



SEN. NATHAN LIBBY, SENATE CHAIR
REP. GENEVIEVE MCDONALD, HOUSE CHAIR

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SEN. DONNA BAILEY
SEN. RICHARD BENNETT
SEN. SUSAN DESCHAMBAULT
SEN. JEFFREY TIMBERLAKE
REP. KATHLEEN R.J. DILLINGHAM
REP. AMY ARATA
REP. H. SAWIN MILLETT, JR.
REP. MARGARET O'NEIL
REP. HOLLY STOVER

MAINE STATE LEGISLATURE
GOVERNMENT OVERSIGHT COMMITTEE

MEETING SUMMARY
April 23, 2021
Accepted May 14, 2021

Call to Order

The Chair, Sen. Libby, called the electronically conducted Government Oversight Committee to order at 9:03 a.m.

ATTENDANCE

Senators: Sen. Libby, Sen. Keim, Sen. Bailey, Sen. Bennett, Sen. Deschambault and Sen. Timberlake

Representatives: Rep. Arata, Rep. Millett and Rep. O'Neil
Joining the meeting in progress: Rep. McDonald, Rep. Dillingham and Rep. Stover

Legislative Officers and Staff: Lucia Nixon, Director, OPEGA
Amy Gagne, Senior Analyst, OPEGA
Kari Hojara, Analyst, OPEGA
Etta Connors, Adm. Secretary, OPEGA/Clerk, GOC

Executive Branch Officers:
And Staff Providing
Information to the Committee Heather Johnson, Commissioner, Department of Economic and Community Development (DECD)
Todd Landry, Director, Office of Child and Family Services (OCFS), Department of Health and Human Services
Kirsten Figueroa, Commissioner, Department of Administrative and Financial Services (DAFS)

Introduction of Committee Members

The members of the Government Oversight Committee introduced themselves.

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New Business

- **Pursuant to GOC request, report from Dr. Landry, Director, Office of Child and Family Services on status of prioritized initiatives to improve Maine's child protective system**

Sen. Libby noted that the GOC has been looking at child protective services for some time. He said Dr. Landry has been with OCFS for a while and has made a number of changes to that Office's programming. Sen. Libby said the Committee was looking for an update from Dr. Landry regarding the work OCFS has been doing since his last report back to the GOC in March of 2020.

Dr. Landry said his presentation will focus primarily on child welfare, with a particular focus on some of the areas that the GOC brought up during their March 26, 2021 meeting, including an update on the impact of Covid-19 on child welfare operations, as well as, an update on the child welfare information system. Before moving to child welfare specifically, he wanted to pay a short amount of attention to OCFS's two other primary areas that support Maine children and families, both of which have direct and indirect linkages to child welfare. These are Early Childhood Education and Children's Behavioral Health. Over the last year the Children's Behavioral Health team has made some significant progress in advancing the use of evidence based practices in the State, including free training for clinicians to be certified in trauma focused cognitive behavioral therapy. OCFS is also in partnership with the Office of MaineCare who has also looked carefully at different rates and anticipates the final completion of a rate study in the near future.

Dr. Landry also wanted to point out that in 2020 OCFS was awarded a federal system care grant. With the federal funds, they are going to be able to improve the overall Children's Behavioral Health Services, including the restoration of some quality assurance activities, as well as, family navigators to serve children and families who are involved, or need, Children's Behavioral Health Services. For Early Childhood Education, the primary focus has been continuing to support the accessibility of child care for all Maine families. At times the pandemic has shifted their approach regarding that work, particularly as they sought to support existing providers who were negatively impacted by the pandemic. Over the last year, OCFS has provided nearly \$38.4 million in federal funds to childcare providers to offset revenue loss to support their workforce, to cover the cost of Personal Protective Equipment (PPE) and extra materials in cleaning supplies, as well as, to modify their spaces to ensure safety. OCFS is anticipating additional funding from the American Rescue Plan (ARP) Act, that was passed in March, which will make additional support available to childcare providers. They have not yet received guidance from the federal government on the ARP funds for childcare, but they hope to receive those as soon as the end of April. OCFS's data indicates the efforts to support childcare providers to safely stay open, or reopen, are having a positive impact. In mid-April of 2020, 47% of childcare providers were closed and that represented 57% of licensed childcare capacity statewide. Today, and which has been true since last fall, approximately 96% of their providers are open representing 95% of total license childcare capacity statewide.

While Covid-19 has dominated much of OCFS's work over the past year, it has offered them numerous opportunities to learn and adapt their practice. While the narrative around Covid-19 is often negative, OCFS has also approached the pandemic as an opportunity to examine the ways in which their work has been transformed and what has and has not benefitted children and families as a result. It is sometimes hard to find these silver linings during a global pandemic, but OCFS has tried to do exactly that. Examples of some of the improvements they plan to continue to support in the future include the use of telehealth in Children's Behavioral Health and use of video, or hybrid, meetings in Child Welfare. That has allowed for greater flexibility for a family's entire team to participate in supporting the family's rehabilitation and reunification goal. Dr. Landry mentioned that as OCFS plans for the future, they are also taking an opportunity to look back to find areas where they can permanently adapt their practice in a manner that benefits those that are involved with the various system OCFS oversees.

Dr. Landry went on to summarize his presentation on the update of work that has been done at OCFS. (A copy of the PowerPoint presentation is attached to the Meeting Summary.)

Sen. Bailey said one piece of information that she did not see in Dr. Landry's presentation was what is the average length of stay for a child in foster care and how does that compare to the national average? Dr. Landry said he will be happy to provide that information to her. She said Maine has a pretty strong law requiring, not only kinship placement, but placement with siblings and she did not see any information on the progress being made in that regard in terms of placement with siblings. Dr. Landry said he will get that information for Sen. Bailey.

Sen. Bailey referred to Dr. Landry's chart in his presentation about safety in State custody and asked for clarification because the information indicated that it was looking at the number of incidents of abuse or neglect while in State custody and asked what the definition is of abuse and neglect. Is it reported or substantiated? Dr. Landry said that would be substantiations of abuse and neglect while in care and it is based on a rate of 100,000 days in care. It is a little bit of a wacky federal definition, but it is the one that OCFS follows. He said it is also important to note that this would not necessarily be abuse and neglect in a resource parent's home, for example. OCFS has a number of youths that may be in a trial home placement, may have a number of youths that have visitation and may have a number of youths that may, regrettably, experience some type of abuse or neglect while in care, but not on the part of the resource parent. He did want to make that clear, it is not just resource parents, it is any potential abuse or neglect that may occur regardless of the perpetrator while the child is in care.

Sen. Bailey thinks Dr. Landry mentioned the figure about the percentage of children in State custody as .8%, or another way of looking at it is the most recent number that she saw for 2020 was 8.9% per thousand children in State custody. She knows the number fluctuated and asked if he could share how that compares with the national average because she thinks the national average is more like 5.8%. Dr. Landry said that was correct. When you look at it on that basis of rate per 1,000, you can look at it as a percentage basis and as Sen. Bailey pointed out, Maine does have a higher rate and that has been consistent for the past decade. Maine is not at the highest end of that spectrum across the nation, but he will provide Sen. Bailey with the latest data. He thinks the latest federal data he can provide will probably be for federal fiscal year 2019.

Sen. Bailey said there was a recent report about the Social Security payments for children in State custody and asked what Maine's policy is for children who are in State custody and who are entitled to receive Social Security benefits. What does the State do with those benefits and how does the State ensure that those benefits go to those children once they exit State custody? Dr. Landry said Sen. Bailey is correct, there are some articles regarding the Social Security matter in some of the media reports, primarily in the national media over the course of the last few weeks. He said in the State of Maine, if a child has Social Security benefits and they come into the care and custody of the State, Maine does become the custodian of those benefits as the legal guardian of the child. The funds are separately maintained, from an accounting perspective. The funds that do come in while the child is in care go towards the State supporting the cost of providing the care for those children. At the end of their stay in State custody, Maine ensures that those dollars remain in the child's name and would be transferred to their legal guardian at that point, or to the child, if the child reaches the age of maturity.

Rep. Arata asked how many kids, if any, are housed at Long Creek, even though they have not committed a crime, but because there is no other place for them to go. Dr. Landry said as of today, he does not believe OCFS has any children in custody who are at Long Creek, but he would have to confirm that for her. Rep. Arata asked if that was something that was a regular occurrence – housing kids at Long Creek or is it a rumor. Dr. Landry said, to his knowledge it is not any type of regular occurrence. If a child does have some type of law violation and that child is in State custody, they are detained at Long Creek. But, without any law violation,

he is not aware, since he has been at OCFS, of any children in the care and custody of DHHS that have been placed, absent a law violation, at Long Creek. He can confirm that for Rep. Arata. Rep. Arata said if Dr. Landry finds differently, she would appreciate knowing.

Sen. Keim asked that when Dr. Landry provides the answers to Sen. Bailey's questions, that it be shared with the whole Committee.

Sen. Keim said Dr. Landry mentioned the fact that the Courts were closed and were working to be as timely as possible. She asked if he could get the Committee more information about the delays - are there current delays and the impact that has been having on getting decisions made for children, whether it is placement or something else. Dr. Landry said OCFS can work with the Courts to see what kind of data can be provided, but said, to the Court's credit, one of the things they were able to continue relatively quickly, by the end of April 2020 was to restart many of the hearings related to children in custody. It was one of the Court's primary type of court cases that they continued to prioritize. There was a period of time beginning in mid-March through mid-April when there was an absolute hold on adoption hearings, for example. That did significantly increase the timing of some of their exits of children safely to permanency. There was a drop in April because the Courts were able to restart those proceedings, many of them in a virtual basis, particularly for uncontested adoption hearings in order to catch up. He thinks they are reasonably caught up. Somethings have taken longer because of the challenges related to Covid-19, but he will see what quantitative data OCFS can get with the help of the Maine Judicial Branch to provide to the GOC. For the most part, Dr. Landry said, particularly in the second half of 2020, they were able to see a pretty reasonable return to timely hearings, although there has continued to be some delays related to technological or physical challenges when the Courts have determined that the hearings need to happen in person. In general, Dr. Landry would guess they are at an 85-90% mark compared to 2019.

Sen. Keim asked if it is recommended that the children in State custody get the Covid vaccine. Dr. Landry yes. There is a very careful process, procedure and policy that DHHS has in place regarding the vaccine and he would be happy to share the details of that policy and process. There is ample opportunity to ensure the youth, in this case, 16 and 17 years old, the resource parents, the family members and others have an opportunity to participate in that decision-making. The vaccine is not required, but DHHS is recommending it just as they do for all other childhood immunizations. Sen. Keim said the Covid vaccine is different because it does not actually have FDA approval and is why she asked the question.

Sen. Keim said Dr. Landry showed the service areas where children had been abused or neglected and 2 of the service areas stood out pretty dramatically and asked why the outcomes would be so different for children in care there. Dr. Landry said there are areas where the numbers are higher and not meeting the federal benchmark, specifically in D1 and D4 in the Rockland area. He does not have the exact details of why they may be higher in those areas versus other parts of the State off hand, but his Office will provide the Committee with more qualitative information. There could be a number of reasons associated with the higher number, particularly in D4. Keep in mind this is a rate calculation, so as a result of that, a small number of potential abuse and neglect situations could have a disproportionate impact on a rate calculation based on the denominator, the number of children in care. D4 has, in general, a lower number of children in care, so it may have a disproportionate kind of impact when you calculate on a rate basis. That is one example, but he said OCFS will provide the Committee with more qualitative information on those two locations in specific.

Sen. Keim referred to the pie chart of the children that are in State care showing the adoption rate was 3%. She asked if that was low nationally, if that number has fluctuated or if Dr. Landry sees possibilities of increasing that percentage. Dr. Landry said that chart may not be a licensed resource family, but they may be an approved adoptive family and children are placed there on a trial period before the adoption goes to court for finalization. That is why that number may look abnormally low. It is just 3% as an adoptive placement. Again, he would say that in federal fiscal year 2020, 34% of all exit to permanency were to adoption and this year, year-to-date,

that number is 42% of all exits to permanency has been adoptions. The pie chart is a point in time placement data as opposed to an outcome report.

Sen. Keim asked if the Family First Federal Program began in the previous Administration. Dr. Landry did not know if any discussions were held in the previous Administration. He can say that when he came to OCFS in May, 2019 no work had been formally done to prepare for the development of a State Plan. There may have been discussions about it that he is not aware of, but there were no draft plans in place. Sen. Keim said she should have been clearer saying that Program began in the Trump Administration. Dr. Landry said the Family First Act was passed by the federal government in December of 2017 or January of 2018. Sen. Keim asked if the change in federal Administration affected the Program and made it difficult for the State, or has the Program remained pretty much the same. Dr. Landry said, from his view, the Program has remained virtually unchanged during the changeover in federal Administrations. He has not seen, recognized or noticed any difference in the Administration of Family First Plans or approval of Family First Plans.

Sen. Keim thinks in every area of State government you see that the federal government attaches funding in order to tell States how to take care of our children, how to run our schools, etc. She always finds that concerning because it oversteps the State's right, and asked if there was anything in the Family First Program, since it is designed nationally and every State likes to think of themselves as unique, and she especially likes to think of Maine as unique, asked if there was anything that Dr. Landry feels would be better tailored if Maine was allowed to do it based on their own perspective. Dr. Landry said he did not have any examples off hand that he could give Sen. Keim. He can think about that question and maybe share any other thoughts after today's meeting. Certainly, if the States are going to qualify for federal IV-E dollars through Family First, they have to meet the federal requirements that are associated with the Act and the regulations, or rules, that are put in place. One example of that, and is in complete alignment with the philosophy in OCFS as it relates to residential treatment, is the federal government has said in order for States to continue to access federal IV-E dollars for children who are in care and who are placed in a residential treatment setting, must now meet higher quality standards that are associated with the national level of care called a qualified residential treatment provider. There are a number of requirements to meet that national level of standard of care and OCFS believes all of those are absolutely appropriate. Those include fingerprint based background checks through the FBI, and using a trauma informed model of care that includes having effective discharge and aftercare services once the child leaves the setting and goes into a family based care setting or placement. OCFS believes all of those are appropriate higher level of standards that they should be meeting. He is happy to say that every single one of the children's residential providers in the State agree with OCFS and they are all working towards meeting that Qualified Residential Treatment Program (QRTP) higher level of standard of care before this goes into effect in October. On the State side, OCFS's commitment to them was working with their sister agency in the Office of MaineCare Services to conduct a new rate study that includes what the rate should be to support those higher levels of standards. That is one of the budget initiatives and that rate study is nearly complete, if not complete. They are hopeful that the Legislature will see this as a positive step forward. It will mean an increase in rates for the providers and OCFS looks forward to being able to receive legislative approval to implement those higher rates in order to support higher standards of care and will be able to continue to pull down federal IV-E dollars for those placements. In his opinion there is a benefit to them from a fiscal perspective in the State and there is a great benefit, and most importantly, a benefit to the quality of care that children will receive in those residential placements.

Sen. Keim asked if when Dr. Landry said there would be an increase in what the State pays for residential placements, does that include a foster family. Dr. Landry said foster families are not included.

Sen. Deschambault followed-up on what Rep. Arata asked about detainees at Long Creek. She said children between the ages of 12 and 18, have to commit a crime, go before a judge and if the judge is unable, or unwilling, to have that child return to the home, are placed at Long Creek as a detainee for usually about a 72 hour period and then the detainee returns before the judge within 72 hours. The 72 hours is usually just for a

placement to find the child either a group or foster home. Some do remain a little longer because of the status of the family situation.

Sen. Deschambault said she felt the children held by the Department of Corrections (DOC) are in State custody, but under a different umbrella. There is a lot of parallel between the children with DOC and the children with DHHS. She knows Dr. Landry has been working with the DOC in an attempt to close Long Creek in terms of finding some therapeutic homes in the community and she asked if he could share with the Committee the role he has played with those children in the custody of DOC.

Dr. Landry said Colin O'Neill, Associate Commissioner of DOC and he have had monthly standard meetings specifically to address the topics that Sen. Deschambault spoke about. There is overlap between the DOC's responsibility on juvenile justice and DHHS or OCFS responsibility from their statutory perspective. He said he served on the Juvenile Justice Reinvestment Task Force because of the recognition of some overlap between their areas, particularly as it relates to Children's Behavioral Health Services. OCFS and DOC both have a commitment to increasing the capacity and access in the State to evidence based mental health and behavioral health treatment and is why they have partnered together to increase the availability of Multi Systemic Therapy (MST) and Functional Family Therapy (FFT). They have been able to braid funding, not share funding, but have been able to braid funding with things they are able to provide support for either through a MaineCare rate or through efforts of Children's Behavioral Health combined with some efforts by the DOC to support providers. Their fundamental belief that they share is for the majority of kids, this won't be for all, but for the majority of kids, if they are able to provide strong evidenced based proven research tested models of intervention earlier on in the process, or earlier on in their life stages, the better outcomes they are generally going to have, including, hopefully, preventing most of those kids, from having to enter higher levels of care, such as residential treatment, or ultimately in some cases, perhaps detention at Long Creek.

Sen. Deschambault said if Maine does that, they will be national leaders. She noted that she worked at Long Creek when there were 100s of young people incarcerated, said currently there are less than 20. She appreciated Dr. Landry's involvement because having worked in the system knows trying to break into DHHS for help never worked and now that silo is coming down. She thanked Dr. Landry, Mr. O'Neill and Commissioner Laliberty for doing that work. Dr. Landry thanked Sen. Deschambault for her comments and said she is right, it is not just a challenge here in the State of Maine, it is a challenge across the entire country. He would say to Maine's credit, it is on the leading edge of trying to reduce the unnecessary detention, or commitment of youth, in a locked facility and hopefully will continue to believe that is, wherever possible, not where Maine wants their youth or children to be.

Rep. Millett said he has been impressed with Dr. Landry's reports to the GOC from the beginning and once again he finds in his prepared remarks and his response to the various questions, that he has been spot on in responsiveness and dealt exactly with the request that the Committee authorized OPEGA to provided to him back on March 26, 2021. The information he provided was very comprehensive and very informative. He has been impressed with the direction Dr. Landry has taken, the leadership he has demonstrated and the dashboard that he first talked about when he came before the GOC almost two years ago. He finds it extremely valuable in terms of the progress OCFS is making in the area of child welfare. It seems in Dr. Landry's charts it shows the guiding principles and strategies and the outcomes chart show how he responds to it and what is happening as a result of his responses.

Rep. Millett said the GOC's request was pretty much pandemic related and as he recalls, the Committee thinks Dr. Landry was in a critical place where parents and children have been cooped up for over 13 months now in a setting where they have been denied in person learning, access to child care, exposed to a family with changed demands and circumstances, affecting both their economy and the family unit. He asked if Dr. Landry had, above and beyond the data, a reaction to the level of child abuse and neglect that has occurred during that period. Has he drawn any conclusions that he could share with the GOC that measure the depth and seriousness

of child abuse and neglect observed over that 13 month period where everything has been turned upside down for the family unit.

Dr. Landry shares the concerns of Rep. Millett, and many others, about the potential impact to children and families because of the realities of dealing with the global pandemic. On one hand he can point to the data, as he mentioned, that shows that their reports and assessments of and findings of child abuse or neglect have been about the same as OCFS sees in typical years except for the first few weeks of the pandemic. You might be inclined to look at that and say it is about the same so maybe it is not that much worse than before, but that is only part of the picture. The other thing that OCFS pays careful attention to is the situations reported to OCFS of what would rise to what they would consider a serious injury. Many times, these calls or reports come in from hospitals because a serious injury may be attributed to an abuse or neglect situation. When OCFS looks at those cases, what he can say is that in general, there have been time periods during 2020 to 2021 where the number and the severity of serious injuries have qualitatively appeared to be higher than in previous years, or more serious than in previous years. On the other hand, there have been significant periods of time where it has not been that way so OCFS has not been able to draw significant valid conclusions, except to say that, from what he remembers, at about the 8 to 10 week mark into the pandemic, there was a spike in the number of serious injuries. That may be somewhat logical because we all can adapt to short term challenges relatively easily, but when it becomes a longer duration, that is when everyone faces bigger challenges. OCFS saw a bit of an increase and have continued to see occasional situations where there tends to be spikes and serious injuries. It has not been consistently above prior years, it has not been something that they can point to as something consistent that they need to react to, but they continue to watch that carefully. He said OCFS did see that increase they typically see at the beginning of the school term in the fall and attribute that, at least this year, to the fact that many school districts went to a hybrid mode of education where they were partially in person and partially virtual. OCFS did see that increase and thinks that was not necessarily a bad thing because it did indicate to them that perhaps more children were coming in contact with other associative caregivers in the communities, including school personnel. He thinks the hybrid schooling approach has benefited OCFS in Maine with additional caregivers having access to children.

Rep. Millett said Dr. Landry referred to behavioral health, and substance abuse as factors in reunification and said both of those issues are very much in front of legislators. There are so many issues on behavioral health and the impact that the pandemic has had on school age children leads him to think aloud that people like Dr. Landry who are seeing what is happening, or has happened, could be helpful in shaping any legislative strategies well outside of OPEGA and the GOC. There might be an opportunity for a conversation in a different forum tapping into Dr. Landry's knowledge and observations. The same with substance abuse because it is clearly an issue that Maine is not making great strides on, even though a great deal of attention has been placed on it. Rep. Millett would like to ask, if possible, to have a copy of OCFS's Family First State Plan. Rep. Millett said he and Sen. Deschambault are old school people and have both spent a good deal of time in the Executive Branch and realize there may be a stereotype about people in positions such as the one Dr. Landry is in. He used to be offended when people used the word "bureaucrat" in describing his role so wanted to say that Dr. Landry is the epitome of a leader, not a bureaucrat.

Dr. Landry appreciated Rep. Millett's kind comments. He said the Family First Plan DHHS presented to the federal government is available publicly and the link will be sent to that Plan to the Committee. He did remind the Committee the Plan has not been approved by the federal government.

Sen. Libby echoed some of the comments of other Committee members in applauding Dr. Landry's leadership and hard work and the effort of all the staff at OCFS and their community partners in recognizing the number of the challenges that caused the GOC to get involved in OCFS's work a few years ago after the deaths of Marissa Kennedy and Kendall Chick. The OPEGA reports pointed to a number of deficiencies in the system itself and challenges within OCFS at the staff level. Dr. Landry's various reports and presentation over the last couple of years gives him confidence that significant progress is being made in terms of reducing turnover, improving

access to training, hiring additional staff and implementing the data management tool, which were all identified as deficiencies in the OPEGA reports.

Sen. Libby referred to the training of OCFS caseworkers and supervisors and said there appears to be a disagreement between OCFS and the Child Welfare Ombudsman, Ms. Alberi, in terms of where new training resources are at. In Ms. Alberi's letter to the HHS Committee back in January said "When caseworkers begin their employment, they participate in the new caseworker training. After the first year of training, there are no regular refresher trainings for general casework required." There are several trainings listed on page 10 of the Ombudsman's report, which are all valuable, but are not required and do not address the fundamentals of caseworker practice, such as initial investigations and ongoing assessment. Sen. Libby said he understands work is underway with the Muskie School, but the key question is to what degree these trainings have to do with the direct client work offered, what is the take rate and is the Department considering annual requirements for this form of training?

Dr. Landry said from the beginning he has routinely and regularly met with Ms. Alberi. They generally have been meeting monthly with those meetings including Ms. Alberi, the Chief of the Child Welfare Division of the Attorney General's (AG) Office, himself and others participate on a topic-by-topic basis. In many areas they agree and, in some areas, they disagree. He believes the training that OCFS has offered, and as he indicated, are offering is in a continuous review process with the Muskie School and OCFS is leveraging their expertise. He was pleased they were able to re-engage the Muskie School in 2019 after a 7 to 8 year halt to that cooperative agreement. That has proved invaluable to OCFS and they have relied on the Muskie School to take a close and careful look at what the evidence is for both OCFS's new foundation training, as well as, the ongoing training. If part of that work is a recommendation that Muskie puts forward, OCFS works with them to make certain components of training on an ongoing basis is required, then OCFS is open to considering it, but they want to do it from an evidenced and research based perspective. The Muskie School enables them to leverage their expertise in order to do that. He said he should point out that OCFS also participates with the New England Association of Child Welfare Commissioners and Directors, which includes all six of the New England States. They participate collaboratively with them so they can share best practices and learnings across the six states and that has been invaluable, including during the pandemic. OCFS is also members of the Child Welfare League of America which offers an additional perspective of evidence, research and best practice. The combination of all of those, plus others, such as Casey Family Programs and the Annie E. Casey Foundation, enables OCFS to leverage that expertise so whatever changes they do make, are being made with the best set of research and evidence behind them. They are open, and will continue to be open, to potential changes, but they are letting their work with Muskie lead the way with the additional input of those national experts.

Sen. Libby asked about the Alternative Response Program and noted in Dr. Landry's presentation that the contracted providers for ARP are working with the lower risk cases. Some of the providers, when notified that their contracts would not be renewed, contacted legislators expressing concern, not only for losing that work, but also arguing that the Department's plan to replace dozens of individual contracted providers on the ground with 15 caseworkers at OCFS was challenging to wrap their heads around and felt that Maine is going in the opposite direction in terms of caseload. He asked if Dr. Landry was able to speak to that concern and potentially seeing the number of caseworkers dropping under that proposal.

Dr. Landry said OCFS has had a number of meetings with the ARP providers or contractors. He said the ARP contract includes two components. The first component of ARP under that contract is the investigation piece of the work that ARP does. A certain number, depending on ARP availability, staffing, etc. of low or medium risk cases that are deemed appropriate for investigations can currently and continue to be assigned to ARP for investigation. So that is the investigation work of ARP. When you look at the number of cases that have been assigned or referred to ARP for investigative and assessment purposes, that equates to approximately 15 full time positions. Those are the 15 new positions that OCFS proposes be added to their caseworker totals through their budget initiative. The second component of the ARP contract is follow-up case management referrals, and

in some cases, direct services to those families. Those are the pieces that OCFS intends and believes belong best in an approach related to and assigned through the Family First process. So, for those cases, OCFS anticipates the vast majority of them will become what they could generically call Family First prevention cases. They meet the requirements of their State Plan, the federal government, etc. and the plan would include oversight by OCFS staff. It would include referrals to community-based services, such as Home Builders or Parents as Teachers through an expansion, or any of the MaineCare funded services as well. Those are the pieces that OCFS is going to redirect the funding for so they can add more services to their communities and can have those services available and then the follow-up will be the responsibility of OCFS staff to ensure that the family is participating in the services, they are completing the services, or if they are not, then a reassessment determination of whether or not the children have to come into the care and custody of the State. It is two different parts of ARP. The 15 positions are the number of FTE related to the assessment piece, the remaining component are the dollars OCFS proposes to reinvest in Family First and get a 50/50 match in General Funds, and brings in more resources to the State which provides more resources for the families and services to hopefully keep children safely out of the child welfare system and safely with their families.

Sen. Libby asked if OCFS would then intend to hire an additional 15 caseworkers at the beginning of next year, how many caseworker vacancies does OCFS currently have. Dr. Landry said of the 475 caseworkers statewide, as of this week, they have approximately 15 vacancies. The new positions would be assessment positions so that would be a subset of that 475 versus permanency caseworkers, adoption caseworkers or others. OCFS has about a 3% vacancy rate, which is low and would say that rate is generally much lower than what the ARP providers have reported to OCFS of their vacancy rates during the life time of their contract. Dr. Landry believes the amendment that the HHS Committee put forward was for these positions to go into effect on October 1, 2021.

The members of the Committee thanked Dr. Landry for his presentation and for answering their questions.