

**Blue Ribbon Commission to Study the Organization of and Service Delivery  
by the Department of Health and Human Services**

[Resolve 2023, chapter 98](#)

Wednesday October 9, 10:00 am

Room 209 (Health and Human Services Committee room)

Cross State Office Building, Augusta ME

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**AGENDA**

- Welcome, *Chairs Senator Duson and Representative Craven*
- Discussion of Draft Recommendations, *Commission Members*
- Agenda for final meeting

Future meeting date: October 30<sup>th</sup>

**RECOMMENDATIONS DRAFT #1**  
*for 10/09/24 Meeting*

Resolve 2023, c. 98

Commission duties are to examine:

1. The organizational structure of and service delivery by similar agencies in other states and in nongovernmental organizations;
2. The strengths and weaknesses in the services provided with state and federal funding;
3. Current proposals for improving the safety and well-being of children and strengthening families across all populations and geographical areas of the State;
4. Barriers to accessing services, as well as system failures and additional needed resources; and
5. Areas in which processes can be streamlined and efficiencies made within the department.

**PROPOSED RECOMMENDATIONS**

<i>CHILD HEALTH</i>			
1	NC	Ensure funding meant to support the Child and Youth with Special Health Care Needs (CYSHCN) program is allocated to that work as approved in the State Plan	How are these first four recommendations connected to each other? Or how do they differ?
2	NC	Reallocate funds to support Maine’s goals outlined in the Maine CDC’s Blueprint for Change: Standards for Systems of Care for Children and Youth with Special Health Care Needs	Is this separating MCH funding? Is the Blueprint the continuum of care model noted below or State Plan or something else?
3	NC	Develop a continuum of care model that serves children, with adequate, appropriate, and available care to meet their needs in the least restrictive setting.	
4	NC	Develop a continuum of care model that serves children with any combination of disabilities including developmental, behavioral health, brain injury, substance affected, neurological, and complex medical needs with adequate, appropriate, and available care in the least restrictive setting.	Is this the same as above?
5	NC	Create a new program to serve children with developmental needs or expand CYSHCN to include monitoring and supporting services for children and youth with complex medical and developmental needs who require support such as nursing services, section 28, and developmentally focused services	Does this recommendation belong here or is it structural (below)?

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6	NC	Consider different types of waiver programs for children.	What type of waivers? And how does it relate to the lifespan waiver? (Note KJ also referred to the lifespan waiver for continuity of care)
7	NC	Expand the capacity of the Office of Behavioral Health Services to support youth who are also involved in juvenile corrections to ensure that adequate, appropriate, and effective behavioral health care is available to youth involved in Juvenile Community Corrections as well as those involved in institutional levels of care.	
8	NC	Ensure DHHS is meeting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) obligations <sup>1</sup>	What does “ensure” mean here? What is the action step?
9	MC	Create other options besides hospitals for children awaiting placement	Does this recommendation belong here or in behavioral health or somewhere else? And how is it different to other work already in process?  See recommendation under Structural

**STRUCTURAL CHANGES**

10	NC	Develop a management structure with holistic leadership of all children’s programs.	
11	NC	DHHS to create a position of Associate Director for Youth with Disabilities within the Office of Aging and Disabilities Services to support the lifespan waiver	
12	NC	Separate out the Child and Youth with Special Health Care Needs (CYSHCN) program from the Maternal and Child Health (MCH) program; both to remain within the Maine CDC	Is this the same as the recommendations at the beginning of the chart?
13	NC	Designate a person within the Commissioner’s office who has sufficient decision-making authority to coordinate and solve multifactorial problems impacting children (such as kids at risk of being, or actually stuck in, Emergency Departments and institutional settings) across DHHS offices	
14	NC	Designate a person within the Commissioner’s office to lead the transition from an eligibility-based system to a whole child approach; holistically integrate initiatives	

<sup>1</sup> General information on EPDST may be found at <https://www.maine.gov/dhhs/oms/providers/childrens-services>

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		among DHHS office; and coordinate systemic policies in partnership with DOE and DOC that ensure the health and wellbeing of children is maximized.	
15	NC	Identify a position within the Commissioner’s Office to lead the transition from an eligibility- based system to a whole child approach.	
16	DS	Establish a position within the Commissioner’s Office with the authority to develop and implement individualized systems of care for difficult cases	
17	AD	Improve interdepartmental and intradepartmental communications to make DHHS processes more efficient and reduce the potential for clients’ emotional burden and trauma	
18	MM	Create a staff position responsible for coordinating contacts between families and DHHS offices	Is this the same as the resource family recommendation or something different?
19	NC	Reorganize the Child and Youth with Special Health Care Needs (CYSHCN) program so that it can effectively accomplish its current goal to assist the Department in implementing cross office initiatives such as the Health Resources and Services Administration’s Maternal and Child Health Bureau National Blueprint for Change	

**CHILD WELFARE**

20	DS	All GOC recommendations – See Attachment A and DHHS chart.	Need to be separated out and specified rather than referred to.
21	DS	Increase access to low-barrier wraparound services, with peer support and flex funds (GOC minority)	Is this similar to AD’s flex funds and basic needs recommendations?
22	DS	Expand financial assistance to low-income families (GOC minority)	Is this actually a child welfare recommendation? Or public assistance?
23	MM	Consider having a contact for Resource Families in DHHS (other than – or in addition to – AFFM).	
24	MM	Amend law to allow information to be shared with mandated reporters after a report is filed	
25	MM	Consider outsourcing payments to resource parents to alleviate late payment complaints	Related to GOC recommendation?
26	MM	Review security standards for child care centers and implement changes in licensing	What does “security standards” mean?
27	MM	Support the Child Safety and Family Well Being Plan	Does this mean funding or something else?
28	MC	Expand jurisdiction and enhance independence of Child Welfare Ombudsman	Note: The BRC decided not to take action at the 5/9/24 meeting

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			after discussing HHS committee request
29	AD	Increase funding available to families to meet their basic needs, such as housing and food, to reduce stress on the family	Is this the same as DS recommendation above?
30	RM	Continue to educate public to reduce fear that involving DHHS will lead to removal of children	
31	KJ	Early screenings and standardized safety plans	
32	KJ	Reduce investigation delays and accelerate permanency decisions	
<b>ELDER CARE</b>			
33	DS	DHHS to consider taking any unspent money resulting from these unfilled hours in programs serving the elderly and rolling it over into a permanent account aimed at improving caregiver recruitment and retention	Is there actually unspent money? Is this how the budget works?
34	DS	DHHS to undertake a pilot project using the New York model (as was proposed in LD 17 from the 130 <sup>th</sup> Legislature) for transportation for non-medical services such as groceries or social events	KJ also has a recommendation around transportation accessibility. Are they related or something different?
35	MM	Increase funding for Meals on Wheels to eliminate waitlists	
36	MM	Increase reimbursement rates to nursing homes	Rate review process ongoing already
<b>BEHAVIORAL HEALTH</b>			
37	DS	DHHS to develop a plan to ensure sustained funding for all Certified Community Behavioral Health Clinics (CCBHC) across the state	
38	DS KJ	DHHS to develop a plan to increase accessibility to crisis services, particularly mobile crisis teams and crisis receiving centers, including increased funding for crisis centers in Penobscot and Aroostook Counties and the City of Lewiston	
39	DS	DHHS to develop a plan to provide preventative, community-based services in rural areas to reduce the need for higher levels of care and institutionalization	
40	DS	DHHS to develop and expanding family caregiver and peer support models to better serve individuals in their homes and communities, including providing adequate reimbursement rates, and support to caregivers to ensure they are equipped to assist in recovery	
41	DS	Implement evidence-based services	What does this mean compared to the current landscape of services?
42	KJ	Comprehensive, coordinated approach to SUD services, including expanding peer support services	

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43	KJ	Increase supportive housing initiatives, especially for individuals involved in behavioral health services	
<b>REPORTING</b>			
44	NC	Regularly report to the legislature the impact of rate setting initiatives on service delivery program quality, and when appropriate, capacity. If quality and/or capacity has not measurably increased, a plan to improve the service should be developed.	How does this relate to the data/waitlists in the <a href="#">CBHS annual report</a> ?
45	JD	HHS Committee to request GEA report from DHHS as scheduled for 2025; request performance matrixes be included as evidence of performance / outcomes	Different from the requirements in existing <a href="#">law</a> ?
<b>SERVICE DELIVERY IMPROVEMENTS</b>			
46	DS	DHHS to automatically enroll people into all the programs they qualify for within the Department, and make every effort to set up systems to automatically enroll them, or simplify their enrollment in applicable programs outside of DHHS	
47	DS MC	DHHS to enroll participants in non-DHHS programs – or at least inform applicants of these other programs; decrease barriers to wrap-around services	Expand on programs? Examples of wrap-around services and barriers?
48	AD	Invest in technology to change the way services are administered	
49	AD	Review how TANF grant funds are spent	Who is reviewing?
50	AD	Increase amount of TANF funds allocated to families as flexible funds	Can this be combined with other flex fund recommendations?
51	AD	Create better due process for participants and potential participants so that they know all services for which they may be eligible and they know how to appeal or denial or reduction in services/funds	
52	AD	Create more opportunities for families to provide input with special attention to immigrant families, families of color and other underserved groups; increase community engagement; constituent services to hear from participants	
53	KJ	Incorporate frontline staff feedback in child welfare policies	
54	AD	Improve language access, translation of resources and quality of interpretation in appropriate dialects	
55	ND	Add quality assurance loops to provide information to legislature when programs don't work	
56	NC	Establish feedback loop to learn lessons from horrific events	
<b>WORKFORCE</b>			
57	AD MC	DHHS to address recruitment and retention issues, including increasing pay for staff	Need some specifics? (A lot of work going on with respect to

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	KJ		recruitment and retention already – what would be different?)
<b><i>TRAINING</i></b>			
58	KJ	Align training with national best practices, especially in child welfare and behavioral health services	
59	AD	Require ongoing cultural competency training for all staff; trauma-informed practices; implicit bias. Applies to contracted agencies as well.	Give examples for contracts?
<b><i>MISCELLANEOUS</i></b>			
60	AD	Consider how to bring in more funds to meet the needs of families	Not sure what this means? Federal funds? Increase revenue by what means?
61	JD	New Commissioner to provide HHS Committee with an overview of her plans for DHHS	Is this different from HHS orientation at the beginning of the 132 <sup>nd</sup> ?

## Implementation of the Government Oversight Committee's February 2024 Recommendations – 9/17/2024 OCFS update

Recommendation	Status	Notes
<b>Front Line Staff</b>		
Recruit and retain more case aides	Ongoing	The Legislature approved the budget initiative to increase pay for these positions in recognition of the complexity and critical nature of this work. The vacancy rate in these positions recently dropped from 25% to ~10% and OCFS continues to work diligently to recruit and retain these staff.
Address burnout, turnover, vacancies, and workload	Ongoing	OCFS has undertaken a number of initiatives to both directly and indirectly address workload, burnout, and turnover. These including increasing the pay for caseworker and supervisor positions, establishing Supervisor Trainer positions to support new and established staff's training needs, working to strengthen internal management structure and support for frontline staff both through a reorganization of the child welfare division and a comprehensive review of decision-making processes at all levels of OCFS, and establishing ongoing discussion between child welfare leadership and frontline staff. These efforts have already decreased the vacancy rate by about 50%.
Provide specific coaching/mentoring opportunities	In Progress	OCFS sought and was granted in the budget 8 new Supervisor Trainer positions, one per District. These staff will provide in-district support for training and onboarding of new staff as well as supporting opportunities for ongoing training for more established staff.
Increase and enhance ongoing training opportunities, including job shadowing	In Progress	<i>See above:</i> the work of the Supervisor Trainer positions will include enhancing and increasing job shadowing opportunities (among other things). OCFS is also partnering with the Cutler Institute on training development, working with subject-matter experts on specific curriculum topics, and continuing to survey new workers at the completion of Foundations Training and implement changes based on their input and recommendations.
Create special teams to deal with complex cases	In Progress	OCFS is in the process of establishing a cross-office complex case protocol. Much of this work is already being done in an informal manner but the protocol will formalize the process and the various members of the team OCFS staff can access when working on complex cases.
<b>Services for Families</b>		
Improve family team meetings	In Progress	OCFS is currently considering the best path forward to both improve Family Team Meetings and create a process for ongoing evaluation and improvement. OCFS is reviewing the current model and the many changes that have occurred within it since it was implemented in 2002 and seeking the input of national partners with expertise in child welfare to ensure that any framework that OCFS implements has had success in other jurisdictions.
<b>Resource Families and Other Placement Support</b>		
Ensure placement options exist other than in hotels or hospital emergency departments	Ongoing	OCFS hired a dedicated hotel and emergency department coordinator and is engaged in the national dialogue regarding this topic as it is being experienced in jurisdictions throughout the country. Some of the solutions will continue to be pursued in partnership with other DHHS offices as we seek to ensure there are appropriate behavioral health treatment opportunities, including residential where appropriate, for all youth (including youth in State custody).
Improve home-based therapeutic and other resource family resources and supports	Ongoing	This is and will continue to be an ongoing effort between OCFS, other DHHS offices, and community partners who provide these services and supports. This includes therapeutic foster care investments in the 2024 supplemental budget.

Expand financial support to resource families and ensure timely reimbursements for appropriate expenditures	Ongoing	OCFS has established a workgroup to review and ensure the process for addressing any delay in reimbursement to resource parents is quickly and efficiently addressed.
<b>Department Management, Plans, and Reporting</b>		
Task the new director with an improvement plan containing short, medium, and long-term strategies and metrics with regular public updates on progress and challenges	In Progress	OCFS is currently working to develop this plan, working from a comprehensive list of over 200 recommendations OCFS has received from the Legislature, Citizen Review Panels, and other partners. A comprehensive child welfare improvement plan is in development and OCFS intends to begin providing regular updates on the status of action items in the plan in January of 2025.
Require outcomes data	In Progress	<i>See above</i> re: improvement plan.
Require specific public reporting on any hospital, hotel, or Department office stays	Under Discussion	OCFS is considering inclusion of these metrics in its work and is currently reviewing whether such metrics could accelerate appropriate placements for children.
Improve culture and job satisfaction	Ongoing	OCFS has undertaken several initiatives to both directly and indirectly address workload, burnout, and turnover. These including increasing the pay for caseworker and supervisor positions, establishing the Supervisor Trainer positions to support new and established staff's training needs, working to strengthen internal management structure and support for frontline staff both through a reorganization of the child welfare division and a comprehensive review of decision-making processes at all levels of OCFS, and establishing ongoing discussion between child welfare leadership and frontline staff. These efforts have already decreased the vacancy rate by about 50%.
<b>Courts</b>		
Improve access to courts for children and families	Outside of OCFS	OCFS works in partnership with the courts but cannot control the specific level of access for cases involving children and families.
Improve child and family access to legal services	Outside of OCFS	This is the role of the Maine Commission on Public Defense Services.
<b>Statute</b>		
Initiate a review of statutes relevant to child protection	Ongoing	OCFS plans to propose changes to the Child and Family Services and Child Protection Act in the upcoming session. OCFS has consistently brought forward bills to improve the statutes where appropriate and ensure we adapt to changes in federal law and policy, as well as best practice.
<b>Technology</b>		
Fix issues with critical Department technology (Katahdin)	Ongoing	The Information Services (IS) team has established a process to regularly survey supervisors and caseworkers about their experience with Katahdin, as well as meeting with District offices to discuss experiences and concerns. The IS team has engaged in focus groups with both staff and external partners, collaborated with the Training Unit to address training-related concerns, and worked with OCFS' Quality Assurance staff to identify system-related feedback they have gathered in their work. In conjunction with this information gathering the IS team is constantly working on updates, enhancements, and improvements to the system to address established child welfare priority items (many of which are the result of the feedback work outlined above).

<b>Child Safety</b>		
Address Department struggles to determine the safety of children at the beginning of involvement during child protective investigations and when deciding whether or not to reunify children with their parents	Ongoing	This is being address via multiple pathways to ensure the greatest success possible. Many initiatives touch on this including efforts to update and improve Foundations Training, provide training support via the new Supervisor Trainer positions, update policy and practice expectations, support strong supervisory oversight through the Supervisory Framework, efforts to comprehensively review decision making processes and establish a framework to support and empower staff to make well-supported decisions, the implementation of Safety Science reviews of critical incidents, among others.
Share Safety Science recommendations with stakeholders and implement systemic recommendations	Ongoing	OCFS has an established annual Safety Science report, and the latest version will be published in the coming months.
Make consultation with child abuse pediatricians more routine in the child protective intake process and investigations	In Progress	As part of OCFS' efforts to review and update policy we are ensuring that consultation with child abuse pediatricians is a practice expectation at all appropriate junctures.
Join the National Center for Fatality Review and Prevention's Case Reporting System	Completed	OCFS announced they had joined the National Partnership for Child Safety and National Center for Fatality Review and Prevention's Case Reporting System in early 2024. Work is currently underway to establish the formal MOU required to share OCFS data with the NCFRPC
Support the current child abuse pediatricians and hire more child abuse pediatricians through appropriate financial support from the state in addition to the pre-existing contract with the Department	Completed	In the last contract renewal, the organization that provides Maine's child abuse pediatrician services received a substantial increase. The program now has two certified child abuse pedestrians on staff as well as other clinical staff to provide support.
<b>Management, Plans, and Reporting</b>		
Review and assess informal policies and practices	In Progress	OCFS is working methodically to review and update all existing policies which includes reviewing related informal practices that may have been established over the years and determining whether they need to be included in the policy. Recognizing that no policy can address the myriad situations staff encounter and that policy is intended to support good decisions and casework, OCFS is comprehensively reviewing decision making processes at all levels of OCFS to establish a framework to support and empower staff to make well-supported decisions.

## Services for Families

Conduct an outside evaluation of the family team meeting model and create a structure for ongoing quality assurance monitoring	In Progress	A bill to fund an outside evaluation of the Family Team Meeting (FTM) process did not become law last session. As such, OCFS is currently considering the best path forward to both initially improve Family Team Meetings (FTMs) and create a process for ongoing evaluation and improvement. OCFS is seeking the input of national partners with expertise in child welfare to ensure that the framework OCFS implements has had success in other child welfare jurisdictions while also reviewing the current model and the many changes that have occurred within it since it was implemented in 2002 to help establish a path forward to meaningful improvement.
Increase access to mental health, behavioral health, substance use disorder, domestic violence, and other services for families as well as housing and transportation	Ongoing	This is and will continue to be an ongoing effort between OCFS, other DHHS offices, and community partners who provide these services and supports. OCFS has been a partner with CDC in launching <a href="https://bethereforme.org/">https://bethereforme.org/</a> which provides support to parents and caregivers in connecting to existing resources and support.
Greater supports for new mothers with substance use disorder	Completed	Maine MOM program and OCFS' efforts around the Plan of Safe Care for infants and their caregivers when infants are born affected by substances.
Implement the Nurse Family Partnership model of public health nursing to prevent child maltreatment	Outside OCFS	This recommendation is directed to the Maine CDC which oversees public health nursing.