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Testimony of Rep. Michele Meyer presenting

LD 393, An Act To Amend the Laws Regarding Health and Human Services

Before the Joint Standing Committee on Health and Human Services

Senator Claxton and esteemed colleagues on the Joint Standing Committee on Health and Human Services, I am Representative Michele Meyer in service to Southern Maine's District 2, Eliot and parts of Kittery and South Berwick. Thank you for the opportunity to introduce to you today **LD 393, An Act To Amend the Laws Regarding Health and Human Services**. I will be speaking to the proposed amendment, which was sent to you on Friday and is also attached to this testimony for your convenience. The proposed amendment replaces the original concept draft.

Last summer, four children died in Maine in cases where their parents have been charged with abuse or neglect. Considering these painful losses, our particular care and concern for the safety of children in Maine right now is understandable. As these tragedies call us to action, it is important to remember that Maine's child welfare system was not always struggling. It is from this vantage point that our colleague Rep. Michael Brennan, Education and Cultural Affairs Committee Chair, and I began discussing the ways in which we might begin to move our State back to a time when Maine's child welfare system was widely viewed as among the best in the nation.

In the wake of another tragedy in 2001, the state embarked on a major reform of its child welfare system, an effort that made it a national model by the end of the decade. These reforms prevented children and families from entering the child welfare system, while assisting those families struggling with abuse or neglect. These efforts were so successful that the number of children in state care dropped from 3,239 in 2000 to 1,527 by 2011.

Since that time, reduced investment in these programs and initiatives has weakened the broader child welfare infrastructure critical to stabilizing families. The opioid epidemic, meanwhile, increased the need for supportive services and treatment for parents struggling with substance use disorders. More recently, the pandemic has exacerbated many stressors on families, including economic insecurity, mental health and substance use disorders.

And so we find our child welfare system in a different place today. There were 2,297 children in state custody as of December 1, 2021.ⁱ These children have experienced the trauma of abuse or neglect and separation from their families and communities, and they lack the safety and stability of a permanent home and family. We know what it will take to reform our state's child welfare system once again and reduce the number of children and families who experience the trauma of abuse or neglect. Focusing on prevention alongside improvements to intervention will be essential in these efforts.

We already understand many of the underlying factors that can lead to child abuse and neglect.

Almost half (47%) of Maine families assessed by child protective services in 2020 were single parent households experiencing economic stressors.ⁱⁱ Over three quarters (76%) of all substantiations of child maltreatment in 2020 were neglect or emotional abuse – not physical abuse – often related to parental mental health and substance use disorders.ⁱⁱⁱ There are roughly 9,000 children being raised by kin with no parent present, and an estimated 5,224 grandparents responsible for raising their grandchildren.^{iv}

While abuse represents a serious risk for children, most reports of maltreatment are neglect, exacerbated by parental challenges like unmet mental health needs, substance use disorder and deep poverty. Many families experience challenges in providing care for their children and could benefit from help within their communities. Yet too many do not have the support of trusted friends and family to help them through difficult times. As the pandemic has isolated parents and increased stressors for families, it is critical that we ensure children are safe and families experiencing the greatest challenges get the help they need. We must provide the resources to strengthen and stabilize families, to prevent abuse and neglect, and to reduce the need for child protective intervention.

To address the underlying risk factors of child abuse and neglect, and to provide support for families at risk and to those who are involved with the child welfare system, LD 393 proposes:

1. \$2 million in each year for behavioral health services to families engaged in rehabilitation and reunification – \$1 million each for the Homebuilders and Parents as Teachers home visiting programs;
2. \$420,000 a year to increase the contract the department has for support for kinship families by increasing the number of kinship navigators;
3. The department study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services and to receive priority for services that are critical to safely transition out of the child protective system;
4. \$200,000 funding in each year to the child protective services contingency fund. These flexible funds fill a critical gap for families with concrete needs that present significant barriers to their ability to provide care for their children;
5. Establishing a Child Welfare Coordinator within the Department of Health and Human Services to coordinate child abuse and neglect prevention activities, as well as supportive services for families across state agencies; and,

6. Asks the Recovery Fund Council established to determine the use of Maine’s Opioid Settlement Funds to expedite resources to expand medication assisted treatment in rural areas of the state through Federally Qualified Health Clinics, and to expedite the development of peer recovery centers in every county in the State.

Many families in Maine at times experience challenges to providing safe, nurturing homes for their children. In response to recent child deaths, high levels of reports of abuse and neglect and the stressors added by the pandemic, our natural response is to focus attention on effective intervention when their families are in crisis. We must also respond by providing families with the resources and supports they need to prevent maltreatment and the need for intervention. We can demonstrate our care and concern for children by investing in their parents’ ability to safely care for them.

With this investment in Maine families, we can ensure children have every chance to stay safely with their families and grow up in safe, stable environments where they can thrive.

ⁱ Maine Department of Health and Human Services. Office of Child and Family Services. Child Welfare Data Dashboard. <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/child-welfare>. Retrieved February 20, 2022.

ⁱⁱ Maine Department of Health and Human Services, Office of Child and Family Services, [Child Welfare Report 2020](#).

ⁱⁱⁱ Ibid.

^{iv} Grandfamilies.org, GrandFacts. [Maine Fact Sheet for Grandfamilies](#). Retrieved December 2021.

LD 393 amendment for sponsor, Rep. Meyer, to replace concept draft

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, every child in the State deserves to grow up in a safe and stable environment to provide opportunities for success; and

Whereas, it is necessary to address the underlying issues that contribute to child abuse and neglect including poverty, substance use disorder, behavioral health issues; and

Whereas, funding for services must be provided immediately to keep children safe; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it Enacted by the People of the State of Maine as follows:

\$2m in each year for behavioral health services for families in reunification activities

Initiative: \$1m in each year to provide additional services under the Homebuilders program in the Office of Child and Family Services.

Initiative: \$1m in each year to provide additional services under the Parents as Teachers program operated through the home visiting program in the Office of Child and Family Services.

Kinship navigators

Initiative: \$420,000 in each year to increase the contract for kinship navigators.

Supportive services

Sec. 1. Department of Health and Human Services to prioritize and ensure supportive services. The Department of Health and Human Services shall study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services that the parent was eligible for prior to the child being removed from custody and to receive priority for services that are waitlisted and are critical to allowing families to transition out of the child protective system. As part of this study, the department shall examine the following:

1. The extent to which a parent may continue to receive services, including but not limited to, transportation, child care, housing assistance and home visiting services, at the same level as the parent was eligible prior to the child being removed from custody under relevant federal and state laws.
2. The extent to which families, both children and parents, can be prioritized for services that have waitlists, including but not limited to housing vouchers,

behavioral health services and substance use disorder treatment, that are necessary for allowing families to transition out of the child protective system.

The Department shall submit a report with its findings and recommendations, including any recommended legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2023. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation to the 1st Regular Session of the 131st Legislature.

Discretionary funds

Initiative: \$200,000 in each year to provide funding for temporary assistance to families through the Child Protective Services Contingency Fund.

Sec. 2. 22 MRSA §4066, 2-A [annual report on child welfare] is enacted to read:

2-A. Contingency fund expenditures. A summary of expenditures from the child protective services contingency fund established in section 4004, subsection 1, paragraph D, including annual spending, purposes for expenditures and ranges of expenditures for families.

Department coordinator for child welfare services

Initiative: Provides funding for one full time position in the Department of Health and Human Services, Commissioner's office to coordinate the organization of the child welfare system across state departments.

Sec. 3. Department of Health and Human Services Child Welfare Coordinator. The Child Welfare Coordinator within the Department of Health and Human Services shall coordinate the organization of the child welfare system within the department and across state departments. The Coordinator shall develop prevention strategies and action plans to address the effects of poverty and racial and geographic disparities on child welfare and engage with stakeholders including parents, kinship and resource families, and youth.

Recovery Fund Council

Sec. 4. The Recovery Fund Council to expand medication assisted treatment in rural areas and through Federally Qualified Health Clinics and expedite peer recovery center development. The Recovery Fund Council established pursuant to the Memorandum of Understanding and Agreement Regarding Use of Opioid Settlement Funds, signed January 26, 2022, between the State through the Office of the Attorney General and the Maine Subdivisions shall endeavor to expedite resources to expand medication assisted treatment in rural areas of the state and through Federally Qualified Health Clinics to ensure that families that are involved in the child protective system are able to access treatment. The Recovery Fund Council shall also endeavor to expedite the development of peer recovery centers in every county in the State.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

SUMMARY

This amendment replaces the concept draft. The amendment does the following:

1. It provides \$2m in each year for behavioral health services to families engaged in rehabilitation and reunification programs. It provides \$1m each year for the Homebuilders program and \$1m each year for the Parents as Teachers program operated through the home visiting program.
2. It provides \$420,000 a year to increase the contract the department has for kinship navigators.
3. It requires the department to study the ability of the State to allow a parent of a minor child removed from the home but engaged in rehabilitation and reunification services to continue to receive services that the parent was eligible for prior to the child being removed from custody and to receive priority for services that are waitlisted and are critical to allowing families to transition out of the child protective system department to continue to provide supportive services to parents who have had children removed from the home but remain engaged in rehabilitation and reunification programs. The department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than February 1, 2023.
4. It provides \$200,000 funding in each year to the child protective services contingency fund established in Title 22, section 4004, subsection 1, paragraph D. It requires the annual report that is currently required pursuant to Title 22, section 4066 to include a summary of expenditures from the contingency fund.
5. It establishes a Child Welfare Coordinator within the Department of Health and Human Services to coordinate the organization of the child welfare system within the department and across state departments.
6. It requires the Recovery Fund Council established pursuant to the Memorandum of Understanding and Agreement Regarding Use of Opioid Settlement Funds, signed January 26, 2022, between the State through the Office of the Attorney General and the Maine Subdivisions shall endeavor to expedite resources to expand medication assisted treatment in rural areas of the state and through Federally Qualified Health Clinics to ensure that families that are involved in the child protective system are able to access treatment. The Recovery Fund Council shall also endeavor to expedite the development of peer recovery centers in every county in the State.