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Testimony of the Office of Child and Family Services
Department of Health and Human Services

Before the Joint Standing Committee on Health and Human Services

In opposition to LD 1236, *An Act to Increase the Provision of Children's Behavioral Health Services in Rural Areas and to Provide Support for Families of Children Receiving Services*

Hearing Date: April 10, 2023

Senator Baldacci, Representative Meyer and Honorable 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). I am here today to provide information and express opposition to sections of LD 1236, *An Act to Increase the Provision of Children's Behavioral Health Services in Rural Areas and to Provide Support for Families of Children Receiving Services*.

LD 1236 would codify policy regarding Family Team Meetings (FTMs) and require the Department to expand children's behavioral health services for children in families involved in the child welfare system in rural areas. It requires the Department to amend the MaineCare Benefits Manual, Sections 28 and 65 to establish a rural reimbursement rate that "is sufficient to allow for the additional travel time" for providers in rural areas to provide services. The bill also requires the Department to offer grants or other incentives to existing providers to expand services into rural areas. It would require the Department to reimburse providers of services to families to meet together and coordinate services for each family. The bill further requires the Department to "fully implement the family team meetings plan from the State's Family First Prevention Services State Plan and train child welfare staff as neutral facilitators for FTMs."

This bill is complex and touches on several different topics. For clarity, I will provide the Department's response to each section of the bill.

Section One: OCFS is opposed to codifying FTM policy in statute. Legislating practice does not allow the agency to be nimble in adapting practice to meet evolving needs or incorporate new best practices from the child welfare field. Furthermore, this bill would require that a FTM be held prior to the filing of a Preliminary Protection Order (PPO). OCFS (pursuant to the existing FTM policy) seeks to convene an FTM prior to any initial filing in a case but there are emergent situations where convening a FTM is not possible due to imminent child safety concerns, lack of availability of parents, other key members of the team, etc.

Section Two: OCFS supports the desire to ensure the accessibility of services for children in state care. OCFS does not have any programmatic concerns with to the portion of section two that provides grants or incentives to providers, though this initiative would require general fund outside the Governor's proposed budget. Were the Committee to endorse this section, we would recommend that you consider expanding the initiative to include services for both children and adults involved in the child welfare

system. When a child is removed from the care of their parents due to safety concerns, those concerns are generally centered around the parents, with the most common risk factors including substance use, mental health concerns, and domestic violence.

OCFS does not support the portion of that would require the Department to establish a reimbursement process for providers of services to meet and coordinate services for the family. To be clear, there is great value when providers work together to coordinate care but the language in section two is very broad and does not specify that the Department be involved in these meetings or that the Department weigh-in on the topics, the necessity of the meeting, etc. This would make the Department financially responsible for meetings that may not be relevant to the case.

The bill also requires the Department to establish reimbursement rates that allow for additional travel time required to serve members in rural areas. While the Department recognizes the concern regarding increased travel-related costs for rural areas, MaineCare has indicated that more studies would be required to determine whether these relatively higher costs may be offset by other costs that may be lower in rural areas (e.g. wages, rental costs, etc.) If the Department found travel costs to be higher and not offset elsewhere, another concern would be extending this special treatment for a single category of services without considering the precedent it would set for other services across the MaineCare Benefits Manual. The complexity and potential for precedent is why MaineCare plans to bring the issue of geographically tiered rates to the Technical Advisory Panel established pursuant to P.L. 2021, Ch. 639. This will allow for a comprehensive (rather than piecemeal, service-by-service) approach to determining cost appropriateness and ramifications of implementation can be developed.

Section Three: OCFS has already implemented the FTM plan specified in the Family First Prevention Services State Plan as it has been fully incorporated into FTM policy. OCFS has concerns with child welfare caseworkers and/or supervisors serving as neutral facilitators. OCFS does not believe that parents would view an OCFS staff person as neutral, even if designated as such. Section three also would require the Department to “ensure all providers of services to families involved in the child welfare system participate in family team meetings.” OCFS certainly can and does invite providers to FTMs, but we cannot currently compel them to engage in an FTM. If OCFS were to attempt to compel providers to engage in FTMs, it could have a potentially significant chilling effect on the number of providers willing to take on clients involved with the child protective services system. OCFS finds that most providers are already good partners in work with families towards rehabilitation and reunification and regularly invite providers to the FTM, but OCFS believes the language of this bill is overly broad in requiring “all providers of services” to participate. This language could also be interpreted to be broader than intended, such as including transportation services or teachers at the child’s school to medical providers (even for a child without complex medical needs). This could lead to a very large team at the meeting that may not lead to productive meetings.

OCFS also questions whether sections one and three of the bill are in conflict. Section one would create a statutory requirement of a FTM prior to the filing of a PPO but section three would require that all providers of services be involved in FTMs. The time it would take to gather every provider serving a family, coordinate multiple schedules, before a PPO could be filed could create serious safety concerns for children where there is an imminent risk of serious harm (which is a foundational requirement for a PPO).

Thank you for your time and attention. I would be happy to answer any questions you may have and to make myself available for questions at the work session.