

**Testimony of Beth White
Maine Service Employees Association, SEIU Local 1989**

**Neither for nor against LD 1788, An Act to Establish the Office of the Inspector General of Child
Protection
Sponsored by Senator Joseph Baldacci**

**Before the Joint Standing Committee on Health and Human Services,
Thursday, January 11, 2024 at 1pm, Cross Building Room 209**

Senator Baldacci, Representative Meyer and members of the Committee on Health and Human Services, I'm Beth White, Director of Politics and Legislation for the Maine Service Employees Association, Local 1989 of the Service Employees International Union. The Maine Service Employees Association represents over 13,000 workers across the state, including workers for Maine Department of Health and Human Services and the Department of Corrections.

We are testifying neither for nor against LD 1788, which seeks to establish an Office of the Inspector General for Child Protection. While we support the bill's intent to protect children in state custody or receiving state services, and the desire to improve Child Protective Services, we have concerns with the language as drafted.

First and foremost, we agree with the fundamental premise that Child Protection Services is in trouble, and we want to work with the legislature to ensure that State workers are given the tools they need to provide this vital public service. In recent years, frontline workers at the Office of Child and Family Services (OCFS) have testified repeatedly about the dire impact that short-staffing has had on their ability to do their jobs, as well as the immense amount of scrutiny they are subjected to—scrutiny which has only exacerbated the staffing shortage further.

As envisioned by this draft legislation, the Inspector General would add yet another level of scrutiny on individual workers if and when something goes wrong, without doing anything to address the systemic issues plaguing OCFS offices across the State. While we understand the impulse to do something, anything, in response to the recent incidents, we do not believe that this bill strikes the appropriate balance. In order to address the broad problems facing OCFS, this legislation, and the envisioned office of the Inspector General, needs a broader vision. Specifically, the scope of the Inspector General's charge should include a systemic review of the program as a whole, accompanied by recommendations for improving OCFS prospectively, and not simply apportioning blame. In order to accomplish this task, we believe that workers need a mechanism to bring issues to the Inspector General with confidentiality and without fear of retaliation.

We also have concerns about whether management will seek to weaponize the Inspector General's findings against frontline workers. If it is the intent of the Legislature that the Inspector General's findings will not be used against employees for disciplinary purposes, the bill should include clear language saying so. If this is not the Legislature's intent, or if there is any chance that the Inspector General's findings could lead to disciplinary action against workers, then this bill must provide for due process protections for workers, including language making clear that unionized workers are entitled to representation during investigatory interviews, as well as provisions granting the union access to the materials relied upon by the Inspector General in making their findings.

Further, it is not clear to us how the Office of the Inspector General for Child Protection would differ from the Ombudsman's office currently in place. Like the Inspector General envisioned by the legislation, the Ombudsman is charged with investigating incidents and complaints. Rather than creating a new office and apportioning resources to staff it, could the legislation be amended to expand or further empower the Ombudsman's office to achieve a similar result?

The health and safety of all Maine people young and old is paramount to our members who work for Maine DHHS, including those who work for the Office of Child and Family Services. We welcome the legislature's attention on OCFS, and we understand the desire to act swiftly and urgently and support the Legislature's desire to create change. However, such change must truly improve OCFS, and not have unintended consequences for OCFS workers and the individuals and families they serve. Ensuring that this legislation is well written, effective, and does not have negative impacts on OCFS workers and the services they provide will take a significant amount of time and effort from many different parties—time which is not necessarily afforded in this short session. Meanwhile, there are immediate needs with OCFS that can and should be addressed by the Legislature. These include hiring more case aides, fixing the mandatory overtime issue for caseworkers, investing in upstream resources for children and families, and finding more resources for foster homes.

Accordingly, while we agree with the desire to bring real and effective change to Child Protective Services, we are not convinced that this language is the proper vehicle to do so. We would suggest the best approach is to address this legislation and the concerns raised in a more comprehensive package next year.

Finally, MSEA has worked with workers at the Office of Child and Family Services to create a vision for OCFS, including concrete recommendations regarding policy and programming. The original vision was created in 2018 and was updated by workers in 2023, and I am attaching this vision to my written testimony. We hope that this can help guide future discussions regarding changes to OCFS.

Thank you and I would be happy to bring any questions back to the folks who have provided these suggestions from their lived experience.

Our vision for Child and Family Services, updated 2023

All children deserve safe childhoods. We do this work because we care deeply about Maine children. We are determined to protect them, support them and build families that also can protect and support them. We believe that to do this effectively, serious changes need to be made to Maine DHHS policies, practices and programs. We must recruit and retain staff to stabilize quality public services for Maine children and families. The people who do the front-line work must be empowered to shape the policies and program they implement each day.

Recommendations from frontline workers on how we get there

Provide the necessary resources for support programming, including public health nurses and housing, mental health and addiction resources. Caseworkers need these types of services fully resourced and staffed so Maine families can get the support they need.

OCFS caseworkers and support staff are first responders, similar to firefighters and police personnel. Resources have been focused on assessing the immediate evidence of abuse and neglect versus the promotion of healthy family dynamics. The focus needs to be on prevention, including economic factors, housing, physical and mental health services, education and other community supports.

In simplistic terms, a call to intake regarding neglect because a family is living in a shanty or car, is not poor parenting; it is an economic and affordable housing issue. There also is a lack of awareness by the public of the devastating impact of a government investigation on a family. This is evident by the predictability of the cycle of increased reports of abuse and neglect to the intake units just prior to school breaks – time periods where children are perceived as potentially at risk because schools and other similar providers are not in a position to have a consistent “eyes on the situation.” During those time periods, mandated reporters or others may believe they are providing a safeguard but there is no corresponding increase in OCFS staffing for that vacation week or summer break.

Reduce caseloads to manageable caseloads that match the national standard of no more than 12 cases per caseworker in the field. This will provide the necessary time with every child and capacity for family plans.

Every child should be counted as one case. While Governor Mills has added 70 new staff positions, a significant number of those positions remain unfilled. With an ever-revolving door for the hiring of caseworkers, the question becomes: Why is the OCFS unable to keep child protective caseworkers?

In discussion with child protective workers in the field (intake is a separate unit), individual caseloads consistently average over 20 cases and sometimes as high as 30 or more.

Hire more administrative support staff, allowing caseworkers to have the time they need to focus on casework.

Customer Service Representative IIs are considered support staff. When an average person thinks of administrative support staff, the visualization probably is of a person handling the phone calls, filing of paperwork, updating information in databases, etc., not someone who is in direct contact with parents and children. OCFS utilizes Customer Service Representatives to transport children, monitor children during parental visitations and sit with children in hotels and emergency rooms. Community Care Workers’ workloads and responsibilities have increased commensurate with the child protective caseworkers’ inability to keep up with their increased caseloads. With the decrease in services normally provided by community agencies, OCFS would not function without the Community Care Workers and Customer Services Representatives.

End forced overtime, taking work home and missing work breaks and lunch breaks, all of which are leading to burnout and stress.

Despite the implementation of the overnight CES unit, A majority of OCFS employees (CRA-IIs, Community Care workers, Child Protective Caseworkers and Supervisors) are still facing mandatory overtime, missed lunch breaks, etc. Documentation remains an issue, resulting in missed breaks and working after hours.

Ensure the safety of staff as they work in the field.

Similar to other first responders such as police and fire personnel, always being ready to deal with a crisis is hard on an individual's mental and physical health.

OCFS caseworkers and other staff are often in potentially violent situations with no law enforcement backup.

Due to the lack of therapeutic setting for children with severe mental illness, OCFS staff often are in hotel situations with limited support. Multiple OCFS staff have been treated for assault by Children.

Provide the technology that truly functions to meet the needs of the Maine Office of Child and Family Services workers and efficiently integrates into their work. This means investing in the right technology and the right training, not just the least expensive.

While caseworkers applaud the development of a new system, and caseworkers appreciate there was to be a learning curve, Katahdin has not lived up to expectations and in many ways has created more barriers than those experienced with the old system, MacWIS. The Katahdin system does not provide a smooth narrative of a case, a major obstacle for anyone "picking up" a case as there is no simplified method to access a chronological linear narrative. There is no search function. Instead of reducing the information needed, there are too many screens requiring a check box and, in all honesty, not enough lines in the screen to complete the information required. Basically, Katahdin has clunkier hyperlinks and is less efficient than the old system. As a caseworker is only allowed to read three lines at a time and cannot make the window bigger, the overall result is Katahdin has made it difficult to make timely and accurate decisions. Documentation is difficult in Katahdin as the system is more compartmentalized with more walls. Often depending on the circumstances, accessing one window to pull information for a second window often deletes the information entered. Another issue is the algorithm known as single decision making. The algorithm determines the weight of a reported statement; human experience and knowledge is excluded.

There has been no open and honest review of Katahdin by a panel of caseworkers, supervisors and others who were not a part of the original design. As with any project, those involved with the original development can be biased if changes are suggested by others. Policies and practices continue to be top-down driven, with little to no acceptance of feedback from supervisors or frontline caseworkers.

Reduce unneeded or duplicative paperwork, including making case plans more accessible and usable for families. (See difficulties with Katahdin.)

Give front-line workers a voice in policies, practices and programs so they can meaningfully participate in developing and implementing them.

Policies continue to be top-down driven, with little to no acceptance of feedback from supervisors or frontline caseworkers.

The use of algorithms such as single decision making have multiple drawbacks. Despite the

implementation of SDM, the number of tragedies in the past five years has not decreased. Algorithms create more investigations, which delay the documentation of caseworkers' current caseloads, creating a spirally effect: there's not enough time in eight hours to do the investigation, so documentation is frequently done after hours to meet deadlines. A review of deadlines for documentation is needed to determine if a deadline is valid and consistent with national social work ethics and standards ensuring the well-being of the child.

Establish a night shift for coverage across Maine DHHS districts.

Due to hiring delays, the complete rollout of the Children's Emergency Services (CES) Unit is too early for an assessment. Currently many districts are still experiencing having to cover overnights and holidays. There is a concern regarding funding for the CES Unit. Is there enough staff? Similar to a firehouse situation, there needs to be a recognition that a CES Unit is mainly there for a crisis call.

Intake Unit – This unit experiences a large volume of calls; it's essential to always have the staffing levels necessary to handle a large volume of calls.

Reassess the foster parent certification process, training and support to better build and support Maine's network of foster parents.

Improvements continue to be needed in this area, more so for residential care of children diagnosed with severe autism, trauma syndrome or brain injury. Too often children are languishing in hotels or emergency rooms due to lack of therapeutic placements.