Office of Child and Family Services Update

Health and Human Services Committee January 27, 2022

Dr. Todd A. Landry, Director





Responses to Committee Letters

OCFS Response to LD 699 (Kinship Navigation Services)

Kinship Services

- Continue to support kinship services by funding the Kinship Program of Adoptive and Foster Families of Maine (AFFM)
- OCFS and AFFM working together Casey Family Programs Kinship Navigator Collaborative to develop an evidence-based kinship navigator program for submission to the Family First Clearinghouse
- In 2021 OCFS held quarterly resource parent town all calls, surveyed resource parents, conducted focus groups with resource parents, and contacted kinship families directly to provide feedback

Equality Efforts

- Kinship Program's director met with Attorney Mary Bonauto regarding direct outreach to underserved communities, including LGBTQI+ and homeless youth
- AFFM works with Maine Family Planning to offer a training on healthy relationships to resource families, including kinship families
- AFFM has several parents who are a part of the LGBTQI+ community who serve as resource parent mentors

OCFS Policy and Procedures

- OCFS' Policy Coordinator working with a work group of internal and external stakeholders on a new LGBTQI+ Policy
- Work group includes Attorney Bonauto and Brandy Brown (Gender Clinic Coordinator at Maine Medical Center)
- Attorney Bonauto and Ms. Brown have also met with the Associate Director of Child Welfare Services to discuss concerns raised by GLAD during the public hearing on LD 699

OCFS Response to LD 1460 (Family Team Meeting Policy)



Family Team Meeting (FTM) Policy Details

- Issued in November of 2021
- Provides clear and consistent practice expectations to staff regarding when and how FTMs should be convened
- Revised in collaboration with the Cutler Institute at USM
- Maine Child Welfare Advisory Panel and OCFS Staff provided input before finalization
- Updated policy also aligns with a recommendation of the Collaborative Safety Report OCFS received in October and information gained from fatality reviews was incorporated into policy

OCFS Response to LD 497 (Family First Update)

Family First Plan submitted and approved by the Administration for Children and Families (ACF)

Implementation began on 10/1/21

Information to staff, providers, and families about services available to families

Expanding the availability of Parents as Teachers and standing-up Homebuilders

Small-scale gap analysis of the service array available in Maine



STATE AGENCY PARTNERSHIPS FOR PREVENTION (SAPP)

State Agencies partnering to support healthy and safe families and children across Maine.

SAPP is a partnership of state agencies working to increase access, availability and knowledge of prevention services for families in Maine. This inventory captures <u>some</u> of the services these agencies support and/or implement.		Primary Prevention Services provided before any symptom or problem exists.	\sum	Secondary Prevention Interventions when risk or problem behaviors surface.		Tertiary Prevention Services provided after a problem has been identified.
	Office of Child and Family Services	LOW RISK Child Abuse Prevention Councils Child Care Subsidy Program Early Childhood Mental Health Consultation Improving Youth Outcome Grants	an	AT RISK Child Abuse Prevention Councils Targeted Case Management Youth Leadership Advisory Team Parent Coaching		HIGH RISK Family First Prevention Services Children's Behavioral Health Services Supportive Visitation & Crisis Services Dom. Violence/Sexual Assault Services
	Office of Behavioral Health	Behavioral Health Teen Text Line		Substance Use Disorder (SUD) Screenin Case Management Services Supportive Housing Seals Fit Program	e \	SUD and Mental Health Treatment SUD and Mental Health Recovery Overdose Prevention Crisis Services
	Maine Center for Disease Control and Prevention	Substance Use/Tobacco/Suicide Prevention Maternal Child Health (MCH) Care Coord. Home Visitors/Public Health Nursing/WIC Newborn Screening		Prime for Life/Student Intervention Reintegration/Restorative practice School Based Health Centers Harm Reduction/Syringe NE/HIV/HEP		Pediatric Mental Health Access Services Home Visitors/Public Health Nursing Child w/Spec. Healthcare Needs Support
	Office of MaineCare Services	Developmental Screening Bright Futures Assessments Primary Care Services Immunization	\rangle	Behavioral Health Screening Behavioral & Opioid Health Homes Early Periodic Screening Diagnostic Te Targeted Case Management	st	Behavioral Health Treatment Behavioral & Opioid Health Homes Targeted Case Management Early Periodic Screening Diagnostic Test
	Office for Family Independence	Education and Training Opportunities Whole Family Approach Services Program Specific Support Services	$\rangle\rangle$	Case management/workshops Whole Family Approach Services Respite childcare/ASPIRE	$\rangle\rangle$	Whole Family Approach Services Respite childcare/ASPIRE Intensive Case Management
	Department of Education	Social Emotional Learning Family Engagement Headstart Programs Trauma Informed Work		Restorative Practice Headstart Programs Child Development Services Adult Education (literacy, etc.)		Restorative Practice Headstart Programs Child Development Services Maine School Safety Program
	Department of Labor	Adult Education Career Centers Vocational Rehabilitation		Competitive Skills Scholarships Apprenticeship Programs Youth and Veterans Services	$\rangle\rangle$	Progressive Employment Model Services Orientation & Mobility Instruction Unemployment Compensation
	Department of Corrections	Regional Collaboratives Emergency short-term housing		Restorative Justice Alternative Housing Youth Advocacy Programs Alternative Services		Restorative Justice Alternative Housing Home Based Alternative Services Youth Re-entry Programming
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Maine Department of Health and Human Services



Work with providers to support effective coordination on child welfare matters Convened a stakeholder group of behavioral health professionals, OCFS staff, and legal experts

Developing guidance for clinicians serving patients involved in the child welfare system

Goal to improve information sharing to improve child safety-related decisions

Protocol Agreements between law enforcement, hospitals, and child welfare

- Convened a stakeholder group of hospital representatives, law
enforcement, OCFS staff, and legal experts

- Developing template protocol agreements and training
- Goal to improve communication among law enforcement, medical staff, and the Department in a manner that supports child safety

Improve consistency of practice regarding Family Team Meetings

- New Family Team Meeting (FTM) policy implemented in Nov. 2021
 Culmination of work that was already underway by OCFS in collaboration with the Cutler Institute
- Final policy informed by collaborative safety fatality reviews, OCFS staff, and MCWAP (including Child Welfare Ombudsman)

Explore opportunities to support engagement between parents and the child welfare system

- Addition of parents with lived experience in child welfare within the policy and training team of OCFS to ensure their perspective is understood and incorporated into policy and training development
- OCFS partnering with the Cutler Institute to ensure programs implemented are rooted in evidence

Examine national best practices regarding standby and afterhours coverage

- Earlier in 2021 a workgroup of District staff was convened around this topic which resulted in some changes implemented in October 2021
- Based on the Collaborative Safety recommendation this workgroup was reconvened with the addition of the assistance of Casey Family Programs to consider how other states handle afterhours coverage

Examine assessment practices (timeframes and work tasks)

- Examine national best practices regarding assessment timeframes and utilizing input of staff and stakeholders
- Seeking to balance the need for a timely response with the ability to ensure a comprehensive analysis of information and make well-supported child safety decisions
- Reviewing current assessment process to eliminate unnecessary/redundant tasks

Safety Science Model Implementation



Child Welfare Update: Katahdin

- Katahdin is the new child welfare information system, replacing MACWIS
- Launched for use by staff on January 18, 2022
- All MACWIS data converted to Katahdin
- Pre-implementation
 - Intensive training for all OCFS staff
 - Key personnel in each District were trained as trainers and implementation support staff for their offices
 - Working with vendor's Organizational Change Management Team
- More specialized trainings planned in the coming weeks
- Anticipate the implementation of the Resource Parent and Mandated Reporter portals in February





The Federal government sets certain benchmark goals for all states regarding time to permanency.

- Over the past five years Maine has made steady progress on the first Federal benchmark (permanency within 12 months of removal). Maine is not yet meeting the federal goal, but notable FFY 2021 represents the highest achievement for Maine in the last 5 years.
- The second Federal benchmark (permanency within the second year a child is in state custody) is likely being impacted by the number of cases that involve substance use and the time it takes to ensure a parent has successfully engaged in treatment demonstrated sustained recovery

Federal Measures	Federal Goal	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Permanency in 12 Months of Removal Of all children who enter foster care in a target 12-mo period, percent discharged to permanency within 12 months of entering foster care.	40.5%	26.5%	29.0%	30.9%	26.7%	32.5%
Permanency in 12 Months for Children in Foster Care 12 to 23 Months Of all children in foster care on the first day of a 12-mo period who had been in foster care between 12 and 23 months, percent discharged from foster care to permanency within 12 months of the first day of the 12- mo period.	43.6%	64.4%	61.6%	50.7%	40.5%	40.6%

Nationally around 35% of children in state custody are placed with relatives

OCFS has a statutory obligation to place with family members whenever safely possible

Data indicate Maine is exceeding the national average with 41% of children in care placed with relatives

National average of children in custody who are placed in congregate care hovers around 10% (with several states exceeding 15%)

In Maine only 3% of youth in custody are placed in congregate care facilities and none of these are group homes (which are still in use in many states)

Placement Type	Maine - Percent		
Relative/Kinship Care	41%		
Traditional Foster Care	34%		
Therapeutic Foster Care	6%		
Trial Home Placement	6%		
Adoption	6%		
Residential	3%		
Other	3%		
Unlicensed-Non Relative	2%		



Measured by looking at all children who entered foster care in 2020 and the rate of placement moves per 1,000 days in foster care

Maine is performing better than the national average: 3.1 compared to just over 4 nationally

Reunification

Majority of children exiting care in FFY21 exited to reunification (50%) while 44% exited to adoption or permanency guardianship

This is similar to the current national average and a significant improvement from FFY17 and FFY18 when exits to reunification were 45% and 43% respectively

Child Welfare Update: Substance Use



Rate of Substance Use as a Risk Factor at Removal

Maine Department of Health and Human Services

Child Welfare Update: Staff



Maine Department of Health and Human Services

Child Welfare Update: Staff

Support for Child Welfare Staff

- 70 new positions since 2019
 - 10 authorized as of 1/1/22 all hired, 9 started in January and 1 will start in early February
- Increased pay through stipends
- Redevelopment of cooperative agreement with Cutler Institute (2019)
 - Reestablishment of training program
 - Subject matter expertise in policy development
 - Reestablishment of Field Instruction Unit
- Establishment of clinical consultation and support in each district



Children's Behavioral Health Update

Children's Behavioral Health Update: System of Care (SOC) Grant

2021 SOC Activities:



Four-year \$8.5 million federal grant received in 2020 to improve behavioral health services available to youth in their homes and communities with a target population of youth with serious emotional disturbance (SED)

> Youth and parents/caregivers are key members of the Steering Committee (currently making up 55% of its membership). The Committee is working on strategies to increase family engagement and voice in treatment planning and service delivery.

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Children's Behavioral Health Update: Family First

Family First Services

(All services are either available or under development in Maine)

- Methadone Maintenance Therapy
- Mult-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Incredible Years
- Parent-Child Interaction Therapy
- Positive Parenting Program (Triple P)
- Parents as Teachers (PAT)
- Homebuilders

Triple P is a positive parenting program designed to prevent and treat behavioral and emotional issues by providing parents with tools to understand and address their children's needs.

- OCFS has supported providers in becoming trained in Triple P Interventions by funding an initial cohort of 80 providers to complete the trainings beginning in April of 2021. An additional 40 providers began the training in September.
- Participants are being reimbursed for their time in training and receiving materials for one year at no cost.

Children's Behavioral Health Update: TF-CBT

- Family First stakeholder group focused on increasing the utilization of evidencebased services
- Collaboration with the Governor's Children's Cabinet as they seek to ensure all Maine youth enter adulthood safe, stable, happy, and healthy
 - Through this work identified the need to improve the availability and quality of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Implemented a no-cost training for national certification to 165 TF-CBT clinicians (included reimbursement for the time spent engaged in training)
 - Providers have continued to receive ongoing clinical support and training, including the ability to engage in consultation

▶ 2021

- An additional 40-clinician cohort began the training
- OCFS implemented a fidelity tracking system with existing providers

Nationally certified TF-CBT clinicians are eligible for the enhanced Medicaid rate

Children's Behavioral Health Update: Residential Treatment

Updated rules and rates include coordination with the Qualified Residential Treatment Program (QRTP) standards required under Family First New rates based on an updated MaineCare reimbursement rate study. Providers received significant rate increases of 45-75% (depending on service category

Updates to Section 97 (PNMI) Rules and Rates

Rule revisions reflect the desire for evidence-based services and supports for children and families as they work to address the mental and behavioral health needs of children New rules include the addition of Aftercare Support Services that are individualized, family-focused, community-based, trauma informed, and culturally sensitive. Aftercare Services are funded by MaineCare

Children's Behavioral Health Update: PRTF

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PRTF Service	Gap Identi
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Efforts in 2020

Psychiatric Residential Treatment Facility (PRTF).is a level of service defined by highly structured treatment through intensive inpatient services in a secure facility.

The goal is to stabilize and improve a child's condition so that their needs can be met in the community. Currently there are no secure residential treatment facilities for youth in Maine. Several system assessments have identified Maine's lack of a PRTF as a gap in services. These include OCFS' own internal reviews, the 2018 system analysis, and the Juvenile Justice System Assessment. Through must of 2020 OCFS worked with a provider who had expressed strong interest in partnering with OCFS to develop a PRTF in Maine.

Unfortunately, at the end of 2020 the provider determined that they would be unable to develop a program based on the current MaineCare rate structure.

OCFS consulted with a second provider who had expressed interest, but they came to the same conclusion regarding the rate structure. In 2021 OCFS paused further work on the PRTF strategy to focus on efforts to update the rules and rate structure for PNMI services.

Future Efforts

With implementation of updated rules and the new PNMI rates OCFS has now pivoted back to the PRTF strategy and is working collaboratively with MaineCare to review and update the rule and rate structure.

Children's Behavioral Health Update: Crisis Care

In 2019 OCFS implemented a pilot program providing Crisis Aftercare Services in Aroostook County. Aftercare services meant to reduce the need for children and families to access emergency departments and instead allow families to safely maintain their children at home.

Aftercare Services

• Evaluation of the pilot indicated it was successful and on July 1, 2021, the service was extended statewide

Crisis System of Care

• In 2021, the Department was awarded a federal grant to improve the crisis system of care (including both adult and children's crisis services)

Children's Behavioral Health Update: Crisis Care



Crisis Grant Planning

- Grant period began 9/30/21
- Early stages of planning
- Plans include redesigning Maine's Medicaid program for mobile crisis, conducting a rate study, purchasing real time crisis tracking technology, and creating a plan for provider training and technical assistance



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PL 2021, Ch.

- Passed in 2021
- Required data collection and reporting on the utilization of emergency departments for youth with mental and behavioral health needs
- After the law was passed OCFS began collaborating with stakeholders on implementation
- Conducted in-depth conversations regarding the data to be collecting and standards for data reporting (including timeline and methodology)
- In November of 2021 OCFS finalized the tool hospitals will use to report data on a monthly basis ad data collection began

Children's Behavioral Health Update: Youth Substance Use Disorder

In 2021 OCFS received grant funding from the John T. Gorman foundation to hire a Youth Substance Use Disorder Specialist

Additional capacity allowed OCFS to expand its efforts on youth substance use disorder

- Assess and evaluate existing SUD services for youth
- Build an increased internal knowledge base regarding youth SUD treatment
- Increase efforts to develop the pathways necessary to address shortcomings within the system
- Facilitate state workgroup meetings and increase stakeholder engagement activates
- Seek federal grant funding
- Assist MaineCare with policy updates regarding youth SUD in Section 65 (Children's Assertive Community Treatment or ACT)
- Support the startup and ongoing operations of Maine's only youth SUD intensive outpatient treatment program

Children's Behavioral Health Update: Youth Substance Use Disorder

OCFS secured funding for two projects

- Medically supervised withdrawal working with stakeholders to develop a training to increase the comfort level of providers in treatment of youth in need of medically supervised withdrawal treatment
- Co-occurring mental health and substance use disorder CBHS staff are working with purveyors of a developmentally appropriate SUD evidence-based practice, known as Adolescent Community Reinforcement Approach, to develop training for clinicians in primary mental health settings to better support clients with co-occurring SUD needs
- Collaboration with MaineCare to update PNMI rules to ensure both non-hospital detox program and adolescent residential rehabilitation received rate increases (77% and 35% respectively)
- ➢ IOP Policy updated to support adolescent needs
- ➤ In 2021 more developmentally appropriate treatment options for youth were developed
 - One new intensive outpatient provider
 - Two new outpatient programs
 - One new residential program

Children's Behavioral Health Update: Workforce Development

Behavioral Health Professional Recruitment

- Marketing campaign to increase visibility of role and increase awareness of training opportunities
- Partnerships with 57 vocational-technical schools, adult education programs, and universities that now offer BHP training for students
- 336 learners have enrolled in no-cost BHP training through OCFS with 87 individuals becoming certified

FMAP

- Facilitated by the American Rescue Plan (ARP) which provided over \$200 million in Federal Medicaid matching funds to invest in the home and community-based service (HCBS) workforce
- Department has conducted listening sessions with providers
- Funding recruitment and retention bonuses for direct support workers
- High-Fidelity Wraparound Project

Stakeholder Engagement

- Discussing and strategizing around workforce challenges, recruitment efforts, and quality improvement initiatives
- Stakeholder group meets regularly and identifies specific challenges and potential solutions
- Strategies include simplifying credentials, streamlining the professional licensing process, and developing initiatives for recruitment and retention

Children's Behavioral Health Update: Early Childhood Consultation Partnership (ECCP®)



assessment

- Hired a program manager
- Hired and trained eight ECCP® Consultants
- Services launched in licensed child care centers beginning in January of 2021 in first five pilot counties
- Expanded to three additional counties in May of 2021
- October of 2021 service was expanded to licensed family child care providers and public pre-k classrooms
- Despite pandemic all services provided in-person
- Implemented an evaluation program for ECCP implementation in Maine to ensure it is meeting the stated objectives



Early Childhood Education

Early Childhood Education: Federal Relief – Budget Impacts

	(State and Federal)	■ Funding		
0	"Base" CCDBG Funds	CARES Act and CRF	CRRSA	ARPA
0		\$19,300,000		
20,000,000	\$34,968,807	¢10,200,000	\$30,506,173	
20.000.000		+55% over base		
40,000,000			+87% over base	
60,000,000				\$121,913,207
80,000,000				
00,000,000				
20,000,000				
20.000.000				+364% over base
40,000,000				

Early Childhood Education: Federal Child Care Development Block Grant Funding Initiatives



Early Childhood Education: ARPA Stabilization Funding Distribution in Maine



Maine was one of the first states to distribute funding to providers and workers



Over 1,300 child care providers have received grants



Over 6,600 direct child care workers have received \$200 monthly bonuses



Over \$22 million in ARPA funding has been distributed through January 2022

Maine Department of Health and Human Services

Additional Investments



Payroll Protection Program

- SBA data from 2020 shows an increase in the total percentage of programs receiving a loan from 22.2% to 30.5% and an increase in average loan amount from just over \$16,000 to nearly \$59,000

Governor's ARPA Infrastructure **Initiative (LD 1733)** • \$10 million to fund grants that would provide direct infrastructure support

• Includes expansion efforts to build new child care facilities and programs, as well as expanding existing facilities and programs

New Initiatives



Comprehensive coordinated system available statewide for the early identification, referral, and follow-up for all children from prenatal care to age eight and their families.

System emphasizes increasing access to early periodic screening, diagnosis, and treatment services



First 4 ME Early Care

Funding to projects to create a publicprivate partnership model for early care and education and workforce development that emphasizes the importance of families and the community and economy

Emphasis on improving social, emotional, educational, and health outcomes for children under six and their families

Involves the provision of comprehensive high-quality early child care including funding for a whole family approach that integrates comprehensive resources and services into traditional child care settings



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Maine Department of Health and Human Services