



**Report of the Government Oversight Committee  
131<sup>st</sup> Maine State Legislature  
Second Regular Session**

**Frontline Perspectives in Child Protection  
as Catalysts for Reform**

[Draft for (1) Committee Consideration and Discussion on February 9, 2024; and (2) Potential Adoption By Committee Vote as Early as February 23, 2024]



SEN. CRAIG V. HICKMAN, SENATE CHAIR

REP. JESSICA L. FAY, HOUSE CHAIR

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MAINE STATE LEGISLATURE  
GOVERNMENT OVERSIGHT COMMITTEE

February xx, 2024

The Honorable Troy D. Jackson, President of the Senate  
Members of the 131<sup>st</sup> Maine Senate  
3 State House Station  
Augusta, Maine 04333

The Honorable Rachel Talbot Ross, Speaker of the House  
Members of the 131<sup>st</sup> Maine House of Representatives  
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The Honorable Joseph P. Baldacci  
Senate Chair, Committee on Health and Human Services  
100 State House Station  
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The Honorable Michele Meyer  
House Chair, Committee on Health and Human Services  
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Commissioner Jeanne M. Lambrew, Ph.D.  
Maine Department of Health and Human Services  
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Director Bobbi Johnson  
Office of Child and Family Services  
Maine Department of Health and Human Services  
2 Anthony Avenue  
Augusta, Maine 04330

Dear Senators, Representatives, Health and Human Services Committee Chairs, Leads, and Members, Commissioner Lambrew, and Director Johnson:

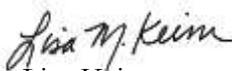
On behalf of all of our colleagues on the Committee on Government Oversight of the 131<sup>st</sup> Maine State Legislature, we are pleased to transmit the following report: “Frontline Perspectives on Child Protection as Catalysts for Reform” (xxxxxxx 2024), which was formally adopted by a Committee vote of xx to xx on xxxxxxxx, xx, 2024. We offer this report for your consideration in the context of pending and future legislation, as well as internal Department reform initiatives. This report was developed following committee work sessions held since November 2023. For your reference, an Executive Summary may be found on page 5 of this report. We wish to emphasize that most of our recommendations received unanimous or nearly unanimous support among our Committee members, and we were greatly informed by those on the frontlines who were able to share with us their real-world experiences and vital perspectives.

Thank you for your attention to these matters.

Very truly yours,



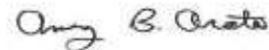
Craig V. Hickman  
Senate Chair



Lisa Keim  
Senate Lead



Jessica L. Fay  
House Chair



Amy Arata  
House Lead

cc: Members, Government Oversight Committee

Enclosure: “Frontline Perspectives on Child Protection as Catalysts for Reform”, A Report of the Committee on Government Oversight of the 131<sup>st</sup> Maine State Legislature (xxxxxxx 2024)

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# Executive Summary

**To those on the frontlines of child protection in Maine: We See You and We Hear You.**

The Government Oversight Committee of the 131<sup>st</sup> Maine State Legislature conducted a series of work sessions from November 2023 to January 2024, with the goal of understanding from those on the frontlines of child protection in Maine the extent and nature of needed reforms. The Committee heard from case workers, Guardians ad Litem, foster (resource) families, biological parents, mandated reporters, and others. **It became clear that many in key roles are simply overwhelmed, and that the general state of Department staff burnout, turnover, and vacancies increases the risks of potential negative consequences for the safety and well-being of vulnerable Maine children.**

From the work sessions, the Committee coalesced around certain key conceptual goals for reform (see page 17), and then reached consensus on specific relevant recommendations, which are set forth beginning on page 7, along with the extent of Committee support for each. Most of our recommendations received unanimous or nearly unanimous support from Members.

**Stabilizing and supporting the child protection workforce is a critical and urgent need, and other needed reforms are unlikely to succeed or be sustainable otherwise.**

Many if not most of our recommendations may be pursued by Department leadership without additional legislation. We encourage Department leaders to carefully consider the extent to which such action may be taken, if not already underway, with the benefit of their expertise and experience. The Committee is also mindful of pending legislation that may address some of these matters, directly or indirectly, and which are summarized beginning on page 39 of this report.

We further welcome progress updates from the responsible Department at regular and reasonable intervals. **The Legislature is in a better position to perform its independent role and provide needed assistance when there is complete candor by the responsible Department as to the nature and extent of conditions and challenges. We anticipate a renewed commitment to collaboration and consistent communication about implementation of improvements.**

The Committee welcomes and appreciates the attention to these matters by Members of the Maine State Legislature, the Committee on Health and Human Services, and Department leadership.

# Recommendations

On January 26, 2024, the Committee took a series of “straw” votes to indicate the extent of conceptual Member support<sup>1</sup> for the recommendations listed below, after some preliminary action to refine the list.<sup>2</sup>

These recommendations may be pursued through legislation or Department action. Legislation pending in the Second Regular Session of the 131<sup>st</sup> Legislature, relating directly or indirectly to child protective services, is summarized in Appendix A, and referenced at times by LD No. throughout Part I.<sup>3</sup>

## A. Front Line Staff

With regard to stabilizing and supporting staff, the Committee recognizes that this is inherently a Department management function, and that it will be up to Department leadership to leverage existing authorized funds within appropriate procedures. Within that context, the Committee nevertheless urges that the following recommendations be pursued:

### 1. Recruit and retain more case aides<sup>4</sup>

(Unanimous Support of those Members Present) (See [LD 2097](#))

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<sup>1</sup>The Committee has 12 Members. Members often have multiple commitments so vote totals may not always equal 12. A final Committee vote to approve this report was taken on xxxxxxxxxxxx xx, 2024.

<sup>2</sup> A recording of the January 26, 2024, GOC meeting may be found here: [January 26, 2024 Committee Meeting](#). Specifically, from a list of proposed recommendations, one of the Chairs or another Member moved each “in” or “out”, and offered amendments at times, which was then followed by Committee discussion and action. The recommendations listed in this report were those that were moved “in”, including as amended, and then received a “straw” vote of the Committee to reflect relative support.

<sup>3</sup> Some Committee Members have sponsored or co-sponsored legislation currently pending. The vote tallies indicating conceptual support for the recommendations in this report are not intended to imply or represent final Member agreement with the terms of any legislation pending, which will be subject to the regular legislative process. Moreover, LD 878, among others, for example, is a conceptual draft, and it or others may or may not later serve as a vehicle for specific initiatives not pursued elsewhere.

<sup>4</sup> One Member indicated he would extend this to case workers (increasing their numbers).

- The Committee heard consistently from case workers that they were required by necessity to handle a range of tasks which took vital time away from social work. These tasks included preparing certain documents for court, providing transportation for parents and children, and supervising children in hotels and emergency departments when other placement options were not available. The Committee also heard that the level of compensation offered case aides may be limiting interest in those positions.
2. Address burnout, turnover, vacancies, and workload  
(Unanimous Support of those Members Present)
    - The Committee heard consistently from case workers that the workload was overwhelming and that this was continuing to be aggravated by frequent staff turnover, and the inability to recruit and retain additional workers for existing positions. As case workers continue to leave, those remaining are bearing an ever-increasing load, with negative cascading and compounding effects. It was also apparent that the minimal tenure and corresponding experience of so many existing caseworkers was far from ideal in confronting and addressing complex family situations.
  3. Provide specific coaching/mentoring opportunities<sup>5</sup>  
(Unanimous Support of those Members Present)
    - The Committee heard from case workers that guidance and assistance from others with more experience, including managers, was seen as vital, and was in shorter supply than it should be, including due to workloads.
  4. Increase and enhance ongoing training opportunities, including job shadowing  
(Unanimous Support of those Members Present)
    - The Committee heard that new case worker training was unrealistic and needed improvement and that there was a desire for more job shadowing early in the tenure of a case worker. Other initiatives should be pursued, as necessary and deemed appropriate.

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<sup>5</sup> Two Members generally supported dedicating positions to this role, whether or not that required an increase in authorized positions. A number of Members emphasized that this should be addressed within existing authorized staffing levels.

5. Create special teams to deal with complex cases

(Unanimous Support of those Members Present)

- The Committee urges the Department to increase and enhance multi-functional and cross-functional expertise in a manner best designed to engage in comprehensive and appropriate case management tailored to the needs of a child.

B. Services for Families

1. Increase access to mental health, behavioral health, substance use disorder, domestic violence, and other services for families, as well as housing and transportation

(9 Members Support) (See [LD 50](#); [LD 353](#); [LD 907](#); [LD 1236](#); [LD 1494](#); [LD 1506](#))

- The Committee heard from many on the frontlines that the availability of services and supports for families was falling short of the need, including at times when parents were subject to mandated timelines to take steps to address the very conditions resulting in the removal of children from the home, and to avoid potential termination of parental rights.

2. Improve family team meetings

(Unanimous Support of those Members Present) (See [LD 857](#))

- It was clear from the Committee work sessions that the family team meeting is an essential element of measuring and guiding progress toward family rehabilitation, and the Committee supports efforts to better ensure that this critical element functions effectively and meaningfully.

3. Conduct an outside evaluation of the family team meeting model and create a structure for ongoing quality assurance monitoring

(10 Members Support)

- Please see the narrative under B.2., above.

4. Greater supports for new mothers with substance use disorder  
(8 Members Support)

- A number of the cases involving child fatalities under review by the Committee involved babies born (or even multiple babies born in succession) affected by substances. The Committee supports greater efforts to provide support to new mothers in this context.

5. Increase access to low-barrier wraparound services, with peer support and flex funds ([High-Fidelity Wraparound](#))  
(6 Members Support)

Please see: [Intensive Care Coordination Using High Fidelity Wraparound \(hhs.gov\)](#)

6. Expand financial assistance to low-income families  
(6 Members Support) (See [LD 1877](#))

- The Committee was divided on whether this was beyond the scope of the Committee's work. Among those in support, it was believed that this is an essential element of prevention to help avoid more families falling into crisis.

7. Implement the Nurse Family Partnership model of public health nursing to prevent child maltreatment.  
(8 Members Support)

Please see, e.g.: [Home Visiting Evidence of Effectiveness \(hhs.gov\)](#)

- C. Separate Office of Child and Family Services from the Department of Health and Human Services (or study this idea)

1. Proceed to separation  
(6 Members Support) (See [LD 779](#))

- Among the points made by Members in support were the asserted futility and near-term inaction of waiting for yet another study, the lack of accountability, candor, and cooperation by responsible Department officials which forced the Committee to go to extraordinary lengths to demand accountability, that such an action would be seen as elevating the status and importance of child welfare as a priority, and that structural reform is vital and overdue.

Among those in opposition, it was seen as an inefficient deployment of resources away from meeting immediate family needs and not fairly raised by the frontline perspectives received.

2. The Department should conduct a cost-benefit analysis and present a plan to committees of oversight with their position on Department restructuring.  
(8 Members Support)

- Following Committee Member discussion, this recommendation was revised to specify that the Department itself come forward with a plan describing the costs and benefits of taking or not taking such an action. Two Members suggested that their willingness to support this recommendation was not intended to convey a lack of support for separation now.

#### D. Resource Families and Other-Placement Support (Relative; Non-Relative; Other)

1. Ensure placement options exist other than in hotels or hospital emergency departments  
(Unanimous Support of those Members Present)

- The extent to which case workers and children were suffering from such placements was described vividly by many frontline workers, and was consistently cited as a key factor in staff burnout, turnover, and vacancies. The Committee believes it will be difficult if not impossible to achieve success with other reforms unless and until this situation is addressed.

2. Improve home-based therapeutic and other resource family (foster care) resources and supports  
(Unanimous Support of those Members Present)

- The Committee heard from many resource (foster) parents, who shared their frustrations with how they were treated by the Department, including when and for what they were reimbursed, how they felt marginalized as a voice for the children in their care, and how the demands placed on them were frequently unreasonable.

3. Expand financial support to resource (foster) families and ensure timely reimbursements for appropriate expenditures  
(Unanimous Support of those Members Present)

- Please see the narrative under D.2., above.

## E. Department Management, Plans, and Reporting

1. Task the new Department director with an improvement plan containing short, medium, and long-term strategies and metrics, with regular public updates on progress and challenges.  
(Unanimous Support of those Members Present)
  - It was well recognized by Committee Members that many of the negative conditions must be addressed by the Department leadership itself. It is vital that there be real, qualitative, and meaningful performance measures established, to drive Department improvement, to promote public confidence, and to permit the Legislative Branch to assist when needed. The Committee looks forward to a renewed commitment for candor, transparency, and accountability.
2. Require outcomes data  
(Unanimous Support of those Members Present) (See [LD 50](#))
  - Among those supporting this recommendation it was expressed that obtaining answers on Department performance has been difficult and that better and more presentations of data readily accessible to the Legislature is desired.
3. Require specific public reporting on any hospital, hotel, or Department office stays (age, length of stay, district)  
(Unanimous Support of those Members Present)
  - Please see the narrative under D.1., above.
4. Improve culture and job satisfaction  
(Unanimous Support of those Members Present)
  - The Committee views this as an indispensable element of a management plan for addressing those areas in crisis, and to build a more stable and sustainable model for child protection.
5. Review and assess informal policies and practices  
(10 Members Support)
  - Among those Members supporting this recommendation, it was expressed that an appropriate “Department culture” transformation would logically include and

assessment of formal and informal practices, and eliminating those which may be identified as unhelpful. It was also noted here that a recent reply from the Department confirmed a lack of formal policy on whether and when confidential information may be shared with others. To the extent this results in the Department defaulting to less sharing with critical stakeholders in the varying systems of child protection than might be appropriate, that should be carefully assessed and reconsidered.

#### F. The Courts

##### 1. Improve Access to Courts for Children and Families (Unanimous Support of those Members Present)

- The Committee is mindful that it has not yet had an opportunity to obtain the perspectives of Judiciary leadership, itself, during the Committee work sessions held in recent months, but that some feedback was received from others working in child protection. In this vein, the Committee looks forward to further discussions and initiatives by responsible parties.

##### 2. Improve Child and Family Access to Legal Services (Unanimous Support of those Members Present)

- Please see the narrative under F.1., above.

#### G. Statute

##### 1. Initiate a Review of Statutes Relevant to Child Protection (Unanimous Support of those Members Present)

- Among those supporting this recommendation, it was recognized that this effort may not be feasible in the immediate term, but is nevertheless very important to pursue at some point.

#### H. Technology

##### 1. Fix issues with critical Department technology (Katahdin) (Unanimous Support of those Members Present)

- Quite a number of case workers and others, including the Child Welfare Ombudsman, expressed strong concerns about the Katahdin system’s user interface, general ease of use, and/or effectiveness of data merges from the prior system. Some Committee Members also expressed reservations regarding the extent to which additional funds would be sought to fix a system that was not performing as expected, and that further processes would need to be engaged, including whether the contract with the vendor warranted any renegotiation or pursuit of other remedies.

## I. Child Safety

1. Support the current child abuse pediatricians and hire more child abuse pediatricians through appropriate financial support<sup>6</sup> from the state in addition to the pre-existing contract with the Department  
(10 Members Support)

- The Committee heard from two medical professionals who have served as forensic experts in child abuse evaluation. It was clear that this is a vital role in helping to establish, at the earliest possible interval, whether a child is in danger.

2. Make consultation with child abuse pediatricians more routine in the child protective intake process and investigations  
(11 Members Support)

Please see narrative under I.1., above.

3. Address Department struggles to determine the safety of children 1) at the beginning of involvement during child protective investigations and 2) when deciding whether or not to reunify children with their parents  
(Unanimous Support of those Members Present)

- The Committee has heard consistently from the Child Welfare Ombudsman that Department performance in these regards requires significant improvement.

4. Share Safety Science recommendations with stakeholders and implement systemic recommendations  
(Unanimous Support of those Members Present)

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<sup>6</sup> What constitutes “appropriate financial support” will require further exploration through Department and legislative processes including possible MaineCare rate reform.

- Please see narrative under I.3., above.
5. Join the National Center for Fatality Review and Prevention's Case Reporting System.  
(11 Members Support)
- Please see [Our Role – The National Center for Fatality Review and Prevention \(ncfrp.org\)](#)

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# Summary of Committee Work Sessions<sup>7</sup>

January 5, 2024: Committee Members - Individual Priorities for Reform (p. 16)

December 13, 2023: Frontline Professionals, Families, and Resource (Foster) Family Perspectives (p. 19)

December 6, 2023: DHHS Commissioner Lambrew and Acting Office of Child and Family Services Director Bobbi Johnson<sup>8</sup> (p. 27)

November 29, 2023: Former DHHS Child Protection Leader Peter Walsh (p. 28)

November 15, 2023: Additional Case Worker & Mandated Reporter and Other Perspectives (p. 29)

November 8, 2023: Case Worker Perspectives (and a GAL) (p. 32)

Other Perspectives: Summary of Representative Frontline Perspectives Shared with the OPEGA Director Confidentially and Without Attribution (p. 35)

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<sup>7</sup>The Committee also met on November 1, 2023 to plan the approach to the subsequent sessions. The recording of that meeting may be found here: [November 1, 2023 Committee Meeting](#).

<sup>8</sup> Acting Director Johnson was subsequently appointed Director.

January 5, 2024: Committee Members - Individual Priorities for Reform<sup>9</sup>

The following captures the number of Committee Members who provisionally indicated they were inclined to prioritize a particular reform, followed by their individual priorities as stated at the January 5, 2024, Committee Meeting.

**Category Counts**

9	Improve recruitment, retention, and support for front line staff
6	Invest more in services for families
5	Separate OCFS from DHHS (or study this idea)
4	Improve support for foster families
3	Management review of OCFS
3	Improve culture of OCFS
3	Improve / invest more in court system
3	Prioritize best interest of children in family reunification
3	Ensure residential placement options vs. hoteling & ER placements
2	Statute review
2	Review Katahdin

Senator Timberlake

1. Separate OCFS from DHHS and change the leadership
2. Revise Caseworker job description
3. Change OCFS culture/attitude
4. Establish family court system (Kentucky and Virginia examples)

Senator Bennett

1. Separate OCFS from DHHS
2. Fund more Case Aides and make the job more attractive
3. Address OCFS culture and improve communication
4. Family reunification: Address bias favoring mothers

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<sup>9</sup>The recording of this meeting may be found at the following link: [January 5, 2023 Committee Meeting](#).

#### Representative Blier

1. Residential options for children otherwise placed in hotels or hospitals
2. Improve caseworker retention, address job dissatisfaction

#### Representative Mastraccio

1. Review & assess OCFS policy changes; improve practice & address district office variation
2. Promote retention of Case Workers and Case Aides
3. Residential housing to eliminate hoteling and ER stays
4. Improve prevention services. Use opioid settlement funds for family intervention services pilot
5. Family court system
6. Put child safety first in family reunification [Later endorsed foster family rights statute review]

#### Representative Keim

1. Case Aide pilot program (emergency measure bill)
2. Market research on foster family needs, pay rates, etc.
3. Separate OCFS from DHHS, revise organizational structure, analyze administration needs to eliminate redundancy (Lean Six Sigma)
4. Invest upstream in family services, use opioid settlement

#### Representative Millett

1. Support Caseworkers with better training, hiring & retention. Career ladder. Team approach.
2. Improve support for foster families
3. Reunification: make safety of children top priority
4. Address workplace culture at OCFS
5. Put more resources into investigations
6. Further implement safety science and learning from tragedies
7. Consider a separate OCFS
8. IT review of Katahdin

#### Representative O'Neil

1. Invest in more prevention services, address Mental Health and Substance Use service needs
2. Court system investments
3. Support Caseworkers: vehicles, technology, Case Aides, coaching and mentoring
4. Specialization for complex cases

#### Senator Duson

1. Request that OCFS leadership create a management improvement plan with metrics (with input from CW and families); GOC to review periodically

#### Senator Tipping

1. Staffing: improve recruitment and retention

2. Reform MH, BH & SUD services systems and education to support families and prevention
3. Improve performance at handoff points

Representative Arata

1. Support caseworkers' quality of life. More case aides.
2. Support residential options, transitional housing
3. Katahdin [OPEGA should look at state software procurement]
4. Study commission about removing OCFS from DHHS, explore admin bottlenecks
5. Study impact of cannabis on child welfare

Representative Fay

1. Improve Case Worker job quality (training, pay, workload, team approach)
2. Support families with services before there's immediate risk of harm
3. More respect for CW casework

Senator Hickman

1. Improve support for foster families
2. Review child welfare statutes, including for foster parent rights and child's best interest

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December 13, 2023:<sup>10</sup>

The Committee heard from a range of frontline professionals, individual biological parents, and resource (foster) families.

### Professionals

Mark Moran, LCSW, Chair of Maine Child Death and Serious Injury Review Panel

#### Opportunities to Improve Child Welfare Communication

1. Continue Family Team Meetings (FTMs) that include extended family members and service providers consistently throughout cases.
2. OCFS should proactively share information about children with education personnel (administrators, counselors, teachers) who are best positioned to monitor and support a child's safety.
3. Maine should join the National Center for Fatality Review and Prevention's Case Reporting System.

#### Recommended changes from the medical system perspective

1. Develop residential behavioral health services for minors in emergency departments whose parents are unable or unwilling to care for them at home (but are not in OCFS custody).
2. Maine needs more child abuse pediatricians to accurately diagnose or exclude child maltreatment.
3. Maine should implement the Nurse Family Partnership model of public health nursing to prevent child maltreatment.

#### Top recommendations:

1. Address culture, workload, and staff turnover issues with OCFS frontline staff. Biggest issue is lack of work-life balance.
2. Improve consistency and quality of child safety investigations. Acknowledge that prevention is not always possible, and it is sometimes necessary to remove children from their parents.
3. Support case specific and systemic child welfare reviews by various multidisciplinary groups in various settings to identify opportunities for improvement.

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<sup>10</sup>Written testimony may be found at the following link: [December 13, 2023 Written Testimony](#).

The recording of this meeting may be reviewed here: [December 13, 2023 Committee Meeting](#).

Dr. Amanda Brownell, Child Abuse Pediatrician and Medical Director at Spurwink Center for Safe and Healthy Families

1. Support the current child abuse pediatricians and hire more child abuse pediatricians through appropriate financial support from the state in addition to the pre-existing contract with DHHS.
2. Make consultation with child abuse pediatricians more routine in the child protective intake process and investigations.
3. Increase payment rates for child abuse evaluations.

Christine Alberi, Child Welfare Ombudsman

1. Address OCFS struggles to determine the safety of children 1) at the beginning of involvement during child protective investigations and 2) when deciding whether or not to reunify children with their parents.
2. Improve the availability of mental health services, substance abuse treatment, trauma informed services, domestic violence services, housing, and transportation.
3. Share Safety Science recommendations with all stakeholders and implement systemic recommendations.
4. Address Katahdin, the new child welfare database, which is difficult and time-consuming to use, especially for looking up family history.
5. Prioritize recruitment and retention of foster homes, both relative and non-relative resource homes.

Melissa Hackett, Maine Child Welfare Action Network Chair

1. Strengthen and support the child protective workforce. Embed strategic consultation within the administration. Increase specialized office support staff, including dedicated positions for coaching and mentoring, legal secretaries, family team meeting facilitation, kinship and foster family support, visitation and transportation, and community services.
2. Expand low-barrier supportive services for families. Cash assistance, home visiting/public health nursing, aftercare services to prevent recurrence, behavioral health services, domestic violence services, substance use disorder treatment, peer support and flex funds.
3. Develop alternatives to hoteling and stays in offices. Identify kinship and resource families to provide respite for children coming into care.
4. Create a special unit in each district to review and manage complex cases with an interdisciplinary team approach.

Andrea Mancuso, Co-Chair of Maine Child Welfare Advisory Panel

1. Create an Office of Parent Counsel to strengthen the quality of representation appointed to parents in child welfare cases and ensure these legal professionals have the tools and resources they need to help their clients be successful and safe parents.

2. Offer the “Child Welfare Law Specialist” training and certification for attorneys, judicial officers and guardians ad litem from the National Association of Counsel for Children and provide scholarships to interested attorneys.
3. Amend Title 22 to require the assignment of client directed attorneys to children age 10 and above in addition to Guardians Ad Litem (GALs).
4. OCFS should report quarterly on the number of children in custody who have stayed in hotels and in DHHS offices for more than six hours (age, length of stay, district).
5. Review the implementation of the Home Builders Program.
6. Align economic supports for parents, foster placements, and uncompensated visit supervisors. Update formal and informal policies and practices.
7. Conduct an outside evaluation of Maine’s Family Team Meeting model and create a structure for ongoing quality assurance monitoring.

Ariel Piers-Gamble, Assistant Attorney General and Chief, Child Protection Division (did not make recommendations in her role)

1. Provided an overview of her office’s structure and role in providing legal services in the realm of child protective services in Maine.
2. Noted that per statute, reunification efforts are mandatory for the Department but “cease reunification” decisions are discretionary for the Courts.
3. Described her office’s representation on relevant panels, availability to provide relevant trainings, and participation in stakeholder groups in the context of policy development.
4. Observed the balances struck in current statute between the interests of children and parents.
5. Provided additional context to the Ombudsman’s recent observation on the rate of judicial denial of preliminary protection orders, specifically, the lack of data on the extent to which any are amended or dismissed after a summary preliminary hearing, or how many requests are contemplated and not brought to Court.
6. Shared the challenges, found in other realms but also those distinct to this type of work, in maintaining necessary legal staffing, and that this extends to a range of court personnel and resources (e.g., trial time), as well.
7. Generally described her office’s role in advising the Department on potential disclosures of child protection information to authorized recipients.

### Biological Parents

Jamie Brooks

Shared her history:

- Undiagnosed mental health issues.
- Untreated substance use disorders.
- Power and control dynamics.
- Multi-generational conditions.

Suggested breaking the cycle is done with adequate services and support.

Stressed the importance of well-trained case workers to be “clear and kind”.

Karen Tompkins

Karen Tompkins described her experiences as a parent who had received services in the past, and her role subsequently as a peer support for other parents. In addition to highlighting the challenges associated with mental health and substance use disorders, she cited involvement with the child protective services system itself as a source of stress for families. She also read a letter on behalf of other parents which included the following:

*We collectively had a variety of experiences with child protective staff. Although not the norm, when we experienced positive relationships with caseworkers, there were common practices that made this possible. Most significantly, these caseworkers worked closely with our Family Teams (groups of our service providers and family/friend supports). They listened to the perspectives of other team members, and took those perspectives into consideration when making case decisions. The Family Team members who made the positive impact regularly told us that they wanted us to succeed in bringing our children back home.*

*Resource parents who shared similar messages of hope also played an important role in successful reunification with our children. Some resource parents went out of their way to encourage and support our own growth and change, as well as caring for our children. A few of our relationships with resource parents were long lasting as they became true extended family. Peer support from other parents who had personally experienced the child protective system was a source of hope for those of us who had this service; those of us who did not have this support recognize it would have been helpful. Collectively, we agree that it is essential that parents are connected to somebody who provides unconditional positive support throughout the process.*

*Many of the experiences that we did not find helpful were related to communication. Most of us did not understand what would happen next during our case, and when we asked, it was not explained in a way that made it easier to understand. It was hard not knowing what was going to happen, and this made it easier to imagine the worst-case scenario of losing custody of our children forever. While case workers are asked to give all parents a few documents when they first meet them that explains parents' rights and responsibilities, many parents aren't able [to] process what is being said after they are told their children are being removed. This information needs to be reviewed in subsequent visits when there may be more time for a conversation. Caseworkers get seven weeks of training to understand how the system works, but the vast majority of parents don't get any formal training, and they need their rights and responsibilities reviewed as many times as necessary. Expecting parents to learn how the system works on their own can make many issues more challenging, and make reunification less likely. Every parent should have access to training that explains their rights and responsibilities. Investing in peer support and educational services for parents can make a big difference.*

*We preferred when our family teams were able to have hard conversations, sharing all the information they had with us, and telling the truth even when they thought there might be a strong reaction. We recommend that caseworkers and supervisors take the time to share whatever they can with families, tell them what they will be doing during the time it takes for a decision to be made, and help parents understand what they should be doing. Parents need transparency and to know what is going to happen, and it's important to help them understand the process and their responsibilities.*

*Collectively, we had a variety of stressors in our lives that brought our families into contact with child protection. These included mental health issues, untreated substance use disorders (SUD), relationships with people who used*

*violence to control us, and generational poverty. Each of our situations was unique and overwhelming, and getting services and support for the stressors in our lives was critical. We needed care for our physical and mental health, and support to face old traumas from our own childhoods with honesty and courage. Some of us had Family Team members who helped us get resources for our children, addressed our housing situations with vouchers, and supported us as we juggled appointments and made life changes.*

*Some of the most important resources we received were not just formal services but opportunities: we first needed reliable income to meet our needs, and then a pathway to financial independence. Poverty is often mistaken for neglect, and it takes skill to know the difference. Many states have updated their definitions of neglect to clarify it as withholding a resource parents already have, not one that is absent in their household. We recommend investing in policies and programs that relieve immediate financial stress for families, while helping them build a path forward to new economic opportunities. We also recommend updating statute to clarify neglect as willful withholding, not a lack of financial resources.*

*It was equally important that everyone working with our families understood the other issues we were facing. Some of us experienced child protective staff or other providers who did not understand depression, and the deep mental obstacles that needed to be overcome in order to do the work. For some of us, our substance use increased initially when our children were removed, as a way to cope with the pain and grief we were experiencing. Some of us worried about how to pay for treatment, or didn't know about Medication Assisted Treatment (MAT). Substance use disorder touches many people, and relapse is not unusual. Things sometimes get worse before they get better, but people can and do change. A study by the U.S. Centers for Disease Control and Prevention showed that 75% of people with a substance use disorder find recovery.*

*Many parents want help, they just don't know how to ask, or they are fearful or feel shame. Access to mental health and recovery services are essential both during a crisis, and in order to maintain health over a lifetime. The current reality of long waitlists for services is not aligned with federal timelines for family reunification. We recommend developing more SUD and mental health recovery and treatment resources in every community, including more peer support services, and more opportunities to keep families safely together while parents are seeking treatment and making changes. Instead of expecting caseworkers to be experts in all of these topics, we also recommend establishing access for each district office to people who understand the issues of mental health, SUD recovery, domestic violence, and poverty.*

*Child removal causes lifelong trauma that affects the whole family, including parents, kids grandparents, and extended family, and can last for generations. Families don't have to stay in difficult places in their lives. We didn't stay there. The right support can help more parents make the changes needed to be the parents they want to be.*

*Thank you for your time and attention.*

### Resource (Foster) Families

Melanie Blair (See also [“Unsupported”](#), presented by Walk A Mile In Their Shoes, December 2023)

Communication – needs to be complete and honest to meet child needs and find correct placement. This has not been satisfactory in her experience. Had a placement that resulted in violence by the placement toward one of her other children.

Negative Consequences for Challenging the Department.  
High caseworker turnover – delays case resolution.  
Reunification pursued at all costs.  
Ombudsman does a fantastic job, but more ongoing oversight is needed.

Jessica Creedon

High caseworker turnover – who were bullied and mistreated for advocating.  
Preservation of biological family is prioritized above foster family always.  
More is needed from state above and beyond MaineCare for high needs children.  
Adoption means less state support from State.  
But If they do not adopt, the Department may place the child in a nursing home.

Deborah Hibbard Brito

Was adopted herself.  
Has a kinship placement.  
Three main issues:

1. Re-traumatization stemming from not following guidelines for parental rights termination.
2. Case worker works for the parent, not the child. System should be child-centric.
3. Foster parents excluded from family team meetings. Need real information sharing.

Hannah Pelletier

Therapeutically licensed foster parent for 13 years.  
Hoteling from the experience of a child and its negative impact.  
There should be public data on numbers hoteling.  
Lack of services.  
Placement disruptions on top of removal from home and the negative consequences.  
Not making good placement matches and supporting the available resource parents.  
Kids with higher needs qualifying for higher rates and services, yet the home does not qualify for a therapeutic license, if home already has four kids under 16.  
“Leveling” challenges. What care level is appropriate and lack of information about true level.  
Parents rights protected at expense of children’s rights.  
Ombudsman process takes longer than timeline when negative event takes its toll.  
Nowhere else to go to challenge Department decisions, as a foster parent.

Ashley Pesek

Most of her kids have reactive attachment disorder.  
Kids with dual system involvement (child protective and juvenile criminal)  
Real change requires looking through all stakeholder’s lenses.  
Need to avoid unintended consequences in reform.

A totally overburdened system or series of systems.  
Cited a case in which jeopardy was found by court on same day as reunification (trial home placement).  
Cited other cases in which there were procedural and substantive shortcomings.  
Hoteling children has many negative implications. Wildly inappropriate for child development and case worker can no longer have neutrality with foster family who had to seek other placement.  
Not all kids are prepared immediately to live with a family.  
Placement waitlists and refusals.  
Services not available in time needed to make a difference.  
Cited one case in which there were thirteen placements in approximately as many months.  
Need a place outside of a family at times. Understands the difficulties with group homes, but hoteling and mismatched placements and trauma result.  
Believes it is clinically inappropriate to have a child forced to be placed in a home at a time when that is what “sets their brain on fire.”  
Suggests some other kind of “supportive living.”  
She exceeds the number of placements to have a therapeutic license. But if children need the therapy, that needs to follow them to wherever they may be.  
Permanency not being established timely. Cited one child in placements for nine years.  
Caseloads too high.  
Foster family attrition when feeling undervalued.  
Waiting for court dates. Courts with inadequate trial time directing parties make more agreements. May not be best outcome.  
Systems beyond child welfare need reform.  
Need plan for care gaps for foster parents.  
More trauma training.

#### Deborah DeJulio

Foster parent for 23 years.  
Has a therapeutic license.  
“I’m done.”  
There is no support for foster families.  
“We don’t listen to foster parents—you are all biased.”  
Waiting too long to get into court.  
Trauma to children during forced visits with biological parents.  
“We know what they need. Can’t get the services.”  
Biological parents need to work with the foster families, but most do not.  
Foster Parent Bill of Rights does not really mean anything.  
Travel restrictions create difficulties. Cannot take a child to Disney if parent vetoes it.

#### Stephanie Millette

Provides respite for teens who are in foster placements.  
Shortage of foster homes for teenagers.  
Uncertainty in placement makes for fragile placement. Child not knowing what is next.  
There should be a “market” study of foster needs and foster placements before making a recommendation on what to do.

Resort to emergency rooms where services and placements lacking.

Dayna Pittiglio

Gave up foster license due to adopting child with complex medical needs.  
Parents have all the rights and foster parents are seen as having an improper agenda.  
Felt coerced and manipulated by the Department which made it hard to obtain services on child's behalf.  
If a parent is unable to be safe around animals, they are not fit to be around children.  
DHHS and Police information sharing needs improvement.

Ashley Collins

No longer accepting placements.  
One placement remains unresolved four years later.  
Case worker turnover in this case nine times.  
Year long waitlist for services.  
Not invited to family team meetings or provided information for first year.  
Insufficient GAL visits.  
Biological family rights are impacting child's needs and do not adequately consider foster perspectives.

Coreen Jurson

Children leaving system more traumatized than when entering.  
Asked for help for a long time, but result was change in placement after 3 ½ years, which felt punitive. Given one hour, supervised "goodbye" visit (not even told it was "goodbye" at that time).  
This was followed by an investigation of her.  
She did clear her name.  
Not sure what needs to change, but changes are needed.

Mary Jean Rumery

Feels she was lied to and abused by the Department.  
Eventually was able to adopt children, but it was an ugly and too lengthy a process.  
Feared for current placement.  
Described differing treatment based on District.  
Asserted that top leadership does/did not value foster parents (at least in one district).

Kelly Collins

Certified emergency room nurse.  
Struggled to obtain services for foster placements.  
Reunification process taking too long—increasing attachment disorder syndrome.  
Foster parents need answers.

December 6, 2023<sup>11</sup>

The Committee heard from Commissioner Lambrew and Acting Director Bobbi Johnson.

Acting Office of Child and Family Services Director Johnson

Shared her work and personal history.  
Intends to prioritize the well-being and empowerment of staff.  
Looks forward to continuing to work with community partners and the Committee.

Department of Health and Human Services Commissioner Lambrew

Shares frustration that performance on some key measures has worsened; staff vacancies have increased, and the case worker concerns are being looked into.  
There is no place in the Department for a supervisor to pressure a worker to work without pay.  
Changes in recent years are not keeping pace with new dynamics, including substance use disorder epidemic and high cost of living.  
Believes the change in OCFS leadership offers opportunity for a re-set. Will seek empathy and listening skills, in addition to technical capability.  
Commits to improving the culture, including to make case workers feel valued and supported.  
Looks forward to reviewing the recommendations of the Committee.

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<sup>11</sup> The recording of this meeting may be found at the following link: [December 6, 2023 Committee Meeting](#)

November 29, 2023<sup>12</sup>

Former DHHS Child Protection Leader Peter Walsh

Vision: Eliminate child abuse and neglect in three years

Double the resources including federal, state, private, and other sources.

Prioritize child welfare in all other human services agencies.

Greatly increase support to frontline staff.

Develop a new category of service provider called Child Safety Specialist.

Send an immediate response person on all calls that come into the hotline.

Double the salaries of frontline staff.

Strengthen the caseworker advisory committee.

Rename DHHS to the Department of Child and Family Services.

Transfer unrelated services to other departments.

Use existing state surplus: whatever is necessary to eliminate child abuse and neglect.

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<sup>12</sup> A recording of this meeting may be found here: [November 29, 2023 Committee Meeting](#). Mr. Walsh testified in the afternoon.

November 15, 2023<sup>13</sup>

The Committee heard additional frontline perspectives.

Bethany Fournier – Resource Parent, Occupational Therapist and Executive Director of the Nonprofit Nanna’s House

Ms. Fournier shared with the Committee her experiences working within a school district, and as a Foster Parent. She shared information on her nonprofit, Nanna’s House, that aims to help ease the transition for children being placed into Foster Care. She hoped to create a home-style environment that a caseworker could bring a child to, and stated the nonprofit has a house ready to go but the Department responded by saying they did not think the idea was something that was needed or valuable.

Marsha Rogers – Retired CASA Guardian Ad Litem

Ms. Rogers shared her experiences with working with families as a Guardian Ad Litem (GAL) and as a Foster Parent. She noted times where a child who was not treated for the trauma of Foster Care had bad behaviors come out years later that affected their schooling abilities. She hoped that there could be plans for these children in the future to give them tools before the change of behavior happens to help prevent a negative outcome.

Sandra Hodge – Founding member of the Child Death and Serious Injury Review Panel, past Program Specialist for the Child Protective Services central office.

Ms. Hodge explained that the Child Death and Serious Injury Review Panel started as a mission to bring together the communities and resources within the state to bear on the issue of Child Abuse and Neglect. She added that there was a wonderful reservoir of information and experience that needs to be tapped.

Kerry Hewson – CASA Guardian Ad Litem + School Nurse

Ms. Hewson shared her experiences as a CASA GAL and a School Nurse. She shared disappointment in Maine for not asking for more grants to fund more resources for children within the schools. She suggested implementing a less complicated system so that it is easier for staff to collect data and easier for people to receive more resources.

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<sup>13</sup> The recording of this meeting may be found here: [November 15, 2023 Committee Meeting](#). The additional frontline perspectives were heard in the afternoon.

MaryAnne Spearin – Superintendent of Schools, Washington County

Ms. Spearin shared her experiences with children as a middle and high school principal for 10 years. She stated that the system's inadequate support of the health and wellness of the students and families makes educating those children more difficult when the basic needs of those kids are not being met. She noted families being on wait lists for services for over a year's time. She added that another area of concern would be the lack of communication between the Department and the school systems as it is a disjointed system of services for the greatest at-risk students. She stated that calling the report line sometimes does not bring fast enough results when a child is fearful of going home from school, so the school has started resorting to directly calling known caseworkers to ask for someone to come help. She strongly felt that the Department and the schools should work together in a collaborative way to figure out solutions for these students. She mentioned having responses while reporting stating that the children were too old to be helped and thought it was wrong to suggest that kids of legal dropout age are past the cutoff for help.

Stacey Henson-Drake – Case Worker

Ms. Henson-Drake shared some statistics on her district being high in numbers of cases, crime and child deaths or serious injuries. She noted that there were multiple children within her district that have been housed in hotels for months requiring tons of mandatory overtime to staff the overnight hours. Ms. Henson-Drake stated that the starting pay for case aides is less than that of Burger King and that it was hard to find qualified workforce at such an abysmal hourly rate. She stated that the pay of the caseworkers is okay but that it is the work life balance that makes it hard to keep the job. Ms. Henson-Drake stated that her local office communication was good, but that she had only met the Director Todd Landry twice. She noted there was no communication about what the states planning to alleviate some of the burden. Ms. Henson-Drake answered since 2021, which makes her a veteran staffer.

Priscilla Girard – Guardian Ad Litem + LCSW

Ms. Girard shared her experiences as a GAL and her expertise of providing clinical assessments and expert witnessing for the Department processing the trauma that children have gone through.

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November 8, 2023<sup>14</sup>

The Committee heard frontline perspectives from a number of Case Workers, and others.

Maureen Cote, Case Worker

1. Workloads have continually increased, are not sustainable, and do not allow for adequate service to children and families.
2. Required overtime, especially overnight shifts caring for children in hotels or hospitals, are negatively affecting morale, well-being, and staff retention.
3. Compensation is not adequate to address increases in the cost of living, and staff are currently working without a contract.
4. Field training for new caseworkers is inadequate.

Diane McGonagle, Case Worker

1. Establish field training units in each district office. New caseworkers are guided by supervisors for only their first two investigations, which is not adequate.
2. Develop residential options for high-need children to put an end to hoteling.
3. Reduce mandatory and short-notice overtime.

Mandy Baird, Case Worker

1. Required overtime and hoteling children is a barrier to staff retention.
2. Caseworker workloads are too high.
3. Add staff to assist with administrative and legal tasks.

Sarah Ament, Case Worker

1. Heavy workload is unmanageable.
2. Wait times for services for parents in reunification are counterproductive to the process. Invest in more mental health and substance abuse treatment clinicians.
3. Court delays have a negative impact on ability to meet reunification timelines.
4. Staff should be paid more for mandatory overtime.

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<sup>14</sup> The recording of this meeting may be found here: [November 8, 2023 Committee Meeting](#). The written versions of testimony may be found at the following link: [November 8, 2023 Written Testimony](#).

Rochelle Kadema, Case Worker

1. Overtime hoteling shifts are not voluntary.
2. Legal documentation expectations are burdensome; workers need more support.
3. Documenting case work in Katahdin is clunky, disorganized, and inconsistent across workers.

Dean Staffieri, President, Maine Service Employees Association. 28 Year Tenure in OCFS

1. Mandatory overtime expectations are unreasonable.
2. Katahdin, the child welfare information system, does not allow information to be efficiently saved and retrieved.
3. Constant shifting of policies and priorities makes it difficult for caseworkers and supervisors to develop expertise and hinders continuity and efficiency.
4. Lack of reliable transportation services, parent-child visitation supervisors, and residential treatment options for the most vulnerable children are significant obstacles.
5. There are not enough mental health clinicians to meet families' needs.
6. Inadequate staff recruitment and retention contribute to unmanageable workloads.

Former Senator Mike Carpenter (current and longtime Guardian ad Litem)

1. [22 M.R.S. § 4002\(10\)\(B\)](#) (“Serious mental or emotional injury or impairment now *or in the future...*”) – the “drip drip drip” of harm over time
2. Problems with Katahdin system
3. Whether lack of pre-filing cooperation could be grounds for keeping an investigation open
4. Could a GAL be empowered to check in on a family post-case-closure or other resolution, at some interval in the future, as an added safeguard

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Other Perspectives: Summary of Representative Frontline Perspectives Shared With the OPEGA Director Confidentially and Without Attribution<sup>15</sup>

The perspectives provided directly to the OPEGA Director were generally consistent with those provided directly to the Committee, and centered on:

5. Hoteling and Emergency Room Coverage
6. Availability of Resource (Foster) Family Placements
7. Availability of Services (Mental and Behavioral Health, Substance Use, Other)
8. Other residential options for some children hard to place or in immediate need following removal
9. Case worker burnout, turnover, and vacancies
10. Mandatory overtime; pressure to work uncompensated
11. New case worker training (more job shadowing desired)
12. Katahdin (IT system) functionality, user interface, and data merge from MACWIS
13. Leadership support and understanding and consideration of frontline conditions and perspectives
14. Support and resources (\$) for foster families, reasonable expectations, and a greater voice in a child “best interest”-centered process
15. Need for better data on outcomes, not just outputs
16. Learn from negative events and share lessons learned with frontline
17. Ability of OCFS to meet mission
18. Structured Decision Making and whether case workers still have room for discretion and judgment
19. More support for transportation, legal paperwork, and other matters freeing case workers to focus on investigation and social work
20. After hours (night shift staffing) not yet realized
21. Whether foster families may have greater access to information about case plans and statuses
22. Better early intervention/prevention
23. Better risk assessment
24. There are different types of case workers, and at times there are equity concerns over pay incentives for some and not others; there are also times when the Department is competing

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<sup>15</sup> In an effort to facilitate the Committee’s direct review of these matters, the OPEGA Director assisted in identifying and interviewing frontline professionals who later spoke on the record to the Committee or privately with the OPEGA Director. The OPEGA Director provided other facilitation in his role as lead support for the Committee, including in tracking and helping assemble the elements of this report. This report is not the product of any OPEGA analysis or evaluation. The views expressed are those of the Committee, individual Members, or individuals offering perspectives in connection with the Committee’s review. OPEGA work completed since 2018 and concerning child protection may be found in the following Compendium: [10506 \(maine.gov\)](https://www.maine.gov/ocfs/10506)

with itself when case workers are incentivized to take jobs elsewhere in the Department (e.g., Adult Protective).

25. Older youth “aging out” without adequate support.
26. Ever growing impact of drugs
27. More and better coordination with other elements involved in child protection, and interdisciplinary teams
28. Court schedules
29. Compensation

### Some Additional Observations From Those Sharing With the OPEGA Director (“Food for Thought”)

From a Guardian Ad Litem: Beware the false dichotomy that it is “parent’s rights versus children’s rights.” The system needs to protect both. Some of these are Constitutional rights.

From a case worker: No plan of reform will succeed unless and until burnout, turnover, and vacancies are addressed. Hoteling and Emergency Room stays as they are occurring are not fair to kids and not fair to case workers.

From a parent’s attorney who has also served as a GAL: The system is built on the false premise that there are services available, including available timely, and this is not the case, especially in more rural areas of the state.

From a number of case workers: Job shadowing is seen as key to better training of new case workers, including to provide realistic expectations about actual conditions to be faced.

From a community service provider: We must be clear about what outcome metrics define success for our child welfare system and the children and families engaged in services. For me, I would like to see a dashboard that outlines outcomes for core goals and operational functions:

- Safety of children referred to OCFS and those already in state custody.
- Wellbeing of children under OCFS custody – especially focused on educational progress, health care access, and psycho-social well-being and sense of safety and belonging for children.
- Permanency – not only the percentage of children that achieve permanency, but the placement history and speed to which permanency is achieved.
- Operational management outcomes for OCFS – metrics related to the structure, financing, management, and personnel outcomes from the Department. It would be

helpful to be shown more early information about the financing and expenses, organizational charts, service spectrum and utilization, strategic priorities, and personnel recruitment and retention of staffing outcomes for OCFS.

Data and information should be presented and routinely discussed by the Administration, Legislature, and community stakeholders that allows for identification of system deficits and opportunities for improvements. Reforming a child welfare system cannot be solely based on the most horrific child death cases and should also not accept summaries not backed by specific evaluation metrics.

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**Legislation of interest as of 2/1/2024**

Prepared by OPEGA for the Government  
Oversight Committee

LD #	Title	Summary	Sponsor	Committee Public Hearing/ Work Session
		<b>CPS</b>		
LD 50	An Act to Prevent Child Abuse and Neglect by Developing a System to Ensure Child and Family Well-being	This bill is a concept draft pursuant to Joint Rule 208. This bill, as emergency legislation, proposes to ensure that a forthcoming statewide child abuse and neglect prevention plan is developed and funded in order to provide access to services, develop resources for family stabilization and require outcomes data on the provision of services and resources.	Rep Meyer	HHS Carried Over
LD 500	An Act to Improve the Office of the Child Welfare Services Ombudsman	This bill is a concept draft pursuant to Joint Rule 208. This bill would make changes to the program established to provide ombudsman services to the children and families of the State regarding child welfare services provided by the Department of Health and Human Services.	Sen Keim	HHS Carried Over Public Hearing <b>1/31/24 ONTP</b>
LD 779	An Act to Create a Separate Department of Child and Family Services	This bill creates a new Department of Child and Family Services and transfers the functions of the Department of Health and Human Services that relate to child and family services and child welfare to the new department. The Department of Child and Family Services will have a commissioner appointed by the Governor and confirmed by the Legislature as is the current Commissioner of Health and Human Services. The bill also establishes provisions for transferring functions to the new department.	Sen Timberlake	HHS Carried Over Public Hearing 1/11/24
LD 857	An Act to Improve Family Team Meetings in Child Welfare Cases to Ensure Better Outcomes for Children by Providing Adequate Funding	This bill is a concept draft pursuant to Joint Rule 208. This bill proposes to enact measures to improve family team meetings in child welfare cases to ensure better outcomes for children by providing adequate funding to support the full implementation of family team meetings, including neutral facilitation at critical case points and training and coaching for all staff.	Sen Bailey	HHS Carried Over Public Hearing 1/16/24
LD 878	An Act to Improve Child Welfare	This bill is a concept draft pursuant to Joint Rule 208. This bill would improve child welfare by making changes to the child welfare system.	Sen Keim	HHS Carried Over
LD 1725	An Act to Strengthen Legislative Oversight of Government Agencies and Programs by Providing the GOC Access to Confidential Records.	This bill provides that the Government Oversight Committee may receive information and records that are privileged and confidential and that that information and those records are exempt from public disclosure.	Sen Hickman	State and Local Carried Over

LD #	Title	Summary	Sponsor	Committee Public Hearing/ Work Session
LD 1788	An Act to Establish the Office of the Inspector General of Maine Child Protection	This bill establishes the Office of the Inspector General to investigate cases of death, serious injury and abuse or neglect of children in state custody or receiving child welfare or juvenile justice services.	Sen Baldacci	HHS Carried Over Public Hearing 1/11/24
LD 2049	An Act to Increase Safety for Child Welfare Services Workers	This bill exempts certain motor vehicles used regularly for work protecting the welfare of children from the requirement that state-owned vehicles display special registration plates.	Rep Stover	Transportation Public Hearing 2/1/24
LD 2095	An Act to Require Reporting of Child Abuse and Neglect to Military Family Advocacy Programs	If an allegation of abuse or neglect of a child against a parent or legal guardian of a child is investigated, this bill requires the Department of Health and Human Services to collect information concerning the military status of the parent or legal guardian and share information about the allegation with the appropriate military authorities. It also directs the department to negotiate a memorandum of understanding with family advocacy programs at military installations.	Sen Jackson	HHS Public Hearing <b>1/31/24 OTP-AM</b>
LD 2097	Resolve, to Establish a Pilot Project to Alleviate the Staffing Crisis in the Child Protective Services System	This resolve directs the Department of Health and Human Services to increase staffing in the department's Office of Child and Family Services by developing and implementing a pilot project in the office for the recruitment and employment of case aides in the child protective services system for those areas of the child protective services system where there is the greatest need for assistance, as determined by the department. The pilot project must include a public recruitment campaign that targets retirees and other persons not in the workforce. The department is directed to submit a report addressing the implementation and effectiveness of the pilot project and making recommendations regarding further recruitment and employment efforts to the joint standing committee of the Legislature having jurisdiction over health and human services matters, which may submit legislation to the 132nd Legislature in 2025 to continue or expand the pilot project.	Sen Keim	HHS Public Hearing 1/31/24
<b>CPS Related</b>				
LD 353	An Act Concerning Substance Use Disorder, Treatment, Recovery, Prevention and Education	This bill is a concept draft pursuant to Joint Rule 208. This bill would improve and expand treatment and recovery services for persons with substance use disorder, strengthen prevention efforts and modernize education requirements for clinicians.	Sen Farrin	HHS Carried Over Public Hearing 1/24/24
LD 653	An Act to Support Constitutionally Required Public Defense	This bill creates under the supervision of the Maine Commission on Indigent Legal Services the Maine Office of Public Defense Services, transfers the duties relating	Sen Keim	Judiciary Carried Over

LD #	Title	Summary	Sponsor	Committee Public Hearing/ Work Session
	by Creating the Maine Office of Public Defense Services	to the provision of legal services from the commission to the office and changes references to the executive director of the commission to the director of the office.		
LD 907	An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses	This bill is a concept draft pursuant to Joint Rule 208. C-A (H-496): This amendment replaces the bill, which is a concept draft. It requires DHHS to establish a contingency fund to provide supplemental assistance for children and adults with severe behavioral health diagnoses when those needs are not otherwise met by existing state or federal programs. The fund is a nonlapsing fund, and expenditures are capped at \$100,000 per fiscal year. The funds may be used to support additional staffing, enhanced reimbursement rates, physical accommodations or other identified needs. Expenditures from the fund must be used to supplement, not supplant, other departmental expenditures.	Rep Stover	HHS Carried Over
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	This bill requires the Department of Health and Human Services to expand children's behavioral health services for children in families involved in the child welfare system in rural areas. C-A (H-495): This amendment changes the bill to a resolve. It removes requirements related to faculty team meetings and reimbursement rates for Chapter 101: MaineCare Benefits Manual, Chapter III, Sections 28 and 65 services. It requires the Department of Health and Human Services to offer grants and incentives to providers to expand into rural areas to provide services to children and adults in families involved in the child welfare system. It provides an appropriation of \$500,000 in each year of the biennium for this purpose.	Rep Medigan	HHS Carried Over Work Session
LD 1494	An Act to Help Address the Worker Shortage in Behavioral Health Care Services by Allowing Provisional Licensure and Providing for Reimbursement for Out-of-state Licensees	This bill requires the Board of Counseling Professionals Licensure to grant a provisional license for up to 90 days to a counseling professional licensed in another state or an applicant who has completed the requirements for licensure in this State upon receipt of an application for licensure.	Rep Crafts	HCIFS Carried Over <b>1/16/24 ONTP</b>
LD 1506	Resolve, Directing the Department of Health and Human Services to Study the Scarcity of Licensed Clinical Behavioral Health Professionals Across the	This resolve requires the Department of Health and Human Services to convene a stakeholder group to review issues related to the training and recruitment of clinical behavioral health care professionals. The resolve requires the department to submit a report related to the study to the Joint Standing Committee on Health and Human Services and authorizes the	Rep Sargent	Health Coverage, Insurance & Financial Services Carried Over

LD #	Title	Summary	Sponsor	Committee Public Hearing/ Work Session
	State	<p>committee to report out a bill relating to the report.</p> <p>C-A (H-209): It adds representatives of the Consumer Council System of Maine, the Department of Labor and the Department of Professional and Financial Regulation as members of the stakeholder group. It authorizes DHHS to contract for services to convene, facilitate and provide research for the stakeholder group. + other changes.</p> <p>S-A (S-185): This amendment removes the emergency preamble and emergency clause.</p>		
LD 1877	An Act to Reduce the Number of Children Living in Deep Poverty by Adjusting Assistance for Low-income Families	<p>This bill changes the policy goal of the provision of assistance to low-income families to allow those families to live with economic stability and secure access to health care, based on reliable market data. The bill adjusts the standard of need for assistance and the maximum amount of monthly assistance to a standard and amount based on the federal poverty level. The bill increases the pass-throughs of child support collections. The bill provides for a clothing allowance and payment for certain transportation support services and sets a lower limit on the amount of the special housing allowance for families receiving assistance under the Temporary Assistance for Needy Families program. The bill prohibits DHHS from requiring verification of the use of payments for support services.</p>	Rep Meyer	HHS Carried Over Public Hearing 2/1/24
LD 1975	An Act to Implement a Statewide Public Health Response to Substance Use and Amend the Laws Governing Scheduled Drugs	<p>This bill establishes the Substance Use, Health and Safety Fund in the Department of Health and Human Services. Money deposited in the fund must be used by the department to oversee, approve and provide grants and funding to agencies, organizations and service providers, including the federally recognized Indian tribes in this State and service providers that are affiliated with federally recognized Indian tribes in this State, to increase voluntary access to community care for persons who need services related to substance use, as set forth in the bill. By June 30, 2024, and annually thereafter, the Legislature must appropriate to the fund an amount sufficient to fully fund the services as set forth in the bill. The bill repeals the laws that make possession of a schedule W, X, Y or Z drug</p>	Rep Crafts	HHS Carried Over Public Hearing 1/17/24

LD #	Title	Summary	Sponsor	Committee Public Hearing/ Work Session
		and use of drug paraphernalia a crime. It also repeals the laws governing the civil violation of use of drug paraphernalia and possession with intent to use drug paraphernalia.		
LD 2009	An Act to Prevent Abandonment of Children and Adults with Disabilities in Hospitals	This bill requires a hospital to discharge a minor or an adult with a disability who is under guardianship to the care of a parent or guardian no later than 48 hours after the attending physician has determined the minor or the adult with disabilities is safe for discharge, and if a parent or guardian does not take custody of the discharged minor or the discharged adult with a disability within that period, the hospital is required to notify child protective services or adult protective services, as appropriate, which must then take custody of the minor or the adult with a disability.	Rep Stewart	HHS Carried Over Public Hearing 1/16/24 Work Session <b>1/25/24 OTP-AM</b>
LD 2050	An Act to Expand Accreditation Options for Laboratories That Conduct Blood-alcohol or Drug Testing	Under current law, a laboratory certified under the federal Clinical Laboratory 14 Improvement Amendments of 1988 may test blood samples to determine blood-alcohol 15 level or the presence of a drug or drug metabolite. This bill adds an additional accreditation 16 option for laboratories	Rep Meyer	HHS Work Session <b>1/18/24 OTP</b>
LD 2082	An Act to Ensure the Financial Stability of Behavioral Health Services Providers and Housing Assistance Providers	This bill requires the Department of Health and Human Services to pay administrative expenses and interest charged on lines of credit or loans accessed by behavioral health services providers and housing assistance providers when a delay in department contract award, finalization or payments requires the provider to access the line of credit or loan.	Sen Bennett	HHS Public Hearing 1/24/24 Work Session 2/6/24
LD 2105	Resolve, to Protect and Enhance Access to Behavioral Health Services in Androscoggin County and Surrounding Communities	This resolve directs the Department of Health and Human Services to provide emergency funding to cover operating losses associated with providing acute behavioral health care services provided by St. Mary's Regional Medical Center in Lewiston to ensure that those services can be continued and expanded to meet urgent needs in Androscoggin County and surrounding communities while avoiding curtailment of other critically important health care services in the region. The resolve appropriates \$10,000,000 in fiscal year 2024-25 for that purpose. The resolve provides that funds must be disbursed by July 1, 2024.	Sen Rotundo	HHS Public Hearing 1/24/24 Work Session 2/6/24

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