

Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner



Maine Department of Health and Human Services
Office of Behavioral Health
11 State House Station
41 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 287-2595; Fax: (207) 287-9152
TTY: Dial 711 (Maine Relay)

January 17, 2025

Simonne Maline, Executive Director
Consumer Council System of Maine
219 Capitol St, Suite 7
Augusta, ME 04330

Dear Ms. Maline,

Thank you for your issue statement dated November 1, 2024, regarding peer support options for peers interacting with DHHS and Child Protective Services (CPS). The primary issue, as outlined by the Council, pertains to involvement with the stress associated with State (CPS) involvement, particularly in cases of family separation. Secondly, the requirements for completion of specific tasks or meetings can cause or exacerbate mental health issues, resulting in the potential for aggression, poor choices, isolation, inability to focus or understand documents and proceedings, become overwhelmed, or abandon efforts.

The first recommendation from the Council pertains to offering peers the opportunity to have a natural or Certified Intentional Peer Support Specialist (CIPSS) to assist throughout the CPS process for their benefit, not the CPS worker(s). Furthermore, the Council has emphasized that peer training may improve the outcomes of State-involved removal of children from homes and lessen the stress and emotional impact of these situations.

- Maine's Office of Child and Family Services (OCFS) has partnered with the Office of Behavioral Health (OBH) to develop and launch a pilot program to add Peer Recovery Support Partners into the Family Recovery Courts located in Augusta, Bangor, and Lewiston. All three (3) peer support staff that participated in this pilot shared lived experience with losing custody of their children to CPS and their work in regaining custody. Along with their lived experience, each of these support workers have also undergone CIPSS, CCAR recovery coach training, as well as reentry training to provide quality and trusted interaction with their peers. Overall, this pilot supported 59 unique participants, with a recorded total of 436 contacts with Peer Support Specialists¹. Supports provided include social isolation, hobbies and interests, treatment and counseling, active substance use, medication assisted treatment, history of substance use and recovery, and "other" (such as employment, housing, etc.).²

¹ This is an average of more than seven (7) contacts per participant served.

² History of substance use/recovery was the greatest at 40% with other (employment, housing, etc.) second at 16% and MAT third at 13%.

- Peer Recovery Support Professionals provide support via phone, teams, or in person with parents involved with Child Welfare who have a substance use disorder and are involved in Recovery Courts in Lewiston, Augusta and Bangor. When capacity allows, Peer Recovery Supports also work with identified parents who are not involved with Recovery Court but wish to be supported by them.
- Peer Recovery Support Professionals receive formal training through the CCAR Recovery Coach Training (Recovery Coach Academy) as well as CIPS. OCFS also intends to expand and develop additional trainings related to Child Welfare through its internal training team.
- OCFS similarly ensures that all staff receive training to understand the impact of trauma. Caseworkers prioritize engagement with parents and their other supports to lessen the stress and emotional impact when removal is deemed necessary. Additionally, the caseworker, resource parent(s), and the parent(s) participate in a “family share meeting” where there is a discussion about the child’s likes/dislikes and strengths/needs after a child is removed from their home. Parents and other family members can also access available supports on the adult level as well through available resources and providers.
- In addition to Peer Recovery Supports, OCFS works with Family Engagement Specialists and Advisors through a cooperative agreement with The Cutler Institute at USM on systems-level work including policy and training.
- Moreover, aside from Peer Support Professionals and the Family Engagement Specialists and Advisors, in-home supports are delivered by paid staff connected to local agencies.
- OCFS reports a stable trend between the number of youths who are entering CPS custody and the number exiting to reunification, as shown in the table below. The Department and OCFS are investing and actively engaging in efforts to build the continuum of prevention services throughout the state with the goal of having fewer children separated from their families unnecessarily³.

	2020	2021	2022	2023	2024
# of youth entering custody	1108	888	1130	1072	990
# of youth Exiting to Reunification	861	961	863	899	1027
% of youth Exiting to Reunification	59%	49%	46%	43%	45%

The second recommendation from the Council pertains to providing peer support workers the same legal protections that a spouse would receive so that they could not be compelled to testify.

- The Department respectfully notes that we do not have the authority to mandate such legal protections.

Sarah Squirrell

³ As demonstrated, the number of youths entering custody has been on a steady decline between 2022 and 2024 while the number exiting to reunification has likewise increased during the same period.

The third recommendation from the Council is regarding a requirement that the State use mental health records and diagnoses current and applicable to the situation.

- It is current practice of caseworkers employed by OCFS to request that parents sign releases allowing for the release of relevant information pertaining to diagnoses and treatment for all services they are involved with or receiving, including mental health services.

The fourth recommendation from the Council is regarding training for on how CPS personnel should respect that a mental health diagnosis on its own does not mean a parent can't effectively provide a safe loving home.

- Personnel are required to be licensed social workers and must hold a Bachelor's Degree, both of which include education and training in mental health conditions and matters.
- Training is also provided by the OCFS Training Team for Psychosocial Assessment and behavioral and emotional health, as well as individual level of functioning assessments including treated versus untreated mental health. Furthermore, these trainings incorporate specific scenarios regarding mental health diagnoses and assessing the potential impact a diagnosis may have on child safety, if any.
- The Foundations Training, Ethics Training, and other ongoing courses for caseworkers likewise discuss the importance of understanding biases, language, professional values, and how these areas relate to social work in a family setting.
- Lastly, the Department acknowledges additional trainings available specific to family peer support, including those through the Maine Parent Federation and GEAR Parent Network.


The final recommendation from the Council is regarding the training of CPS staff on how to use Psychiatric Advanced Directives (PAD), and if there is not a PAD in place, CPS staff or peer support should support the development of one.

- PADs are generally focused on treatment preferences when an individual lacks capacity and while they may often include a section for childcare arrangements, there is rarely specific information regarding CPS matters. Federal law requires hospitals and treatment facilities that accept federal assistance to ask and document if someone has a PAD, or if they would like one. Providers and hospitals are also required to comply with Maine statute pertaining the PADs, such as those under the Probate Code at Title 18-C. However, even if an individual does have one, without a centralized system, others may need to inform providers of the existence of a PAD in some instances. DRM has a manual online for completing a PAD which includes information on the importance of what should be included in each section to assist individuals, advocates, and others when developing such directives.
- Currently, OCFS does not utilize a specific policy regarding Psychiatric Advance Directives. However, the Department does have policies in place that are used to guide staff in following applicable court orders and/or other laws and policies they are aware of. OCFS/CPS involvement may or may not be related to mental health needs for parents, but when it is, caseworkers specifically assess the impact of those issues on child safety.

- OCFS relies on information from other providers serving the parents to provide information as it relates to the parents' needs.

The Council's recommendations serve to assist in creating and promoting a more positive experience for those with mental health diagnoses who are involved with the Child Protective System. The Department is working diligently to alleviate the stress on those involved with CPS through existing avenues and continues to explore additional opportunities to strengthen and further engage individuals with lived experience to improve the system of care for children and families with the goal of fewer children separated from their parent(s) unnecessarily. The Office of Behavioral Health's Recovery Manager has also offered to support this effort by fostering discussions within the Department and with the Council to coordinate and facilitate greater collaboration on furthering these goals and identifying other action steps and opportunities that may be available.

Sincerely,


Sarah Squirrell (Jan 17, 2025 15:31 EST)

Sarah Squirrell
Director
Office of Behavioral Health
Maine Department of Health and Human Services






CPS Peer Support_final

Final Audit Report

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