This is the same supervisor that made the referral to have the child see him a year earlier. Dr. Burgess was so concerned that he went so far as to call the state's physician, Dr. Carmack to express his concerns. In a recent report for DHHS, Dr. Burgess said the following, "Her foster parents are more than willing to adopt her but are very realistic about the lifetime cost of taking care of a child this complicated. She will require lifelong medical care at the same intensity that she has now if not more as she gets older and Medicaid is very limited in what they will pay for as kids get older so the family will need to financially provide for her. Some of these families actually go bankrupt." The state needs to recognize that this has happened too many times to families that have adopted medically fragile children in the state of Maine.

My disappointment in the State of Maine runs really deep right now. The Department of Health and Human Services refuses to take responsibility for this very vulnerable child. We have spent the last 3 years fighting to get this child everything she needs to have a quality of life and we shouldn't have to fight with DHHS: the very state entity given the task of keeping her safe.

Melissa Hackett, Coordinator for the Maine Child Welfare Action Network
Testimony to the Government Oversight Committee
December 13, 2023

Senator Hickman, Representative Fay, and esteemed members of the Government Oversight Committee, my name is Melissa Hackett. I am a policy associate with the Maine Children's Alliance, which serves as the backbone organization for the Maine Child Welfare Action Network. I am proud to serve as their coordinator and to be here to speak to you all today on their behalf.

To start, I'd like to share a little background about the Network. We are a group of organizations and individuals in Maine working together since 2018 to align, strengthen, and sustain efforts to ensure the safety and well-being of all Maine children, youth, and families. Our priorities and recommendations span the broad child welfare system – from preventing child abuse and neglect, to supporting families when they are challenged, to ensuring children are safe when families are in crisis. The Network Leadership Team is comprised of the Maine Children's Alliance, The Opportunity Alliance, Community Concepts, Spurwink, Volunteers of America NNE, Adoptive and Foster Families of Maine, KidsPeace, New Beginnings, and several former child welfare professionals who serve in individual capacities, including Shawn Yardley, who you heard from recently. Some of our core values include sharing responsibility with all Mainers to promote child safety and family well-being; working in partnership with state government to develop and implement solutions to improve outcomes for children and families; promoting understanding about the intersections of poverty, race/ethnicity, and geography that impact family well-being; and incorporating the perspectives of families in designing solutions.

<u>The current child welfare system remains primarily focused on the downstream</u>. It's important to continue to underscore that Child Protective Services (CPS) responds to families when they are in crisis and removes children only when they are very unsafe. By helping families sooner and better, we can reduce the flow of families in crisis into the downstream CPS, which will take the pressure off this stressed system, *and* improve outcomes for children and their families. We are funneling families into the crisis intervention part of the system, when we could be helping

them sooner (consider the analogy of the health care system – we want people to get primary and specialist care, rather than needing the emergency room. We would not want to expand the emergency room as our only solution to improve the system of care.) Everyone of us has a role to play in improving support for families. And we will make better changes if we work together to develop and implement solutions to address the challenges we are facing.

The role of communities in child safety and family support. CPS has a clear statutory role in intervening only when children are deemed to be unsafe. It is important that this role is limited, for several reasons. First, parents have a fundamental right to raise their own children. Second, child protective caseworkers have, first and foremost, an investigatory role with families. It is fair to say that it is nearly impossible to show up at a family's door and serve both as a trusted support person to parents experiencing challenges, and as someone who could take their children away. Parents are afraid if they ask for help, they might lose their children. We have heard this over and over again from families. Finally, if communities provide social support and access to services, families can be diverted away from government intervention. In short, families are better served in their communities, by their communities. Since 2019, we have added more caseworkers to build up the state agency response to families in crisis. But we have not similarly built up the system of community support, and ensured there is coordination and collaboration between state and community partners. This is what the Network and our state partners at DHHS have been building attention and support for through the Child Safety and Family Well-Being Plan. While that work is in process, there are initiatives already underway to establish and strengthen the community-level infrastructure to build a system that keeps kids safe by keeping families strong. These efforts include consideration of community spaces where families come for socialization and support (Community Schools, resource and community centers, libraries, etc.), Community Collaboratives (like the Community Caring Collaborative, to bring together community partners to identify and respond to needs), and flexible funds (to meet the basic needs of families). Overall, we have heard from families and community partners that they feel isolated and disconnected, and our efforts should reflect a robust and urgent response to build up the community infrastructure to improve connection and support for families, well before they are in crisis.

A note about the Family First Prevention Services Act and what we mean by prevention. This legislation provided an important opportunity for states to leverage federal funds to invest in supports and services to prevent children from coming into foster care. These services are what we refer to as "tertiary" prevention on the continuum. For several years, Maine has taken this opportunity to leverage specific funds to increase investments in efforts to intervene with families when they are at imminent risk of losing custody of their children, to provide intensive services to "wrap around" the family and prevent the need for removal. As I noted a few weeks ago, this legislation was lobbied for by children who experienced the foster care system. It demonstrates their call to say, "if you want to help me, help my family." Efforts have been challenged by a lack of clinicians to implement this work, but it represents an important opportunity to more deeply invest in families being able to safely remain together. The Child Safety and Family Well-Being Plan, on the other hand, is focused on "primary and secondary" prevention efforts, which are designed to provide universal support to meet all families' basic needs for health, wellness, and safety, as well as earlier interventions to support families when they are experiencing challenges. (If you stay with my metaphor of the health care system, this represents the primary care and specialist areas of service delivery.) I want to stress that when we talk about focus and investments in prevention and CPS, it is not an either/or choice. We must robustly invest in (and sustain) both parts of this system to ensure a strong and effective state child welfare system.

How we talk about families and the child welfare agency impacts the effectiveness of the system. In our public policy discussions and media coverage of the child welfare system, we should be mindful of how those messages impact families and the state agency. The Federal Children's Bureau lists "negative portrayal of child welfare services and workers in the media" as one of the top reasons for high child welfare worker turnover (Capacity Building Center for States Brief). When we say the system is broken, it erodes trust and confidence between families and the agency to work together to keep children safe. And it makes it less likely we will be able to attract and retain frontline staff and management to do this important work. So, let's turn our collective efforts toward what we can do to *strengthen* the system of support for children and families, *and* the child protective agency.

Context: A strong and effective child protective services agency is important to ensure child safety when families are experiencing crisis. Persistent issues with turnover and vacancies have made it incredibly hard for caseworkers to learn and perform this complex and challenging work with families. We can't emphasis enough the important role of TIME in caseworkers' ability to conduct thorough work with families to assess and address child safety issues. We should focus our efforts not just on hiring to fill positions, but on ensuring existing staff have the support to stay in this difficult job and to do their work with families most effectively.

RECOMMENDATIONS

***Strengthen and support the child protective workforce**

- Embedded strategic consultation throughout levels of the agency, such as what Maine did during the last round of system transformation in the early 2000's (Fixing a Broken System, AECF)
- District office support staff, especially for coaching

Context: Following the Great Recession, for several administrations, there were significant cuts made to public health and mental health and substance use services. Layer that with an opioid crisis, the pandemic, and economic stress on families, and it provides some context for how we find ourselves with so many families in crisis. In the past few years, we have started to rebuild these systems, but this kind of reinvestment will take time to lead to greater access and availability of supports and services for children and families. It's also important to recognize there are significant workforce challenges that impact the system of support for families, particularly for clinicians in the behavioral health field in community-based services. Given these factors, we should focus on low-barrier and more readily leveraged programs (less clinically heavy) and (flexible) financial supports to address family challenges.

***Expand and enhance low-barrier supportive services for families (w/behavioral health challenges)**

- With peer support and flex funds (Wraparound)

- Other services that could include a provision of cash assistance to families – home visiting/public health nursing
- Example: Kentucky model of diversion and family preservation services (FFPSA) with flex funds - Kentucky's prevention journey (Chapin Hall, starts at slide 28)
- Aftercare services (preventing recurrence and generational involvement) for children and parents, regardless of outcome
- Specific supportive service gaps or other considerations related to specific issues that families are most frequently experience that bring them into CPS involvement, and are issues that cut across these cases, include unmanageable substance use disorder, unmet mental health needs, and the experience of domestic violence and abuse – the committee should also solicit input from groups like MeRAP, NAMI, and MCEDV

Strengthen the (non-stigmatizing) response to moms and infants exposed to substances and parental substance use disorder

- Peer support and flex funds, home visiting, Sobriety Treatment and Recovery Teams (START model), (Maine MOM updates)
- Ensure treatment, recovery, and harm reduction options are readily available in communities across the state – including supportive housing options that ensure children and mothers can stay together through the recovery process
- Expand Family Recovery Courts to one per county (teaming approach)

Strengthen specialized support for caseworkers in CPS district offices

- Including specific, dedicated positions for coaching and mentoring, legal secretaries/paralegals, support staff (transportation and visitation), placement (esp. kin), FTM facilitation, and community services
- These essential lines should also be adequately compensated to ensure they are filled

Alternatives to hoteling and stays in offices

- Identify kinship and resource families in each district who could provide daytime respite for children coming into care

Specialization for complex cases

- Special unit in each district office to review and manage these cases, with an interdisciplinary team approach (offices already – or will soon have - SUD and DV consultants. Bring in MH consultation to this, and have supervisor oversight)

Thank you for your time and consideration of this important issue. Working together, we can develop and implement strategies that will improve child safety by improving support for families and strengthening the state agency child protective response.

Melissa Hackett