

219 Capitol Street, Suite 7 Augusta, ME 04330

Phone: 207.430.8300

Fax: 207.430.8301 Toll-Free: 877.207.5073 www.maineccsm.org

CCSM Issues Development Subcommittee Board Approved 10-25-2024

<u>Peer Support Option for Peers Dealing with DHHS (Department of Health and Human Services) /CPS (Child Protective Services)</u>

The Issue:

It has come to our attention that many behavioral health peers have had DHHS/CPS involvement for themselves or other family members. Involvement with the State is often stressful when being separated from family members, even in good situations. The addition of being required to complete specific tasks or meetings can cause mental health issues to arise and, in some cases, to become more severe. This situation can cause someone to become aggressive, shut down, make poor choices, create an inability to focus on or understand the wording in documents, become overwhelmed, or give up entirely.

Maine has a high rate of removal and lack of reunification (follow up on how much)

Recommendations:

- 1. Peers should be given an opportunity to have natural or CIPSS (Certified Peer Support Specialists) Peer Support provided to assist them through the CPS process that is there for their benefit, not for the CPS worker/s. Extensive peer training could improve the outcomes of state-involved removal of children from homes, to lessen the stress and emotional impact of this unfortunate situation. A peer with CPS lived experience might be preferable.
- 2. This peer support person should be given the same legal protection a spouse would receive so that they could not be compelled to testify. This person would not be a legal advisor to the peer and would not be an informant for the state. They would solely be there as a support person for the individual.

- 3. The State would be required to use mental health records/diagnosis current and applicable to the situation.
- 4. Training should be provided for CPS personnel to respect that a mental health diagnosis on its own does not mean a parent can't effectively provide a safe loving home.
- 5. Training of CPS staff on how to use Psychiatric Advanced Directives (PAD). When in place these would be followed by CPS team before any separation of the parent and a child occurs. If there is not a PAD in place, CPS staff or peer support should support the development of one. The goal is to have plans in place before any discussion of removal happens (unless immediate danger exists).

Expected Outcomes:

- 1. Fewer children will be separated from their parent/s unnecessarily.
- 2. The State will more effectively be able to use other options, such as regular home visits, counseling and parents engaging in skill-building activities, and other community supports to help parents reach their full potential to raise safe and happy children.
- 3. Less trauma for all due to removal/separation for children, parents, and other family members.
- 4. Our peers would be subjected to less unintentional stigma from CPS personnel regarding any mental health struggles.
- 5. More in-home supports for families, such as CIPSS support for our fellow peers who are parents.