

**Health and Human Services Committee Interim meeting
July 31st, 10:00am-1:00pm**

Quarterly child welfare briefing pursuant to [Public Law 2023, chapter 261](#)

AGENDA

Citizen review panel updates:

- Maine Child Welfare Advisory Panel
- Justice for Children Task Force (reports to the Supreme Judicial Court)
- Child Death and Serious Injury Review Panel

Accidental ingestions:

- Office of Cannabis Policy
- Center for Disease Control and Prevention, DHHS

Child Welfare Ombudsman update

DHHS update:

- Office of Child and Family Services

Maine Child Welfare Advisory Panel Quarterly Report

Report to the Joint Standing Committee on Health and Human Services

July 31, 2024

Panel Overview



CITIZEN REVIEW PANELS



MEMBERS



SCHEDULE

Summary of observations in the prior 3-month period regarding efforts by DHHS-OCFS to improve the child welfare system

- OCFS staff participated in MCWAP meetings in May and June.
- Director Johnson provide the Panel with several updates that the Panel had requested during the June meeting.
- MCWAP continues to experience the effects of the transition in leadership at OCFS. Director Johnson, the longtime liaison to the Panel, participates as able. MCWAP looks forward to Associate Director Jean Haynes beginning to serve as the Panel's OCFS point person starting in August.
- MCWAP currently has a survey open to parents with experience of the child welfare system response that will help inform our conversations over the next year. OCFS was an essential collaborator in that project and is hosting the survey for the Panel.

Summary of the
collaboration
between MCWAP,
the Child Death and
Serious Injury
Review Panel, and
the Justice for
Children Task Force

- Citizen Review Panels Chairs meet quarterly.
- MCWAP & Justice for Children Task Force:
 - MCWAP update is now a standing agenda item for the quarterly Justice for Children Task Force meetings.
 - JCTF coordinator presented on Quality Hearing Pilot Project at MCWAP's May meeting.
- All panels have some degree of overlapping membership, including on subcommittees.

Continuing MCWAP Subcommittees

Citizen Engagement

Family Team Meetings

Family Centered Policy and Practice

Monthly Meetings

May

- Quality Hearing Pilot Project Report (JCTF).
- Reviewed recommended updates to Panel bylaws.
- Reviewed and discussed citizen feedback provided to the Panel by an attorney representing parents in PC cases.
- OCFS update from Director Johnson on PCG Audit and planned restructuring and hiring timeline.

Monthly Meetings

June

- Welcome new member, MCPDS Executive Director, Jim Billings.
- Updates from subcommittees.
- Presentation from Director Bobbi Johnson:
 - Overview of Practice Model and areas of intended growth;
 - OCFS work on prior MCWAP recommendations;
 - Update on 1st year of Contingency Fund program;
 - Staffing updates and OCFS Strategic Priorities.

JUSTICE FOR CHILDREN TASK FORCE

July 2024

Betsy Boardman, Esq.

betsy.boardman@courts.maine.gov

PURPOSE

The Maine Justice for Children Task Force (“the Task Force”) is hereby continued as a collaborative, multidisciplinary Task Force to **improve safety, permanency, and well-being for children in the State of Maine child welfare system.** It is anticipated that the work of the Task Force will regularly occur in conjunction and collaboration with the work of the Executive and Legislative Branches, along with appropriate child welfare entities. This collaboration may include joint meetings designed to maximize the experience of the membership of each committee, prevent redundancy, and be respectful of members’ work schedules.

- Implementation of a virtual child welfare parent curriculum.
- Race and Equity Data Assessment Project.
- Continuing education for all system stakeholders.
- Interagency data sharing.
- Parent Attorney/GAL Recruitment and Retention.



STRATEGIC
PLAN

PARENT CURRICULUM MARCH 2024 UPDATE (AS OF 1/17/2024)

| | Pre-CPS 101 (I2I) | Post-CPS 101 (I2I) |
|---|-------------------|--------------------|
| I understand how the child protective system works. | 2.7 | 4.2 |
| I understand who is on my child protective services team and what they each do. | 3.1 | 4.3 |
| I understand what I need to do to reunify my family. | 3.4 | 4.2 |
| I feel hopeful about my child protective services involvement. | 3.2 | 3.7 |

PARENT CURRICULUM

- To date, there have been approximately 141 parent participants in the program.
- Maine Judicial Branch provided funding for the program through June 2024 when OCFS funding became available on July 1, 2024.
- The MJB has worked with the Catherine Cutler Institute to transition the program during April, May, and June.

CONTINUING EDUCATION SUBCOMMITTEE

- Meets throughout the year to plan the annual Maine Judicial Branch Child Welfare Conference.
- Attendees at the conferences include:
 - Parent's attorneys;
 - Guardians ad litem;
 - Assistant Attorney Generals;
 - DHHS caseworkers;
 - Judges; and
 - Other system partners.

CONTINUING EDUCATION SUBCOMMITTEE

- Expanded invite list to include:
 - The Health and Human Services Committee;
 - The Government Oversight Committee; and
 - Court clerks.

MAINE JUDICIAL
BRANCH 2024 CHILD
WELFARE CONFERENCE

Child Welfare Litigation: Courtroom Strategies and Best Practices

- Held on April 4th and 5th at Sunday River
- Focused on the life of a protective custody case, beginning with prevention and ending with youth services for those aging out of care.
- Litigation best practices for each court hearing including:
 - Summary Preliminary Hearings;
 - Jeopardy Hearings;
 - Contested Judicial Reviews;
 - Termination of Parental Rights; and
 - The GAL's role in contested hearings.
- The two keynote speakers were able to attend virtually.
- Approximately 820 general CLE credits were awarded and 475 CPE credits for GALs.

PARENT ATTORNEY/GAL RECRUITMENT AND RETENTION SUBCOMMITTEE

- Created upon recommendation from the 2022 Maine Child Welfare Advisory Panel (MCWAP) Annual Report.
- Membership includes:
 - Office of the Attorney General;
 - Maine Commission on Indigent Legal Services;
 - Cumberland Legal Aid Clinic;
 - Parent attorney;
 - Guardian ad litem;
 - Pine Tree Legal Assistance;
 - Maine Judicial Branch (administration and court clerk); and
 - Maine Coalition to End Domestic Violence.

PARENT ATTORNEY/GAL
RECRUITMENT AND
RETENTION SUBCOMMITTEE

Mission: Identify system improvements to increase the recruitment and retention of Maine child welfare parent attorneys and guardians ad litem and implement change where possible.

Updates since March 2024:

- Finalizing recommendations:
 - Exit interviews for those no longer working in the child welfare field.
 - Establishment of the Child Welfare Expert designation in the State of Maine.
 - Expansion of internship opportunities for law school students.
 - Systems and processes around GAL payment.

QUESTIONS?

Child Death and Serious Injury Review Panel Quarterly Report

Report to the Joint Standing Committee on Health and Human Services
Presented by Mark Moran, LCSW, Panel Chair
July 31, 2024

1

Public Law 2023, chapter 261: "... the [child death and serious injury review] panel...shall submit reports to the joint standing committee of the Legislature having jurisdiction over health and human services matters at least every 3 months.... Any presentation of the report to the committee must be presented by the citizen members of the panels to the extent possible. Each quarterly report must contain, at minimum, the following:

1. A summary of generalized and anonymized observations in the prior 3-month period regarding efforts by the Office of Child and Family Services to improve the child welfare system;
2. A summary of the collaboration between the child welfare advisory panel and serious injury review panel as well as any judicial branch task force or panel with a focus on the child welfare system or child protective proceedings; and
3. Any recommendations on how to further protect the State's children through department policy and rulemaking and through legislation."

2

Reminders

Cases reviewed by CDSIRP are often 6-24+ months post-critical-incident.

Level 1, 2, or 3 reviews

CDSIRP does not solely focus on OCFS role, decisions, and actions. We recognize the Child Welfare System is far broader than OCFS alone.

CDSIRP focuses on system improvement, not blame or fault finding.

Much of the value of the Panel's work is in its "behind the scenes" ability to influence practice. The Panel's multidisciplinary membership is often able to influence policy and/or practice changes in real time, rather than waiting for periodic, formal, public reports and recommendations.

3

Summary of observations in the prior 3-month period regarding efforts by DHHS-OCFS to improve the child welfare system

May 2024: L1s Feb/Mar; Lit review of substance exposure via breastmilk; L3 infant substance exposure via breastmilk vs direct ingestion; Joint review with DAHRP- fentanyl fatality

Panel Observations: 8 L1 dog bites; BF recs in the context of SUD are complicated; most medications for SUD are BF compatible; limited data on specific illicit substances; missed well child visits; theme of moms not having adequate supports to feel safe in their home, resulting inability to advocate for self/child safety when others used moms' vulnerabilities to their advantage; delayed LE notification of fatality to OCFS; OCFS difficulty obtaining autopsy reports from OCME; inadequate evaluation of siblings post-critical-incident

OCFS Efforts: Cops and Caseworkers training; OCFS/OCME liaison; ongoing work to better collaborate with Spurwink re: recs for sibling evals

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Summary of observations in the prior 3-month period regarding efforts by DHHS-OCFS to improve the child welfare system

June 2024: New Vice-Chair; Bylaw change re: reporting timeline; L1s April; L2 review of DUI-MVA

Panel Observations: Case took place prior to more recent DV oriented practice changes-some elements would be handled differently now; evaluating level of safety/risk to children in a home with substance use is very difficult; Multiple barriers to effective collaboration b/w OCFS and SUD providers

OCFS Efforts: separate FTMs in DV cases and increased referral to DV Resource Centers; work with ORCAC to develop tools/matrix to aid assessment of risk; ongoing efforts to support staff in proper release of info completion; work with relevant officials on challenges with releases of info being accepted

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Summary of the collaboration between MCWAP, CDSIRP, and the JCTF

Quarterly leadership meeting 6/3/24- presentation re: CFSR

CDSIRP Chair attended JCTF meeting 6/11/24

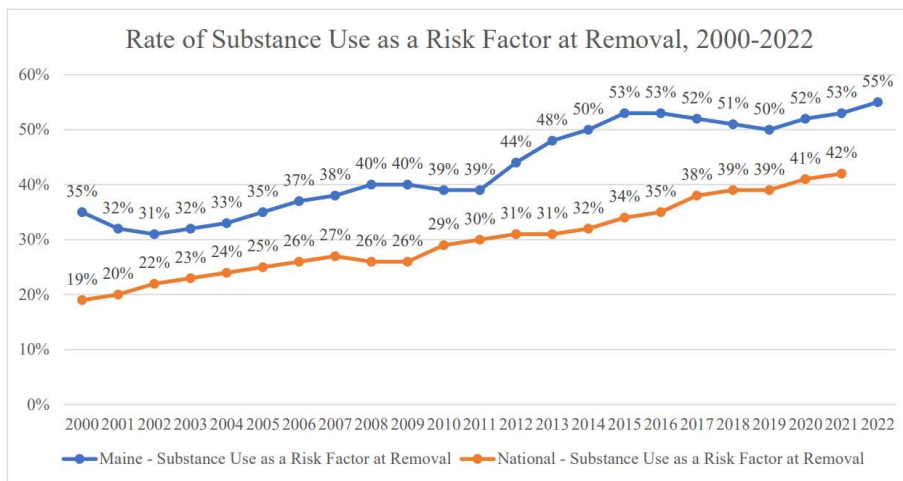
6

Recommendations on how to further protect the State's children through DHHS policy and rulemaking and through legislation

- Well child visits should be viewed as sufficient red flags for OCFS investigation in SELECTED circumstances (2022)
- Primary care offices serving children should integrate social workers into those practices to enhance screening for SDOH and optimize communication with OCFS when appropriate (pending)
- OCFS and Spurwink should collaborate to develop short guide for emergency departments statewide on proper evaluation of kids in the immediate aftermath of a sibling's death or serious injury (pending)
- OCFS should continue to collaborate with CDC on relevant public health messaging (2022) including related to operating while under the influence of substances other than alcohol (pending)
- OCFS should continue its efforts to enhance and refine its assessment of safety and risk factors in the context of caregiver SUD (pending)
- OCFS and its law enforcement partners should continue efforts to develop/deliver interdisciplinary training to law enforcement and OCFS staff around the state (2022)

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Caregiver Substance Use



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Ingestions

| Year | Ingestion Reports | Cannabis | | Opioids | | Fentanyl | |
|-------|-------------------|----------|------|---------|------|----------|------|
| | | N= | %=** | N= | %=** | N= | %=** |
| 2017 | 51 | | | | | | |
| 2018 | 49 | | | | | | |
| 2019 | 32 | | | | | | |
| 2020 | 31 | 11 | 35.5 | 9 | 29 | 0 | 0 |
| 2021 | 42 | 18 | 42.9 | 11 | 26.2 | 6 | 14.2 |
| 2022 | 90 | 42 | 46.7 | 15 | 16.7 | 7 | 7.8 |
| 2023 | 94 | 46 | 48.9 | 14 | 14.9 | 5 | 5.3 |
| 2024* | 51 | 19 | 37.3 | 4 | 7.8 | 4 | 7.8 |

*1/1/24- 6/30/24

** Percent of total reports

Data compiled from reports made available to CDSIRP from OCFS.

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Prior CDSIRP comments and recommendations related to ingestions

- ▶ 2021 Report:
 - ▶ 4/2021- Panel Chair submitted testimony to VLA regarding marijuana ingestions in children
 - ▶ Panel recommendations:
 - ▶ 12. Pediatric ingestion/poisoning prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine's children. This strategy should include evaluation of any current efforts and consideration of any emerging strategies to reduce the incidence of ingestions/poisonings in children.
 - ▶ 13. When provided with adequate funding, MIPP staff should convene a multidisciplinary group of stakeholders and subject matter experts to develop a workplan consistent with Recommendation 12.
 - ▶ 14. The Maine Legislature and/or the Maine Office of Marijuana Policy should prohibit the sale, marketing, or labeling of marijuana containing products in packaging that is attractive or appealing to children.
 - ▶ 15. The Maine Legislature and/or the Maine Office of Marijuana Policy should require that marijuana containing products be sold in child-proof packaging.
 - ▶ 16. The Maine Legislature should consider an additional amendment to Title 17-A, section 554, establishing that endangering the welfare of a child also includes failure to properly secure or otherwise prohibit a child's access to marijuana containing products.

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Prior CDSIRP comments and recommendations related to ingestions

► 2022 Report:

- “Sources of marijuana ingested by Maine children [in 2022] include, but are not necessarily limited to, cookies, brownies, butter, batter, chocolate bars, gummy bears, lemonade, lozenges, ice cream, dabs, and elements of marijuana plants.”-p8
- “Finally, it is important to note that even with the increase in ingestion reports, not all injuries due to pediatric ingestions are reported to OCFS or to the Northern New England Poison Center (NNEPC). There is no specific standard mandated reporting requirement when a child presents with an ingestion. The Panel is unaware of any mechanism being used in Maine to monitor emerging trends in pediatric ingestions from the numerous entities who have this information, including, but not limited to, NNEPC, hospitals, medical providers, law enforcement, emergency medical providers, community-based service providers, and OCFS. The Panel expects that more complete data tracking would bolster the work of a well-structured, well-funded injury prevention program. Maine’s lack of such a program was addressed in the Panel’s 2021 report (p13-14).” –p9

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The screenshot shows the website for the Maine Injury Prevention Program (MIPP). At the top, there is a navigation bar with 'Maine.gov' and 'Division Of Disease Prevention'. Below this, there is a search bar and a 'Select Language' dropdown. The main content area is titled 'Maine Injury Prevention Program (MIPP)' and includes a 'Mission' statement: 'Provide leadership and coordination to assure a statewide, comprehensive and integrated injury prevention program that serves as a resource for professionals, communities, agencies, and professional organizations in both the public and private sectors.' Below the mission statement, there is a list of resources, including 'Concussion Brain Injury in Maine (PDF)', 'Beyond the Basics of Suicide Prevention VII (PDF) (April 08, 2011)', 'The Maine Injury Prevention Program Strategic Plan (PDF)', '2010 Suicide Prevention Symposium', '2010 Injury and Violence Prevention Toolkits (PDF)', '2010 Statewide Mapping Report (PDF)', 'Maine Injury Prevention 2008 Symposium Report (PDF)', and '2007 Maine Injury report (PDF)'. There is also a list of statistics: 'Injury is the leading cause of death among our youngest citizens, accounting for approximately 30% of all years of life lost before age 65.', 'It surpasses all major diseases as a cause of prematurely lost years of life, exceeding losses from heart disease, cancer, and stroke combined.', and 'Injuries and injury related deaths, both unintentional and intentional, account for millions of dollars of health care costs and immeasurable pain, suffering and diminished quality of life.' At the bottom, there is a section for 'Implementation of effective injury prevention initiatives:' with a list: 'Saves lives', 'Prevents injury-related disabilities, and', and 'Decreases health care and associated costs.' On the right side of the page, there are two images: a young girl and a young boy with a basketball.

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Acronym Glossary

BF: Breast feeding
CFSR: Child and Family Services Review
DAHRP: Domestic Abuse Homicide Review Panel
DUI: Driving Under the Influence
DV: Domestic Violence
FTM: Family Team Meeting
JCTF: Justice for Children Task Force
LE: Law Enforcement
MVA: Motor Vehicle Accident
OCME: Office of the Chief Medical Examiner
OCAC: Opioid Response Clinical Advisory Committee
SDOH: Social Determinants of Health
SUD: Substance Use Disorder
VLA: Joint Standing Committee on Veterans and Legal Affairs

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Thank you for your interest in and attention to our
children's welfare

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

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Testimony of
Mark W. Moran, LCSW
Chair, Maine Child Death and Serious Injury Review Panel
Before the Joint Standing Committee on Veterans and Legal Affairs

LD 1319- An Act Regarding Registered Dispensaries and Rules under the Maine Medical Use of Marijuana Act and the Definition of "Resident" in the Marijuana Legalization Act

LD 1242- An Act to Ensure Appropriate Oversight of Maine's Medical Marijuana Program

Hearing Date: April 23, 2021

Senator Luchini, Representative Caiazzo, and members of the Joint Standing Committee on Veterans and Legal Affairs:

My name is Mark Moran. I am a Licensed Clinical Social Worker and the Chair of Maine's Child Death and Serious Injury Review Panel (CDSIRP)* and I am submitting this testimony relative to your work on the above referenced legislation. The mission of the Panel is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children in order to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments, as well as public and private entities, are developed. As you consider these bills and any other related matters, I, as Chair of the Panel, ask that you consider the implications for Maine's children of how Maine's marijuana programs are managed and regulated.

As medicinal and recreational marijuana laws have evolved across the United States over the past several years, the incidence of reports to poison control centers and encounters with medical services related to unintended pediatric ingestions of marijuana have increased significantly. The unintentional ingestion of cannabis by children is a serious public health concern and is well-documented in the medical literature.¹ While much of the published research on this topic originates in the western half of the country, this problem has also been noted closer to home. A study conducted in Massachusetts in 2019 revealed a 137% increase in the number of cases of pediatric cannabis ingestions and unintended cannabis-related consequences called to the Regional Center for Poison Control and Prevention during the four years following medical marijuana legalization, as compared to the four years preceding legalization. The same study also showed a significant increase in ingestions of edible cannabis products by children 0-4 years of age during the same time periods.² In Maine, calls to the Northern New England Poison Control Center for pediatric marijuana exposures rose from 2014 to 2020 among children of all ages. The largest increase was seen in children 0-5 years of age, from 4 to 23 calls in 2014 and 2020, respectively, reaching a peak of 28 calls in 2019. Nearly all these exposures involved ingestions. In that same age group, 40% of the children experienced moderate or greater clinical effect from the exposure, while the overall rate of moderate or greater clinical effect in this age group for all substance exposures is only 1%.³ Maine's children, like others around the country, have experienced cannabis ingestions from a variety of sources, including (but not limited to) baked goods, hard candy, gummies, oil, and beverages.

Young children who have ingested marijuana or marijuana containing products can present with a variety of symptoms, though the overwhelming majority are neurological in nature. Those symptoms can include tremors, difficulty walking, extreme lethargy, or coma. Some children may experience respiratory depression and require a breathing tube and a ventilator to support their recovery. Others may experience symptoms such as decreased heart rate, low blood pressure, electrolyte abnormalities, agitation, and, rarely, seizures.⁴ Medical care may include outpatient, emergency department, or inpatient management, including transfer or admission to a Pediatric Intensive Care Unit, with length of stay ranging from hours to days.

In October 2020, the American Public Health Association (APHA) published an updated policy statement advocating for a public health approach to regulating commercially legalized cannabis.⁵ In that statement, they call for policy actions that protect children, by careful regulation of the availability and access to cannabis products. Such protections would include advertising restrictions, regulations governing characteristics of cannabis products that may appeal to children (flavors, shapes, forms, names, imagery, etc), and regulations governing packaging (plain, opaque, child resistant, use of a universal symbol, etc). Additionally, the APHA recommends the monitoring of related public health and safety outcomes. Certainly, pediatric ingestions are an important safety outcome to monitor.

The Medical Marijuana Program Rule currently being proposed by the Maine Office of Marijuana Policy contains several of the APHA recommended protections. The existing professional literature suggests the problem of pediatric ingestions is only going to continue to increase. I encourage both the Committee and the OMP to be attentive to the downstream impact of the rules governing Maine's marijuana programs on Maine's children and to the opportunities that exist to help protect and enhance safety for Maine's children. Thank you for your consideration and for the opportunity to provide this testimony.

References

1. Richards, J. S. (2017). Unintentional Cannabis Ingestion in Children: A Systematic Review. *The Journal of Pediatrics*, 142-152.
2. Whitehill, J. e. (2019). Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Before and After Medical Marijuana Legalization in Massachusetts. *JAMA Network Open*, 1-10.
3. Northern New England Poison Control Center (2021, April 21). Personal Communication.
4. Wong, K. (2019). Acute Cannabis Toxicity. *Pediatric Emergency Care*, 799-804.
5. American Public Health Association (2020, October 24). A Public Health Approach to Regulating Commercially Legalized Cannabis.

**While the CDSIRP includes representatives from Maine's Office of Child and Family Services, this testimony does not necessarily reflect the official opinion of OCFS.*

Child Welfare Briefing
Christine Alberi, Child Welfare Ombudsman
Health and Human Services Committee
Quarterly Briefing
July 31, 2024

Good morning, Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee. My name is Christine Alberi, and I am the Child Welfare Ombudsman. I am here today to provide a quarterly update.

In May of 2024 we were able to submit an interim report to the Department, providing a preliminary survey of 39 cases we reviewed and closed so far this year. Our fiscal year for annual reporting purposes ends on September 30. Completing an interim survey of cases is not necessarily a certain indicator of what the themes and results in the annual report will be. Instead, it is a good opportunity to check for issues and trends and identify any problem areas that were previously unidentified.

A word of caution about this year's annual report—as you are about to hear from Director Johnson, there have been many changes within the Department and initiatives that are yet to take effect. The Office of Child and Family Services has been able to hire more staff, and new positions have been created that are crucial to training both new staff and old. However, those positions are only just being hired for. Teaching new staff how to do their incredibly complex job is going to take time for all staff, as will proper implementation of safety science principles, and structural changes in the central office.

I wanted to take a minute to talk about parents in child welfare cases. In the past ten years, the Child Welfare Ombudsman's office has completed 3729 information and referral contacts. The vast majority of those calls have been with parents who have called because they were worried about their child being unsafe, because they were being investigated by child protective services, had their child removed by child protective services, or worst of all, did not manage to successfully reunify with their child.

Parents who call the Ombudsman with concerns are often without family support, without services, and devastated that their child has been removed. I often tell parents, even parents that clearly cannot safely care for their child, that having your child removed from your custody is one of the most devastating events that anyone ever experiences. Parents involved in these cases, often struggling with their own childhood traumas and difficult to overcome mental health and substance use issues, deserve our compassion and support. Child protective cases begin and end with parents.

There have been many improvements and investments in both prevention services and reunification services for families. This needs to continue, including efforts to retain and recruit more child protective defense attorneys. Another significant issue that impacts parents' ability to safely care for their children is lack of affordable housing. Sometimes the last straw for a family is the lack of safe transportation.

This is all to say that although it is easier to think sympathetically about children who have experienced maltreatment, the best way to protect children is to prevent child maltreatment from occurring by helping parents, and to provide safe reunification for the parents that are capable.

Thank you for inviting me here today, and I am happy to answer any questions.

Christine Alberi
Child Welfare Ombudsman
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FDA NEWS RELEASE

FDA, FTC Continue Joint Effort to Protect Consumers Against Companies Illegally Selling Copycat Delta-8 THC Food Products

FDA, FTC Issue Warning Letters to Companies Selling Food Products Containing Delta-8 THC That Mimic Chips, Candies and Snacks from Popular National Brands

For Immediate Release:

July 16, 2024

[Español \(/news-events/press-announcements/la-fda-y-la-ftc-continuan-trabajando-juntas-para-proteger-los-consumidores-contras-las-companias-que\)](#)

Today, the U.S. Food and Drug Administration and the Federal Trade Commission (FTC) issued warning letters to five companies for illegally selling copycat food products containing delta-8 THC and introducing them into the marketplace in violation of the Federal Food, Drug, and Cosmetic Act (FD&C Act). The warning letters were issued to: [Hippy Mood](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/hippy-mood-677031-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/hippy-mood-677031-07152024>), [Earthly Hemps](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/earthly-hemps-674916-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/earthly-hemps-674916-07152024>), [Shamrockshrooms.com](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/shamrockshroomscom-675517-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/shamrockshroomscom-675517-07152024>), [Mary Janes Bakery Co. LLC](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/mary-janes-bakery-co-llc-678010-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/mary-janes-bakery-co-llc-678010-07152024>), and [Life Leaf Medical CBD Center](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/life-leaf-medical-cbd-center-674917-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/life-leaf-medical-cbd-center-674917-07152024>). The FDA also issued a warning letter independently to the company [GrowGod LLC](https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/grow-god-llc-674690-07152024) (<https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/grow-god-llc-674690-07152024>) for the same FD&C Act violations.

These warnings serve as part of the FDA and FTC's ongoing joint effort to take action against companies selling illegal copycat food products containing delta-8 THC. In [July 2023](https://www.fda.gov/news-events/press-announcements/fda-ftc-warn-six-companies-illegally-selling-copycat-food-products-containing-delta-8-thc) (<https://www.fda.gov/news-events/press-announcements/fda-ftc-warn-six-companies-illegally-selling-copycat-food-products-containing-delta-8-thc>), the two agencies worked together to warn

six other companies for selling edible food products containing delta-8 THC in packaging that could easily be confused for foods sold by popular national brands. All six of those companies no longer have such products in stock.

“Inadequate or confusing labeling can result in children or unsuspecting adults consuming products with strong resemblance to popular snacks and candies that contain delta-8 THC without realizing it,” said FDA Principal Deputy Commissioner Namandjé Bumpus, Ph.D. “As accidental ingestion and/or overconsumption of delta-8 THC containing products could pose considerable health risks, the companies who sell these illegal products are demonstrating complete neglect for consumer safety. The FDA will continue to work to safeguard the health and safety of U.S. consumers by monitoring the marketplace and taking action when companies sell products that present a threat to public health.”

In June 2022, the [FDA warned consumers \(https://www.fda.gov/food/alerts-advisories-safety-information/fda-warns-consumers-about-accidental-ingestion-children-food-products-containing-thc\)](https://www.fda.gov/food/alerts-advisories-safety-information/fda-warns-consumers-about-accidental-ingestion-children-food-products-containing-thc) about children accidentally ingesting food products containing THC. From Jan. 1, 2021, to Dec. 31, 2023, the FDA received over 300 adverse event reports involving children and adults who consumed delta-8 THC products. Nearly half of these reports involved hospitalization or emergency department visits, and approximately two-thirds of these adverse events followed ingestion of delta-8 THC-containing food products such as candy or brownies. Adverse events included, but were not limited to, hallucinations, vomiting, tremor, anxiety, dizziness, confusion, and loss of consciousness.

Copycat food products containing delta-8 THC are particularly concerning to the FDA as they are extremely easy to purchase and are often available to youth. The FDA is also concerned about the processes used to synthesize delta-8 THC, as impurities or variations in composition can result in products that may be harmful or have unpredictable effects on consumers.

In addition, packaging that is almost indistinguishable from many popular snacks can be confusing for consumers. Several of the companies warned today illegally sell copycat food products containing delta-8 THC, including chips, cookies, gummies or other snacks that mimic well-known snack food brands by using similar brand names, logos, or pictures on packaging that consumers, especially children, may confuse with traditional foods. See below:



Hippy Mood “Cookie Cat Crunch”



Earthy Hemps “Slushers”



Mary Jane's Bakery Co. LLC “Infused Sour Slizzles”



Life Leaf Medical CBD Center “Double Stuff Stoneo”



GrowGod LLC “Flamin Hot Cheetos”

“Companies that market and sell edible THC products that are easily mistaken for snacks and candy are not only acting illegally, but they are also putting the health of young children at risk,” said Samuel Levine, director of the FTC’s Bureau of Consumer Protection. “Those that prioritize profits in front of children’s safety are at serious risk of legal action.”

The FDA encourages health care providers and consumers to report adverse reactions associated with FDA-regulated products to the agency using MedWatch (<https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>) or the Safety Reporting Portal (<https://www.safetyreporting.hhs.gov/SRP2/en/Home.aspx?sid=f6de845d-05b6-4d76-86dd-93bf46dbd809>).

The FDA has requested written responses from the companies within 15 working days stating how they will address these violations and prevent their recurrence. Failure to promptly address the violations may result in legal action, including product seizure and/or injunction.

Related Information

- FDA, FTC Warn Six Companies for Illegally Selling Copycat Food Products Containing Delta-8 THC (<https://www.fda.gov/news-events/press-announcements/fda-issues->

[warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products](#)).

- [FDA Issues Warning Letters to Companies Illegally Selling CBD and Delta-8 THC Products](https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products) (<https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-companies-illegally-selling-cbd-and-delta-8-thc-products>).
- [FDA Warns Consumers About the Accidental Ingestion by Children of Food Products Containing THC](https://www.fda.gov/food/alerts-advisories-safety-information/fda-warns-consumers-about-accidental-ingestion-children-food-products-containing-thc) (<https://www.fda.gov/food/alerts-advisories-safety-information/fda-warns-consumers-about-accidental-ingestion-children-food-products-containing-thc>).
- [FDA Warns Companies for Illegally Selling Food and Beverage Products that Contain CBD](https://www.fda.gov/food/cfsan-constituent-updates/fda-warns-companies-illegally-selling-food-and-beverage-products-contain-cbd) (<https://www.fda.gov/food/cfsan-constituent-updates/fda-warns-companies-illegally-selling-food-and-beverage-products-contain-cbd>).
- [FDA Warns Companies Illegally Selling CBD Products](https://www.fda.gov/news-events/press-announcements/fda-warns-companies-illegally-selling-cbd-products) (<https://www.fda.gov/news-events/press-announcements/fda-warns-companies-illegally-selling-cbd-products>).
- [FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol \(CBD\)](https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd) (<https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>).

###

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

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☎ 202-281-5237

Consumer:

☎ 888-INFO-FDA

Was this helpful?

Yes

No

🔍 [More Press Announcements \(/news-events/newsroom/press-announcements\)](/news-events/newsroom/press-announcements)

Maine's universal symbol (pictured) is an important visual indicator on edible adult use cannabis products



The universal symbol helps distinguish edible cannabis products from similar non-cannabis products.

It makes individuals aware of an edible adult use cannabis product that may otherwise look like a candy, chocolate bar, or other non-cannabis product outside of its original packaging.

How does the universal symbol help protect adults?

It helps adults who did not purchase the edible cannabis product identify that a product contains THC and avoid accidental ingestion, such as a roommate, relative, babysitter, or other visitor.

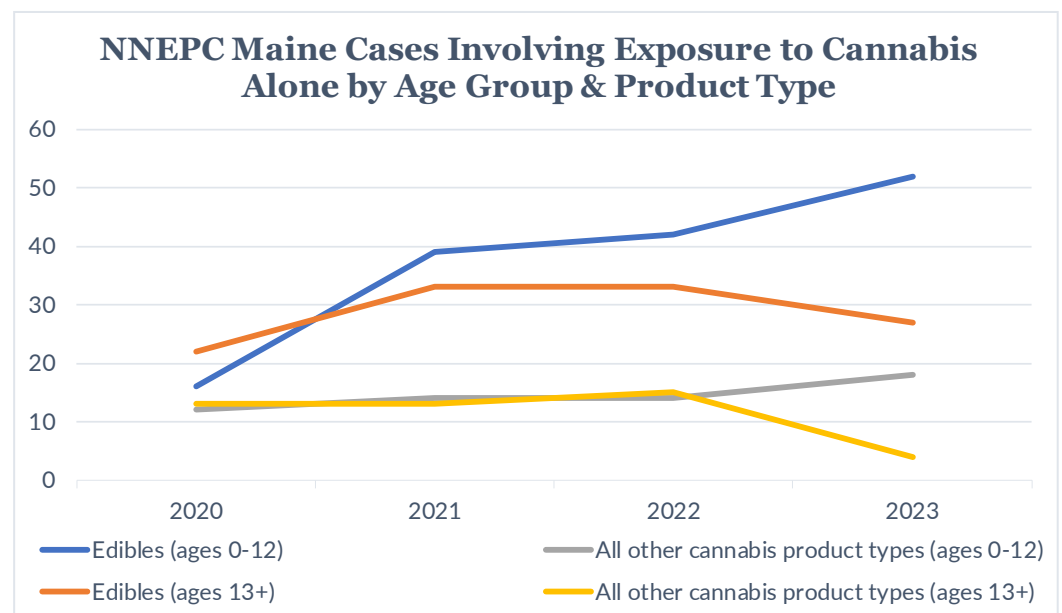
- **Hypothetical scenario:** Upon opening their THC-infused hard candies, a new cannabis consumer decides to store the candies in a plastic bag in the cupboard. The roommate later gets home and at first mistakes the THC candies for their CBD ones but is able to tell the difference when they see the universal symbol on each individual THC hard candy.

It also helps adults avoid serving infused products to children or other adults.

- **Hypothetical scenario:** A couple heads out on a date night and leaves some individually wrapped THC chocolates in a bowl on a high counter at their house. Their 10-year-old is being watched by a grandparent and asks to have some candy. The grandparent goes to give them one of the chocolates but stops when they see the universal symbol on each individual chocolate.

Data on cannabis exposures by age group and product type

- Edibles are the leading cause of cannabis exposures across all age groups
- Cannabis exposures have increased each year for children ages 0-12, especially those caused by edible cannabis products
- Cannabis exposures caused by both edibles and other product types decreased in 2023 for ages 13+



It is unclear whether the edible-related exposures are a result of edible adult use cannabis products that have the universal symbol on each serving, or edible cannabis products from Maine's medical or illicit markets that do not have the universal symbol requirement. However, with edibles being the leading source of all cannabis exposures in Maine, it is critical to have as many safeguards in place as possible.

Additional Information & Resources

Examples of policies across various state-regulated cannabis programs that aim to help prevent accidental ingestions and/or minimize appeal to minors:

- Child-resistant, tamper-evident packaging
- Plain and/or opaque packaging
- Limitations on packaging colors (no bright colors, white packaging only, etc.)
- Universal symbol on each serving of an edible product and/or product packaging
- Markings or demarcations clearly delineating each serving of edible products
- Edible serving size and package size limits
- Limitations on appeal of packaging to minors (no images of cartoons, toys, or animals, no use of the word “candy” or “candies” on product labeling, etc.)
- Poison Control phone number required on product packaging or labeling
- Warning label required on packaging

Examples of the universal symbol on edible adult use products:



Public Health & Safety Initiatives of the Office of Cannabis Policy:

Unclouded

Unclouded is OCP's public health and safety campaign for teenagers. It provides important information about how cannabis affects the developing brain. See www.uncloudedmaine.com.

Let's Talk Cannabis

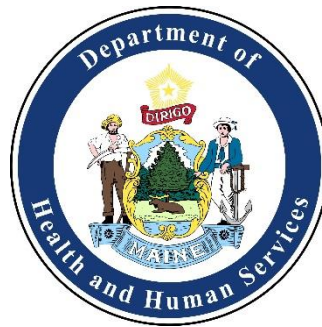
Let's Talk Cannabis is OCP's public health and safety campaign for young adults. It provides important information about recognizing the signs of a dependency on cannabis. See www.letstalkcannabismaine.com and stay tuned for the next iteration of this campaign aimed at empowering parents and adult mentors to have conversations with youth about cannabis.

Safe Storage for ME

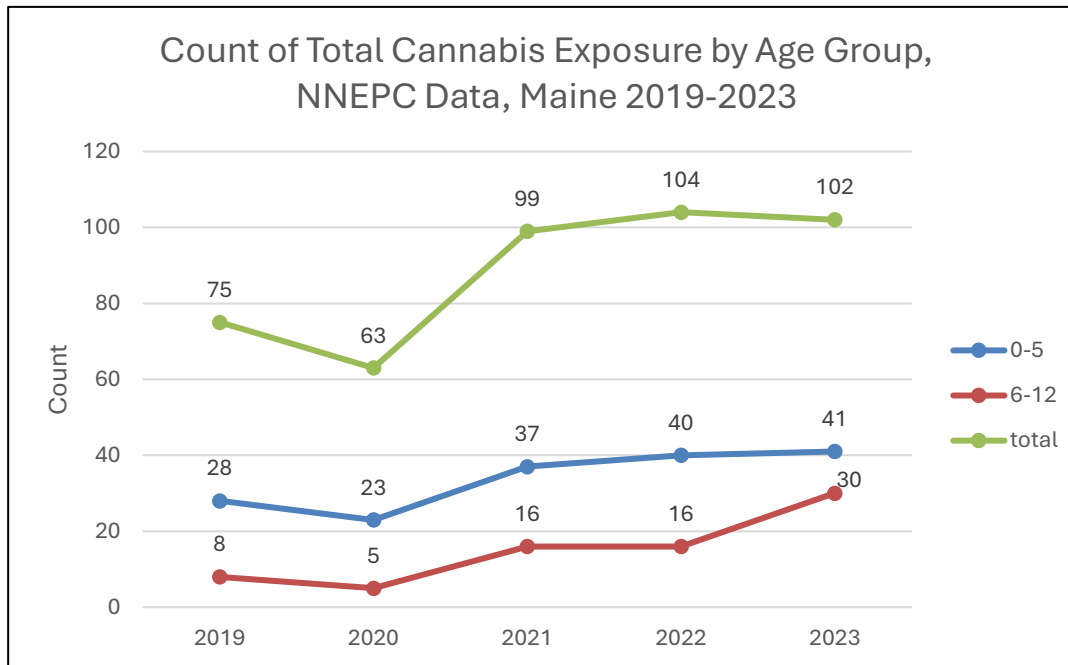
Safe Storage for ME aims to proactively promote responsible storage habits by providing patients and consumers with free lockable storage bags at the point of sale, with the overall goal of reducing accidental ingestions and youth/pet access to cannabis at home. To date over 2,300 safe storage bags have been distributed statewide in collaboration with 222 medical and adult use retailers. See www.maine.gov/dafs/ocp/safestorage.

Maine CDC Updates Quarterly Child Welfare Review

July 31, 2024



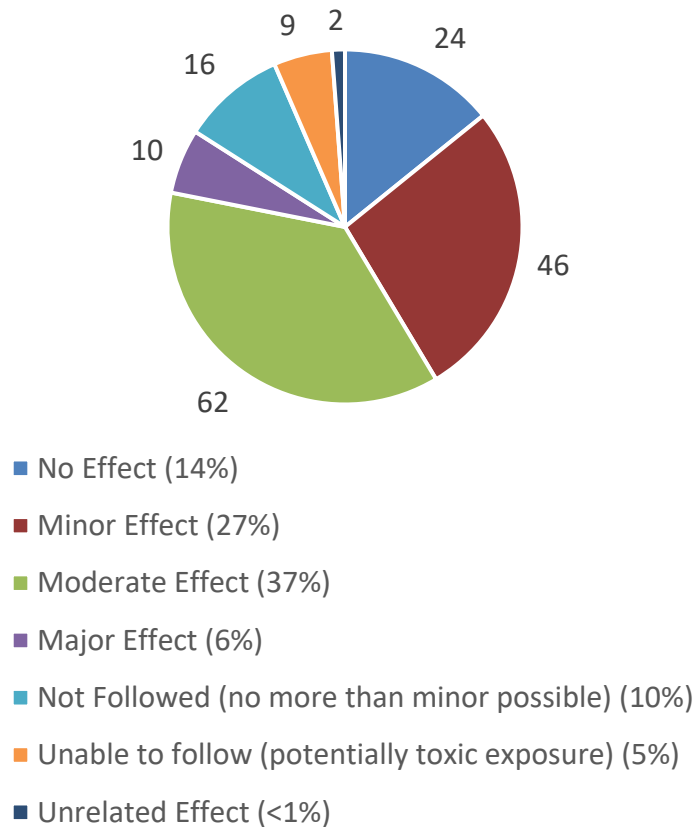
Northern New England Poison Center (NNEPC) Cannabis Exposures Data, 2019-2023



- Data reflects cannabis exposures that were reported to NNEPC
- In 2023:
 - 41 (40.2%) were among children ages 0-5
 - 30 (29.4%) were among children ages 6-12

NNEPC, 2019-2023

Medical Outcome for Cannabis Exposures,
Age 0-5 (Maine, 2019-2023)



46% of followed cannabis poisonings among 0-5 year-olds from 2019-2023 in Maine were “moderate or major” outcomes.

Moderate:

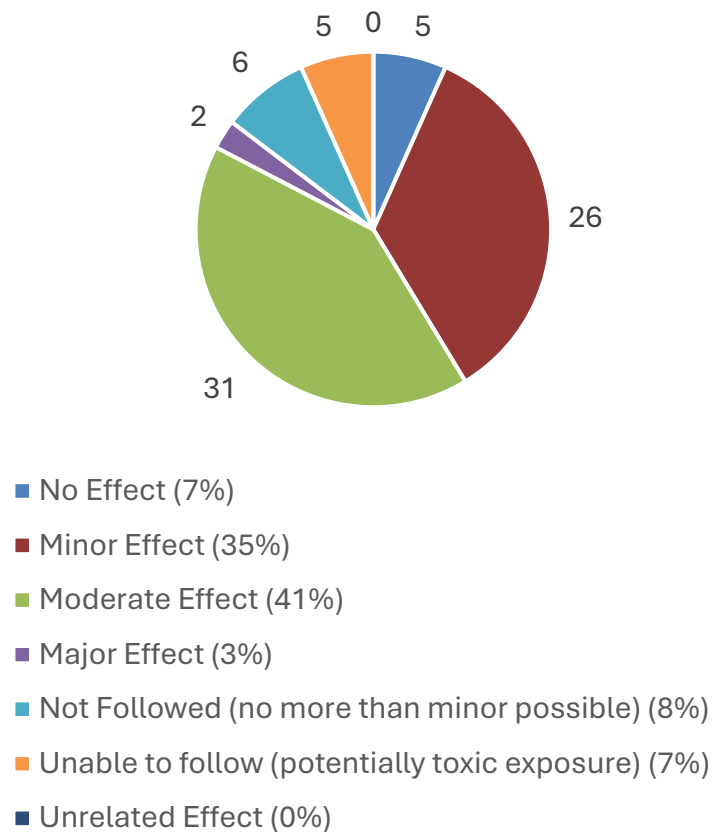
- Persistent or severe effects;
- fairly serious poisoning

Major:

- Potentially life-threatening effects

NNEPC, 2019-2023

Medical Outcome for Cannabis Exposures,
Age 6-12 (Maine, 2019-2023)



47% of followed cannabis poisonings among 6-12 year- olds from 2019-2023 in Maine were “moderate or major” outcomes.

Moderate:

- Persistent or severe effects;
- fairly serious poisoning

Major:

- Potentially life-threatening effects

Data Challenges

- NNEPC data only captures exposures that were reported to NNEPC
 - Not everyone will call NNEPC
 - Reported data includes only cases in which it was known that cannabis was the only substance exposed to
 - Potential gap in knowing NNEPC is a resource for cannabis ingestions
 - Some individuals will go to the emergency department without reporting to NNEPC
- Emergency Department data is not consistently coded (various ICD-10 codes)

Policy Challenges to Public Health/Prevention of Cannabis Ingestions

- Some recent policy changes that counter the work MCDC has been doing for substance use prevention/prevention of cannabis ingestions include:

Changes to language around packaging/labeling and advertising and marketing

Reduced regulations around universal symbol

- No longer required on each serving of certain types of edibles
- Not required in MU program (this is not new)

Increase in allowable THC per package of edibles from 100mg to 200mg

Free samples and promotions of AU cannabis legalized

- This was already not prohibited in the MU program

Public Health Opportunities to Improve Prevention of Cannabis Ingestions by Children

Maintaining packaging/labeling and marketing regulations that do not appeal to children

- Plain packaging, limiting pictures/imagery that may appeal to kids

Including universal symbol on all products, including MU

- Some states use a universal symbol with poison center number included

Continued education with families and parents, but also healthcare and social services providers

MCDC Substance Use Prevention Strategies- Cannabis and Cannabis Ingestion Prevention

- Cannabis Safe Storage education, messaging, and distribution of supplies
 - Retailers
 - Community agencies
 - Families
- Parent and family education
- General SUP through Maine Prevention Network
 - Including evidence-based programs, restorative policies, organizational policies, positive youth development

SUP Challenges and Opportunities

- Funding for Substance Use Prevention in Maine is from federal sources, such as SAMHSA
 - Certain funding requirements and restrictions
 - The state of cannabis legalization at the federal level has created some gaps in what can be done at the local level in terms of SUP programming
- Capacity
 - Additional strategies that could be beneficial include:
 - Working with professionals throughout the state in healthcare, child abuse and neglect councils, CAP agencies, child welfare professionals, childcare, etc. around cannabis
 - Education and training for pregnant/parenting people and those who plan to become pregnant

Office of Child and Family Services Quarterly Child Welfare Update

Health and Human Services Committee

July 31, 2024

Director Bobbi Johnson



Content of July Updates

- Child Welfare Organizational Assessment
- Child Welfare Management Reorganization
- Efforts Targeted to Address the Needs of Families Impacted by Parental Substance Use
- Staffing and Hiring Update
 - New Positions
- Policy Update

Office of Child and Family Services

Child Welfare: Strategic Priorities 2023-2026

Safety

Improve the Consistency and Quality of CPS Intake Screening Decisions

Improve the Consistency and Quality of Child Protective Investigations

Permanency and Well-being

Improve the Consistency, Quality, and Timeliness of Permanency for Children in Care

Improve the Quality of the Health and Well-being of Children in Care

Consistency

Achieve the Goals Outlined in the CFSR/PIP Measurement Plan by January 2024

Strengthen the Child Welfare Workforce Through Efforts to Improve Recruitment, Retention, and Support

Foundational Principals

Family, Youth, and Resource Parent Engagement

Race, Equity, Diversity, and Accessibility

Collaboration with Internal and External Partners to Identify and Address Systemic Barriers

Child Welfare Organizational Assessment

Rapid management audit commissioned in February 2024 from Public Consulting Group (PCG)

- Focus on examining the organizational and leadership structure, communication, and culture within child welfare
- The goal was to secure detailed recommendations on the most effective way to update the organizational structure of child welfare to improve our ability to meet our duties, goals, and strategic priorities

As part of the assessment PCG had access to OCFS staff and community partners to ensure the recommendations were driven by their voices. During this process, PCG:

- Completed interviews with over 110 current members of OCFS staff and six former staff members
- Met with numerous external partners
- Visited seven of OCFS' district offices
- Surveyed child welfare staff (receiving 413 individual responses)


Final report was issued at the end of March and immediately following the Director scheduled District-level meetings to share results and identify priorities based on staff feedback.

Organizational Assessment

- Management Structure
- Professional Development
- Communication
- Retention, Engagement and Culture

Upon completion of the assessment, PCG made recommendations for improvement that could better support management and staff and ultimately advance outcomes for children and families served by OCFS.

Child Welfare Management Reorganization



Enables focused oversight of the Districts to advance consistency and cultural improvements, as well as streamlining and clarifying roles

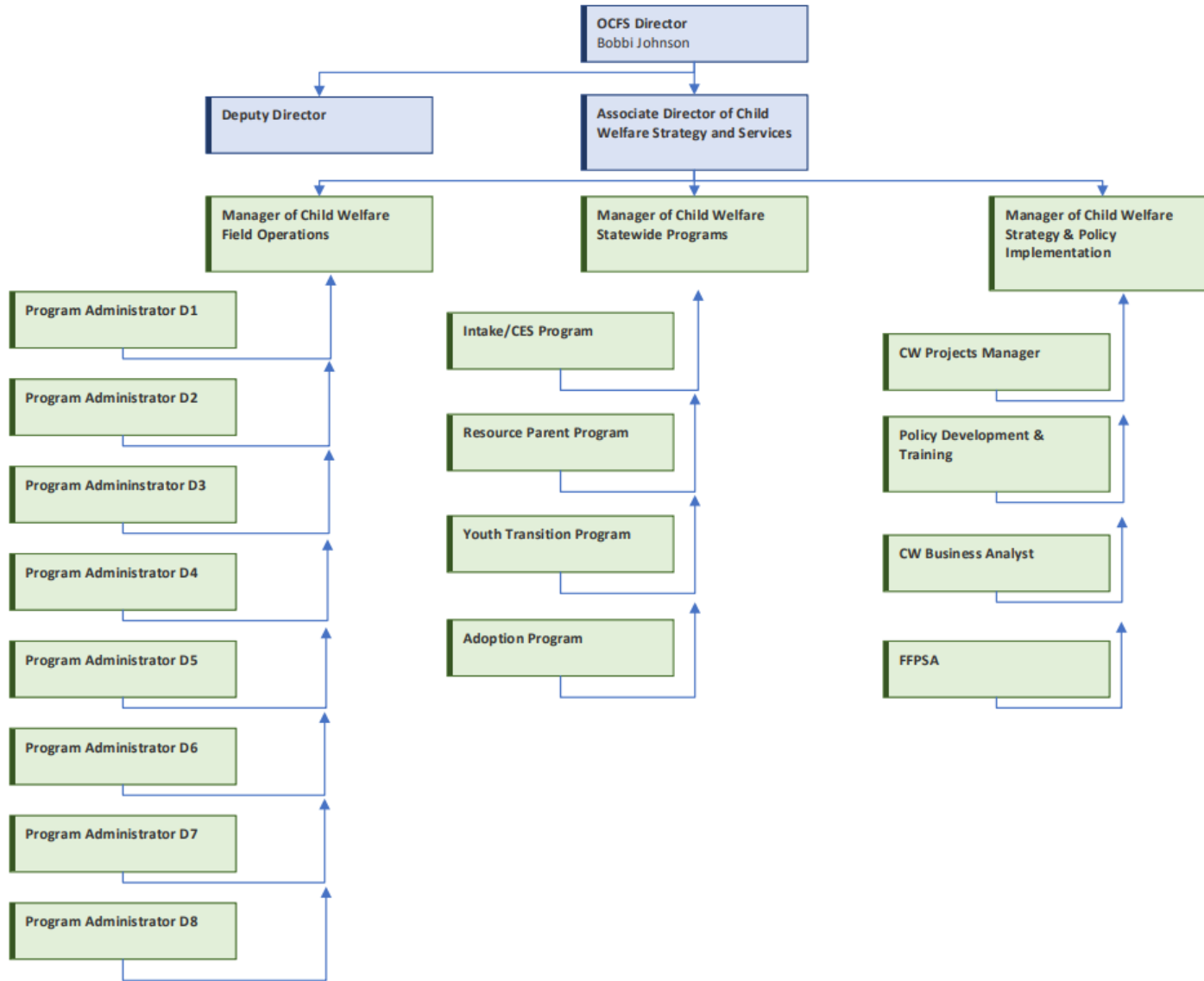
Consolidates and more closely aligns strategy, training, and policy development and implementation

Creates a child welfare senior management team that can collaborate within clearly defined roles and established responsibilities allocated among the team

Divides programmatic oversight from business operations to create a system for clear governance and decision-making between distinctly different functions

Allows for supervision practices that align with best practices at every level of Central Office, creating opportunities for coaching and management that will strengthen consistency and culture

Child Welfare Management Reorganization



Addressing the Needs of Families

Parental substance use was a risk factor in 55% of removals in 2022

Drug Recognition
Training

Ingestion Training by
the Northern New
England Poison
Control Center

Distribution of
lockboxes and lock
bags to families for
safe storage

Convening an Opioid
Clinical Consultation
Workgroup

Adopted and trained
staff in new tools to
assess substance use
in cases

Establishment of Peer
Recovery Coaches in
Maine's Family
Recovery Courts

Creation of Substance
Use Disorder Clinical
Consultant positions
co-located in each
District

New mandatory
training, *Planning for
Safety in Cases When
Parental Substance
Use is Present*

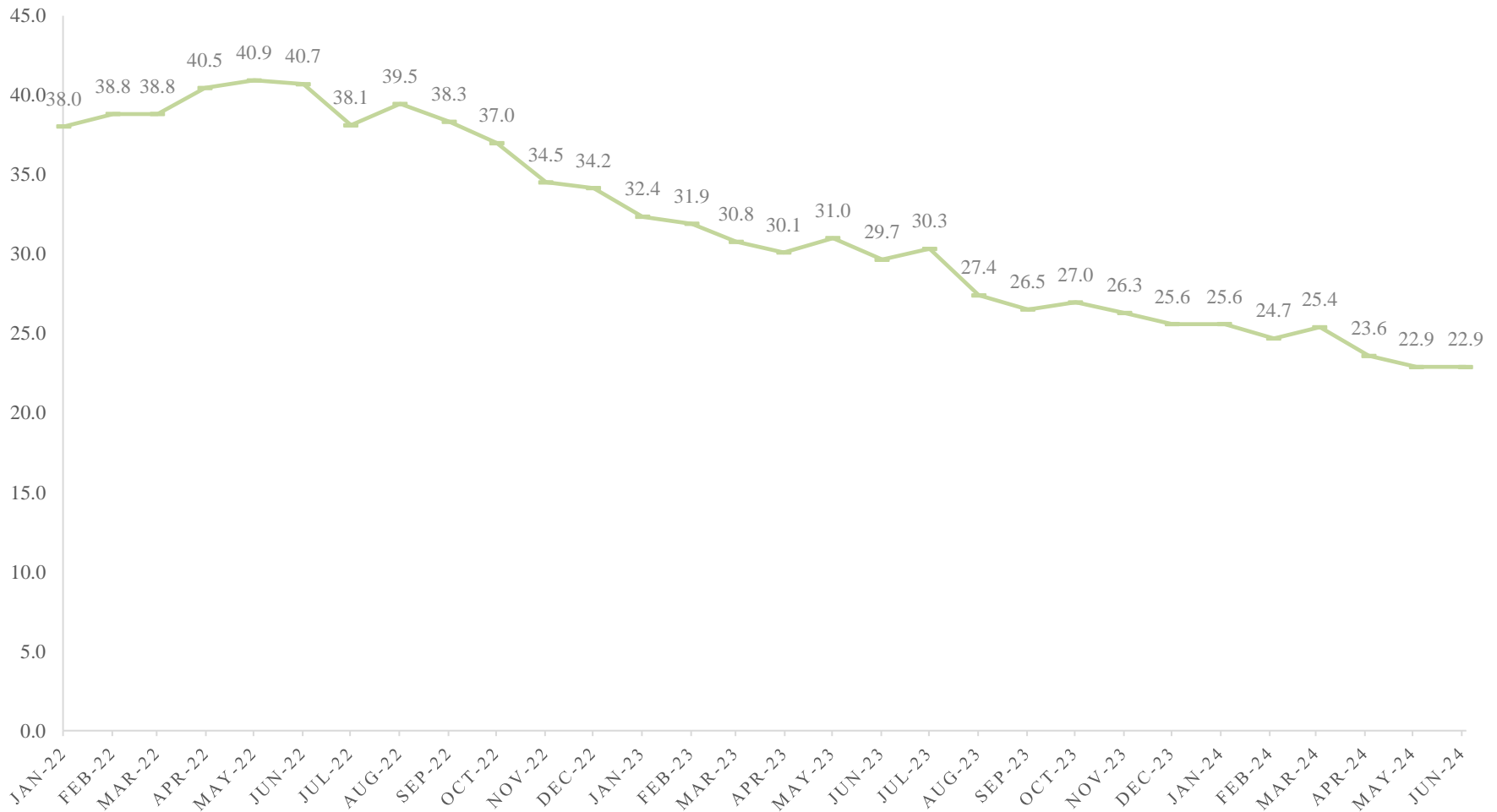
Distribution of Narcan
to child welfare staff
on a voluntary basis

Staffing Update – Vacancies

| Point in Time | Dec 2018 | Dec 2019 | Dec 2020 | Dec 2021 | Dec 2022 | Dec 2023 | Jul 2024 | Net Change 2019-Now |
|----------------------------|----------|----------|----------|----------|----------|----------|----------|---------------------|
| Total Caseworker Positions | 351 | 365 | 398 | 414 | 445 | 445 | 445 | +94/ +27% |
| # Filled | 327 | 345 | 348 | 378 | 388 | 362 | 401 | +74/ +23% |
| # Vacancies | 24 | 20 | 14 | 36 | 57 | 83 | 44 | |
| % Vacancies | 5.4% | 5.5% | 3.5% | 8.7% | 12.8% | 18.6% | 9.8% | |

| Year over Year | July 2023 | July 2024 |
|-----------------------------------|------------|-------------------|
| Positions Filled / Total | 378 / 445 | 401 (+23) / 445 |
| Vacancies Number / Percent | 74 / 16.6% | 44 / 9.8% (-6.8%) |

Staffing Update – Caseworker Average Turnover



New Positions

- Three new Legal Secretary positions (which will ensure there is one per District)
- Establishment of the new role of Onboarding and Training Coaches and creation of eight positions (one per District) to assist in onboarding and training new staff, as well as supporting ongoing training for the entire District
- Creation of an additional Assistant Program Administrator (APA) in the Lewiston District

These positions become effective 8/9/2024. In preparation, OCFS created the positions and posted them for hiring the week of July 22nd. Interviews are being conducted job offers will be made pending a start date on or after August 9th.

Policy Updates

In Review/Revision

Child Abuse and Neglect Findings
Children's Emergency Services (CES)
Decision Making and Service Authorization
Legal
Methamphetamine Exposure
Placement
Psychotropic Medication
Safety Planning (new stand-alone policy versus current embedded policy)
Working with Families with Substance Use Disorder

In Final Review

Adoption
Caseworker Contact
Child Protective Intake
Discovery
Safe Sleep Checklist and Period of Purple Crying
Use of Expert Consultation in Assessing Child Abuse or Neglect
Short Term Emergency Services
Refugee, Immigrant, and Undocumented Minors

Completed

Audio Recording Policy
Background Checks
Child Protective Investigation
Collaboration
Domestic Abuse and Violence
Entry into Care
Family Team Meetings
Human Trafficking and Commercial Sexual Exploitation
Immunization of Children in Custody
Indian Child Welfare (ICW)
Interstate Compact on the Placement of Children
LGBTQIA+
Missing and Runaway Youth
Permanency
Placement with DHHS Employees
Resource Home Licensing
Safe Haven
Staff Safety and Critical Safety Cases
Supervision
Substance Exposed Infants
Youth Transition Services

New since last report

Completed since last report

Questions

Director Bobbi L. Johnson, LMSW
Office of Child and Family Services

