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Testimony of Todd A. Landry, Ed.D., Director
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Before the Joint Standing Committee on Health and Human Services

LD 1712 – An Act To Support Children’s Healthy Development and School Success

Hearing Date: May 20, 2021

Good Morning Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

I am Todd Landry, Director of the Office of Child and Family Services (OCFS) within the Department of Health and Human Services and I am here today to testify in opposition to LD 1712, An Act To Support Children’s Healthy Development and School Success. This bill would establish two programs, Help Maine Grow System, to provide early periodic screening, diagnosis, and services for children from prenatal care to 8 years of age and their families, as well as the First 4 ME program, to provide early child care and education services for at-risk children.

This bill would be duplicative of many of the efforts OCFS is undertaking with American Rescue Plan Act (ARPA) funding (at no cost to the general fund). OCFS believes it would be prudent to monitor the implementation of the ARPA initiatives and study their impact over the next two years before committing to permanent initiatives funded with state general fund. ARPA projects can be used to inform future decisions about the most effective and efficient means of making targeted improvements to the services and supports available for young children and their families.

The initiatives OCFS is undertaking with ARPA funds are fully outlined in our recently released [Child Care Plan for Maine](#), which I believe the Committee has received via email recently. I wanted to highlight a few key programs that would directly or indirectly duplicate the programming proposed under LD 1712. Using ARPA funding, OCFS plans to:

- Provide startup funding for the Help Me Grow program for two years in order to coordinate early childhood resources statewide. This will be done without the need for LD 1712 and can inform future decisions on long-term implementation of the program, including possible funding sources that match the actual cost of delivering the program.
- Invest in the Ages and Stages Questionnaire (ASQ) online screening tool for child care providers to screen and refer children to early intervention when delays in development are detected.
- Expand the Parent Ambassador Program to empower parents and advocates.

- Implement the Early Childhood Integrated Data System (ECIDS) to collect and manage data on outcomes for early childhood education programs.
- Provide Second Step Curriculum for child care providers to support social emotional learning.
- Expand the Classroom Assessment Scoring System (CLASS) to measure outcomes in child care and provide coaching to early childhood educators based on the assessment.
- Train early education staff on the Maine Early Learning Development Standards.
- Develop and deliver a parent engagement training to early education providers.

Many of these strategies closely align with the First 4 ME program proposed in LD 1712. The two programs proposed under this bill will come at a significant fiscal cost and we believe it would be imprudent not to take the opportunity to implement and study the impact of ARPA initiatives using available federal funds before implementing permanent programming that lacks evidence to support its effectiveness at addressing the needs of Maine children and families. OCFS believes strongly in the importance of implementing programs with evidence to support the positive impact on children and families, particularly when those programs are funded using state taxpayer dollars.

Furthermore, this bill is overly ambiguous and operationalizing these programs as written in the bill is likely not possible. For example, the bill indicates that any community entity that wishes to apply to be one of the First 4 ME pilot projects may do so. This bill would establish the application requirements but provides no direction to the Department about how to select providers for the pilot sites. As a state agency the Department of Health and Human Services is required to follow statewide requirements for procurements of goods and services and the outlined application process may not suffice to meet the requirements of an RFP.

Finally, the impact on OCFS if LD 1712 were enacted cannot be understated. OCFS staff are dedicating significant time and resources to implementing initiatives to support child care providers with federal pandemic relief funds. OCFS will require additional staff and technological resources in order to implement LD 1712. The First 4 ME program is particularly problematic as this bill lacks details and OCFS would be required to research, decide on, and implement a myriad of programmatic details. For example, in the home visiting component of the program there is no direction regarding the interplay with the existing home visiting services in the state, how it would be determined which children would receive the service, what time of day the service would be delivered, how a situation would be handled where parents did not wish to engage with home visiting, how home visiting would interface with child care, what age groups would receive home visiting services, what model would be use, or how success of the home visiting component of this service would be measured.

I urge you to vote ought not to pass on LD 1712 and allow current work to develop these services to continue. Thank you for the opportunity to testify before you today. I'm happy to answer any questions you may have.