Interim Summary Prepared[1] for the Government Oversight Committee of the Maine State Legislature:

Frontline Perspectives in Child Protection as Potential Catalysts for Reform

For delivery to the Government Oversight Committee:

January 12, 2024

[1] This summary was prepared by the Director of the Office of Program Evaluation and Government Accountability (OPEGA), in his role as lead staff support for the Committee. It is not the product of any OPEGA evaluation, but rather, generally includes a compilation of representative perspectives gathered during the period of public work sessions by the Committee from November 8, 2023 to January 5, 2024, on the subject of child protective services in Maine. The views expressed are those of the individuals providing them. Moreover, because the work of the Committee continues, this document may or may not merge with or otherwise be referenced in whole or part in a later publication or other work product of the Committee. Links are provided throughout to the full text of written statements submitted, and to full meeting recordings, at which some testified but did not submit a corresponding writing. Lastly, some perspectives are summarized without attribution for those who asked to speak confidentially with the OPEGA Director or were otherwise unable to appear on the record in public session.

Work Sessions of the Government Oversight Committee

(November 8, 2023 – January 5, 2024)[2]

[2] The Committee also met on November 1, 2023 to plan the approach to the subsequent sessions. The recording of that meeting may be found here: November 1, 2023 Committee Meeting.

January 5, 2024: Committee Members - Individual Priorities for Reform[3]

The following captures the number of Committee Members who provisionally indicated they were inclined to prioritize a particular reform, followed by their individual priorities as stated at the January 5, 2024, Committee Meeting.

Category Counts

9	Improve recruitment, retention, and support for front line staff
6	Invest more in services for families
5	Separate OCFS from DHHS (or study this idea)
4	Improve support for foster families
3	Management review of OCFS
3	Improve culture of OCFS
3	Improve / invest more in court system
3	Prioritize best interest of children in family reunification
3	Ensure residential placement options vs. hoteling & ER placements
2	Statute review
2	Review Katahdin

Senator Timberlake

1. Separate OCFS from DHHS and change the leadership
2. Revise Caseworker job description
3. Change OCFS culture/attitude
4. Establish family court system (Kentucky and Virginia examples)

Senator Bennett

1. Separate OCFS from DHHS
2. Fund more Case Aides and make the job more attractive
3. Address OCFS culture and improve communication
4. Family reunification: Address bias favoring mothers

Representative Blier

1. Residential options for children otherwise placed in hotels or hospitals
2. Improve caseworker retention, address job dissatisfaction

Representative Mastraccio

1. Review & assess OCFS policy changes; improve practice & address district office variation
2. Promote retention of Case Workers and Case Aides
3. Residential housing to eliminate hoteling and ER stays
4. Improve prevention services. Use opioid settlement funds for family intervention services pilot
5. Family court system
6. Put child safety first in family reunification [Later endorsed foster family rights statute review]

[3] The recording of this meeting may be found at the following link: January 5, 2023 Committee Meeting.

Representative Keim

1. Case Aide pilot program (emergency measure bill)
2. Market research on foster family needs, pay rates, etc.
3. Separate OCFS from DHHS, revise organizational structure, analyze administration needs to eliminate redundancy (Lean Six Sigma)
4. Invest upstream in family services, use opioid settlement

Representative Millett

1. Support Caseworkers with better training, hiring & retention. Career ladder. Team approach.
2. Improve support for foster families
3. Reunification: make safety of children top priority
4. Address workplace culture at OCFS
5. Put more resources into investigations
6. Further implement safety science and learning from tragedies
7. Consider a separate OCFS
8. IT review of Katahdin

Representative O'Neil

1. Invest in more prevention services, address Mental Health and Substance Use service needs
2. Court system investments
3. Support Caseworkers: vehicles, technology, Case Aides, coaching and mentoring
4. Specialization for complex cases

Senator Duson

1. Request that OCFS leadership create a management improvement plan with metrics (with input from CW and families); GOC to review periodically

Senator Tipping

1. Staffing: improve recruitment and retention
2. Reform MH, BH & SUD services systems and education to support families and prevention
3. Improve performance at handoff points

Representative Arata

1. Support caseworkers' quality of life. More case aides.
2. Support residential options, transitional housing
3. Katahdin [OPEGA should look at state software procurement]
4. Study commission about removing OCFS from DHHS, explore admin bottlenecks
5. Study impact of cannabis on child welfare

Representative Fay

1. Improve Case Worker job quality (training, pay, workload, team approach)
2. Support families with services before there's immediate risk of harm
3. More respect for CW casework

Senator Hickman

1. Improve support for foster families
2. Review child welfare statutes, including for foster parent rights and child's best interest

December 13, 2023:[4]

The Committee heard from a range of frontline professionals, individual biological parents, and resource (foster) families.

Professionals

Mark Moran, LCSW, Chair of Maine Child Death and Serious Injury Review Panel

Opportunities to Improve Child Welfare Communication

1. Continue Family Team Meetings (FTMs) that include extended family members and service providers consistently throughout cases.
2. OCFS should proactively share information about children with education personnel (administrators, counselors, teachers) who are best positioned to monitor and support a child's safety.
3. Maine should join the National Center for Fatality Review and Prevention's Case Reporting System.

Recommended changes from the medical system perspective

1. Develop residential behavioral health services for minors in emergency departments whose parents are unable or unwilling to care for them at home (but are not in OCFS custody).
2. Maine needs more child abuse pediatricians to accurately diagnose or exclude child maltreatment.
3. Maine should implement the Nurse Family Partnership model of public health nursing to prevent child maltreatment.

Top recommendations:

1. Address culture, workload, and staff turnover issues with OCFS frontline staff. Biggest issue is lack of work-life balance.
2. Improve consistency and quality of child safety investigations. Acknowledge that prevention is not always possible, and it is sometimes necessary to remove children from their parents.
3. Support case specific and systemic child welfare reviews by various multidisciplinary groups in various settings to identify opportunities for improvement.

[4]Written testimony may be found at the following link: December 13, 2023 Written Testimony.

The recording of this meeting may be reviewed here: December 13, 2023 Committee Meeting.

Dr. Amanda Brownell, Child Abuse Pediatrician and Medical Director at Spurwink Center for Safe and Healthy Families

1. 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 DHHS.
2. Make consultation with child abuse pediatricians more routine in the child protective intake process and investigations.
3. Increase payment rates for child abuse evaluations.

Christine Alberi, Child Welfare Ombudsman

1. Address OCFS struggles to determine the safety of children 1) at the beginning of involvement during child protective investigations and 2) when deciding whether or not to reunify children with their parents.
2. Improve the availability of mental health services, substance abuse treatment, trauma informed services, domestic violence services, housing, and transportation.
3. Share Safety Science recommendations with all stakeholders and implement systemic recommendations.
4. Address Katahdin, the new child welfare database, which is difficult and time-consuming to use, especially for looking up family history.
5. Prioritize recruitment and retention of foster homes, both relative and non-relative resource homes.

Melissa Hackett, Maine Child Welfare Action Network Chair

1. Strengthen and support the child protective workforce. Embed strategic consultation within the administration. Increase specialized office support staff, including dedicated positions for coaching and mentoring, legal secretaries, family team meeting facilitation, kinship and foster family support, visitation and transportation, and community services.
2. Expand low-barrier supportive services for families. Cash assistance, home visiting/public health nursing, aftercare services to prevent recurrence, behavioral health services, domestic violence services, substance use disorder treatment, peer support and flex funds.
3. Develop alternatives to hoteling and stays in offices. Identify kinship and resource families to provide respite for children coming into care.
4. Create a special unit in each district to review and manage complex cases with an interdisciplinary team approach.

Andrea Mancuso, Co-Chair of Maine Child Welfare Advisory Panel

1. Create an Office of Parent Counsel to strengthen the quality of representation appointed to parents in child welfare cases and ensure these legal professionals have the tools and resources they need to help their clients be successful and safe parents.
2. Offer the "Child Welfare Law Specialist" training and certification for attorneys, judicial officers and guardians ad litem from the National Association of Counsel for Children and provide scholarships to interested attorneys.
3. Amend Title 22 to require the assignment of client directed attorneys to children age 10 and above in addition to Guardians Ad Litem (GALs).
4. OCFS should report quarterly on the number of children in custody who have stayed in hotels and in DHHS offices for more than six hours (age, length of stay, district).
5. Review the implementation of the Home Builders Program.
6. Align economic supports for parents, foster placements, and uncompensated visit supervisors. Update formal and informal policies and practices.
7. Conduct an outside evaluation of Maine's Family Team Meeting model and create a structure for ongoing quality assurance monitoring.

Ariel Piers-Gamble, Assistant Attorney General and Chief, Child Protection Division (did not make recommendations in her role)

1. Provided an overview of her office's structure and role in providing legal services in the realm of child protective services in Maine.
2. Noted that per statute, reunification efforts are mandatory for the Department but "cease reunification" decisions are discretionary for the Courts.
3. Described her office's representation on relevant panels, availability to provide relevant trainings, and participation in stakeholder groups in the context of policy development.
4. Observed the balances struck in current statute between the interests of children and parents.
5. Provided additional context to the Ombudsman's recent observation on the rate of judicial denial of preliminary protection orders, specifically, the lack of data on the extent to which any are amended or dismissed after a summary preliminary hearing, or how many requests are contemplated and not brought to Court.
6. Shared the challenges, found in other realms but also those distinct to this type of work, in maintaining necessary legal staffing, and that this extends to a range of court personnel and resources (e.g., trial time), as well.
7. Generally described her office's role in advising the Department on potential disclosures of child protection information to authorized recipients.

<u>Biological Parents</u>

Jamie Brooks

Shared her history:

Undiagnosed mental health issues.

Untreated substance use disorders.
Power and control dynamics.
Multi-generational conditions.

Suggested breaking the cycle is done with adequate services and support.
Stressed the importance of well-trained case workers to be "clear and kind".

Karen Tompkins

Karen Tompkins described her experiences as a parent who had received services in the past, and her role subsequently as a peer support for other parents. In addition to highlighting the challenges associated with mental health and substance use disorders, she cited involvement with the child protective services system itself as a source of stress for families. She also read a letter on behalf of other parents which included the following:

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 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 case workers are asked to give all parents a few documents when they first meet them that explains parents' rights and responsibilities, many parents aren't able [to] 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 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. 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 get worse before they got better, but people can and do change. A study by the U.S. Centers for Disease Control and Prevention showed that 75% of people with a substance use disorder find recovery.

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. 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.

Resource (Foster) Families

Melanie Blair (See also "Unsupported", presented by Walk A Mile In Their Shoes, December 2023)

Communication – needs to be complete and honest to meet child needs and find correct placement. This has not been satisfactory in her experience. Had a placement that resulted in violence by the placement toward one of her other children.
Negative Consequences for Challenging the Department.
High caseworker turnover – delays case resolution.
Reunification pursued at all costs.
Ombudsman does a fantastic job, but more ongoing oversight is needed.

Jessica Creedon

High caseworker turnover – who were bullied and mistreated for advocating.
Preservation of biological family is prioritized above foster family always.
More is needed from state above and beyond MaineCare for high needs children.
Adoption means less state support from State.
But If they do not adopt, the Department may place the child in a nursing home.

Deborah Hibbard Brito

Was adopted herself.
Has a kinship placement.
Three main issues:

1. Re-traumatization stemming from not following guidelines for parental rights termination.
2. Case worker works for the parent, not the child. System should be child-centric.
3. Foster parents excluded from family team meetings. Need real information sharing.

Hannah Pelletier

Therapeutically licensed foster parent for 13 years.
Hoteling from the experience of a child and its negative impact.
There should be public data on numbers hoteling.
Lack of services.
Placement disruptions on top of removal from home and the negative consequences.
Not making good placement matches and supporting the available resource parents.

Kids with higher needs qualifying for higher rates and services, yet the home does not qualify for a therapeutic license, if home already has four kids under 16.
"Leveling" challenges. What care level is appropriate and lack of information about true level.
Parents rights protected at expense of children's rights.
Ombudsman process takes longer than timeline when negative event takes its toll.
Nowhere else to go to challenge Department decisions, as a foster parent.

Ashley Pesek

Most of her kids have reactive attachment disorder.
Kids with dual system involvement (child protective and juvenile criminal)
Real change requires looking through all stakeholder's lenses.
Need to avoid unintended consequences in reform.
A totally overburdened system or series of systems.
Cited a case in which jeopardy was found by court on same day as reunification (trial home placement).
Cited other cases in which there were procedural and substantive shortcomings.
Hoteling children has many negative implications. Wildly inappropriate for child development and case worker can no longer have neutrality with foster family who had to seek other placement.
Not all kids are prepared immediately to live with a family.
Placement waitlists and refusals.
Services not available in time needed to make a difference.
Cited one case in which there were thirteen placements in approximately as many months.
Need a place outside of a family at times. Understands the difficulties with group homes, but hoteling and mismatched placements and trauma result.
Believes it is clinically inappropriate to have a child forced to be placed in a home at a time when that is what "sets their brain on fire."
Suggests some other kind of "supportive living."
She exceeds the number of placements to have a therapeutic license. But if children need the therapy, that needs to follow them to wherever they may be.
Permanency not being established timely. Cited one child in placements for nine years.
Caseloads too high.
Foster family attrition when feeling undervalued.
Waiting for court dates. Courts with inadequate trial time directing parties make more agreements. May not be best outcome.
Systems beyond child welfare need reform.
Need plan for care gaps for foster parents.
More trauma training.

Deborah DeJulio

Foster parent for 23 years.
Has a therapeutic license.
"I'm done."
There is no support for foster families.

"We don't listen to foster parents—you are all biased."
Waiting too long to get into court.
Trauma to children during forced visits with biological parents.
"We know what they need. Can't get the services."
Biological parents need to work with the foster families, but most do not.
Foster Parent Bill of Rights does not really mean anything.
Travel restrictions create difficulties. Cannot take a child to Disney if parent vetoes it.

Stephanie Millett

Provides respite for teens who are in foster placements.
Shortage of foster homes for teenagers.
Uncertainty in placement makes for fragile placement. Child not knowing what is next.
There should be a "market" study of foster needs and foster placements before making a recommendation on what to do.
Resort to emergency rooms where services and placements lacking.

Dayna Pittiglio

Gave up foster license due to adopting child with complex medical needs.
Parents have all the rights and foster parents are seen as having an improper agenda.
Felt coerced and manipulated by the Department which made it hard to obtain services on child's behalf.
If a parent is unable to be safe around animals, they are not fit to be around children.
DHHS and Police information sharing needs improvement.

Ashley Collins

No longer accepting placements.
One placement remains unresolved four years later.
Case worker turnover in this case nine times.
Year long waitlist for services.
Not invited to family team meetings or provided information for first year.
Insufficient GAL visits.
Biological family rights are impacting child's needs and do not adequately consider foster perspectives.

Coreen Jurson

Children leaving system more traumatized than when entering.
Asked for help for a long time, but result was change in placement after 3 ½ years, which felt punitive. Given one hour, supervised "goodbye" visit (not even told it was "goodbye" at that time).
This was followed by an investigation of her.
She did clear her name.
Not sure what needs to change, but changes are needed.

Mary Jean Rumery

Feels she was lied to and abused by the Department.
Eventually was able to adopt children, but it was an ugly and too lengthy a process.
Feared for current placement.
Described differing treatment based on District.
Asserted that top leadership does/did not value foster parents (at least in one district).

Kelly Collins

Certified emergency room nurse.
Struggled to obtain services for foster placements.
Reunification process taking too long—increasing attachment disorder syndrome.
Foster parents need answers.

December 6, 2023[5]

The Committee heard from Commissioner Lambrew and Acting Director Bobbi Johnson.

Acting Office of Child and Family Services Director Johnson

Shared her work and personal history.
Intends to prioritize the well-being and empowerment of staff.
Looks forward to continuing to work with community partners and the Committee.

Department of Health and Human Services Commissioner Lambrew

Shares frustration that performance on some key measures has worsened; staff vacancies have increased, and the case worker concerns are being looked into.
There is no place in the Department for a supervisor to pressure a worker to work without pay.
Changes in recent years are not keeping pace with new dynamics, including substance use disorder epidemic and high cost of living.
Believes the change in OCFS leadership offers opportunity for a re-set. Will seek empathy and listening skills, in addition to technical capability.
Commits to improving the culture, including to make case workers feel valued and supported.
Looks forward to reviewing the recommendations of the Committee.

[5] The recording of this meeting may be found at the following link: December 6, 2023 Committee Meeting

November 29, 2023[6]

Former DHHS Child Protection Leader Peter Walsh

Vision: Eliminate child abuse and neglect in three years

Double the resources including federal, state, private, and other sources.

Prioritize child welfare in all other human services agencies.

Greatly increase support to frontline staff.

Develop a new category of service provider called Child Safety Specialist.

Send an immediate response person on all calls that come into the hotline.

Double the salaries of frontline staff.

Strengthen the caseworker advisory committee.

Rename DHHS to the Department of Child and Family Services.

Transfer unrelated services to other departments.

Use existing state surplus: whatever is necessary to eliminate child abuse and neglect.

[6] A recording of this meeting may be found here: November 29, 2023 Committee Meeting. Mr. Walsh testified in the afternoon.

November 15, 2023[7]

The Committee heard additional frontline perspectives.

Bethany Fournier – Resource Parent, Occupational Therapist and Executive Director of the Nonprofit Nanna's House

Ms. Fournier shared with the Committee her experiences working within a school district, and as a Foster Parent. She shared information on her nonprofit, Nanna's House, that aims to help ease the transition for children being placed into Foster Care. She hoped to create a home-style environment that a caseworker could bring a child to, and stated the nonprofit has a house ready to go but the Department responded by saying they did not think the idea was something that was needed or valuable.

Masha Rogers – Retired CASA Guardian Ad Litem

Ms. Rogers shared her experiences with working with families as a Guardian Ad Litem (GAL) and as a Foster Parent. She noted times where a child who was not treated for the trauma of Foster Care had bad behaviors come out years later that affected their schooling abilities. She hoped that there could be plans for these children in the future to give them tools before the change of behavior happens to help prevent a negative outcome.

Sandra Hodge – Founding member of the Child Death and Serious Injury Review Panel, past Program Specialist for the Child Protective Services central office.

Ms. Hodge explained that the Child Death and Serious Injury Review Panel started as a mission to bring together the communities and resources within the state to bear on the issue of Child Abuse and Neglect. She added that there was a wonderful reservoir of information and experience that needs to be tapped.

Kerry Hewson – CASA Guardian Ad Litem + School Nurse

Ms. Hewson shared her experiences as a CASA GAL and a School Nurse. She shared disappointment in Maine for not asking for more grants to fund more resources for children within the schools. She suggested implementing a less complicated system so that it is easier for staff to collect data and easier for people to receive more resources.

[7] The recording of this meeting may be found here: November 15, 2023 Committee Meeting. The additional frontline perspectives were heard in the afternoon.

MaryAnne Spearin – Superintendent of Schools, Washington County

Ms. Spearin shared her experiences with children as a middle and high school principal for 10 years. She stated that the system's inadequate support of the health and wellness of the students and families makes educating those children more difficult when the basic needs of those kids are not being met. She noted families being on wait lists for services for over a years' time. She added that another area of concern would be the lack of communication between the Department and the school systems as it is a disjointed system of services for the greatest at-risk students. She stated that calling the report line sometimes does not bring fast enough results when a child is fearful of going home from school, so the school has started resorting to directly calling known caseworkers to ask for someone come help. She strongly felt that the Department and the schools should work together in a collaborative way to figure out solutions for these students. She mentioned having responses while reporting stating that the children were too old to be helped and thought it was wrong to suggest that kids of legal dropout age are past the cutoff for help.

Stacey Henson-Drake – Case Worker

Ms. Henson-Drake shared some statistics on her district being high in numbers of cases, crime and child deaths or serious injuries. She noted that there were multiple children within her district that have been housed in hotels for months requiring tons of mandatory overtime to staff the overnight hours. Ms. Henson-Drake stated that the starting pay for case aides is less than that of Burger King and that it was hard to find qualified workforce at such an abysmal hourly rate. She stated that the pay of the caseworkers is okay but that it is the work life balance that makes it hard to keep the job. Ms. Henson-Drake stated that her local office communication was good, but that she had only met the Director Todd Landry twice. She noted there was no communication about what the states planning to alleviate some of the burden. Ms. Henson-Drake answered since 2021, which makes her a veteran staffer.

Priscilla Girard – Guardian Ad Litem + LCSW

Ms. Girard shared her experiences as a GAL and her expertise of providing clinical assessments and expert witnessing for the Department processing the trauma that children have gone through.

November 8, 2023[8]

The Committee heard frontline perspectives from a number of Case Workers, and others.

Maureen Cote, Case Worker

1. Workloads have continually increased, are not sustainable, and do not allow for adequate service to children and families.
2. Required overtime, especially overnight shifts caring for children in hotels or hospitals, are negatively affecting morale, well-being, and staff retention.
3. Compensation is not adequate to address increases in the cost of living, and staff are currently working without a contract.
4. Field training for new caseworkers is inadequate.

Diane McGonagle, Case Worker

1. Establish field training units in each district office. New caseworkers are guided by supervisors for only their first two investigations, which is not adequate.
2. Develop residential options for high-need children to put an end to hoteling.
3. Reduce mandatory and short-notice overtime.

Mandy Baird, Case Worker

1. Required overtime and hoteling children is a barrier to staff retention.
2. Caseworker workloads are too high.
3. Add staff to assist with administrative and legal tasks.

Sarah Ament, Case Worker

- Heavy workload is unmanageable.
- Wait times for services for parents in reunification are counterproductive to the process. Invest in more mental health and substance abuse treatment clinicians.
- Court delays have a negative impact on ability to meet reunification timelines.
- Staff should be paid more for mandatory overtime.

[8] The recording of this meeting may be found here: November 8, 2023 Committee Meeting. The written versions of testimony may be found at the following link: November 8, 2023 Written Testimony.

Rochelle Kadema, Case Worker

1. Overtime hoteling shifts are not voluntary.
2. Legal documentation expectations are burdensome; workers need more support.
3. Documenting case work in Katahdin is clunky, disorganized, and inconsistent across workers.

Dean Staffieri, President, Maine Service Employees Association. 28 Year Tenure in OCFS

1. Mandatory overtime expectations are unreasonable.
2. Katahdin, the child welfare information system, does not allow information to be efficiently saved and retrieved.
3. Constant shifting of policies and priorities makes it difficult for caseworkers and supervisors to develop expertise and hinders continuity and efficiency.
4. Lack of reliable transportation services, parent-child visitation supervisors, and residential treatment options for the most vulnerable children are significant obstacles.
5. There are not enough mental health clinicians to meet families' needs.
6. Inadequate staff recruitment and retention contribute to unmanageable workloads.

Former Senator Mike Carpenter (current and longtime Guardian ad Litem)

1. 22 M.R.S. § 4002(10)(B) ("Serious mental or emotional injury or impairment now *or in the future…")* – the "drip drip drip" of harm over time
2. Problems with Katahdin system
3. Whether lack of pre-filing cooperation could be grounds for keeping an investigation open
4. Could a GAL be empowered to check in on a family post-case-closure or other resolution, at some interval in the future, as an added safeguard

Other Perspectives: Summary of Representative Frontline Perspectives Shared With the OPEGA Director Confidentially and Without Attribution

The perspectives provided directly to the OPEGA Director were generally consistent with those provided directly to the Committee, and centered on:

- Hoteling and Emergency Room Coverage
- Availability of Resource (Foster) Family Placements
- Availability of Services (Mental and Behavioral Health, Substance Use, Other)
- Other residential options for some children hard to place or in immediate need following removal
- Case worker burnout, turnover, and vacancies
- Mandatory overtime; pressure to work uncompensated
- New case worker training (more job shadowing desired)
- Katahdin (IT system) functionality, user interface, and data merge from MACWIS
- Leadership support and understanding and consideration of frontline conditions and perspectives
- Support and resources ($) for foster families, reasonable expectations, and a greater voice in a child “best interest”-centered process
- Need for better data on outcomes, not just outputs
- Learn from negative events and share lessons learned with frontline
- Ability of OCFS to meet mission
- Structured Decision Making and whether case workers still have room for discretion and judgment
- More support for transportation, legal paperwork, and other matters freeing case workers to focus on investigation and social work
- After hours (night shift staffing) not yet realized
- Whether foster families may have greater access to information about case plans and statuses
- Better early intervention/prevention
- Better risk assessment
- There are different types of case workers, and at times there are equity concerns over pay incentives for some and not others; there are also times when the Department is competing with itself when case workers are incentivized to take jobs elsewhere in the Department (e.g., Adult Protective).
- Older youth “aging out” without adequate support.
- Ever growing impact of drugs

- More and better coordination with other elements involved in child protection, and interdisciplinary teams
- Court schedules
- Compensation

<u>Some Additional Observations From Those Sharing With the OPEGA Director ("Food for Thought")</u>

From a Guardian Ad Litem: Beware the false dichotomy that it is "parent's rights versus children's rights." The system needs to protect both. Some of these are Constitutional rights.

From a case worker: No plan of reform will succeed unless and until burnout, turnover, and vacancies are addressed. Hoteling and Emergency Room stays as they are occurring are not fair to kids and not fair to case workers.

From a parent's attorney who has also served as a GAL: The system is built on the false premise that there are services available, including available timely, and this is not the case, especially in more rural areas of the state.

From a number of case workers: Job shadowing is seen as key to better training of new case workers, including to provide realistic expectations about actual conditions to be faced.

From a community service provider: We must be clear about what outcome metrics define success for our child welfare system and the children and families engaged in services. For me, I would like to see a dashboard that outlines outcomes for core goals and operational functions:

  - Safety of children referred to OCFS and those already in state custody.
  - Wellbeing of children under OCFS custody – especially focused on educational progress, health care access, and psycho-social well-being and sense of safety and belonging for children.
  - Permanency – not only the percentage of children that achieve permanency, but the placement history and speed to which permanency is achieved.

- Operational management outcomes for OCFS – metrics related to the structure, financing, management, and personnel outcomes from the agency. It would be helpful to be shown more early information about the financing and expenses, organizational charts, service spectrum and utilization, strategic priorities, and personnel recruitment and retention of staffing outcomes for OCFS.

Data and information should be presented and routinely discussed by the Administration, Legislature, and community stakeholders that allows for identification of system deficits and opportunities for improvements. Reforming a child welfare system cannot be solely based on the most horrific child death cases and should also not accept summaries not backed by specific evaluation metrics.