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**Testimony of
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Before the Joint Standing Government Oversight Committee

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Good Morning Senator Chenette, Representative Mastraccio, and esteemed members of the Government Oversight Committee,

When we last met, I had the opportunity to present to you much of the work that had been done to examine our system, as well as our work to develop strategic plans and priorities for systemic improvement. Since I appeared before you in September, OCFS has been focused on implementing some of the shorter-term strategies identified and beginning work on longer-term efforts.

We have continued to move away from operating within our individual silos. Instead, we are working collaboratively within the Office on areas of overlap between our primary program areas. Additionally, we have devoted a significant amount of energy to working collaboratively with other state governmental agencies and organizations. Examples include:

- Office of Aging and Disability Services on the transition of youth to adult services;
- Office of Behavioral Health on substance use-related issues in Children's Behavioral Health and Child Welfare;
- MaineCare on Medicaid funded services within Children's Behavioral Health and for those involved with Child Welfare;
- Department of Corrections on the intersection between juvenile justice and children's behavioral health, particularly via the Maine Juvenile Justice System Assessment and Reinvestment Task Force;
- Department of Education on issues related to children's behavioral health, child welfare, and early childhood education;
- The Maine Judicial Branch, particularly via our participation on the Maine Justice for Children Task Force; and
- The Children's Cabinet in their coordinated plans for improving services for young children and youth.

In particular, the Children's Cabinet has been a key partner towards our movement forward in both Early Childhood Education and Children's Behavioral Health.

Early Childhood Education

For young children, the areas of focus are increasing access, quality, and workforce. This work has been reflected in the efforts of OCFS staff. Since the fall, we have completed the move of Children's Licensing (including child care licensing) to OCFS. At the beginning of this year, we also moved eligibility for the Child Care Subsidy to OCFS, eliminating the complexities that clients were expected to manage when eligibility was decided at the Office of Family Independence and the program was administered within our Office. We've also begun work on implementing LD 997 which was passed last session to fund an early childhood consultation program focused on the mental health of infants and young children. We are currently in the process of purchasing the Connecticut model of Early Childhood Mental Health Consultation. This is the only model with the support of evidence regarding its effectiveness. We plan to open five pilot sites in the Fall of 2020 with a consultant at each site. We plan to begin the procurement for those pilot sites in the coming weeks.

Additionally, we have used the guiding principles and initiatives identified by the Children's Cabinet and the needs assessment completed by the Department of Education and OCFS as part of a federal grant to develop a spending plan for an increase in Child Care Development Block Grant funding Maine is receiving beginning this Federal fiscal year. With these additional funds, we will be:

- Waiving licensing fees for all child care providers for the coming year;
- Providing \$100 per infant stipend to all providers participating in the QRIS;
- Providing \$1 million in mini grants for providers opening new facilities or expanding their current facilities, with priority to providers in rural areas;
- Providing \$1 million in mini grants to assist providers in moving up the Quality Rating and Improvement System (QRIS);
- Implementing an additional 10% quality bump payment under CCSP program for providers participating in QRIS who are serving infants and toddlers;
- Reducing co-pay for parents served by CCSP who choose a program at Step 3 or Step 4 on QRIS;
- Providing \$200,000 to the Maine Association for the Education of Young Children to operate the T.E.A.C.H. early care and education scholarship program;
- Setting aside \$2 million to fund increased growth in CCSP utilization to ensure Maine remains one of a handful of states with no waiting list for the program; and
- Using \$200,000 to ensure OCFS can meet the increased demand on Child Care Licensing and CCSP by funding one new position in each area.

Children's Behavioral Health

The Children's Cabinet work has also been helpful in the area of Children's Behavioral Health. The areas of focus identified by the Children's Cabinet include, ensuring the basic needs of youth and their families are met, increasing prevention services and programming in schools and communities, and increasing access to behavioral health services. As I mentioned earlier, in all of our work we are partnering closely with other state agencies, as well as other offices within DHHS. In this area in particular, we are working closely with the Office of Family Independence and MaineCare, as well as the Department of Corrections and the Department of Education. Our work in Children's Behavioral Health overlaps significantly with these entities. We've also found that many of the guiding principles, strategies, and desired outcomes we developed in our Children's Behavioral Health Services Visioning process overlap with those of the Children's Cabinet.

We are pleased to announce that Dr. Adrienne Carmack started work earlier this week as OCFS' first on-site Medical Director in nearly five years. We anticipate Dr. Carmack being a valuable resource across OCFS, but particularly within Child Welfare and Children's Behavioral Health as we seek to improve the physical and mental health of children in our custody, as well as children statewide.

We actively participated in the Commission to Study Children's Mental Health, established by LD 40 in the first session, in order to study the mental health of children and the laws, regulations, rules, and policies governing their diagnosis and care. We have also convened a Waitlist Advisory Group to review preliminary waitlist data and provide recommendations to OCFS. As a result, OCFS has begun work to add information to the referral form for community-based services to improve the scheduling process for these services and increase the ability of providers to quickly match children with provider staff.

OCFS is also prioritizing support for evidence-based practices utilizing a nationally certified Trauma Focused Cognitive Behavioral Therapy (TF-CBT) trainer to provide training and clinical consultation at no cost to Maine providers. The goal is to increase the number of Maine clinicians (by as many as 180 statewide) who are nationally certified in TF-CBT. Clinicians will also be reimbursed for time spent in training and OCFS is establishing a tracking and fidelity monitoring system to provide ongoing support for clinicians providing this service. In recognition of the fact that children make the most positive improvements when their family members are regularly involved in their treatment, we have begun to provide financial reimbursement for parents and guardians to travel in order to participate in their child's treatment when the child is placed in a residential facility away from home. This removes the barrier of cost in a family's ability to engage in treatment. We also appreciate the significant knowledge that families who have experience in the children's behavioral health system of care can share with us in order to improve the system. We recently concluded a federally required survey of families with children receiving behavioral health services. We are in the process of incorporating that feedback, including information on the need for additional services and issues with current services, into our strategic priorities in order to ensure our efforts are targeting the real needs of those utilizing the system.

OCFS is currently waiting to hear whether we were successful in our application for a federal System of Care grant. If we receive the grant, the funding would be used to support implementation of programs to improve quality and access to services, targeting youth (up to age 21) with severe emotional disturbance who are currently on the Home and Community Treatment waitlist. Efforts would include: expanding Maine's system of care through infrastructure development, clinical coordination, family engagement, data access, and quality improvement/assurance; expanding the system of care, specifically in rural areas, through improved service delivery to youth and their families; and building sustainability by creating permanent infrastructure in state and local systems to support long-term access to treatment for children.

While we await word regarding our System of Care grant application, we are focused on a pilot project (which will begin in the summer of 2020) to provide an expansion of aftercare and crisis stabilization services to assist children in remaining safely with their families and in their communities. The goal is to prevent the need for a higher level of care by bridging services as the youth transitions home after a period of crisis and begins receiving community-based services. We are hopeful this service will reduce the lengths of stay for youth in out-of-home settings. We are implementing this pilot in Aroostook County as it is the area of the state with the greatest number of youth in immediate need of services. The pilot will expand aftercare and stabilization services for families with youth transitioning home from hospitals, crisis stabilization units, and residential treatment. The results of this pilot will be used to inform the larger crisis system of care for children statewide.

Early Childhood Education and Children's Behavioral health efforts are connected to ongoing efforts within child welfare to improve that system. For example, children in state custody are frequently in need of mental and behavioral health services and their ability to access these services and effectiveness of the services available can have a significant impact on a child's ability to remain safely with their parents or reunify with their parents. Another example is the significant hurdle foster parents face in locating child care when a young child is placed in their home. It is not an infrequent occurrence for a family to be willing to accept placement of a child but for the lack of available child care services near their home.

Child Welfare

In the area of child welfare, you may recall this document from my last presentation to you. It provides the strategies we are implementing in order to improve the Child Welfare system, as well as the outcomes we are driving towards. In the next few slides, I will provide you with an update on each of the listed strategies, as well as some related data. I wanted to begin first though by providing you with updated data on three key data points we consider as we look at both our strategies and our outcomes. Those are the number of new assessments assigned each month, the number of children in care, and the percentage of children exiting care to each of the various forms of permanency. The two biggest drivers of workload among our field staff are assessments and the number of children in care (which is indicative of the work within permanency to ensure families are moving along in the reunification process, children are achieving permanency in a timely manner, children are safe in their out-of-home placements, etc.) You'll see the number of new assessments our staff are required to complete has remained high, averaging 893 new

assessments per month over the last twelve months. The number of children in care has continued to increase slightly since the fall. As of the first day of March, there were 2,253 children in custody.

While we have seen an increase in the number of children in care, we've also had increasing success in safely reunifying children with their parents. Year-to-date in the current Federal fiscal year (as of the end of January), 60% of the children exiting State custody are exiting to safely reunify with their parents. One might presume that although our percentage of children exiting to reunification is higher we are exiting fewer children due to the increased workload associated with the 2,253 children in custody. We took a look at the average number of children exiting care per month in the current federal fiscal year, as compared to the average number per month in the past two federal fiscal years. In the current federal fiscal year, we have exited an average of 94 children per month to permanency thus far. In federal fiscal year 2019, that number was an average of 80 children per month and in federal fiscal year 2018, it was an average of 78 children per month.

Strategies: Safety

Last time we spoke, I told you about our efforts to improve the phone system used in our Intake Unit. Those system improvements have continued to pay dividends as our percentage of calls answered live has remained higher than before these updates and our percentage of abandoned calls has decreased significantly. We've also used some of the new positions allocated to OCFS in 2019 to increase staffing at Intake and worked to better align the schedules of our Intake staff, using call volume using data to inform staffing decisions.

Over the last few months we have seen increased public scrutiny of the Alternative Response Program (or ARP). We are continuing to work with providers to ensure they are providing the highest quality services possible through our contracts with them. At the same time, we are working to stabilize our internal workforce by training and mobilizing all new OCFS field staff hired (which was completed in December), continuing to study workload and caseload for child welfare staff, and continuing to train new caseworkers. As I told you when I first met you all in Maine of 2019, we must move with urgency but not haste. We do not believe it would be prudent to make major changes regarding ARP until we stabilize our child welfare workforce. At the same time, we are working towards the implementation of the Federal Family First Prevention Services Act (also known as Family First). As you likely recall, Family First will allow us to use federal funding for child welfare on services in order to prevent children from imminent entry into care. We believe that this work will overlap heavily with work currently done with ARP, and thus have resisted any sweeping changes to the program until our Family First prevention plan is developed and approved by the Federal government.

Over the last few months, we've taken a number of steps to improve the quality of our assessment work. These include delivering motivational interviewing training to all field staff, training all staff on the Structure Decision Making tools they use (we currently utilize three Maine-specific tools, one at Intake, and the other two in the Assessment process to assess risk and safety), and (with the support of Governor Mills and the Legislature) increased our staffing

to ensure we have the staff necessary to handle the volume of work and ensure that caseworkers have an appropriate amount of time to devote to the children and families on their caseload. I recognize that at this time some of our staff have not yet felt relief in their workload they had hoped for as we have received additional staff. We certainly recognize this issue and have worked diligently to hire on new positions as they have become available. The difficult reality though is that it takes time to train new staff. All of the field staff allocated to OCFS in the biennial budget have been hired and have concluded their New Worker Training, but we know that it can take up to two years for a new caseworker to become fully proficient with the complex work that child welfare entails. We continue to work with the Muskie School of Public Services at the University of Southern Maine on improvements to our New Worker Training, as well as improvements to our ongoing training program for child welfare staff.

Strategies: Permanency

Within Permanency, we are well underway with our Family Visit Coaching Pilot which is operating in Penobscot and Piscataquis counties, providing increased support and coaching to parents visiting with their children. The pilot's design also includes an evaluation component regarding parental capacity. The pilot is scheduled to conclude at the end of this State Fiscal Year. After the conclusion of the pilot we will finalize our evaluation of the coaching model and look towards implementing successful portions of the pilot statewide to ensure that as we make decisions regarding permanency and reunification we are ensuring the safety and wellbeing of the children, as well as ensuring that when possible, reunification occurs at the earliest possible juncture in the case.

While we have implemented the use of Structured Decision Making tools at Intake and Assessment, our child welfare visioning process also indicated the need for tools to support our staff as they made decisions regarding permanency. We are in the process of working with the National Council on Crime and Delinquency (NCCD) to develop our Maine-specific permanency SDM tools, including the risk re-assessment tool, the case planning tool, and the case closure tool. We have received positive feedback from several staff that they appreciate the support and guidance SDM tools at Intake and Assessment provide as they are making decisions. While these tools certainly don't replace the need for thorough casework and sound decision making, they do provide a framework which distills the most pertinent information regarding safety and wellbeing of the child and family for staff and allows them to more easily evaluate the information that is most relevant to these specific decision points. As has been the processes with the Intake and Assessment tools, we are involving staff in the development of the Permanency SDM tools and, once the tools are fully developed and tested, will be providing training to all staff.

We are also involving our staff and external stakeholders as we begin to develop a process for staff to periodically review the status of a case and determine next steps with regarding to Permanency. The development and refinement of this tool is one of our longer-term strategies, but we have begun gathering baseline data to inform the development of the review process.

Strategies: Wellbeing

As I mentioned earlier, we continue to work with the Muskie School to improve our trainings, including both the content and the various delivery methods. We are currently in the process of seeking an evidence-based model for training delivery to child welfare staff. One of the primary goals of improving our training is to grow our staff's skills in the area of family engagement. We believe family engagement is key to enabling the reunification process and ensuring that when reunification is a possibility it is done in a manner that ensures the safety and wellbeing of the child. We are also working with Muskie on revising and updating our policies. Some of our policies need to be updated and we've heard from our staff that even the more current policies can be difficult to access and navigate. Our goal in this work with Muskie is to update outdated policies, as well as developing and implementing a plan for ongoing periodic updates to all policies. Muskie will also be supporting efforts to streamline the accessibility and navigability of our policies to ensure that both staff and the public can easily reference them.

In addition to the efforts underway with Muskie, one of the things that we heard clearly from our stakeholders, particularly parents and their attorneys, as well as the Assistant Attorney Generals our staff partner with on child protective cases, was the need to revise our Rehabilitation and Reunification Family Plan document to better meet the needs of children and families. OCFS staff have collaborated with the Attorney General's Office to develop a revised plan which we are currently piloting. We will use lessons learned from the pilot to make additional revisions to the plan document before rolling it out statewide.

While we are focused on these efforts to ensure that children expeditiously reach safe permanency, we've also been cognizant of the fact that resource parents are a vitally important part of our system, providing caring homes and care for children who are unable to reside safely with their parents. OCFS was recently awarded a federal grant to fund a Kinship Navigator program for Maine. This navigator program will provide support for kinship resources families, as well as families who are caring for a relative child outside of the child protective system. We are currently in the process of amending our contract with Adoptive and Foster Families of Maine to add this service to the array of programming they offer to caregivers throughout the state. Additionally, Governor Mills has included in her supplemental budget request an increase in funding to ensure OCFS has sufficient funds to provide resource parents with reimbursement for the costs associated with caring for children placed with them by the Department. In September of 2018, the Legislature acted to provide an increase in rates, the cost of which was estimated based on the number of children in care. Since September of 2018 the number of children in care has increased by 396. As we work to continue to exit these children to safe and timely permanency, we must ensure that we have adequate funding to provide reimbursement to resource parents.

These increased reimbursement rates, which more closely match the current costs of caring for a child, have played a significant role in our ability to recruit more qualified resource parents, but we are also stepping-up our recruitment efforts in other areas. We continue to fund our contract for resource parent recruitment and just last week I had the opportunity to be a part of a public forum in Lewiston on foster care that included foster parents and youth. The panel discussion as intended to inform potential resource parents, and we had a good turnout of individuals who we hope will pursue a resource parent license. We've also focused attention on the new safety inspection process implemented in the fall of 2019 which replaces the Fire Marshall's inspection

in the licensing process. These efforts included outreach to prospective resource parents that the new process contain fewer arbitrary requirements for the home that may have previously been an impediment to licensing. After the implementation of these changes in licensing during the fall, we saw an increase in the number of kinship resource families, from 271 in October of 2019 to 329 in November. We have also found that removing the Fire Marshall's inspection has had the added benefit of reducing some complexity in the licensing process around scheduling the inspection. There were times in the past where, due to the geographic location of the home or other factors, potential resource parents had to wait a significant amount of time for the Fire Marshall to complete their inspection.

In addition to our work with Muskie on policy and training improvements for OCFS staff, Muskie is also partnering with us on researching and developing a new evidence-based training model for resource parents. We believe a robust training program for resource parents is a key component to ensuring that resource parents are equipped with the information and skills necessary to care for children in our custody and that the children in our care receive the best possible care and support while placed outside their parents' custody. We've heard from resource parents that other than personal reasons, one of the number one drivers of a decision not to renew their license is a perceived lack of support from OCFS. Many of the children in OCFS' custody have experienced some level of trauma, and many of them have, unfortunately, experienced severe trauma. The skills and knowledge necessary to parent a child with a trauma history are unique and we believe the foundation of supporting our resource parents is a strong evidence-based training program.

Another issue which goes hand-in-hand with the number of available resource parents is the use of hotel and emergency department stays for children in care. Since the fall, we have been providing monthly data to OPEGA regarding the placement of children in our care, including hotel stays, emergency department stays, and the number of licensed resource homes. You'll see that the number of children staying in a hotel comprises a very small portion of the total number of children in care, nevertheless we continue to focus on preventing the need for hotel utilization. Preliminary data for February indicates that 7 children spent some amount of time in a hotel. We have seen a decline in the average number of nights a child stays in the hotel, but we strongly believe that one night is a night too many. We continue to focus our resource parent recruitment efforts to specifically target areas of the state where staff seem to consistently be required to utilize hotels. In particular, District 3, which encompasses Androscoggin, Oxford, and Franklin counties has historically had the highest hotel utilization rate and we continue to see this reflected in current data. This was why we chose to hold our recent resource parent forum in Lewiston.

I've also included the data regarding emergency department stays for children in care. Again, the youth staying in emergency departments is a relatively small portion of the overall number of children in care, but we are striving to ensure that no youth stays longer than medically necessary in an emergency department. At the same time, we have implemented the use of contracted staff to provide supervision of children in emergency departments, which has decreased the need for staff overtime in this area and allowed our staff to focus on high quality casework with children and families.

Over the past few years OCFS has also worked to more closely track the use of overtime among our staff, and I wanted to share some of that data with you today. This slide represents the amount of overtime used statewide each month during the current state fiscal year. You'll see that in the last 8 months we've provided anywhere from about 2,200 to over 4,500 hours of overtime pay to staff. Operationally, we have put into place a structure whereby overtime has to be approved by District management, and the request to use overtime must be tied to child safety and/or wellbeing. Some examples of the type of child safety and wellbeing-specific work for which overtime may be requested includes: afterhours coverage, the writing of a preliminary protection order, the completion of Intake reports, and child placement emergencies. Our goal in requiring that overtime requests be tied to child safety and/or wellbeing is to ensure that we are good stewards of taxpayer dollars. Our hope is that as our workforce stabilizes and newer field staff become more proficient, we will see an overall decline in the need for overtime, but we should not sacrifice the safety and wellbeing of children by arbitrarily limiting the use of overtime.

Strategies: Staff Training and Support

I've already outlined for you the ways in which the Muskie School (under a Cooperative Agreement) is supporting efforts to improve our policies and training for OCFS staff. They have taken the lead on convening a stakeholder group to inform this work, in particular the update of the training curriculum for new workers.

We have implemented a system of clinical consultation and support for OCFS field staff. This includes case-specific consultation, as well as clinical support for OCFS staff as they struggle with difficult cases. In addition, we recently finished training our child welfare leadership, district managers, and contracted clinical support staff in the Critical Incident Stress Management model. This model encompasses a psychological helping-process to help staff deal with secondary trauma by allowing them to talk about the incident when it happens without judgment or criticism. This is a model utilized frequently with first responders.

By now I'm sure you have all seen the report we issued on January 31, 2020 outlining our efforts to analyze caseload and workload for our staff. That report indicated a need for more staff within child welfare and the Governor's supplemental budget proposal includes an additional 20 staff for OCFS. At the same time, we are also working to refine the Workload Analytic Tool based on factors that impact the weighting of the cases assigned to OCFS staff. Specifically, we recognize that no two cases are alike and as a result there are certain factors within a case which impact how much time the case demands of the assigned caseworker. Examples include the distance the caseworker is required to travel to visit each case participant, the complexities of the legal work in an Indian Child Welfare Act (ICWA) case, the number of children in a given case, and the complexity of the children's needs. We will continue to report on workload and caseload annually, while also working to refine the tool and ensure it accurately reflects the true workload demands our staff face on a daily basis.

As you know, OCFS received new positions in the biennial budget. Those positions were effective 9/1/19 and we were able to quickly hire and begin training the field staff positions. Some of the new positions were not field staff, but instead were allocated to work that supports

field staff, in particular our Background Check Unit. When we received those positions, we also received feedback from current staff throughout OCFS that there was concern that BCU staff would receive the \$5 per hour stipend currently reserved for staff who work directly with the public in child welfare. We took this feedback under advisement and determined the best course of action to ensure equity among non-fieldwork staff was to reclassify the BCU positions so they were not eligible for the stipend. That process is currently underway, and we are awaiting approval of the reclassification from DAFS. We hope to be able to fill the BCU positions soon. We have experienced how critically important the information gathered by the BCU is in making child safety-related decisions and we are anxious to get the unit fully staffed and operating at full capacity.

Finally, I know one of the issues this Committee has been particularly interested in is the implementation of our new Comprehensive Child Welfare Information System (CCWIS) to replace our current system, MACWIS. Over the last few months we've engaged with prolonged negotiations with the provider and OIT, supported by the Attorney General's office. We continue to negotiate with our Federal partners in order to gain their approval of the contract with the Awarded Bidder. Once approved, we are ready to begin development and design immediately. I will continue to provide you updates on the development and implementation system in the coming months.

Last, I want to share staff turnover data with you. Early indications are that our work to stabilize the OCFS workforce is paying off. In 2018 we experienced a 23% turnover and a 37% vacancy rate. In 2019, that declined significantly to 18% turnover and 29% vacancy. We believe that ongoing efforts to study and quantify workload and caseload and make staffing adjustments and recommendations that reflect these efforts will continue to contribute in a decline in both turnover and vacancy in the coming year.

2020

I want to conclude by providing you information on the work we plan to accomplish this year. Today I've provided you with updates through the current status of system improvement work in all of OCFS' program areas, including Early Childhood Education, Children's Behavioral Health, and Child Welfare. Our efforts to continue to effectuate the strategies and initiatives we have developed will continue in 2020, as will our dedication to involving staff, stakeholders, providers, and national and regional experts in this work. We are looking forward to conducting public forums in each District statewide. OCFS staff are currently working to schedule times and locations for these forums and we plan to publicize them well in advance to ensure maximum citizen engagement.

In addition to the initiatives outlined in this presentation, the other significant work that we plan to tackle in 2020 is the development of Maine's state plan for the Family First Prevention Services Act in Maine. As you may recall from my previous presentation, Family First is a Federal law which will increase the situations in which States can access Federal dollars previously reserved for reimbursing the costs associated with children in out of home care. Specifically, Family First will allow States to receive Federal reimbursement for specific evidence-based prevention activities for children at imminent risk of entering foster care and

their families. Some have called Family First the most sweeping change to Federal child welfare funding in 40 years, and it represents an opportunity for Maine and other states to *prevent* children from experiencing the trauma of being removed from their family and instead to remain safely in the care of their parents.

Family First is a complex piece of Legislation. Beyond Child Welfare it also impacts Children's Behavioral Health. Many of the services approved to be possibly funded with Family First dollars are behavioral health services, meaning that our Child Welfare and Children's Behavioral Health teams will be working closely together to develop and/or expand these services in Maine. Additionally, for children who do enter care and require residential treatment services, there are new requirements for providers to ensure the children in care are receiving the highest quality treatment and are able to transition to a family setting (such as a resource family home) as soon as safely possible within the confines of their treatment plan. Our Children's Behavioral Health Team has taken the lead as we have begun educating providers about Family First and in the coming year our staff will continue to work with providers to ensure they achieve all requirements under Family First.

I cannot underscore enough both the opportunity that Family First presents, as well as the complexity of the work that lies ahead in terms of the numerous systems involved. We recently hired a Family First Prevention Services Manager who will spearhead this work within the Office, helping to coordinate all of the work throughout DHHS and other departments. We also recognize that our providers and stakeholders will play a key role in ensuring Maine's implementation of Family First goes well and has the desired impact for Maine's children and families. As such we have begun the work of seeking their input through stakeholder workgroups. These stakeholder groups are scheduled to meet in the coming weeks, mostly through video-meetings or webinars in recognition of the guidance related to COVID-19. Arguably the biggest task that lies ahead for Maine in implementation is the development of Maine's Prevention Plan, which is required under Family First and must be approved by Federal authorities before we can begin implementation. Our new Family First Manager will be leading this work, with significant input coming from the workgroups. Our goal is to implement Family First no later than 10/1/2021.

I hope today has been a helpful update regarding where OCFS stands with implementation of the plans that I first brought to you in September. Much work still lies ahead, but I also want to recognize that over the past few months a significant amount of work has been accomplished to set us on the right path towards implementation. At the same time our caseloads, both in Assessment and Permanency have remained high and the demand on our staff has been constant. This is a testament to the devotion of our staff and stakeholders. As I told you in September, the dedication of Maine's child welfare staff and stakeholders to child safety and wellbeing is unparalleled. They serve as key components to ensure continued success in our endeavors to effectuate systemic reform that benefits all who are involved in the system.

In the months ahead, I would appreciate the continued opportunity to come before you to provide updates on our progress with the initiatives I've discussed today. I am proud of the work we have done thus far, and I anticipate that we will continue to be able to share with you the progress underway in our Office. We also believe that the view of the overall system which I am able to

provide you with gives the Legislature the best possible vantage-point on the status of implementation and the impact these initiatives are having on our system. My goal is that as the year progresses and I have the opportunity to come before you with more projects implemented, I will increasingly be able to provide you with data that indicates whether or not the initiatives we have developed are having the intended effect. Additionally, I anticipate there will be areas where we must adjust initiatives or implement new ones based on changes in Federal law and the needs of the children and families we serve. And I look forward to keeping you updated on those as well.

I appreciate your time and your commitment to ensuring all Maine children and families are safe, stable, happy, and healthy. I'm happy to take any questions you have at this time.