

MAINE STATE LEGISLATURE

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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March 1, 2022

Senator Ned Claxton, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: Policy Implemented Pursuant to PL 2021, Chapter 110

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Last session this Committee passed, and the Governor signed into law, PL 2021, Chapter 110, also known as LD 606, *An Act Regarding the Child Protection System*.

OCFS worked in collaboration with the Cutler Institute and child welfare stakeholders, including the Maine Child Welfare Advisory Panel and the Maine Child Welfare Ombudsman, to develop and finalize the Collaboration Policy as directed in PL 21, Ch. 110. We appreciate the work of those involved and their commitment to improving child welfare services.

Section 3 of the law requires OCFS to present the policy established under Title 22, section 4004, subsection 2, paragraph B-1 to this Committee by March 1, 2022. Attached to this letter is a copy of the policy.

Regards,

A handwritten signature in cursive script that reads "Todd A. Landry".

Dr. Todd A. Landry
Director, Office of Child and Family Services

cc: Representative Patty Hymanson, sponsor of LD 606

Critical Case Member:

- a. Any person under 18 years of age alleged to have been abused and/or neglected; or reported to be, or found to be, residing in or visiting the home due to being the child of a parent/caregiver residing in the home where child abuse and/or neglect is alleged to have occurred or findings have been made;
- b. Any parent/caregiver, custodian, or person responsible for the child in or out of the home, when the child has been reported to child welfare or found by child welfare to be a victim of child abuse and/or neglect; and
- c. Any adult who was in a caregiver role and has been reported to be abusing or neglecting a child.

Disclosure: The department may determine to release only records it created in connection with its duties and not those records it obtained. Any person receiving records or information from the department may only use the records or information for the purposes for which the release was intended. The department may specify those purposes through use of a release of information form. Beyond situations where releases are obtained or executed by the department, disclosure by the department may only occur under the circumstances described in [22 M.R.S. §4008](#)(2) and (3).

Family Team Meeting (FTM): A meeting convened by the Office of Child and Family Services (OCFS) which includes the family, child (whenever appropriate), and their supports to ensure the family understands the child safety concerns and the action steps that must occur for the child to achieve safety, permanency, and well-being.

Practice Model: As defined in [Policy I. A. Introduction](#), the practice model guides the Office of Child and Family Services' work with children and their families to promote long-term safety, well-being, and permanent families for children.

Preliminary Reunification and Rehabilitation Plan: This plan outlines safety threats and required services to increase child safety and reduce risk to the child. It is developed by the caseworker in collaboration with the family and their team when a Preliminary Protection Order has been granted or a Jeopardy Petition has been filed with the court. The plan is to be completed and filed with the court.

Prevention Service Family Plan: This plan outlines safety threats, behavioral changes, and required services to increase child safety and reduce risk to the child. It is developed by the caseworker in collaboration with the family and their team and includes the services and supports necessary to keep the child in the care and custody of a parent/caregiver during an open prevention service case in which the Department has not filed a petition for custody of the child.

Records: Records are documents created or obtained by the department in connection with its child protective activities and activities related to a child while in the care or custody of the department.

Releases of Information: To increase collaboration, the department will obtain releases of information from the parents/caregivers/custodians/or persons responsible for the child(ren) in order to exchange necessary information among treatment team members and other critical case members as appropriate. The presence or absence of a release does not impact the department's ability to release information pursuant to [22 M.R.S. §4008](#).

Rehabilitation and Reunification Plan: This plan outlines safety threats, behavioral changes, and required services to increase child safety and reduce risk to the child. It is developed by the caseworker in collaboration with the family and their team and filed with the court 10 days prior to the Jeopardy hearing. This plan is updated every three months.

IV. POLICY

The Office of Child and Family Services (OCFS) recognizes that effective collaboration and consistent, ongoing communication throughout the time OCFS is involved with a family lead to improved outcomes for children by increasing the ability of families to engage with formal and informal supports. These support networks are a source of critical information to increase understanding of a family's strengths, challenges, and protective capacities. OCFS also recognizes the need to collaborate and coordinate with individuals, agencies, and facilities providing services to families and children to ensure that children who experience abuse and neglect have their needs met.

Caseworkers, to the greatest extent possible under applicable federal and state confidentiality laws, will gather information throughout the period of time OCFS is involved with a family and child directly from any individuals, agencies, or facilities involved with or providing services to the family and child. Their input will be utilized to inform the ongoing assessment of safety and risk to the child, and to coordinate access to resources for the family. In doing so, OCFS strives to reduce the need for future involvement of families with OCFS and support them in creating ongoing safety, permanency, and well-being for their family.

OCFS understands that cultural factors must be considered to effectively collaborate with children, families, communities, and service providers. This may include the use of interpreter services, immigrant and refugee service organizations, or other community resources that can guide service delivery to children and families. OCFS partners with tribal child welfare to co-case manage investigations or cases in which the Indian Child Welfare Act (ICWA) applies.

The importance of collaboration to successfully engage with children and families involved with child welfare services is a foundational component of the OCFS Practice Model, as well as other individual policies which outline expectations for partnering with families and service providers.

V. PROCEDURES

Collaborating at a System Level

OCFS is committed to building effective community partnerships. These partnerships build a shared understanding of child abuse and neglect, while also ensuring that families receive services that

will help them provide safety for their children. Through these relationships, partners develop collaborative practices that promote improved communication on an individual investigation/case level. To accomplish this goal, OCFS will:

- a. Meet, as needed, with community agencies that serve families involved with OCFS. This may include, but is not limited to, district level meetings to review contract deliverables, inviting providers to staff meetings to share information about their agency's services, and district representation on local committees related to child abuse and neglect.
- b. Engage in reasonable efforts to educate providers regarding changes in OCFS policy that may affect an agency's working relationship with the families they serve.

Collaborating at the Family Level:

OCFS is committed to collaborating with children, families, service providers, and informal supports in an open and honest manner to ensure child safety, permanency, and well-being. It is the caseworker's role to make connections with and between the family, service providers, and informal supports to ensure all information regarding child safety concerns are shared among parties involved with the family. Comprehensive information sharing must be done continuously throughout the time OCFS is involved with the family to inform initial decisions and periodic reassessments of the family's functioning. It is important for the caseworker to establish open communication with service providers that ensures the caseworker is reaching out to and gathering information from the provider and the provider knows the best way to reach the caseworker. This two-way communication is meant to allow both parties to bring forward any concerns and/or provide updates regarding the family's progress. It is also important that the caseworker facilitates an introduction to the new caseworker when a case is transferred to ensure consistent, ongoing communication continues.

During an investigation or case, the caseworker is responsible for ensuring service providers are involved to the greatest extent possible. The caseworker will ensure that the family, and their service providers, are aware of OCFS' concerns regarding child safety, and the goals outlined in the Prevention Service Family Plan, the Preliminary Rehabilitation and Reunification Plan, or the Rehabilitation and Reunification Plan. They will assist in coordinating services for families to avoid inefficiencies in delivery and ensure services are aligned with the needs of the family. To accomplish this goal, the caseworker will:

- a. Facilitate Effective Communication
 - i. Ensure the caseworker's voice mail message identifies their name, position, and supervisor's name and contact information. Voice mail messages will also include when calls will be returned and when the staff person will be out of the office. (Link [XV. I. Phone Call/Voice Mail Policy](#))
 - ii. Ensure service providers are given the Communication Instructions and Form that includes the caseworker and supervisor's contact information. Caseworkers will also request that service providers complete and return page 2 with their contact information to the caseworker. (see [Appendix C](#))

- iii. Ensure that phone calls from the family and providers are returned promptly and keep the family and their providers informed of major changes in a case, for example changes in the case goal or a child's placement.
- iv. Collaborate with extended family members and other informal supports. These connections are critical to gather information related to child safety, permanency, and well-being to inform the assessment and planning processes.
- v. Access culturally specific and specialized services from community-based providers including, but not limited to, interpreter services and immigrant and refugee service organizations.

b. Child Protection Investigations

- i. Inquire about services family members are currently receiving when conducting initial interviews with critical case members. If the services relate to child safety, the caseworker will obtain a release of information and contact the provider to obtain information; gather records to inform decisions regarding child safety and risk; and establish communication with the provider.
- ii. In coordination with current service providers, determine if the family could benefit from additional services or resources.

c. Permanency and Adoption

- i. Meet individually with parents, resource parents, and children at least monthly to ensure:
 - 1. Child safety and well-being while working toward permanency for the child.
 - 2. That parents are making progress on the goals outlined in their plan, barriers are identified, and services address the reasons OCFS is involved with the family.
 - 3. That parents are engaged in the development and monitoring of their plan and have the opportunity to provide feedback regarding their successes and challenges.
- ii. Contact service providers, at least quarterly, and more frequently if needed, to ensure the needs of the family and child are addressed and that relevant information is gathered and distributed to inform the analysis of the ongoing safety and risk for the child. Initial and ongoing contact is important to help the caseworker identify needs; assess and reassess the impact of parental behaviors on the child; and to evaluate the parent's progress toward reunification.
- iii. Collect medical, educational, mental health, and other relevant records for the child's case file. This may also include, but is not limited to, updates on progress in therapy, visitation, the child's day-to-day functioning, and strengths and challenges.
- iv. Convene Family Team Meetings (FTMs) at least quarterly or more frequently if needed. FTMs will include the parents/caregivers, including those residing outside of the home; the child, if developmentally appropriate; resource parents; tribal partners,

if an ICWA case; Guardian ad litem; parents' attorneys; visit supervisors; and other formal and/or informal supports to develop the Prevention Service Family Plan, the Preliminary Rehabilitation and Reunification Plan, and the Rehabilitation and Reunification Plan. These meetings also provide an opportunity to assess communication processes and ensure that service providers have the most updated contact information for the caseworker.

- v. Ensure releases of information are signed and updated to support ongoing coordination of services by the caseworker. When requesting a signature on a release form, caseworkers will ensure that the person signing fully understands the elements of the release and has an opportunity to ask questions about the purposes of the release. The caseworker will explain that the information obtained by the Department will be used to develop plans and assess progress toward goals.

VI. POLICY SUPERSEDES

Not applicable.

VII. LINKS TO RELATED POLICIES

[I. A. Introduction – Practice Model](#)

[XV. I. Phone Call/Voice Mail Policy](#)

VIII. APPENDICES

[Appendix A: Practice Model](#)

[Appendix B: Release of Information](#)

[Appendix C: Communication Instructions and Form](#)

Note: The hyperlinks to these documents only work on DHHS issued computers. If you would like to request a copy of these documents, please email your request to:

OCFSPolicyTraining.DHHS@maine.gov

Child and Family Services joins with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides our work with children and their families.

CHILD SAFETY, FIRST AND FOREMOST

- Making children and families safe is a collaborative effort. We create a team for each family, consisting of family, staff, and community members to find safe solutions for children.
- In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We engage families with honesty and open minds. By exploring and listening, we help families use their strengths to meet safety needs of children.
- We value family perspectives, goals, and plans as critical to creating and maintaining child safety.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- When children are placed in foster care, we ensure ongoing safety through frequent, meaningful contact with children and their caregivers. We welcome foster parents as a vital part of the family team.
- In our work to place children in adoption, safety is the first priority.

PARENTS HAVE THE RIGHT AND RESPONSIBILITY TO RAISE THEIR OWN CHILDREN

- We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.
- Parents' voices are valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.
- We believe that people can change. Their past does not necessarily define their potential.
- Family teams develop and implement creative, individualized solutions that build on the strengths of families to meet their needs.

CHILDREN ARE ENTITLED TO LIVE IN A SAFE AND NURTURING FAMILY

- As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.
- We support caregivers in protecting children in their own homes whenever possible.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We believe that children's needs are best served in a family that is committed to the child. We support placements that promote family, sibling and community connections, and encourage healthy social development.
- We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety, well-being, and permanence.

ALL CHILDREN DESERVE A PERMANENT FAMILY

- Permanency planning for children begins at first contact with Child and Family Services. We proceed with a sense of urgency until permanency is achieved.
- All planning for children focuses on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.
- Permanency is best achieved through a legal relationship such as parental custody, guardianship, or adoption. 'Stability' is not permanency.
- Life-long family connections are critical for children. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

HOW WE DO OUR WORK IS AS IMPORTANT AS THE WORK WE DO

- Our organization is focused on providing high quality, timely, efficient, and effective services.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open communication and accountability at all levels.
- As we work with children, families, and their teams, we clearly share our purpose, role, concerns, decisions, and responsibility.
- Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist families.



Authorization to Release Information

**We are committed to the privacy of your information.
Please read this form carefully.**

Which office(s) should help you? Please check.

<input type="checkbox"/> Office of MaineCare Services	<input type="checkbox"/> Office of Behavioral Health
<input type="checkbox"/> Office for Family Independence and Medical Review Team	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Center for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Office of Administrative Hearings
<input type="checkbox"/> Riverview Psychiatric Center	<input type="checkbox"/> Other:
<input type="checkbox"/> Division of Licensing and Certification	<input type="checkbox"/> Other:

Whose information will be disclosed? Please print clearly.

Individual's Name	Date of Birth		
Home Address	Town/City	State	Zip Code
Telephone	Email address of individual/personal representative (optional)		

Please check: Release/Send my information to: Obtain/Get my information from:

Name of Individual	Organization		
Address	Town/City	State	Zip Code
Telephone	Email address (optional)		

What is the purpose of the disclosure?

<input type="checkbox"/> Personal request	<input type="checkbox"/> To coordinate or manage my care
<input type="checkbox"/> For a legal matter, including testimony	<input type="checkbox"/> To see whether I qualify for insurance coverage, services, or benefits
<input type="checkbox"/> Other:	

To share the information with others by EMAIL, please initial and complete the following.

I understand that email and the internet have risks that the office sharing my information cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask to send my information by email. INITIAL HERE _____
Please print the email address where you want your information sent:

What information should be released or obtained? Please check all that apply.

<p><u>General permission:</u></p> <p><input type="checkbox"/> All health information from the office(s) checked above</p> <p><input type="checkbox"/> Claims or encounter data (information about visits to health care providers)</p> <p><input type="checkbox"/> Billing, payment, income, banking, tax, asset, or data needed to see if you qualify for DHHS program benefits</p> <p><input type="checkbox"/> Limit to the following date(s) or type(s) of information: (for example “Lab test dated June 2, 2019” or “Claims from 2018-2020”)</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>Special permission: Drug/Alcohol Treatment or Referral for Services</u></p> <p><input type="checkbox"/> Include all drug/alcohol information in the release</p> <p><input type="checkbox"/> Include only the specific drug/alcohol records checked:</p> <p><input type="checkbox"/> Diagnosis and treatment</p> <p><input type="checkbox"/> Clinical notes and discharge summaries</p> <p><input type="checkbox"/> Drug/Alcohol history or summary</p> <p><input type="checkbox"/> Payment or claims information</p> <p><input type="checkbox"/> Living situation and social supports</p> <p><input type="checkbox"/> Medication, dosages or supplies</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Other: _____</p>
<p><u>Special permission: Mental/Behavioral Health Services</u></p> <p><input type="checkbox"/> Include this information in the release</p> <p><input type="checkbox"/> I want to review my mental health/behavioral health record before release. I understand that the review will be supervised.</p> <p>Please note: Maine law allows us to share this information with other health care providers and health plans to coordinate and manage your care (to help take care of you) so long as we make a reasonable effort to notify you of the release.</p>	<p><u>Special permission: HIV/AIDS Status/Test Results</u></p> <p><input type="checkbox"/> Include this information in the release</p> <p>Please note: Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if it is misused. Your HIV/AIDS-related information, and all of your data, will be protected as the law requires.</p>

I understand and agree that:

- I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.
- My treatment, payment for services, or benefits will not depend on whether I sign this form unless I am requesting or disclosing information to apply for benefits.
- “Information” may be in written, spoken and/or electronic format, and includes information about me from other healthcare providers (such as doctors, hospitals, and counselors) that is included in my files. My signature allows the people/offices named on the reverse to discuss my information for the purposes noted on this form.
- My information will be kept confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.
- If alcohol or drug treatment or program (substance use disorder) records are included in this release, a notice will be included with the records saying that such information may not be re-released or shared without my written permission.
- I may revoke (take back) my permission to release my information by filling out the Revocation Form found at <http://www.maine.gov/dhhs/privacy/index.shtml> and sending it to the office that shared my information. The Revocation Form is effective only after it is received and does not apply to information that was already shared.
- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance.
- This form expires **one year** from the date below unless I write an earlier date here: _____
- This form permits additional releases until it expires.

Date: _____ **Signature:** _____

Personal Representative’s authority to sign: _____



Collaboration Policy Appendix C: Communications Instructions and Form

STATE of Maine
OFFICE OF CHILD AND FAMILY SERVICES APPENDIX

EFFECTIVE DATE:
March 1, 2022

Communication Instructions and Form

Timely and effective communication between Maine's Office of Child and Family Services and service providers is critical to ensuring the safety, permanency, and well-being of children and families. As a member of a child's team, it is vital for you to share updated information with the caseworker assigned to the child's case. Ideally, these updates would be sent no less frequently than quarterly and in advance of scheduled Family Team Meetings. Please see the sections below for information about to whom and how to send updates related to the case.

Caseworker Contact Information

The caseworker assigned to the family's case is the primary person who will receive updates. You may reach the caseworker using the contact methods listed below.

Name: _____

Email Address: _____

Mobile Phone: _____

Mailing Address: _____

Work Phone: _____

Fax Number: _____

Supervisor Contact Information

If you need to provide a time-sensitive case update and are unable to reach the assigned caseworker, we encourage you to contact their supervisor who will be glad to receive the update. You may reach the supervisor using the contact methods listed below.

Name: _____

Email Address: _____

Mobile Phone: _____

Mailing Address: _____

Work Phone: _____

Fax Number: _____

In emergency situations when the caseworker and supervisor are unavailable, please contact the office at (207) _____ and ask for the duty/on call worker.

Service Provider Contact Information

Please complete this form and submit it to the assigned caseworker as soon as possible. The caseworker will use this contact information to reach you when updates are needed to inform critical case decisions.

Name: _____

Organization: _____

Title: _____

Email Address: _____

Mobile Phone: _____

Mailing Address: _____

Work Phone: _____

Fax Number: _____

Please indicate the contact method most likely to reach you in a timely fashion.

- Mobile Phone
- Work Phone
- Email

Please indicate the days and times you are most able to be reached using the contact method selected above.

- Mondays between ____AM and ____PM
- Tuesdays between ____AM and ____PM
- Wednesdays between ____AM and ____PM
- Thursdays between ____AM and ____PM
- Fridays between ____AM and ____PM

Please provide any additional information the caseworker may need regarding your contact methods or availability to be contacted that may assist with timely and effective communication regarding the case.
