OCFS Update to the Government Oversight Committee

March 13, 2020

Dr. Todd A. Landry, Director
Office of Child and Family Services
System-Based Approach to Improvement

OCFS

Children's Licensing
Children's Behavioral Health
Child Welfare
Early Childhood Education

Department of Health and Human Services
Department of Corrections
Department of Education
Judicial Branch
Children's Cabinet

Maine Department of Health and Human Services
Children’s Cabinet – Plan for Young Children

Children’s Cabinet Plan for Young Children:
All Maine Children Enter Kindergarten Prepared to Succeed

The Children’s Cabinet will implement key strategies to promote the healthy development of all young children in Maine and ensure that all children grow up in healthy, safe and supportive environments. The Cabinet will strive to engage the voice of parents in a culturally and linguistically acceptable way as we further develop and implement our strategies.

Areas of Focus

The Children’s Cabinet will implement strategies that will:
1. Increase access to affordable early care & education, preventive and early intervention services for young children and their families.
2. Raise the quality of our early care and education system and support families to access quality programming.
3. Recruit, prepare and retain a diverse early childhood workforce.

Children’s Cabinet Strategies

Short term strategies: 2020 - 2021
- Streamline, simplify and raise awareness about the eligibility process for the Child Care Subsidy Program.
- Provide start-up funds to existing or new child care providers to create new slots, particularly in rural areas, for infants & toddlers.
- Offer stipends to infant caregivers receiving CCSP to recognize the high cost of providing infant care.
- Increase the quality bump to child care providers on the Quality Rating and Improvement System (QRIS) serving infants & toddlers.
- Provide scholarships to help students with low and moderate income attain associates and bachelor’s degrees in early childhood education.
- Provide financial support and technical assistance to child care providers to improve quality and rating on the QRIS.
- Build the infrastructure for an Early Childhood Integrated Data System (ECIDS).

Intermediate strategies: 2020 – 2023
- Implement the early childhood mental health consultation pilot sites and expand statewide to help parents and providers support the social and emotional development of young children, particularly children with special needs.
- Fund start-up grants to expand public pre-K, incentivizing partnerships between schools, Head Start and child care providers.
- Support opportunities and strategies for increasing wages for early childhood educators.
- Increase access to, expand and strengthen early childhood programming at Career and Technical schools.
- Revise the QRIS system to be a five-star system to bring all licensed child care providers into the state’s quality rating system.
- Educate families about Child Find and EPSDT in MaineCare to improve access to health and intervention services.
- Expand professional learning opportunities that support inclusive and trauma informed practices in early care and education settings.
- Offer a professional learning series on early childhood education to school administrators, particularly for those with ECE programs.

Long-term strategies: 2020 – 2025
- Ensure no wrong door for families to access services, such as SNAP, MaineCare and WIC, and establish a centralized entity around developmental screening and care coordination for early intervention services.
- Ensure access to and utilization of high-quality preventive services for young children and their families.
- Ensure that substance use screening, treatment and support for recovery is available for families with infants and young children.
- Increase professional development and coaching opportunities for family child care providers and center-based providers.
- Expand to universal public pre-K for all 4 year olds, incentivizing community partnerships and full-day, full-time programming.
- Establish an Early Childhood Integrated Data System to track progress on early childhood goals and to analyze impact of policy decisions.

Maine Department of Health and Human Services
Moving Forward on Early Childhood Education

- Children’s Licensing moved to OCFS (Fall of 2019)

- Child Care Subsidy Program (CCSP) eligibility moved to OCFS (January 2020)

- LD 997, An Act to Promote Social and Emotional Learning and Development for Young Children
  - Passed in the first session with an implementation date of 9/1/2020
  - Creates an early childhood consultation program to provide support, guidance, and training to improve the abilities and skills of early care and education providers.
Early Childhood Education – Aligned CCDBG Spend Plans

- Development of a spending plan for increase in Child Care Development Block Grant (CCDBG) funding
  - Estimated at approximately $8 million
  - Plans based on goals and strategic priorities identified by the Children’s Cabinet, PDG Planning Grant, CCDBG State Plan, and child care mapping completed by the Bipartisan Policy Center

- Primary areas of focus:
  - Infant care statewide
  - Child care for all ages in rural areas
  - Improving quality of care
Children’s Cabinet – Plan for Youth

All Maine Youth Enter Adulthood Healthy, Connected to the Workforce and/or Education

The Children’s Cabinet’s strategies will promote inclusion and equity and consider the cultural, social, economic, cultural and linguistic needs of Maine’s diverse population of youth aged 14 to 24 and their families.

**Areas of Focus**

The Children’s Cabinet will implement strategies that will:

1. Ensure basic needs of youth and their families are met.

2. Increase prevention services and programming in schools and at the community level.

3. Increase access to needed behavioral health, including substance use disorder, screenings and treatment.

**Children’s Cabinet Strategies**

**Short term strategies: 2020 – 2021**

- Train 3 cohorts of Maine therapists (for a total of 180) in Trauma-Focused Cognitive Behavioral Therapy.
- Strengthen children’s crisis services to keep youth with their families, starting with a demonstration project in a rural area.
- Disseminate a universally accessible and free Social and Emotional Learning Curriculum for all schools & after school programs.
- Support school-based health centers to provide additional hours for mental and behavioral health services to students.
- Fund Maine Youth Advocates Network to provide restorative practices support, education & technical assistance in schools.
- Increase training and technical assistance for behavioral health organizations on effective screening and identification of suicide prevention for youth living with a substance use disorder.
- Expand implementation of the Zero Suicide Model among health care providers, FQHCs, and behavioral health organizations.

**Intermediate strategies: 2020 – 2023**

- Improve and align behavioral health screenings across state agencies to ensure early identification and referral to services.
- Increase access for youth to evidence-based behavioral health services, including prevention and early intervention.
- Increase access to youth substance use disorder treatment in primary care practices and school-based health centers.
- Establish a training program for school support staff members to recognize and mitigate the impact of trauma.
- Align and increase the incorporation of restorative practices and restorative justice across state programs for youth.
- Increase programming to support pregnant and parenting teens.
- Provide more opportunities for youth to participate in paid internships or paid work.
- Increase awareness of careers, career pathways and access points to post-secondary education and training programs.

**Long-term strategies: 2020 – 2025**

- Expand housing options across the continuum of care and entire state.
- Ensure eligible youth and young adults are participating in public programs to increase food security and health coverage.
- Strengthen continuum of children’s crisis services.
- Ensure successful and smooth transitions for youth moving from children to adult service systems.
- Ensure systems involved youth can access the services that they need in their communities.
Children's Behavioral Health Services Visioning

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

Updated August 2019
Next update: July 2020
Children’s Behavioral Health 
Initial Steps Toward Rebuilding the System

- Hiring Dr. Adrienne Carmack as OCFS’ first on-site Medical Director in nearly 5 years

- Participating as part of the Commission to Study Children’s Mental Health (LD 40)
  - Focus Areas included:
    - Waitlist Reduction
    - Quality Assurance/Quality Improvement
    - Crisis Services Improvements
    - Expanding Evidence-Based Models in Maine

- Participating as part of the Juvenile Justice System Assessment and Reinforcement Task Force

- Waitlist advisory group

- Piloting Home and Community Treatment (HCT) services utilizing a clinician-only model

Maine Department of Health and Human Services
Children’s Behavioral Health

- Prioritizing and growing the use of evidence-based practices through a new training program for Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
  - 3 cohorts of up to 80 clinicians – 1 each in southern, central, and northern Maine
  - 2 days of basic training and 2 days of advanced training
  - Goal to increase the number of Maine clinicians who are nationally certified in TF-CBT

- A focus on family voice
  - Encouraging family engagement in treatment through financial reimbursement for travel
  - Survey of families with children receiving behavioral health services

- Pursuing grant opportunities, including OCFS’ application for the System of Care (SOC) grant focused on the significant need for mental health services in rural Maine

- Crisis follow-up services – Aroostook County pilot
  - Bridging services as children transition home after a period of crisis through aftercare and stabilization services
  - Goal is to reduce the length of time a child spends in an out of home placement
Child Welfare

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

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

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Child Safety. First and Foremost</td>
<td>Safety</td>
<td>Safety for children through timely response and thoroughly assessing and addressing safety and risk issues</td>
</tr>
<tr>
<td>2  Parents have the Right and Responsibility to Raise their Own Children</td>
<td>Re-assess the Alternative Response Program – Enhance Assessment Processes</td>
<td>Improved timeliness to permanency</td>
</tr>
<tr>
<td>3  Children Are Entitled to Live in a Safe and Nurturing Family</td>
<td>Permanency – Develop a Permanency Review Process</td>
<td>Enhanced well-being of children through identification of individual needs and engagement with formal and informal supports</td>
</tr>
<tr>
<td>4  All Children Deserve a Permanent Family</td>
<td>Well-being – Develop family engagement tools and training</td>
<td>Strengthened child welfare practice through improved engagement with families and children</td>
</tr>
<tr>
<td>5  How We Do Our Work is as Important as the Work We Do</td>
<td>Staff Training and Support – Develop policy and training plan for new processes and tools</td>
<td></td>
</tr>
</tbody>
</table>

Indicates effort underway.
Children In Custody – Recent Data

Children in Custody as of 1st of Each Month

Maine Department of Health and Human Services
# Permanency – Trend Toward Increased Reunification

<table>
<thead>
<tr>
<th>Permanency Type:</th>
<th>FFY20 (YTD as of end of January)</th>
<th>FFY19</th>
<th>FFY18</th>
<th>FFY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunification</td>
<td>60%</td>
<td>57%</td>
<td>43%</td>
<td>45%</td>
</tr>
<tr>
<td>Adoption</td>
<td>25%</td>
<td>31%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>Permanency Guardianship</td>
<td>10%</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Aged Out</td>
<td>5%</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Reunification

[Graph showing the trend of reunification rates from FFY17 to FFY20]
Strategy Update: Safety

**Intake**
- Telephone system enhancements
- Increase in calls answered live and decrease in abandoned calls
- Increased staffing and aligned work schedules with call volume

**Alternative Response Program**
- Established monthly meetings with provider agencies
- Extended ARP contracts through 12/31/21 to provide time to develop the Family First Prevention Services Plan and align services with the needs of families
- Stabilizing current OCFS workforce before ARP changes

**Assessment**
- Motivational Interviewing training with staff
- Training on Structured Decision Making tools
- Increased staffing
## Intake Update – Technology Improvements Lead to Better Results

<table>
<thead>
<tr>
<th>Month</th>
<th>Calls Answered Live</th>
<th>Abandoned Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2019</td>
<td>72%</td>
<td>14%</td>
</tr>
<tr>
<td>February 2019</td>
<td>72%</td>
<td>12%</td>
</tr>
<tr>
<td>March 2019</td>
<td>64%</td>
<td>17%</td>
</tr>
<tr>
<td>April 2019</td>
<td>64%</td>
<td>17%</td>
</tr>
<tr>
<td>May 2019</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>June 2019</td>
<td>Transition</td>
<td>Transition</td>
</tr>
<tr>
<td>July 2019</td>
<td>87%</td>
<td>7%</td>
</tr>
<tr>
<td>August 2019</td>
<td>84%</td>
<td>8%</td>
</tr>
<tr>
<td>September 2019</td>
<td>84%</td>
<td>8%</td>
</tr>
<tr>
<td>October 2019</td>
<td>83%</td>
<td>7%</td>
</tr>
<tr>
<td>November 2019</td>
<td>83%</td>
<td>8%</td>
</tr>
<tr>
<td>December 2019</td>
<td>79%</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Calls Answered Live

![Graph showing calls answered live over time]

### Abandoned Calls

![Graph showing abandoned calls over time]
Strategy Update: Permanency

Family Visit Coaching Pilot
- Continue to operate the pilot in two counties
- Pilot scheduled to end 6/30/2020
- Evaluation and recommendations will follow the end of the pilot

Structured Decision Making
- Developing implementation plan for the permanency tools: risk re-assessment, case planning, and case closure
- Training

Permanency Review Process
- Seeking feedback from staff and external stakeholders to develop a review process
- Using data to inform the review process
Strategy Update: Wellbeing

Family Engagement
- Muskie Cooperative Agreement to improve policy and training of staff
- Piloting a revised Rehabilitation and Reunification Family Plan in collaboration with the Attorney General’s Office

Resource Parent Outreach
- Kinship Navigator funding to AFFM
- Ensuring adequate funding for resource parent reimbursement
- Continued outreach to recruit new parents
- Review training models for Resource Parents
## Foster and Kinship Homes

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of non-kinship resource homes</td>
<td>1,263</td>
<td>1,223</td>
<td>1,220</td>
<td>1,218</td>
<td>1,237</td>
</tr>
<tr>
<td>Number of kinship resource homes</td>
<td>271</td>
<td>329</td>
<td>327</td>
<td>335</td>
<td>344</td>
</tr>
<tr>
<td>Number of new licenses issued to non-kinship providers</td>
<td>30</td>
<td>27</td>
<td>18</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>Number of non-kinship resource families in the application process</td>
<td>180</td>
<td>177</td>
<td>173</td>
<td>171</td>
<td>178</td>
</tr>
</tbody>
</table>
## Hotel Stays

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinct count of children in a hotel at any point during the month</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Percentage of all youth in care for the month</td>
<td>.44%</td>
<td>.13%</td>
<td>0%</td>
<td>.60%</td>
<td>.30%</td>
</tr>
<tr>
<td>Average nights per child</td>
<td>4.6</td>
<td>3.7</td>
<td>0</td>
<td>2.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Total number of nights</td>
<td>46</td>
<td>11</td>
<td>0</td>
<td>37</td>
<td>16</td>
</tr>
</tbody>
</table>
# Emergency Department Stays

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinct count of children in an ED at any point during the month</td>
<td>9</td>
<td>14</td>
<td>8</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Percentage of all youth in care for the month</td>
<td>.40%</td>
<td>.61%</td>
<td>.35%</td>
<td>.39%</td>
<td>.48%</td>
</tr>
<tr>
<td>Average nights per child</td>
<td>.2</td>
<td>3.1</td>
<td>1.9</td>
<td>1.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Total number of nights</td>
<td>2</td>
<td>43</td>
<td>15</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Number of children in an ED awaiting placement</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>District</td>
<td>October</td>
<td>November</td>
<td>December</td>
<td>January</td>
<td>February</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------</td>
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<td>----------</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td>District 1 – York</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>District 2 – Cumberland,</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Sagadahoc, Lincoln</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 3 – Androscoggin,</td>
<td>9</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Oxford, Franklin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 4 – Knox, Waldo</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>District 5 – Kennebec,</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Somerset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 6 – Penobscot,</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Piscataquis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 7 – Hancock,</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District 8 – Aroostook</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>3</td>
<td>-</td>
<td>14</td>
<td>7</td>
</tr>
</tbody>
</table>
Overtime

Statewide Hours of Overtime

July  August  September  October  November  December  January  February

Hours of Overtime
Strategy Update: Staff Training and Support

Policy and Training Plan
- Muskie Cooperative Agreement
- Convened a stakeholder’s meeting to inform the development of the training curriculum for new workers

Workforce Wellness Teams and Education
- Trained district managers and contracted clinical support staff in the Critical Incident Stress Management (CISM) model

Caseload
- January 31, 2020 report to the Legislature
- Supplemental Budget proposal for additional 20 staff
- Continued work to refine the Workload Analytic Tool based on factors that impact the weighting of a case

Technology
- Continued negotiation with Federal partners to gain their approval of the contract with the Awarded Bidder
- Once approved, ready to begin design development
# Staffing Trends

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>18.70%</td>
<td>22.95%</td>
<td>17.73%</td>
</tr>
<tr>
<td>Churnover</td>
<td>4.53%</td>
<td>13.03%</td>
<td>14.96%</td>
</tr>
<tr>
<td>Vacancy</td>
<td>37.57%</td>
<td>37.24%</td>
<td>29.06%</td>
</tr>
</tbody>
</table>

![Line chart showing staffing trends]

*Maine Department of Health and Human Services*
Continuing the Momentum Forward: Plan for 2020

- Continued implementation of Early Childhood Education, Children’s Behavioral Health, and Child Welfare initiatives outlined in this presentation

- Continuing to engage staff, stakeholders, providers, and national and regional experts on system improvements
  - Public forum meetings in each District to occur in late spring and summer

- Working towards 10/1/2021 implementation of Family First in Maine
  - New Family First Prevention Services Manager
  - Convening stakeholder workgroups
  - Continued education of providers and other stakeholders regarding Family First
  - Development of Maine’s Prevention Plan for Federal approval
  - Goal is to have a preliminary State Plan draft by early 2021 with implementation no later than October 2021 (dependent on Federal approval)
Questions?

Dr. Todd A. Landry
Director, Office of Child and Family Services
Todd.A.Landry@Maine.gov
COVID-19
OCFS Preparation and Communication Efforts

- Provided guidance from the CDC, SAMHSA, and Maine CDC to:
  - Resource parents
  - Children’s residential providers
  - Child care providers

- Reminding providers to take time to review policies and procedures regarding health and safety

- Working internally to plan for a myriad of concerns:
  - Licensing
  - Contact with children and families in Assessment and Permanency
  - Potential closure of schools and/or child care providers

- Learning from the experiences of other New England states via the New England Association of Child Welfare Commissioners and Directors

- Ending non-essential out-of-state travel for staff
Family First and the CBH Service Array

INDIVIDUALS SERVED
- Hospitals
- PRTFs
- Crisis Stabilization Units
- Foster Care and Treatment Foster Care
- Residential Treatment
- Rehabilitative and Community Support
- Home and Community Based Treatment
- Day Treatment
- Respite
- Crisis Resolution
- Medication Management
- Outpatient
- Behavioral Health Homes
- Targeted Case Management

COST
- Emergency Departments
- Secure Youth Detention Facility

Maine Department of Health and Human Services