

**GOC Meeting 4/8/2022 - Public Hearing on CPS Investigations Report
Draft Summary List of Suggested Actions from Public Hearing**

Testimony from:	Suggested Agency or Legislative Action Referenced in Testimony or Follow-up Q&A	Notes
Sen. Diamond	<ol style="list-style-type: none"> 1. Require on-site visit to assess safety and conditions before placing a child there 2. Create Legislative Task Force to review each child death (cited 25 deaths) and determine what happened. 3. Review confidentiality statutes governing CPS and clarify what can and cannot be shared 	
Sen. Claxton	<ol style="list-style-type: none"> 1. Need for additional caseworkers 2. Addressing Prevention 3. Information Sharing Work Group – what are edges of what can be shared 	
Melissa Hackett	<ol style="list-style-type: none"> 1. Additional caseworkers: The legislature should explore funding mechanisms to hire additional caseworkers as indicated by the annual workload report. As emphasized in this report, it is essential to child safety that caseworkers have adequate time to conduct thorough assessments of <i>all</i> risk and safety factors during the investigation phase. 2. 35-Day Timeline: action must be taken within OCFS to extend the 35-day timeframe based on their study findings and report implementation to GOC by June 30th, 2022. 3. CES Staffing: Re: funding for Child Emergency Services staffing in the current supplemental budget proposal, we encourage the committee to establish a process by which OCFS will communicate progress in staffing this unit. 4. Caseworker Practice/QA: OCFS should expand existing quality assurance (QA) to incorporate additional continuous quality improvement (CQI) processes that involve workers at all levels in ongoing practice improvement efforts. 5. Foundations Training: we encourage OCFS to survey caseworkers following participation in and completion of the new Foundations training, that began in January 2022 6. New workers: We also urge OCFS leadership to consider workload/caseload specifically for new caseworkers. 7. Information Sharing: we urge OCFS leadership to continue the work of establishing information sharing protocols with medical providers, law enforcement, school personnel, and service providers. 	

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	<p>8. Surveys of Mental Health and Substance Use Treatment Providers: we urge the committee to request a survey of those providers, from an oversight body, to gain a better understanding of the challenges in collaboration and information sharing.</p> <p>9. Service Gaps: The committee should consider assessment of service availability, mapping, and barriers to access across the state. We also urge the committee to support pending legislation, namely LD 1850 and behavioral health investments in the Governor’s proposed change package, that provide an important opportunity to bolster the availability of family supportive services.</p> <p>10. Prevention Efforts: Legislation currently being considered, LD 393, proposes a new position reporting directly to the DHHS Commissioner to oversee child welfare reform and prevention efforts across state agencies and in coordination with community partners. We urge committee members to support this legislation, and to take additional steps to assess primary and secondary prevention efforts</p> <p>11. Statutory Language regarding Prevention: Statutory language regarding prevention and family supportive services is subject to limits, “consistent with available funding.” We urge legislators to consider what it means to restrict our commitment to preventing child maltreatment, trauma, and family separation in this way.</p> <ul style="list-style-type: none"> ○ 22 MRSA section 4004 General. The department may take appropriate action, consistent with available funding, that will help prevent child abuse and neglect and achieve the goals of section 4003 and subchapter XI-A, including: 	
Melanie Blair	<ol style="list-style-type: none"> 1. Structured Decision-Making Tools 2. Gathering perspectives of Foster Parents 	