



Agenda Item	Discussion
Welcome and Introductions	Andrea welcomed the group and facilitated introductions.
Adrienne Carmack: OCFS Updates	<ul style="list-style-type: none"> • Children’s Behavioral Health: Children’s Behavioral Health webinar and PowerPoint can be reviewed with links and information. Grand Rounds Presentation was on August 18th, available at Maine Med’s Grand Rounds website. The slide deck is attached. Both presentations emphasize the importance of collaboration and communication across all of our systems. • System of Care Grant: The team within Children’s Behavioral Health has been updating the webpage, working with families and youth that have lived experience with social and emotional conditions to create fact sheets about different services available within the community. • Early Childhood Consultation Program (ECCP): Continues to work on emphasizing the importance of getting services early for a family. This program is available in childcare, preschools, for 0-8. It can be accessed by adults in these locations to get the tools and skills required to manage the behavior of the child to help them be successful and stay in their childcare/preschool placement. Youth does not need a diagnosis to get these services. • Help Me Grow: This is a resource for families across the state. This uses the Ages and Stages Questionnaire, referrals, and outreach specialists that all help families connect to services. Information is available on the website. • Adolescent SUD: Gabby Tilton is new SUD Specialist. We’ve been working with the Treat ME group. We have had five ECHOs for adult providers who wanted more training and expertise in treating adolescents with Opioid Use Disorder. • Family First Prevention Services helps families who are at risk of their children entering foster care. Provides them with services that are needed to successfully parent their children. A webpage called Access Maine has been created with information to help with prevention statewide. • AFFM Townhall: Creating a one page fact sheet for resource parents with required trainings regarding the medical needs of a youth that comes into care. • We are partnering with the youth to find out how we can better serve their medical needs. We want them to feel they are a part of their own health and well being. • We now have a psychiatrist that is working as a consultant to our team. We are working on how he can be more involved with oversight of our youth and their Child Wellbeing Team: Melissa Rodriguez is the new Child Welfare Child Wellbeing nurse. She will be involved when the youth have their Comprehensive Health Assessment, looking at the reports, and making sure the case workers are aware of what the referrals are and what the needs of the children are. This is to ensure that once the children have their comprehensive health assessment, recommendations are being followed through. Nicole Dotson is the new Plan of Safe Care nurse. • Medical/mental health needs. • The Counsel on foster care adoption and kinship care within national AAP for pediatricians. Can meet other pediatricians across the country that are doing foster care work.
Bobbi Johnson: Collaborative	Received recommendations in October 2021 after several child fatalities. The following are ways we have continued to work on them:



<p>Safety Recommendations</p>	<ul style="list-style-type: none"> • <i>Work with the coalition of providers for affective coordination with child welfare staff and address any identified barriers, including: supporting families, court and family team meeting participation and sharing information.</i> With the office of Behavioral Health services, we created a guidance document for mental and behavioral health providers who work with parents that are involved with child protective services. The document outlines helpful strategies for collaboration and things to expect from the department in that process. Next step for us is to convene a group of behavioral health providers to talk further in depth about challenges from all different perspectives and improve communication. • <i>Establish joint protocol agreements between law enforcement, hospitals, and child welfare staff when there is suspected abuse and neglect to support communication and coordination.</i> This is particularly focused on medical providers sharing information with law enforcement. Providers are clear that they are mandated reporters but unclear about when to share information with law enforcement and how that information can be shared when there are potentially criminal charges that could be the result of information the hospital has. Continuing to work to establish joint protocol agreement. • <i>Explore more ways to support consistent practices including role clarity and ongoing support for family team meetings.</i> Two types of training are provided for our staff: 1. Facilitation, conflict management, and building solutions with families. 2. Specific to the guidance and the policy. We hosted a live webinar for community partners to prepare for a recorded webinar which will be available for families, stake holders, providers, resource parents and anyone who wishes to learn more about family team meeting process. • <i>Explore ways to support engagement between parents and child welfare system, such as parent partner or parent mentor programs.</i> We have been working with USM through our cooperative agreement to leverage the voice of parents. We have hired three parents with lived experience. A dad, mom, and someone who has been in a parent partner capacity as a policy specialist. We are creating a roster of other parents with lived experience for trainings, policy development, and legislation, etc. Father listening sessions are taking place to help us understand their experience in the system. We are looking at improving prevention with the Maine Children’s Trust and looking at role of child welfare in prevention. • <i>Continue to examine national best practices regarding standby and after-hours practices.</i> Legislature and Governor supported additional lines for a separate after-hours coverage program. July 1st, we have 16 additional caseworker lines and 3 supervisor lines that we are assigning regionally to do after hours work on nights, weekend, and holidays. Three supervisors have been hired. Ten out of sixteen case workers have been hired. Hoping to have program running by November 1st. • <i>(1) Examine National best practices for investigation time frames and ensure that whatever time frame is selected is compatible with the expected workload. (2) Conduct an analysis of the work task required and remove any unnecessary or redundant tasks.</i> Staff group has reviewed the policy and thought through the time frames. National scans were done to review other states. Group made 11 recommendations; management has supported 9 of them. Looking at next steps to implement the supported recommendations.
<p>Wrap-up and Next Steps</p>	<ul style="list-style-type: none"> • The Maine AAP website provider tab has a foster care file that needs updating and organization. Feedback is needed for ideas on how to make it better and more user friendly. • Maternal and Child Health Conference on September 28th and 29th, regarding substance exposed infants. • The next meeting will be held on October 13th, 2022. Meetings will continue at 4pm on the second Thursday each month.