

L.D.1834

February 22, 2022

Senator Claxton, Representative Meyer and members of the Health and Human Service Committee, thank you for the opportunity to testify in support of LD 1834.

My name is Melanie Blair, and I live in Lisbon. I come to you with Twenty-five years as a mother, approximately twenty years as a wife, Fifteen plus years as an educator in special education, ten plus years working in behavior programs, 7+ years a foster parent, An advocator for children.

On Friday, February 11th the Legislatures Government Oversight Committee held a public forum regarding the OPEGA report in reference to the state of Maines' child welfare system.

During this broadcast, one of many things that stood out to me was the statement made by Senator Diamond saying, *'the structural and cultural problems that continue to exist within the Office of Child and Family Services will not be fixed until transparency with-in that office is significantly increased.'*

When I was mulling over all of what I have experienced over the past year in particular, but several years overall with the department, Senator Diamonds statement really struck me. I have thought very seriously about giving up on the system- and not fostering children any longer due to the extent that doing so has caused my family to suffer deeply. However, I have decided to try and be an advocate for change and improvement instead, as my drive to help the helpless has not changed.

I'd like to start by quickly looking at the definition of *transparency* as it relates to government.

Government transparency is defined by its honesty, accountability and openness. In a democracy or free society, it is the government's duty to be transparent – it is at the heart of how the citizens of a nation hold their lawmakers and public officials accountable (<https://marketbusinessnews.com>).

In other words, the department- as a whole, should strive for the following:

Be open and HONEST, communicate CLEARLY, provide easy access (as appropriate) to data, not hide or with-hold relevant information, have a

shared understanding and goals, and welcome feedback from all stakeholders (ie. Foster parents).

I can assure all members of this committee, that this is NOT happening consistently. At risk of stating an unfair absolute, I will say that in my experience this rarely happens. Thus, Senator Diamonds statement cuts to the core of the problem. How can we expect significant positive change with a system that is not being transparent? Short answer, we can not.

I believe that this legislative bill is a much needed step in the right direction to protect and advocate for the most vulnerable in our state, the children.

During the broadcasted public forum by the Government Oversight Committee on the 11th, Senator Diamond mentioned areas that were particularly concerning in Maine. I have keyed in on the ones that my personal experience lead me to testify on:

- safely maintaining children in their homes when safe and appropriate
- permanency and stability in a childs' living situation and
- continuance of a childs' family relationships and connections being preserved

In addition, In reading the Response to the Maine Child Welfare Ombudsman's 2021 Annual Report dated December 30, 2021, I take special notice to the following:

- *OFCS will closely monitor both the current investigation timeframe and required investigations activities to implement best practices and remove redundancy, while gathering information to make factually supported decisions related to child safety. Development of this standard will be informed by staff feedback, stakeholder input, and field experts.*
- *OFCS have struggled to hire and maintain staff*
- *One of The Ombudsmans' recommendation is to ensure that frontline staff have their voices heard and experiences and opinions considered in child welfare reforms, as well as collaborating with stakeholders*

- *One of the tenets of OCFS' work is that children do best when they can safely remain with their parents. This prevents the trauma of removal and allows families to develop skills and relationships. (Services)*

On a personal- public school educator and foster parent level I take notice to not only the gross lack of input and collaboration between f/p's and the department, but also between department staff in differing positions, NO ONE knows what the other is doing, can answer questions in a timely manner, or in some cases are flat out told not to share information that is pertinent. Also, the lack of compliance in adhering to parts of the foster parent bill of rights is concerning; in particular:

(f)prior to placement of a child in a foster home, a written explanation of the case plan concerning the child,

(i)the department shall provide foster parents 2 weeks notice before a child is removed from the foster parents' care along with a written statement of the reasons for removal

(p)Information in a timely manner, in person and in writing with respect to allegations of maltreatment of a child in the foster home...a written notice of any report to be provided within 5 days.

In my personal experience during 2021, My family has had anywhere from 8- 11 children being cared for in my home, including biological, adopted and foster children. We have worked with at times five different caseworkers, GALS or CASA workers, as well as licensing workers. We have worked closely with these workers throughout the year, building good working relationships in order to best advocate for these children. We have had a placement in which the CPS worker had the case too long, and failed to provide pertinent information about the children. Then went on vacation for two weeks, transferred the case without even telling us! The only reason we even found out was because the infant was having respiratory issues and needed to go to the ER. We then got a worker who said, I don't usually have younger kids, know nothing about this case, and am done in a week! During this time, we brought concerns about behavior to these people and asked when they would be doing the customary Spurwink Abuse Evaluation. On our third caseworker at this point who is desperately trying to fix all that is wrong

with this case, and a tad overwhelmed- but trying. Still, no evaluation. This all leading to a future traumatic event for my family.

Also during this time, we are attempting to facilitate by request of the department, a relationship with a different foster child's aunt, which seemingly was going well. But were all of a sudden told to discontinue that relationship without having a farwell call.

Subsequently, we took in an emergency placement of a 16 yo boy, whom we were told could not be placed with family members. This placement came with no paperwork of any kind, and little communication that was useful. This CPS transition also ran over taking to long, with the subsequent worker only meeting me once before this caseworker got sick with COVID and was out for almost a month with no communication from anyone else regarding this child. This placement, whom I was homeschooling due to severe social anxiety and not being in public school for two years, was eventually left with no educational monitoring or socialization, and went to a family member who was previously NOT approved to have him.

I also had a child who went to a supposed 'kinship' placement with a former neighbor he had not had contact with in a couple of years even though we wanted to be a permanency placement for him. And when I reached out to his CASA worker I was told not to worry about him- he's going to a good place and that she was told to just go along with whatever the department recommended.

Another placement we had bounced angrily a couple times because she did not want to leave, spent time in 3 places to date, and another , the most traumatic who knew only us for his entire life, was sent to another home.

All of this occurring because of a 'concerning' report which was grossly mis-handled, with a grave lack of communication, withholding of information, with no-one able to answer my questions because whoever was making the decisions was too high up for me to speak with. An encounter in which I would not wish on anyone. We were treated as if none of the relationships with frontline workers over the past 8 years mattered, these children who were moved(as previously mentioned) had no safety concerns noted by anyone. We were supported by all of their caseworkers, most supervisors and GAL/CASA workers. The investigating worker involved claimed to not have access to certain information in our families foster licensing file that would have drastically changed the direction and handling of this incident. What should have quickly and not traumatically been dealt with a

sit-down conversation, and a plan, turned into the most traumatic experience my family, including not only my foster children but biological children as well, have ever experienced. This process that was mishandled from the start, dragged on unnecessarily to the detriment of these children. Caseworkers were being excluded from meetings regarding decisions, and every time we were told that something was going to happen, someone else became involved and did not happen- to a point where I was being avoided despite going up the ladder requesting a sit-down discussion, no one would respond. During this, we lost two of our placement caseworkers. No one was being included in decision making, and all workers I was able to maintain communication with said they have never experienced such a thing and did not understand what was going on. Those that we spent months building relationships with did not matter and weren't active participants in going forward.

In short, to summarize, NO transparency, no honesty, no openness, no collaboration with stakeholders, no access to information, a definite withholding of pertinent information, and no shared understanding and goals. How can a government agency, charged with doing what is in the best interest of children complete such a task without transparency and accountability? Such a feat is not possible. The system is, and has been struggling for years and desperately needs improvement if there is any hope of having good, qualified providers work together as a team to protect and advocate effectively for these children. It is therefore, crucial to pass a bill such as this in order to stop not only the burn-out of caseworkers, but those of foster families as well. It is my opinion that these frontline caseworkers and foster families are sadly mis-treated, not considered and is evidenced by the high turn-over rate, as well as story after story of foster parent mis-treatment that have been shared with me. In order to 'fix' the system, all participating members need to be valued and part of the process. Their voices need to be heard and considered without fear of retaliation or black-listing. In other words- transparency. I believe Senator Diamonds' bill could accomplish this in part by *creating a work group that has the purposes of monitoring the policies and practices used by the office to maintain the safety and well-being of children in state care*, and I believe that this work group should have members from ALL levels of providers, from foster parents, caseworkers, supervisors, and those in upper level decision making positions.

Thank you committee members for hearing and considering my testimony.

Aggravating Factors: Pandemic

LOCAL & STATE Posted August 23, 2020 Updated August 24, 2020-
INCREASE Domestic violence reports grow significantly as pandemic continues

The number of all helpline calls, emails, text messages and other contacts received by Maine's domestic violence support agencies rose 49 percent from April through June last year compared to the same period this year. Another article stated calls and emails were up by 67% .

According to a News Center Maine article, Maine's drug overdose rate increased by 25%

Higher unemployment rates 4.8-5.4 over the past two years

Increased mental health needs in general ; 25%spike in depression and anxiety in youth and a 40% increase in suspected suicide attempts in youth- News Center Maine 12/16/21& 1/27/22

Melanie Blair
Lisbon
LD 1834

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