

**Testimony of
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Before the Joint Standing Government Oversight Committee

Hearing Date: September 23, 2019

Good Morning Senator Chenette, Representative Mastraccio, and esteemed members of the Government Oversight Committee,

When I first appeared before you in May one of the things I hoped to convey was my desire to ensure that changes and improvements within the Office of Child and Family Services (OCFS) were developed thoughtfully, with the input of staff and stakeholders. It was clear to me almost immediately upon arriving in Maine that both groups felt disenfranchised and frustrated with the inability to utilize their considerable skills, experience, and knowledge to improve a system they care deeply about. Since my arrival 5 months ago what I've learned is that the dedication of staff and stakeholders to child safety and wellbeing is unparalleled and many jumped in to assist as we methodically and thoughtfully approached improving our system.

A major part of that process has been about building trust and relationships throughout the child welfare system and that's something I have prioritized in the last few months. I've had the opportunity to engage with numerous stakeholders as a result of evaluation work being completed both in Child Welfare and in Children's Behavioral Health, I have met regularly with the Child Welfare Ombudsman, been involved with the Children's Cabinet, attended meetings of both the Maine Child Welfare Advisory Panel and the Child Death and Serious Injury Review Panel, and made a point of holding introductory meetings with as many providers and other stakeholders as possible. I've also had the good fortune to be able to visit every OCFS District at least once and during those visits have had very productive and meaningful conversations with our staff. I've also had the opportunity to reconnect OCFS with national and regional experts in the field of child welfare who have been immensely helpful in lending support and providing input as we've worked towards systemic improvements. These include the Child Welfare League of America, Casey Family Programs, the Annie E. Casey Foundation, and the New England Association of Child Welfare Commissioners and Directors.

OCFS' North Star

Within many of our meetings with staff and external stakeholders we asked participants to engage in a word cloud exercise. The goal was to look at commonalities among groups regarding the objectives of the child and family services system and used this information to create a "North Star" for OCFS. Over the summer, with feedback from staff, we developed the North Star graphic as a visual reminder of what we are hoping to ensure for all families across the state. This graphic serves as a consistent reminder of the meaning behind the important work staff and stakeholders do every day. A special thanks to the John T. Gorman Foundation for their assistance in developing the graphic.

We purposely focused on developing a North Star that aims to transcend time, politics, and the organizational divisions within OCFS. As we seek to improve individual areas of OCFS, we've also been focused on breaking down organizational silos and recognizing that each part of our office relates to and impacts the other. There were 2,196 children in State custody on 9/1/19 and nearly half of them (984) were authorized to receive at least 1 (or more) behavioral health services on that same date. That does not

include the children who have been involved with child welfare and returned to their parents or were adopted and continue to receive behavioral health services. We also know that accessible and affordable high-quality early childhood education is one of the most effective factors in preventing child abuse and neglect. While we've been working to study and improve the child welfare functions of our Office, we've also been dedicating significant resources and energy to improvements within Children's Behavioral Health and Child Development.

We've utilized four office-wide priorities to guide our work throughout the Office. We've been focused on rebuilding trust, both internally with staff and externally with providers, stakeholders, and the public across the State. This connects directly to our priority of genuinely involving and engaging with staff and stakeholders. I'm currently completing another round of District visits for the fall to continue my conversations with staff and be able to hear in-person feedback about the changes we are working towards. You will hear me talk about two separate projects we have underway to develop improvement plans – one for Children's Behavioral Health and one for Child Welfare. With both efforts we've taken great care to ensure that staff and stakeholders are aware of the work, have the opportunity to engage, and the ability to provide feedback. That feedback loop has been invaluable for both efforts and resulted in priorities and strategies that reflect the needs of our State and its children and families.

In my first few months with OCFS, I also noted that there were several areas where we were failing to meet Federal guidelines. I want to be clear that I do not believe these situations were the result of a lack of dedication on behalf of our staff, but instead reflect the fact that at times the previous administration's priorities differed from those set out at the Federal level. Two areas of primary concern are the Child Care Development Fund grant and the licensing requirements for our early education and childcare providers. Over the last few months we've transitioned licensing of child care and residential facilities for children back into OCFS from the Division of Licensing and Certification. This has allowed us to fast-track the development of updated rules that meet Federal requirements in these areas. In children's behavioral health, we are facing a lack of providers and resources for families in many areas across the State. This has resulted in waiting lists and children who end up in a higher-than-necessary level of care. A primary drive in our visioning work within Children's Behavioral Health has been the desire to reduce waitlists and ensure every child and family in Maine, regardless of their location, has access to evidence-based services at the appropriate level of care to meet the child's needs.

I know all of us are aware that over the last few years OCFS' staff (particularly child welfare staff) have expressed concern regarding their work. We saw those concerns reflected in high turnover rates and staff who did not feel valued or appreciated. To remedy this we've engaged staff, but we've also collaborated on strategies to improve new worker training, provide improved ongoing training, update policies and procedures that guide practice, and provide ample opportunities to recognize and appreciate our staff. I want to thank the Governor for declaring the week of September 9th as Maine Child Welfare Employee Appreciation Week and take a moment to thank OCFS' Child Welfare Staff across the State for all they do in the service of Maine's children and families on a daily basis.

Early Childhood Education

We've also been involved in work across State government and the larger community to develop innovative ideas to improve both the accessibility and affordability of high-quality early childhood education, which, as I mentioned earlier, is considered one of the most effective protective factors in preventing child abuse and neglect and strengthening families. The Governor recently reconvened the Children's Cabinet and early childhood education and development is one of the two priorities (along with supporting at-risk youth). Guiding factors to improve the early childhood education system include:

- Encouraging healthy development and providing ready access to early intervention services when needs are identified;
- Fostering improvement in the relationship between the parent and the child;
- Supporting parental resiliency;
- Encouraging social connections and interactions among peers, and constructive and supportive social connections for parents;
- Connecting children and their families to supportive adults; and
- Creating economic opportunities by allowing parents to achieve educational or employment goals.

When we can prevent adverse childhood experiences and, where the ACEs have already occurred, mitigate the effect, there will be corresponding improvements in long-term outcomes for children across the State. This means fewer children who have experienced traumatic events that may ultimately require child welfare intervention and more families that not only remain intact but are able to function more effectively to support the physical, emotional, and educational growth of their children.

LD 997 passed in the last session directed the Department to establish and implement an early childhood consultation program to allow trained consultants with expertise in the areas of early childhood development and mental health to work on-site with early care and education teachers and providers. The goal is to aid them in the use of low-cost or no-cost evidence-based strategies that reduce challenging behaviors in children and promote social and emotional growth. By providing effective ways to address children's behavioral difficulties and connecting children and families to programs, resources, and supports, we can begin to address behavioral challenges earlier and more comprehensively. The Office of Child and Family Services has been tasked with this work. Later this month I will be traveling to Washington County where we've been seeing positive results from the work underway to provide professional development and support to early childhood education providers in that area. I will be joined by representatives from our Professional Development Network provider. The Professional Development Network furnishes support and technical assistance to early childhood educators Statewide. The Department is enthusiastic about the Legislatures' strong support of this work. LD 997 has given us the directive and funding to ensure we develop an evidence-based program that is well adapted to the specific needs of Maine's children and early childhood education providers.

Children's Behavioral Health

As I mentioned earlier, Children's Behavioral Health has significant impact with child welfare. The availability and effectiveness of services across the system of care is likely to improve outcomes for Maine's children and families. You'll see on the screen and in your handouts this theoretical framework regarding the Children's Behavioral Health service array. I want to be very clear, this document represents best practice with regard to the depth and breadth of the service array. As we stand today, there are multiple services outlined in this document that do not exist here in Maine, or, if they exist, are not widely available. Through the Children's Behavioral Health visioning process, we've been developing a framework and solutions meant to increase access to evidence-based services for all Maine children and families in need of children's behavioral health services.

This graphic represents the visual representation of the results of this visioning process. We've worked with stakeholders and staff to create guiding principles. These are based on the U.S. Substance Abuse and

Mental Health Services Administration's guiding principles, but staff and stakeholders provided us feedback on adapting the language for Maine. You'll see strategies – grouped into short-term and long-term strategies – recognizing that there are things we can do relatively quickly to improve the system for children and families, and others that will require more time and collaboration. Finally, you'll see the major outcomes we are driving towards with this work.

Improvements within Children's Behavioral Health will also benefit the Child Welfare system, but certain improvements will create bigger ripples within Child Welfare. In particular, I believe that the expansion of access to parent support services will help families build their own capacity to manage their child's mental or behavioral health challenges and create a supportive system around the family; a full-time, on-site OCFS Medical Director will be available not just to Children's Behavioral Health, but also to Child Welfare in order to focus on issues like the use of psychotropic medications for children in care and the comprehensive medical evaluation that children receive when they enter care. Shortages in the behavioral health care workforce are impacting families throughout the State, including foster families and kinship caregivers as they try to meet the needs of the children in their care, many of whom have experienced significant trauma in their young lives. It is imperative that we begin to address these shortages with a focus on the use of evidence-based and evidence-informed community-based models and services to ensure the effectiveness and availability of interventions that minimize the need to utilize higher levels of care.

Data Dashboard

Under the leadership of Commissioner Lambrew, across DHHS we've seen great emphasis placed on transparency, including the development of Data Dashboards that provide readily available data on key metrics in each area of practice. The OCFS Dashboard went live Friday and we shared it with you, but I wanted to take this opportunity to provide you with some background information on the metrics we've chosen for the Dashboard.

- Child Welfare:
 - **Federally Required Measures:** The following three Federally required measures were selected as key indicators regarding the child welfare system:
 - **Safety While in State Custody:** Monitors all children in State custody during a 12-month period and the rate of victimization per day in State custody.
 - **Permanency in 12 Months:** Details the agency's ability to reunify or place children in safe and permanent homes as soon as possible after removal pursuant to Federal guidelines.
 - **Success in Permanency:** Indicates whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to State custody.
 - **Children removed within one year of an assessment with no findings:** A non-Federally required measure that monitors if assessments are being conducted thoroughly to ensure the safety of children and youth.
 - **Children in DHHS State Custody:** The number of children in State custody by county as well as the rate per 1,000 children in each county based on census population data.
- Children's Behavioral Health:

- **Number of Children Receiving Evidence-Based Children’s Behavioral Health Services:** Shows the number of children that received evidence-based services by county and type of service.
- **Access to Children’s Behavioral Health Community-Based Services:** Details the number of children waiting for services by type and the average number of days they have been waiting.
- **Number of Children Receiving Residential Treatment Services:** Data on the number of children who required and received residential treatment in-state as well as out-of-state.
- **Early Childhood Education:**
 - **Children on Subsidy Receiving High-Quality Early Childhood Education Services:** Percentage of children receiving a subsidy through the Child Care Subsidy Program (CCSP) whose early childhood education provider has a quality rating score of 3 or 4 in the QRIS.
 - **QRS Rating Levels:** Details the percentage of children receiving CCSP by Quality Rating Step of their early childhood education program.
 - **Children Served through the Child Care Subsidy Program:** Shows the number of children being supported by CCSP subsidy by age group.
 - **Licensed Providers:** Tracks the number of licensed early childhood education providers by type and quality rating level.

The Dashboard is still relatively new, but the data clearly demonstrate both where we are doing well and where improvements are needed. We look forward to continuing this type of transparency to ensure that all stakeholders are working together with a collaborative understanding of the strengths and challenges within these systems.

In the request for information to be shared at this hearing, you included an update on co-sleeping deaths after the implementation of a new public awareness campaign regarding safe sleep practices. The Maine Center for Disease Control has taken the lead on the development and deployment of that campaign, last week launching an updated safe sleep website and new web and social media ads, with television and radio ads and a mailing to MaineCare members coming later this month. DHHS will provide that information to you as it is finalized and released. OCFs will continue to monitor child deaths, with particular attention paid to concerning trends, including those related to safe sleep.

I’ve included several slides here which provide some point-of-time data, as well as data over time to reflect the current workload with the Office of Child and Family Services. We’ve experienced a significant increase in the number of reports, assessments, and children in care throughout the State over the last year.

Turnover

While we’ve been monitoring workload we’ve also been tracking staffing trends closely. We’ve seen an overall decline in turnover, churnover, and vacancies over the last year. We believe that this is due, in part, to the increase in staffing and the additional \$5 an hour and \$1 an hour stipends provided within LD 1923 last fall.

Our goal in engaging staff has been to ensure that changes and initiatives are well-informed and fully vetted by those who will be tasked with learning and implementing them. I strongly believe an additional benefit is that our staff feel valued and appreciated. Over the past year, caseloads have risen significantly

with the addition of hundreds more children in care. Despite this, we've seen an overall reduction in our turnover rate thus far in 2019.

Child Welfare Staffing

I want to thank you and your fellow legislators for the inclusion of 62 new OCFS positions in the adjusted biennial budget as proposed by Governor Mills. The positions included:

- Frontline Staff:
 - 33 Caseworkers
 - 6 Supervisors
 - 4 Case Aides
- Staff to Support Frontline Workers:
 - 11 Caseworkers and 2 supervisors for Intake
 - 5 Caseworkers and 1 Case Aide for the Background Check Unit

As the Commissioner has said, these positions are a vitally important down payment towards child and family safety and wellbeing. Of note, the budget did specify these positions were not effective until 9/1/19. Over the past few months, staff within the Office of Child and Family Services have worked to study staffing trends, caseload, and other factors impacting workload. This allowed us to allocate the positions across the 8 District offices based on need. Staff were consulted along the way to gather their feedback on the proposed staffing plan. Leadership also worked diligently to complete the process required to develop these positions. Our Recruitment and Retention Manager was busy attending recruitment events and working to fill current vacancies while also building our rosters of qualified candidates in areas where offices were fully staffed.

We posted the new positions at the earliest possible date (8/30) pursuant to State requirements for hiring. The positions were required to be posted for two weeks. The earliest possible date on which we could make an offer to a qualified candidate was 9/16 at 5pm. During these two weeks we conducted over 34 second interviews across the State and were prepared to make offers at 5pm on 9/16. As of 10:30am on 9/18/19 we had made hired 16 caseworkers to fill new positions and had hired an additional 6 caseworkers to fill existing lines, for a total of 22 new caseworkers statewide. As of 9/18/19 there were an additional four candidates pending hire as we completed reference checks and followed-up with the candidates.

We have scheduled new worker Foundations training strategically through the fall to capture these new staff at the earliest possible juncture after hiring. Staff whose hire dates do not align with the start of a Foundations training will work on completing the pre-service job shadowing requirements until the next session of new worker training begins.

We are not just focused on hiring, but also on retaining those individuals, along with our current staff, long-term. We heard from many staff who felt that the support for new workers was lacking and we have developed a new mentorship program for incoming staff which will connect each newly hired caseworker with a seasoned child welfare staff person. These mentors will provide invaluable learning opportunities for new caseworkers but will also serve as a built-in support for staff as they begin to navigate the complex and difficult work within child welfare.

We anticipate that these additional staff will have an impact on caseloads, although some of the positions are within areas that, while essential for ensuring child safety and completing work that will aid frontline staff and reduce their workload, will not have any direct impact on the allocation of open assessments and

cases among staff. For example, workers in the Intake unit and the Background Check Unit provide a vital child welfare function in providing information to staff in order to make well informed child and family safety decisions, but they do not directly impact the ratio of cases to caseworkers.

We have continued to see a rise in the number of children in care over the past few months. As of 9/1/19, there were 2,196 children in care. That's up from 2,153 on July 1, 2019 and a significant increase from 1,729 on July 1, 2018. Across the country, other states have experienced a similar increase when public awareness of child welfare has risen, therefore Maine's increase is not atypical. Casework staff with manageable caseloads are essential to ensuring child and family safety, which includes the desire for children to safely exit the care of the Department to permanency in a timely manner (whether that is reunification or another permanency option). LD 821, passed in the last session, required the Department to review caseload recommendations and develop an initial report with findings on this work. OCFS' report is due to the Health and Human Services Committee on 10/1/19 and we are currently finalizing it. We anticipate that information on projections and the possible need for any additional staff for OCFS will be available within that report, which we will share with you as well.

OCFS staff within child welfare are guided by numerous policies. Staff I've spoken to (along with those who provided input in the CBHS visioning process) have continually identified the need to update these policies and modernize the way they are presented to staff. This recommendation was also reflected in several of the reports we have received over the last year. With that in mind, an effort that has been underway within OCFS to inventory, review, and revise our policy and procedure manual, as well as our new worker training. We are partnering with the Muskie School of Public Service at the University of Southern Maine through a Cooperative Agreement to secure their assistance and considerable child welfare policy and training experience to aid us in this endeavor.

Additionally, Muskie will assist OCFS with developing a Field Instruction Unit. This Unit previously existed within OCFS but was dismantled several years ago. We noted that many staff who began their career through the Field Instruction Unit were also those that we were able to retain long-term and develop into experience leaders within their practice areas. The Field Instruction Unit will take social work students nearing the completion of their studies and allow them to gain college credit by working directly in OCFS offices. This allows for the development of real-world training and experience, but also gives prospective employees the opportunity to fully experience the work and determine whether child welfare is a good fit for them.

Intake

In June of 2019 we implemented changes within our telephone system at Intake. The Intake unit receives 6,000-7,000 calls per month and makes an average of 3,500 outgoing calls each month. The goal of this work was to increase the accessibility of Intake to members of the public seeking to make a report of suspected abuse and neglect. On June 18th, we rolled out an improved and modernized telephone solution meant to increase the number of calls answered live, decrease the rate of abandoned calls, and improve the ability of supervisors to actively manage call flow.

Changes included:

- Redesigned call flows to give child abuse and neglect-related calls priority;
- Call flows for work hours and after hours to better align with the services offered during each time period;
- Improved treatment of callers in the queue by offering an opt out voicemail option; and

- First-in-line capability – which monitors waiting times and asks the caller if they prefer to continue waiting or have the system call them back when their call can be answered.

You'll see on this slide that since deployment of this new system was completed in June, we've seen a marked increase in the percentage of calls answered live and a corresponding decrease in the number of abandoned calls. Both changes correlate directly to the time after implementation of improvements in the phone system. We are continuing to evaluate additional functionalities of our phone system as we seek to further capitalize on technological solutions to streamline the end-user experience of our Intake unit.

As I mentioned, some of the additional staff provided to OCFS in the biennial budget will be allocated to Intake. This will increase the capacity of that unit to answer calls live and also allow staff adequate time to take and process reports. We think of Intake as the "front door" of the child welfare system. Well-trained staff with manageable workloads have a greater ability to gather and synthesize all of the relevant information from the person making a report so an informed decision can be made regarding the allegation in the report.

Hotels and Emergency Rooms

Over the last few months, we've also seen decreases in the amount of time our staff have spent with children in hotels and emergency departments. In April, we had 7 children in care who spent time in a hotel and 21 who spent time in an emergency department. In July, the last month for which data was available, 1 child spent time in a hotel and 10 children spent time in an emergency department. This reduction is reflected in the number of hours our staff reported that they spent supervising a child in each of these settings.

We believe that our ability to utilize kinship caregivers and attract and retain non-related foster parents will continue to contribute positively towards a downward trend in these numbers. We've also tapped our Alternative Response providers and their experience with child welfare to provide coverage when a child is in an emergency department. This alleviates the burden on our staff to provide round-the-clock supervision and allows them to focus on the critically important work they have related to child and family safety and wellbeing – which includes seeking a safe and appropriate placement for any child who is staying in a hotel or emergency department.

Legislation

We have also been implementing new legislation. Here is a quick summary of our progress.

- 128th (Second Session)
 - LD 1920 – LD 1920 changed the expungement period for unsubstantiated assessments and inappropriate reports from eighteen months to five years. OCFS has made the necessary updates to its computer system and record retention schedule to ensure expungement now occurs at 5 years.
 - LD 1921 – LD 1921 provided the authority to access confidential Maine criminal history information and Interstate Identification Index criminal history information. We have fully implemented that access with several staff trained and authorized to use the system. The Background Check Unit has been serving all of York and Cumberland counties by providing criminal history information in each assessment. As staff have learned the system and the way in which it can be used to aid child welfare staff in making safety decisions, we discovered more staff would be necessary to ensure adequate Statewide coverage. Governor Mills included additional staff for this unit in her change package for the Biennial Budget proposal and those positions were included in the finalized budget.

We are currently working to fill these positions in a manner that minimizes disruption for children and families involved in cases or assessments assigned to these frontline staff. At the current staffing level any caseworker across the state can request criminal background information from the unit on individuals who have previously lived out-of-state, but it only occurs in every assessment in Districts 1 and 2. We anticipate that by the beginning of 2020 this will occur automatically in all Districts, but we are also cognizant of the fact that staff will not be permitted to use the confidential State system or the Interstate Identification Index system until fully trained by Department of Public Safety (DPS). We look forward to continuing our partnership with DPS in this work.

While the Unit is not yet fully staffed, it has been operational since 12/12/18 and as of 9/6/19 had completed checks on 6,108 requests. Within those requests the Background Check Unit has found several individuals convicted of murder who were involved in open assessments. All of these charges occurred outside of the State of Maine and would not have been reflected on an individual's State of Maine criminal records (which previously were the only records our staff had access to). The Background Check Unit has also found multiple individuals with convictions for sex offenses that occurred outside of the State of Maine. The Unit is able to research State of Maine confidential criminal history information and has uncovered situations where charges were dropped or pled down, including aggravated assault, gross sexual assault, drug trafficking, and other violent crimes that may impact child safety. OCFS did not previously have access to this type of confidential information.

The Background Check Unit has been able to provide caseworkers with the date of the arrest and arresting agency, as permitted under State and Federal privacy laws related to highly sensitive criminal history information. Staff then use this information to seek the specific police report and/or investigative records to further assess any impact on child safety decisions. The Background Check Unit has been a significant additional tool that has strengthened the ability of staff to assess safety and wellbeing and to help ensure that children are safe.

- LD 1922 – OCFS continues to seek to balance both the importance of reunification (when safe and appropriate) with the critically important need to obtain permanency for children currently in the State's custody.
- LD 1923
 - Maine Automated Child Welfare Information System (MACWIS) – The RFP has been awarded to Deloitte. We are currently awaiting Federal approval of the project before we move forward on contracting with Deloitte.
 - Trauma Focused Cognitive Behavioral Therapy – MaineCare has been the primary lead on the work to study the TFCBT rate. We anticipate a report from their work in December of this year.
 - New positions – were intended as a short-term solution until work could be done to further study and better understand workload and caseload best practices for Maine's child welfare staff. As mentioned earlier, OCFS is currently finalizing the report on workload and caseload evaluation that is due to the HHS Committee next month.
 - Clinical Consultation – this pilot has been developed and the contract was awarded to Penquis CAP. They are currently rolling out the pilot in Bangor and Dover to gather feedback from both urban and rural areas.
- 129th (First Session)
 - LD 821 – As I mentioned previously, this report is currently being finalized. OCFS has engaged with many experts in the field of child welfare (including Child Welfare League

of America, Public Consulting Group, Casey Family Programs, and the New England Association of Child Welfare Commissioners and Directors) to complete this work and ensure national best practice information is incorporated. OCFS has also involved staff and studied and incorporated the specific factors that impact workload and caseload within the State of Maine (based on things like geography, policies and practices, etc.) We are considering the report that will be published on 10/1 to be “version 1.0” of this document. It is a tool that we can continue to refine and update as we move forward, especially as we deploy new staff and implement initiatives that have an impact on policy and practice. The next version of the report will be published, as statutorily required, in January 2020.

- LD 1526 – This bill removed the statutory requirement of a Fire Marshal inspection in the licensing process for foster homes. We’ve had a tremendous increase in the number of children in care: from 1,724 on 7/1/18 to 2,195 on 9/1/19. We continue to work towards exiting children to safe and stable permanency as expeditiously as possible while ensuring safety and wellbeing, but this increase has continued to tax our foster care system. Our data indicates approximately 50% of children that enter care are placed with kin. An increase in the number of children in care means an increase in the number of family members seeking to be a placement resource for these children. By reducing the barriers associated with the Fire Marshall’s inspection and putting in place a more family-centered approach, we will be able to maximize the availability of safe and appropriate kinship caregivers for children in care.

Additionally, we are hopeful that these changes will reduce barriers to licensing of family foster homes and encourage more individuals to engage in the licensing process. The tools developed to implement the approach are based on those used in other States and we are providing training and ongoing technical support to staff to ensure they have the knowledge and tools necessary to complete their review of safety for each potential relative and foster home.

- LD 1792 – I’ll talk more about Family First in the next few minutes, but I just wanted to touch on this bill and thank you and your fellow legislators for your continued support of our implementation of the Family First Prevention Services Act.

Child Welfare Priorities

We began with (by my count) about 170 recommendations across multiple reports including PCG, OPEGA, the Ombudsman, and others. It was clear that implementing all recommendations would not just be imprudent, it would be impossible. OCFS and Department leadership took a step back to think about these recommendations in the context of the mission of OCFS. We determined that the best means by which to prioritize recommendations for implementation was by identifying those that would have the greatest impact on improving outcomes for children and families. With that in mind, we focused our efforts on narrowing the list of recommendations and developing plans for implementation. Our staff continue to recover from what we have termed “initiative fatigue” and we wanted to be thoughtful about new initiatives and changes to implement alongside the day-to-day work of ensuring child and family safety and wellbeing.

Once we identified a direction, we leveraged the services of Casey Family Programs to begin the work of linking business process improvements to outcomes for children and families.

Throughout this process, OCFS has benefitted immensely from the input and insight of numerous stakeholders and groups with both national and Maine-specific expertise in Child Welfare. Key among them were our child welfare staff and stakeholders. Over the last year, PCG has conducted site reviews

and town hall listening sessions. In the Spring, we developed a stakeholder group which allows staff and other key stakeholders to provide feedback, but also to serve as a conduit for information to flow back and forth between the group and others on the frontline. We capitalized on the expertise of national and regional leaders in the field of child welfare, including the Child Welfare League of America, and the New England Association of Child Welfare Commissioners and Directors. We conducted an onsite in-person session with these experts and stakeholders. This session utilized various individual, small group, and large group facilitation techniques to support the team in mapping out each major initiative within child welfare. Once mapped, each initiative was analyzed to consider staff and stakeholder's opinion on importance, target population, outcomes (intended or proven), timeline for implementation, and budget allocation. This process allowed us to prioritize initiatives and align them with our vision for the child welfare system. This mapping process took 80 recommendations and 47 initiatives and focused Child Welfare on 12 key priorities. We benefitted from the knowledge and expertise of the Child Welfare Ombudsman and the Attorney General's Office in this process and I want to thank both for their dedication to working alongside us to complete this work.

Our commitment to involving our staff has remained strong, with staff from across the State being consulted at each juncture to confirm that we were on the right track. Ongoing current efforts include developing an individualized plan for execution of these 12 key priorities. We will continue to leverage the expertise of national experts, stakeholders, and most importantly our staff moving forward.

(See Attached Priority Document)

I would remiss if I did not take this opportunity with you today to touch on the Family First Prevention Services Act. Family First represents a major change in Federal funding to support the prevention of child abuse and neglect. It is the first modernization of funding for the child welfare system in decades. Family First represents a shift towards a public health approach to child welfare that recognizes that children thrive when their family is strong and united. The focus on prevention allows families to safely stay together, supported by evidence-based services.

For children who cannot remain safely with their parents, Family First also includes Federal funding for kinship programs, an emphasis on the least restrictive and most family-like setting that is appropriate to meet the individual needs of each child in care, and new requirements related to children in the State's custody placed in residential treatment facilities.

The hope is through careful and thoughtful implementation of Family First we can reduce the need for children to leave the care of their parents. We are holding a kickoff meeting to begin coordinating a unified Statewide plan for Maine's implementation of Family First. That meeting is being held on Thursday of this week. We have over 120 RSVPs. Family First directs us to develop a plan for implementation with the expectation the changes will be fully implemented no later than 10/1/21. The development of Maine's plan will require the participation of stakeholders from throughout the child welfare and children's behavioral health community to ensure that we transform our system to meet the needs of our children and effectively support Maine families. We are committed to focusing on investing in solutions that will keep more children safe and united with their families.

With the help of our staff, stakeholders, and national and regional experts we have completed a significant amount of work, but it pales in comparison to the continued work towards implementation that lies ahead. My experience in the past 5 months has proven to me that OCFS has all of the key components to ensure success in these endeavors – strong leaders and advocates in Governor Mills and Commissioner Lambrew; insightful and engaged staff and stakeholders who are dedicated to improving the systems and supports available to children and families throughout the State; Legislators who support these efforts;

and colleagues across the region and the nation who are generous with their time and allow us to benefit from their expertise and experience.

I know I have presented you with a lot of information here today. My hope is that I've answered many of the questions that you provided in advance, but I'm sure my presentation has also brought new questions to light. I want to again thank you for the opportunity to be here and for your continued partnership in improving these systems so all Maine children and families can be safe, stable, happy and healthy.