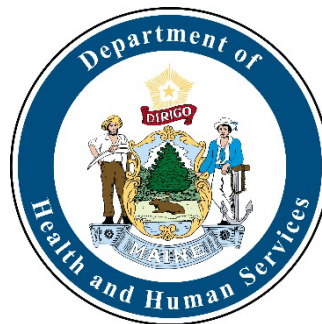


Office of Child and Family Services Annual Update

MCWAP Retreat
September 12, 2025

Director Bobbi L. Johnson, LMSW





Office of Child and Family Services

Strategic Plan 2025-2027

Strategic Plan



Four Distinct Sections:

- Child Welfare
- Early Care and Education
- Children's Licensing and Investigation Services
- Violence Intervention and Response Program



Each Program Area's Section Contains:

- Mission and Values
- Practice Model or Strategic Framework
- Objectives, Strategies, and Outcomes

Strategic Plan – Child Welfare Practice Model

OCFS is guided by the following principles of practice



Strategic Plan – Pillars of Child Welfare Practice



Maximizing Safety - OCFS prioritizes child safety, first and foremost. OCFS recognizes that parents have the right and responsibility to raise their own children whenever safely possible. The safety of children remains paramount and quality safety decisions are made at every stage of OCFS's involvement with a child and their family.

Achieving Permanency - Children in Maine are entitled to live in a safe, nurturing, and permanent family. OCFS will ensure that children achieve timely permanency.

Increasing Well-Being - OCFS will work to actively promote and increase children's wellbeing to ensure that all Maine children have the conditions to live safely, grow, and thrive.

Navigating Policy and Practice - Maine's Child Welfare agency will be administered by evidence-based policy and practice decisions, which will be guided by the voices of children, youth and families.

Engaging the Child Welfare Workforce - Child welfare caseworkers, supervisors, administrators, and support staff will be recognized for and assisted in their critical roles in protecting children and supporting families.

Maximizing Safety

Objectives:

- Improve consistency and quality of child protective intake screening decisions.
- Improve the consistency and quality of child protective investigations.
- Increase secondary/tertiary prevention services for families to prevent unnecessary removal of children.
- Ensure that all removals are factually supported and necessary to ensure a child's safety.
- Reduce and prevent the recurrence of maltreatment.

Strategies:

- ✓ Complete quality assurance/quality improvement reviews of intake screening decisions utilizing the Structured Decision-Making Tool.
- ✓ Complete quality assurance/quality improvement reviews of child protective investigations.
- ✓ Utilize team decision making when considering removal.
- ✓ Implement and enhance programs in the Family First Prevention Services Plan, and other DHHS statewide prevention services.
- ✓ Revise mandated reporting requirements and training to ensure that neglect is not conflated with poverty.

Outcomes:

- Appropriately screen reports of child abuse and neglect to ensure safety in determining when a CPS response is necessary.
- Increase the number of children safely maintained in the home with their parents/caregivers whenever possible and appropriate, thereby reducing the number of removals and out-of-home placements.
- Ensure that the number of children that experience repeat maltreatment is at or below the national average.

Achieving Permanency

Objectives:

- Increase rates of timely achievement of permanency for children in foster care:
 - Within 12 months;
 - Within 12-24 months; and
 - 24+ months
- Increase the rate of kinship placements.

Strategies:

- ✓ Implement the Permanency Review Team (PRT) process to reduce barriers to permanency for children entering care and for children currently in care.
- ✓ Increase family engagement activities, including utilizing Family Team Meetings and providing quality visitation.
- ✓ Expand diligent search efforts to identify relatives.
- ✓ Streamline kinship licensing processes.
- ✓ Increase resources to support kinship placements.
- ✓ Conduct pre-removal family team meetings.

Outcomes:

- Increase ratio of exits to entries into foster care.
- Decrease the length of time from removal to permanency.
- Increase the number of children in care placed with kin and fictive kin.

Increasing Well-Being

Objectives:

- Improve the quality of the health and well-being of children in foster care.
- Increase the percentage and quality of monthly caseworker contacts conducted with children, parents, and resource parents.
- Increase the rate of completion and quality of Rehabilitation and Reunification Plans and ensure that children and parents were engaged in the development of the plan.

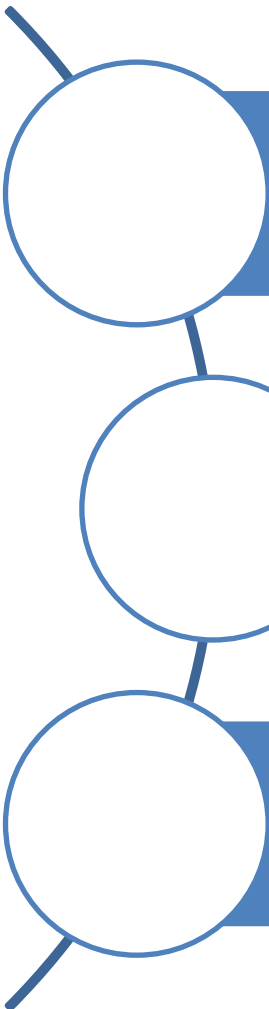
Strategies:

- ✓ Ensure that all children in care have recommended and required health visits and immunizations within required time periods.
- ✓ Ensure that a timely Plan of Safe Care is completed for infants born and identified as being affected by substance abuse or prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.
- ✓ Fully implement enhanced processes regarding the administration of psychotropic medications for children in care.
- ✓ Research and implement national best practices to improve quality caseworker contacts with children, parents, and resource parents and engaging families in the development of their rehabilitation and reunification plans.
- ✓ Ensure that all youth in care age 14 and older have a youth strengths and needs assessment completed and the results are incorporated into the child's plan.

Outcomes:

- Improve well-being outcomes for children in care through a focus on medical, dental, mental/behavioral health, education, cultural connections, peer relationships, and transition to adulthood.
- Improve engagement with children and families to enhance the families' capacity to provide for their children's needs.

Response to Child Welfare Recommendations



27 page document, grouping recommendations by high-level categories

Includes over 200 recommendations, grouped into categories combining recommendations that overlap

For each recommendation OCFS provides the status and notes on OCFS' response to and/or efforts related to the recommendation

Response to Child Welfare Recommendations

Recommendation	Status	Notes
Update OCFS policies on domestic abuse and violence	Completed	An updated policy and corresponding training were developed with the assistance of partner agencies and the new policy was implemented in May of 2024.
Establish a model of peer support for parents currently involved with child welfare, provided by individuals with lived experience in the child welfare system	In Progress	Through the cooperative agreement with the Catherine Cutler Institute at the University of Southern Maine, OCFS supports the work of the Family Engagement Specialists and Advisors who provide input into policy, train caseworkers and other partners, and advise about the needs of families involved with child welfare. USM has researched peer support models utilized in other jurisdictions and provided this information to OCFS. Peer support is also a focus of OCFS' partnerships with the Maine Child Welfare Action Network, the Maine Children's Trust and the New England Association of Child Welfare Commissioners and Directors. OCFS is committed to building additional opportunities for peer support for parents involved with child welfare in collaboration with other state agencies and community partners.
Implement a pilot for caseworkers and/or external community partners to have access to up to \$1,000 per family to cover expenses necessary to meet the needs of their children and/or safety expectations set forth by the Department	Completed	Since 2022, with the support of the Legislature, OCFS has had a pool of funding known as "Contingency Funds" for these needs. OCFS frontline staff can make case-specific requests for families at risk of removal or in the trial home placement process to access funding to address concerns that impact child safety and the ability of a family to remain safely together or reunify in a timely manner. AFFM is the fiscal agent, and requests are reviewed based on eligibility criteria and, if deemed eligible, paid directly to the provider (for example, the utility company, a store for a crib, etc.) Currently approximately \$30,000 per quarter is spent across a broad array of categories such as housing, transportation, and home safety equipment, etc.

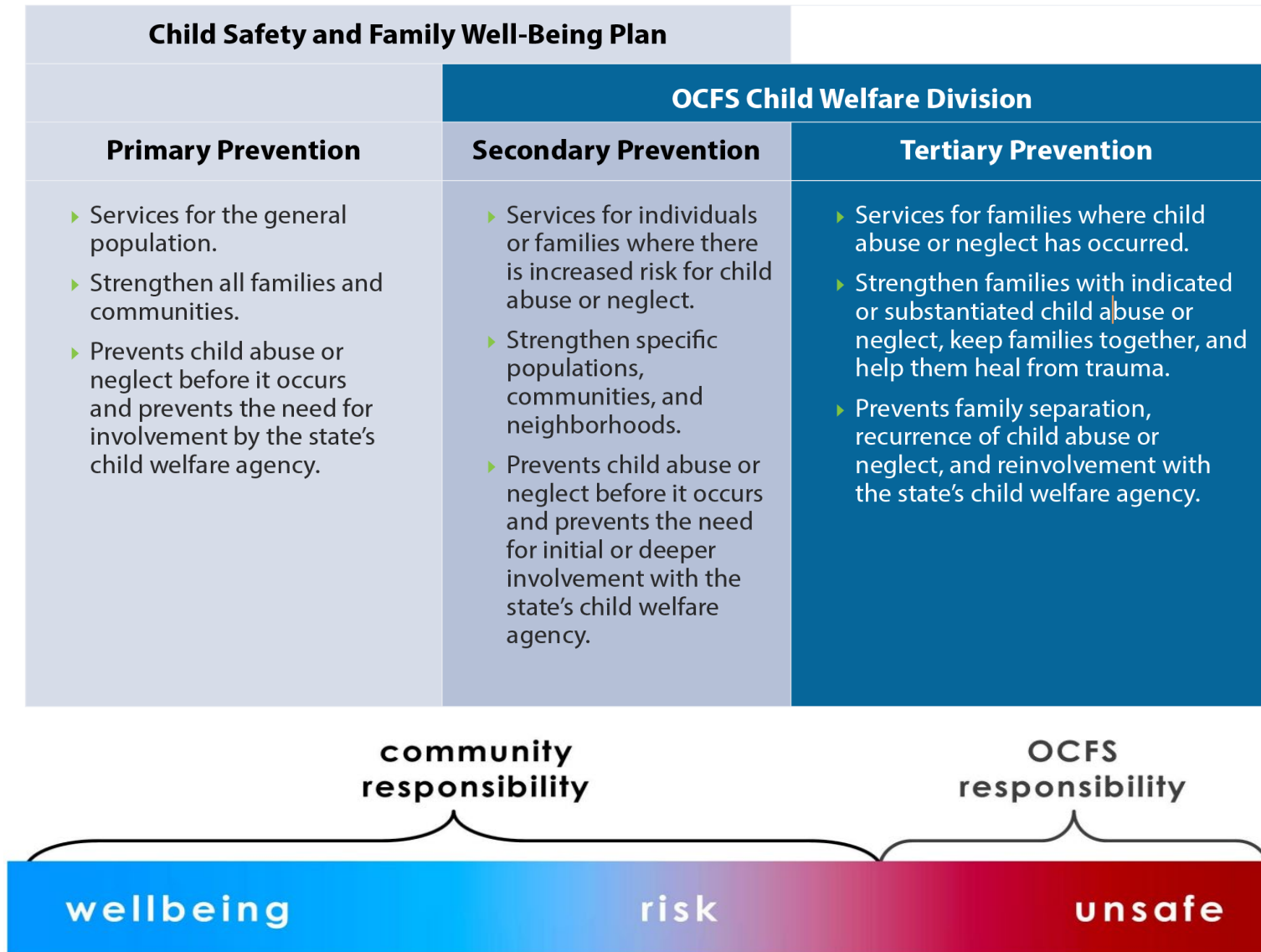
Response to Child Welfare Recommendations

Recommendation	Status	Notes
OCFS should implement the Homebuilders program with attention to contract compliance, ensuring timely referrals, and overseeing the program's ability to meet the needs of all referred families	Completed	Homebuilders is implemented as part of the Family First Prevention Services Plan through a contract with OCFS. This contract is monitored like any other contracted provider. Bethany Christian Services who deliver the service presented information on the model to MCWAP and OCFS provided panel members with a copy of the contract and other documents regarding the program.
The State should ensure that children in care are provided with educational and economic opportunities, including access to their Social Security Benefits; OCFS should provide a detailed accounting of the use of these Benefits to MCWAP	Completed	OCFS provides a robust array of programs for older youth in care beginning as early as their 12 th birthday. This includes education and support related to saving and financial decisions, economic support to pursue higher education, caseworker support on transition to adulthood, etc. OCFS uses Social Security benefits as they are intended, to provide for the needs of these youth. The Social Security Administration recently completed an audit of OCFS' use of these benefits and found OCFS in full compliance. OCFS leadership recently presented to MCWAP on the use of these federal funds.

Deputy Director

- Jenny Hinson started 7/14/25
- Responsible for overseeing the Children's Licensing and Investigation Services and Violence Intervention and Response Program Divisions
- Also responsible for oversight and implementation of the Strategic Plan:
 - Performance measures and score cards
 - Implementation plans
 - Tracking of progress
 - Reporting

Prevention



Child Safety and Family Well-Being Plan

Goal A: Parents and caregivers provide safety, health, and nurturing care for their children.

- Strategy 1: Provide economic and concrete supports for parents and caregivers.
- Strategy 2: Provide equitable and timely access to low-barrier supports and services for children, youth, and families.

Goal B: Families experience a supportive and coordinated child safety and family well-being system.

- Strategy 3: Build partnerships with families.
- Strategy 4: Promote supportive communities.
- Strategy 5: Improve coordination of state and community partners.

Mindset Shift

We all share responsibility to keep children safe by keeping families strong.

Legislative Update

- LD 84 – An Act to Improve the Coordination of Health Care for Minors in State Care – Currently, establishing access to HealthInfoNet for designated staff prior to the 9/24/25 effective date.
- LD 122 – An Act to Update Certain Laws Regarding Extended Care and Adoption
- LD 156 – An Act to Improve Notifications Related to Substance-exposed Infants – OCFS has convened a workgroup of internal and external stakeholders to develop rules.
- LD 802 – Resolve, Directing the Department of Health and Human Services to Design a Mentoring Program for Youth Who Have Extended Care and Support Agreements with the Department – OCFS is finalizing an amendment to the existing contract with the University of Southern Maine for the Youth Leadership Advisory Team (YLAT).
- LD 1406 – An Act to Amend Certain Definitions in the Child and Family Services and Child Protection Act – OCFS has provided guidance and support to staff and mandated reporters regarding the change to the definition of neglect.
- LD 1922 – An Act to Support Workforce Development for Families That Were Involved in Child Protective Activities by Requiring the Sealing of Certain Records (**carried over**) – OCFS has convened a workgroup of internal and external stakeholders to gather input the findings rules, including establishment of a process for excluding certain findings from the results of a background check.

LD 1406 Poverty and Neglect

What is poverty and what is neglect

Changes have been made recently to part of the definition in Maine law: "Abuse or neglect" also means serious harm or threat of serious harm by a person responsible for the child due to inadequate care or supervision of the child or deprivation of food, clothing, shelter, education or medical care necessary for the child's health or welfare by that person **when that person is financially able to provide food, clothing, shelter, education or medical care necessary for the child's health or welfare or is offered lawful and reasonable financial means or resources to do so.**

A key point in this updated definition is the clarification that for it to be neglect, a person responsible for the child must be financially able to provide for these essential needs of a child or have been offered resources (legal and reasonable) to be able to provide for these essential needs of the child.

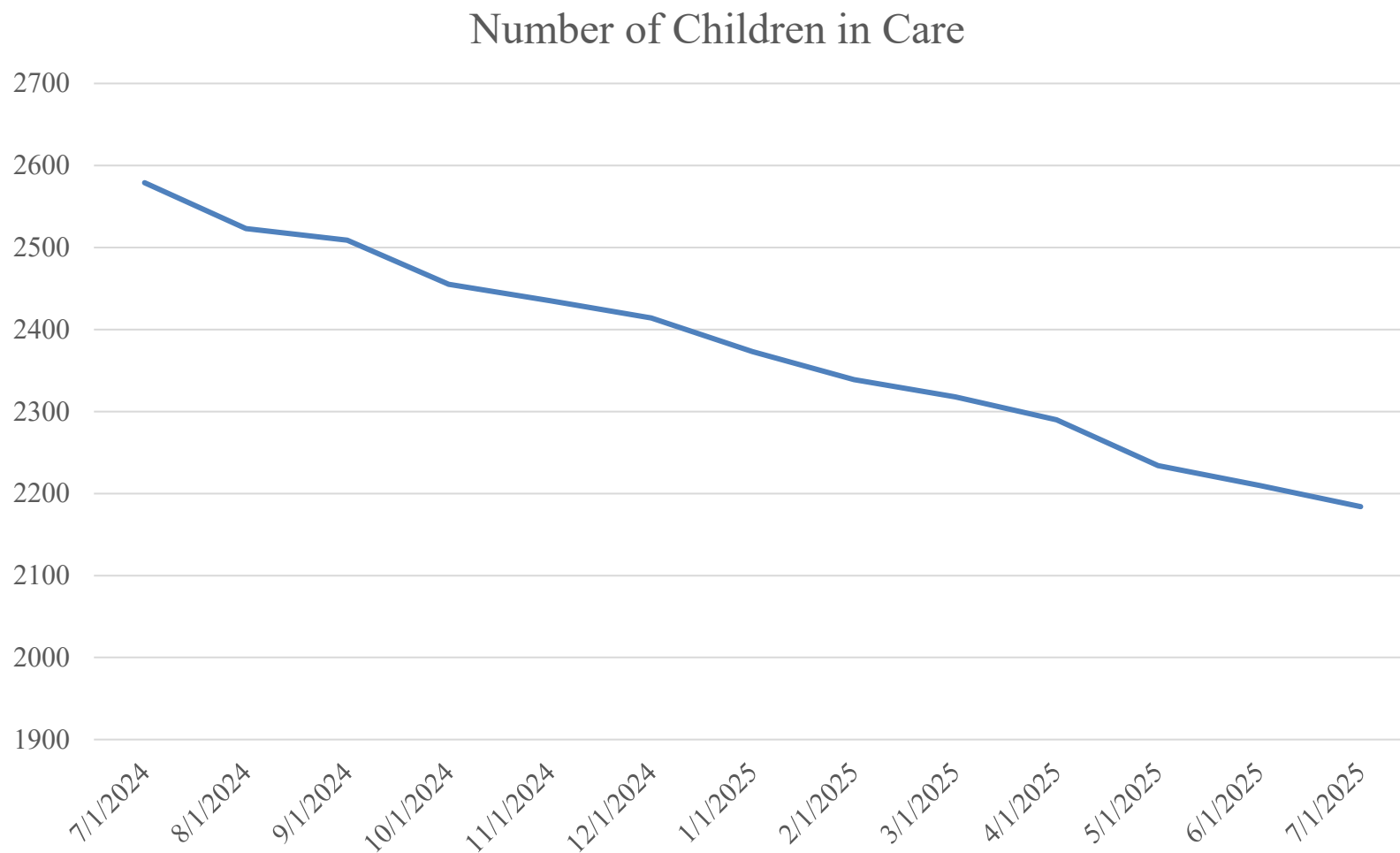
An important consideration in determining if something is poverty, instead of neglect, is to identify if financial support alone would alleviate the conditions the child is experiencing.

Some scenarios of poverty alone might include:

- A child coming to school in the winter without a coat
- A child about to become unhoused because their parent/caregiver can't afford rent
- A child disclosing that there isn't enough food to eat at home

Distinguishing between poverty and neglect can be challenging but is important. Neglect may be investigated by DHHS and may warrant a legal intervention while poverty should be addressed through resources within the community.

Children in Care



Hotel and Emergency Department Strategies

Community Sitters continues to be the most effective strategy that OCFS has implemented. There are 270 approved sitters statewide.

Intensive Short Term Homes Model

- OCFS management held informational meetings in all 8 districts with resource parents, Adoptive and Foster Families of Maine (AFFM), crisis teams, and Resource Parent Care Teams to recruit families. There are currently 8 active homes.
- OCFS is convening a meeting on 9/17/25 with resource parents who have had placements, Resource Unit staff, and district staff who have had a placement in an ISTH to discuss what went well, challenges, and to brainstorm solutions.
- OCFS continues to need additional foster home resources that provide all levels of support (regular, treatment, and ISTH)

Meetings to brainstorm placement options for youth in these settings to build short-term and long-term solutions

- Individual case specific meetings, include OCFS and OBH/CBHS
- Cross-office meetings with OCFS, OBH/CBHS, CDC, OMS to develop pathways to most effectively serve children with complex needs
- Stakeholder meetings to explore community-based and residential type placement options.

Policy Updates

In Review/Revision

Child Abuse and Neglect Findings – *In rulemaking process*

Decision Making and Service Authorization – *Reviewing with YTS & OSC prior to final review.*

Legal – *Preliminary draft combining all policies*

Health Records–*Combining and updating*

Working with Families with Substance Use Disorder – *First version drafting (combines methamphetamine exposure.*

LGBTQI+

In Final Review

Adoption – *Final with EMT.*

Children's Emergency Services (CES) – *In review with internal staff.*

Discovery – *Beginning review process*

Human Trafficking and Commercial Sexual Exploitation – *Awaiting signature*

Placement – *Final draft awaiting questions before sending to signature.*

Psychotropic Medication – *Final with EMT.*

Safety Planning (new stand-alone policy versus current embedded policy) – *In review process*

Completed

Intake Screening and Assignment (4/2025)

Resource Home Licensing (updates made 7/2025)

Safe Sleep and Period of Purple Crying (10/2024) *updated appendix in 2/2025*

Youth Transition Services (1/2025) *updated appendix only*

Neglect Definition – (8/2025)

New since last report

Completed since last report

OCFS Child Fatality Reporting

Dashboard: <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/child-fatality-reporting>

The categories of fatalities as identified by the Office of the Child Medical Examiner are:

- **Accidental** (includes causes such as motor vehicle accidents, drowning, fire, etc.)
- **Homicide**
- **Natural** (includes fatalities caused by medical conditions)
- **Other** (includes those fatalities identified by the Office of the Chief Medical Examiner as due to undetermined causes or by suicide)
- **Unsafe Sleep**
- **Sudden Unexplained Infant Death (SUID)**

Quarterly and annual data is available by fatality type, calendar year, age and gender.

What is and is not included on the Dashboard?

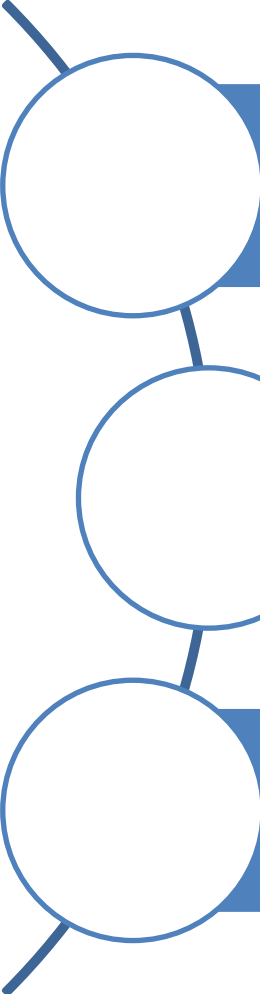
What is included in the dashboard?

- Any child fatality that is determined to be a homicide by the Office of the Chief Medical Examiner (OCME) – regardless of whether there is child protective history
- Any child fatality that has a finding of abuse or neglect associated with the death – regardless of whether there is child protective history
- Any child fatality where the family has prior history with the Department – this includes history before or after the child's birth and includes all types of death (including natural, accidental, suicide, and those where the cause of death has been found to be undetermined by OCME)

What is not included in the dashboard?

- OCFS' dashboard is not a comprehensive list of all child deaths in Maine
- Not all child fatalities are referred to the OCME (for example, a death of a child from a known medical condition where the child's physician certifies the death)
- Some child fatalities known to the public and the Department are not included due to pending criminal investigation/prosecution (these are added to the dashboard once prosecution is complete)

Common Misconceptions



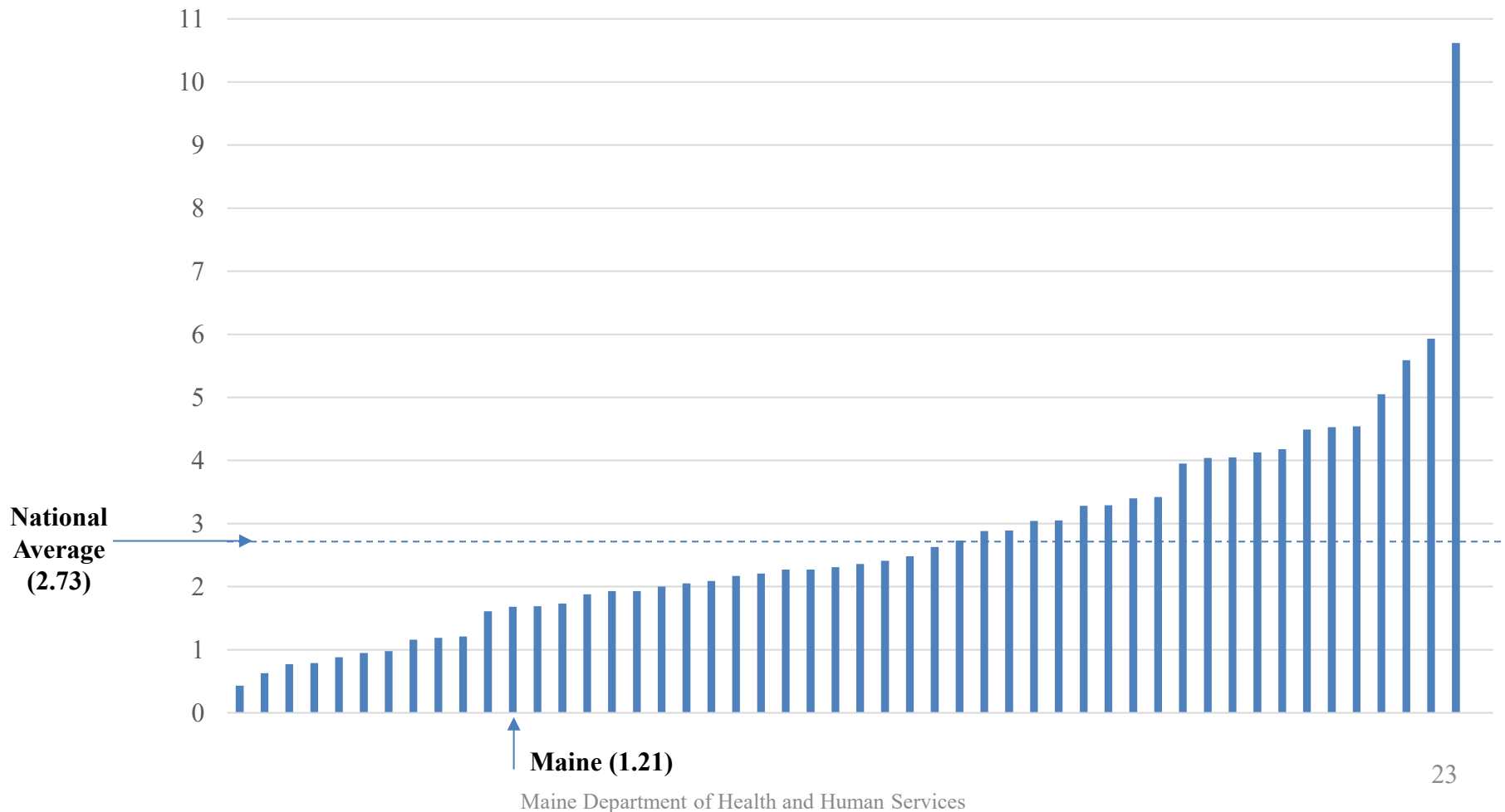
Data only includes children who died while in DHHS custody

Data only includes fatalities due to abuse and/or neglect

There is a clear direct or proximate cause between the family's history with OCFS and the fatality

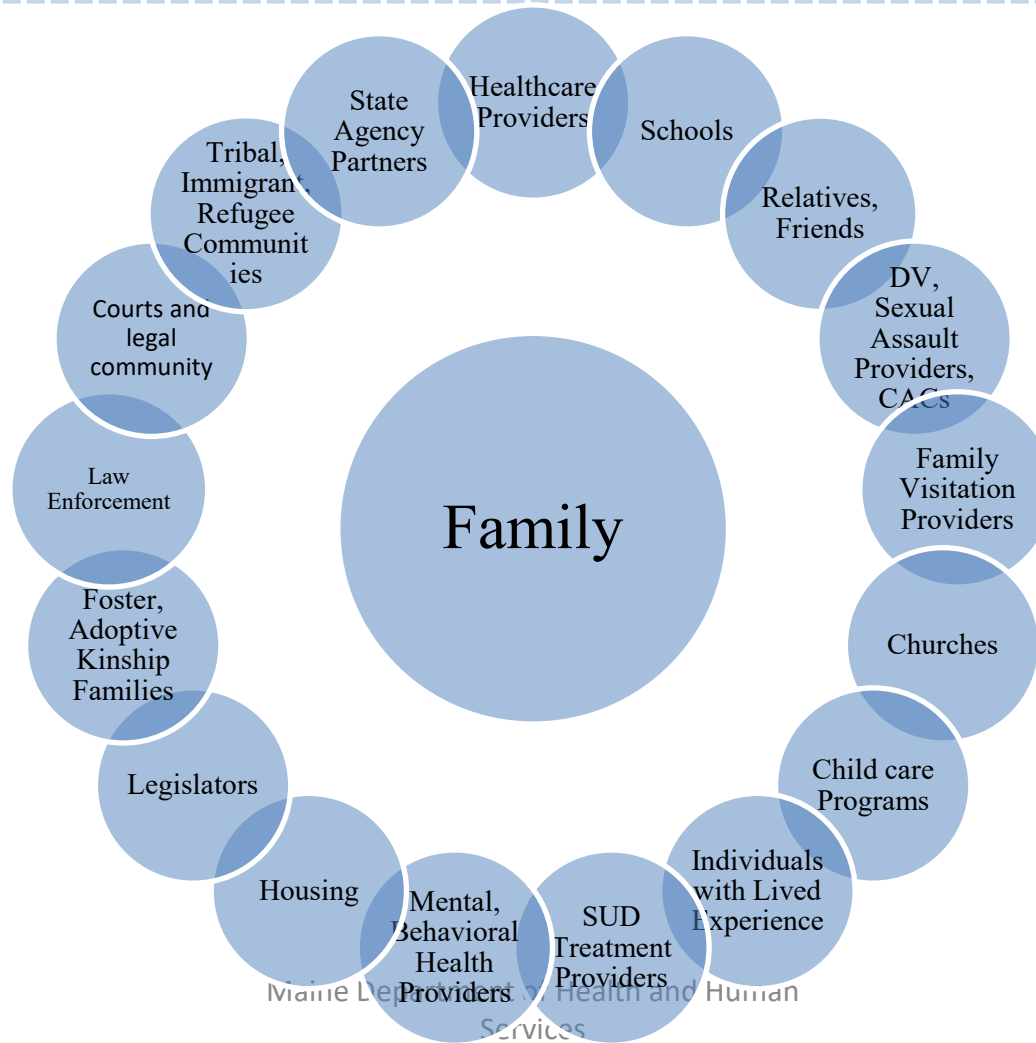
Data on Abuse and Neglect Fatalities

National Data on the Rate of Abuse and Neglect Fatalities Per 100,000 Children



System Collaboration

Collaboration within OCFS and across state and community partners is critical to successfully support families.



Questions

Bobbi L. Johnson, LMSW
Director
Office of Child and Family Services

