

Outline for GOC

First, I wanted to share with you all a few things before I read the letter I wrote. I want to make sure you all understand my motives and presence here today is coming from a place of concern for children, families, coworkers, and myself and not because im a disgruntled employee. I have received several awards and recognition letters and the latest being from Todd Landry himself 2 months ago. I brought copies if you'd like to review them.

My name is Maureen Cote and I have been working for OCFS since May of 2018. My most recent role is an adoption caseworker, but I worked in investigations for 3 years and in the licensing unit for 1 year. Since the start of my employment, workload and expectations have only risen. My caseload is not sustainable and is far too high to provide adequate service to children and families we serve. Several recommendations for our workload have come out over the past few years, one being a recommendation of having 12 cases as an adoption caseworker but on any given day, I can have 19-23 cases I am carrying. Because of the high caseloads we are often working into the evening and working after hours to meet the demands of the job.

On top of own caseloads, we are forced to work nights and weekends when having to staff a hospital or a hotel for a child or to cover CES. After a long, taxing day of meeting the needs of our own clients, instead of heading home to do some much needed self-care, we are then forced into driving to the hospital or a hotel to sit with children or responding to an emergency report while on CES. These shifts often have us awake all hours of the night, in result, we are not sleeping well, if at all, and then getting up to work our regular 8hr shift the next day, which our work day rarely ends at 5pm.

While staffing a hospital overnight, we are forced to sit, awake, in a dark room without our phones, computers or electronics. A majority of the children we serve have significant behavioral problems due to the abuse and/or neglect they have experienced subsequently; it makes it difficult to place them in a foster home. We are then forced to staff a hotel or a hospital. With these challenging behaviors, we are physically assaulted by children, being punched, kicked, spit on, bit, etc. and provided no adequate safety training to protect ourselves or the children we are tasked with caring for.

Our own mental health is suffering because of this, our own families are suffering, but most importantly the children and families we serve suffer because of this. More often than not we have at least 1 child in a hotel or hospital that we need to staff, sometimes this can last for weeks, and this isn't a rare occurrence. We are also tasked with covering for other offices and we are currently helping 2 other districts with their case loads and have been covering for one other district for years.

There is also a huge gap in mental health services. Often times I'm responding to a home or a residential program to help support a child in a crisis in the hopes to maintain that child's placement, so we do not need to staff a hotel or the hospital. Crisis workers aren't always available, residential facilities have

major difficulty staffing their own units and hospital's are pushing to discharged children who are clearly in need of more support than a caseworker can give them.

Essentially, caseworkers play the role of crisis worker, residential staff, childcare worker, parent, support worker, transporter, visit supervisor, and the list goes on, at least that is what I have experienced. There are several children on my caseload that are struggling and are in need of a level of intervention that caseworkers cannot provide, and yet we are the only ones left to respond to the child who is struggling. People look to us like we have all the answers, but the reality is, we do not because we work within a broken system with a huge gap in mental health services.

I do feel grateful for working out of the Portland office as there has never been a time where I didn't feel supported by the supervisors or PA/APA's. However, expectations are placed on them that they need to follow through with. Central office, in my opinion, has not provided us with the much needed support to adequately and appropriately do our job. What central office has done is implement more reviews and more meetings to hold us accountable for the work we are doing. The problem with this, is that it only adds to our workload instead of relieving us of some of it. We are forced to bite off more than we can chew and then held accountable for when we can't meet expectations.

There seems to be a disconnect on what is actually needed for us to meet those goals and expectations. There is more documentation and more paperwork now than ever, which takes us away from the most important part of our job, connecting with families. As a result, children are not obtaining permanency in a timeframe in which they deserve. In the rare occurrence of central office visiting our office, they do not promote an environment of open communication and feedback of any kind to help improve our working conditions.

We are not currently working under a contract and there does not seem to be a conclusion any time in the near future. We are not adequately compensated for the long and hard work that we do every day. Cost of living is higher than I have ever experienced so not only are we over worked, but also struggling to keep up with the spiraling cost of living. We are continuously losing great, passionate caseworkers because of this.

Also contributing to the high turn over rate of caseworkers is our training protocol. Training has become more intensive in the beginning, but nothing can fully prepare you for investigating reports of abuse and neglect and assessing for child safety. Right now, supervisors go out on a new caseworkers first 2 investigations. That is not nearly enough, but I also understand how overwhelmed supervisors are, as most are also carrying cases. However, I wrote a proposal for a field training caseworker position that was never followed up on by central office. I think it is unsafe for children, families and caseworkers to be expected to respond in the field to a report of abuse and neglect, alone, after only being supervised in the field on 2 investigations. Even after doing investigations for over 3 years, not one report was

identical to another. It's overwhelming and nerve racking to respond, alone, in the field to a report and be left to conduct all initial interviews and fully know what we should be asking or exploring.

Everyone comes to the Department with different life experiences, educational backgrounds and knowledge. Some workers may feel more comfortable than others in the field and this is why it should not be a one size fits all training protocol. We lose staff who have the potential to become great caseworkers because of this.

We are told how much we are appreciated by central office, but at what point does that start sounding like a broken record without any actions showing us how much we are appreciated. We do not even get a stipend for wear and tear on our vehicle but yet only have 3 state cars for our whole office which have over 60 workers. We are doing the work of 2 caseworkers but yet we do not get compensated for the extra workload even when there are dozens of open lines. We are pulled away from our own families, more people are out on mental health leave than ever before and I, myself have had to take mental health leave because of this job. I have always said this will be my career for life because I feel so strongly about the work and wanting to change the community's perspective of the work we do, but I now worry that I will have to leave this position for my own emotional safety and wellbeing.

Thank you for your time in hearing my perspective and experience in working at OCFS and I welcome any follow up questions.

Maureen Cote LSW
Adoption Caseworker
OCFS
DHHS

Testimony of Dean Staffieri
Maine Service Employees Association, SEIU Local 1989

Members of the Office of Program Evaluation and Government Accountability, my name is Dean Staffieri, President of the Maine Service Employees Association and a former employee of the Office of Child and Family Services where I proudly served for 28 years.

I stand before you today to share a perspective that reflects the experiences of countless caseworkers within our state's child and family services system. The voices of those on the front lines of this critical work must be heard, and their concerns addressed. Today, I bring to your attention a series of challenges faced by caseworkers and supervisors, and I implore you to consider these issues with the utmost gravity.

First and foremost, it has been well-documented that policy changes within our system are often implemented from the top down, with little input or collaboration from the dedicated professionals working directly with our families and children. This top-down approach often leaves caseworkers and supervisors struggling to understand and adapt to new policies without clear explanations or adequate training. As a result, the burden of adjusting to these policies often falls squarely on the shoulders of our front-line staff.

Furthermore, when these policies falter or fail, it is all too common for frontline workers to be unjustly blamed, rather than holding higher-level management accountable for the shortcomings in policy development. This practice erodes trust and morale among our caseworkers and supervisors, who are devoted to their mission of protecting vulnerable children.

Mandatory overtime is another critical concern that we must address. Caseworkers are tasked with incredibly demanding and emotionally draining work, and the expectation to work overtime, often on short notice, makes it extremely difficult for them to maintain a healthy work-life balance. These dedicated professionals deserve the support and flexibility necessary to lead fulfilling lives outside of their crucial roles in child and family services. And when you are doing work that has high levels of secondary trauma, it is necessary to be able to care for yourself in order to be able to do the work for the long-haul. When caseworkers burnout and leave, we lose the years of training and expertise they bring to the department, to families, and to the children they are entrusted to protect.

In addition, the documentation system known as Katahdin, which replaced the previous Maine Automated Child Welfare Information System, has proven to be poorly designed for Maine's specific needs. It hinders caseworkers' ability to efficiently save and retrieve information, adding unnecessary stress to their already demanding responsibilities.

Perhaps most concerning is the constant shifting of policies and procedures within our Office of Child and Family Services. The rapidly changing priorities of the Office of Child and Family Services (OCFS) leadership make it nearly impossible for caseworkers and supervisors to develop expertise in their roles, resulting in a lack of continuity and efficiency in the system.

I would like to draw your attention to an additional layer of challenges within our child protective system that further compound the difficulties faced by caseworkers and supervisors. The lack of community supports, such as reliable transportation services, professional supervisors for parent-child visitation and

Testimony of Dean Staffieri
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interaction, and adequate residential treatment options for the most vulnerable children, creates significant obstacles in delivering effective care.

Moreover, the scarcity of available psychiatrists, psychologists, and clinical social workers to provide treatment to the families and children in greatest need exacerbates the existing challenges. The dearth of essential resources and professionals to address the complex mental health and emotional needs of our clients places an even greater burden on our caseworkers and supervisors, limiting their ability to provide the comprehensive support that these families and children require.

Lastly, it is vital to acknowledge the persistent issue of unmanageable caseloads due to the ongoing challenge of recruiting and retaining licensed social workers. Caseworkers are burdened with overwhelming caseloads, which ultimately affect the quality of care they can provide to the children and families they serve.

In closing, the dedicated professionals working tirelessly in our child and family services system deserve our unwavering support. It is imperative that we address these pressing concerns to ensure the welfare of our children and families. We must encourage a culture of collaboration, transparency, and accountability within our child and family services, as well as the commitment to meaningful change and improvement. It is my hope that we can work together to create a system that truly serves the best interests of the children and families in our care.

**Remarks by Maine Service Employees Association, SEIU Local 1989
Before the Joint Standing Committee on Health and Human Services,
January 25, 2022**

Senator Claxton, Representative Meyer, members of the Committee on Health and Human Services, I'm Jeff McCabe, director of politics and legislation for the Maine Service Employees Association, Local 1989 of the Service Employees International Union. We are a labor union representing over 13,000 Maine workers, including workers in Child Protective Services.

I am joined today by MSEA-SEIU President Dean Staffieri and MSEA-SEIU Field Representative Robin Upton-Sukeforth, who talks daily with the folks on the front line as our representative for Child Protective Services workers. We agree with much of what has been said and the reports presented today. We do feel that the Department's numbers on recruitment and retention at times underestimate the situation regionally and statewide. Staffing shortages, staff burnout and other challenges are only made worse by the ongoing pandemic.

Key takeaways from what our members have been saying:

- Increase investment in services for children and families:
 - Increase investment and availability for in-home and foster-care behavioral health services;
 - Strengthen support for Alternative Response Programs, which assess families experiencing struggles but whose situations don't rise to the engagement level of the Office of Child and Family Services (OCFS), with specific provisions for recruiting and retaining qualified staff;
 - Hire or contract for more Professional Supervisors for parental visits of children in foster care. If we had significantly more case aides, then they could do this work as well; case aides previously did this work.
- Ongoing training for staff and supervisors:
 - OCFS workers used to have the Child Welfare Training Institute as a resource; we should look at investing equivalent attention and resources into training today;
 - General Supervisory training.
- There's been a lack of willingness by management to discuss Child Emergency Services issues at the bargaining table – such as management's refusal to consider a night shift. We think a night shift should be considered.
- We're encouraged to see coordination with others outside of Maine DHHS for community support, shared accountability in how resources are utilized, and recommendation relating to policies changes.

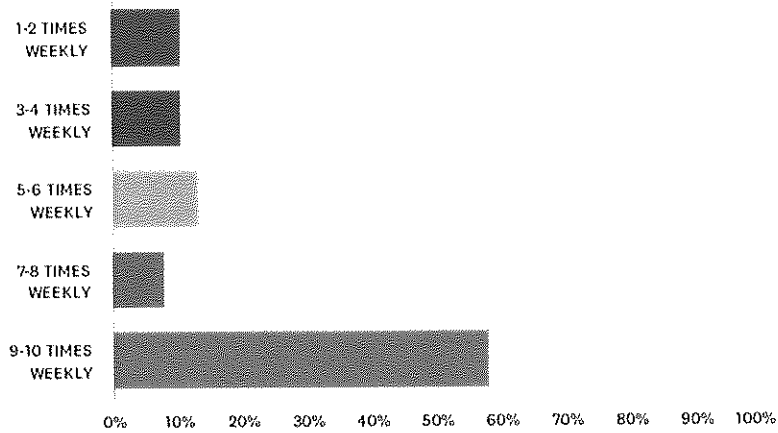
In closing, we recommend taking a look at the overall state of Maine Bureau of Human Resources and ramping up its focus on the recruitment and retention of workers. The bureau should be a model for supporting workers by providing them with the tools and resources they need.

Attached you will find survey results and other information from workers. Going forward, I will serve as the contact for MSEA to answer questions and reach out to our members. I will now turn things over to Dean and Robin to share firsthand accounts from caseworkers and to answer questions. Thank you.

March 2021 Survey:

**Q4 How often do you miss your morning or afternoon break (15 minutes)
count EACH as missing one break.**

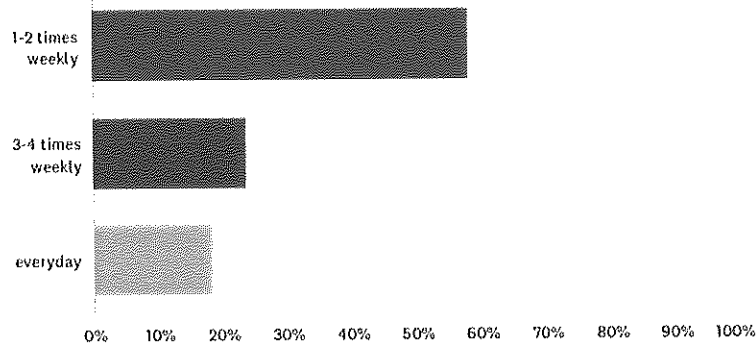
Answered: 38 Skipped: 0



ANSWER CHOICES	RESPONSES	
1-2 TIMES WEEKLY	10.53%	4
3-4 TIMES WEEKLY	10.53%	4
5-6 TIMES WEEKLY	13.16%	5
7-8 TIMES WEEKLY	7.89%	3
9-10 TIMES WEEKLY	57.89%	22
TOTAL		38

Q12 How often do you go into work early (before your normal shift) to work on documentation or other paperwork

Answered: 38 Skipped: 0



ANSWER CHOICES

1-2 times weekly

3-4 times weekly

everyday

TOTAL

RESPONSES

57.89%

23.68%

18.42%

22

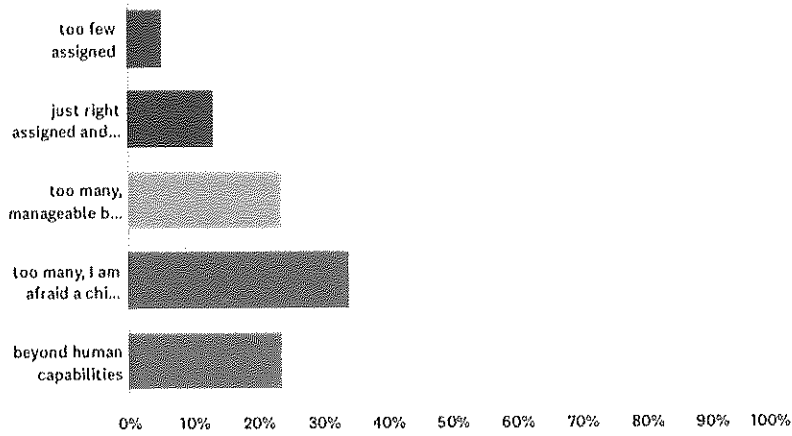
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38

Q15 Caseloads

Answered: 38 Skipped: 0



ANSWER CHOICES

too few assigned
 just right assigned and manageable
 too many, manageable but stressful
 too many, I am afraid a child is put in danger
 beyond human capabilities

RESPONSES

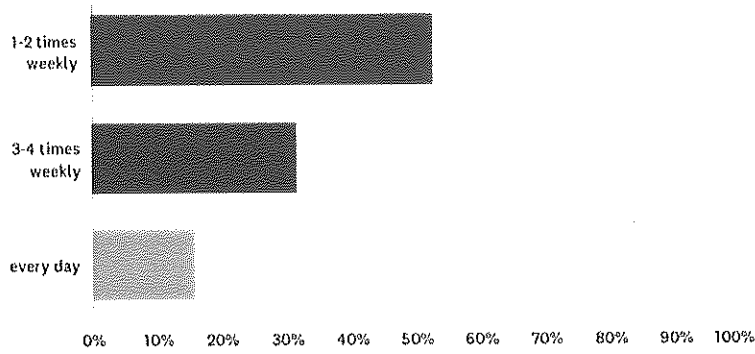
5.26% 2
 13.16% 5
 23.68% 9
 34.21% 13
 23.68% 9

TOTAL

38

Q19 How often have you worked after hours and off the clock to finish documentation or other paperwork?

Answered: 38 Skipped: 0



ANSWER CHOICES

1-2 times weekly

3-4 times weekly

every day

TOTAL

RESPONSES

52.63%

31.58%

15.79%

20

12

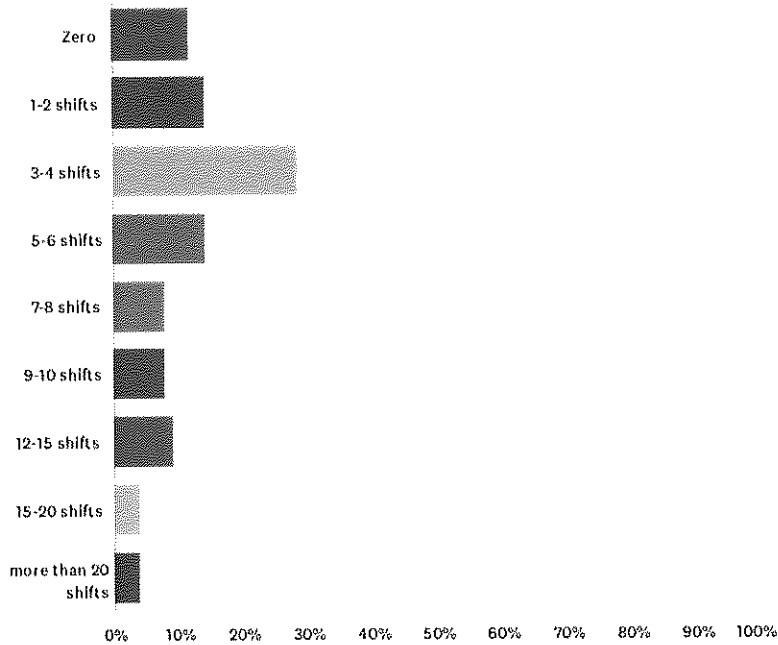
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September 2021

Q3 How many shifts have you been required to sit in an emergency room in the past 6 months. Count as 2 any shift that was extended beyond the original agreed upon hours due to failure to be relieved timely.

Answered: 77 Skipped: 0



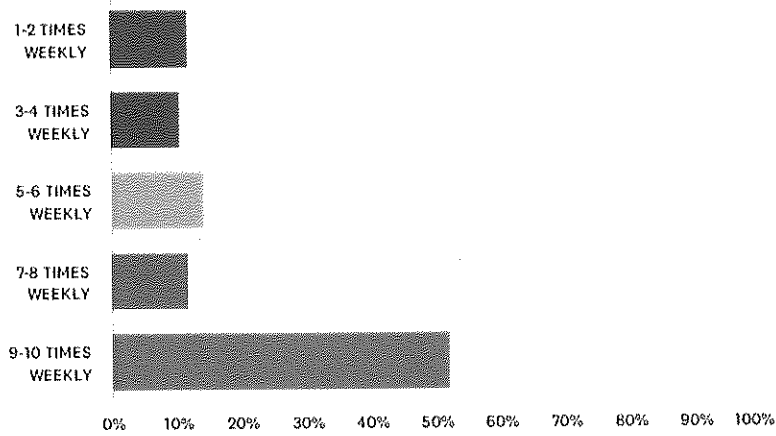
ANSWER CHOICES

RESPONSES

Zero	11.69%	9
1-2 shifts	14.29%	11
3-4 shifts	28.57%	22
5-6 shifts	14.29%	11
7-8 shifts	7.79%	6
9-10 shifts	7.79%	6
12-15 shifts	9.09%	7
15-20 shifts	3.90%	3
more than 20 shifts	3.90%	3
Total Respondents: 77		

Q4 How often do you miss your morning or afternoon break (15 minutes) count EACH as missing one break.

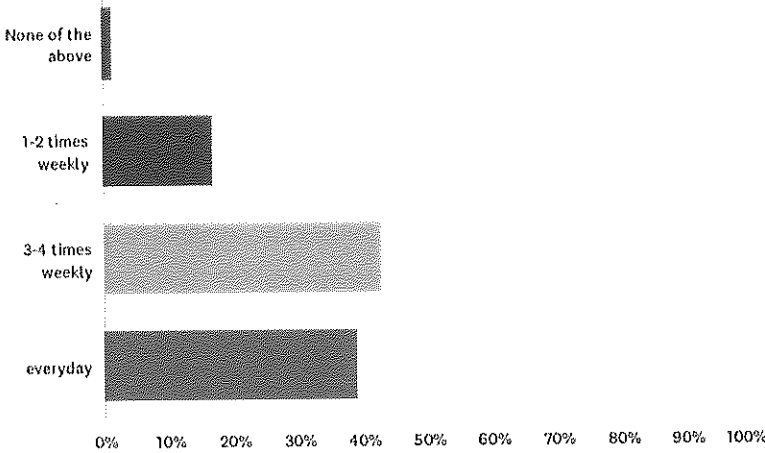
Answered 77 Skipped 0



ANSWER CHOICES	RESPONSES	
1-2 TIMES WEEKLY	11.69%	9
3-4 TIMES WEEKLY	10.39%	8
5-6 TIMES WEEKLY	14.29%	11
7-8 TIMES WEEKLY	11.69%	9
9-10 TIMES WEEKLY	51.95%	40
TOTAL		77

Q8 How often do you work off the clock (go into work early, stay late, work your lunch) to work on documentation or other paperwork

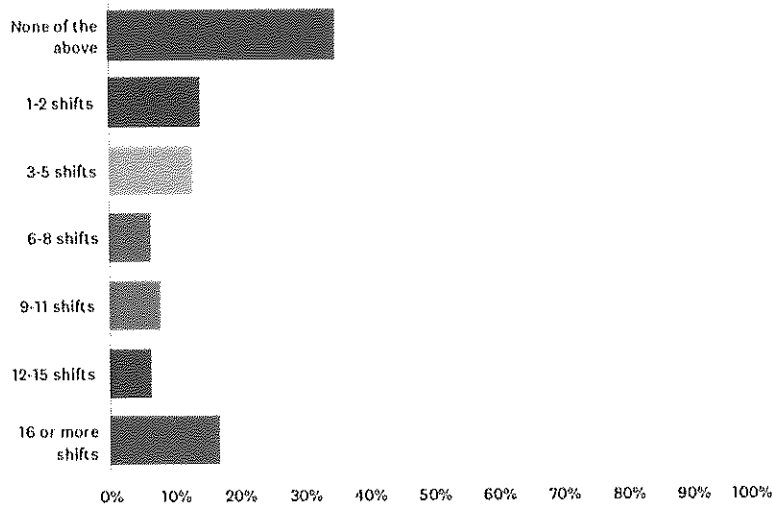
Answered: 77 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	1.30%	1
1-2 times weekly	16.88%	13
3-4 times weekly	42.86%	33
everyday	38.96%	30
TOTAL		77

Q10 In past six months, how many shifts you been required to sit with a child in a hotel when a residential placement was not available? Count as 2 any shift in which you were extended as no one was available to relieve you.

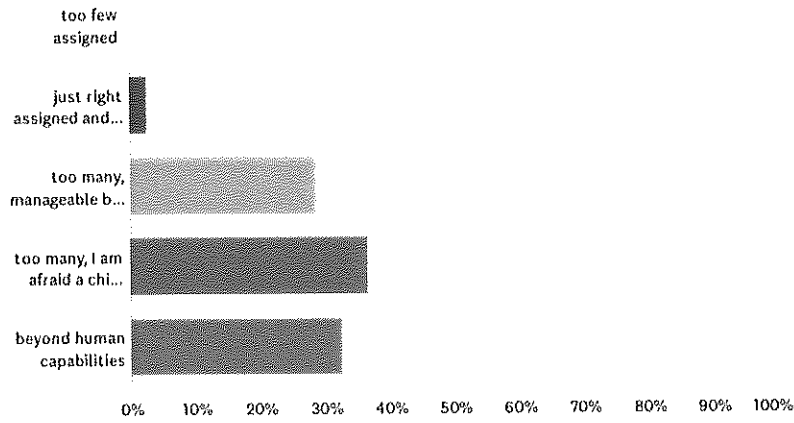
Answered: 77 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	35.06%	27
1-2 shifts	14.29%	11
3-5 shifts	12.99%	10
6-8 shifts	6.49%	5
9-11 shifts	7.79%	6
12-15 shifts	6.49%	5
16 or more shifts	16.88%	13
TOTAL		77

Q11 Caseloads you personally feel:

Answered: 77 Skipped: 0



ANSWER CHOICES

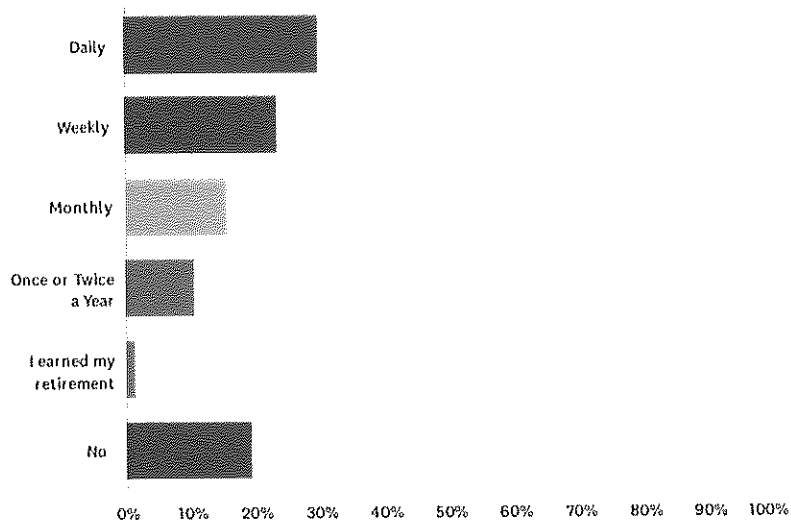
too few assigned
 just right assigned and manageable
 too many, manageable but stressful
 too many, I am afraid a child is put in danger
 beyond human capabilities
 TOTAL

RESPONSES

0.00% 0
 2.60% 2
 28.57% 22
 36.36% 28
 32.47% 25
 77

Q13 Have you contemplated submitting your resignation

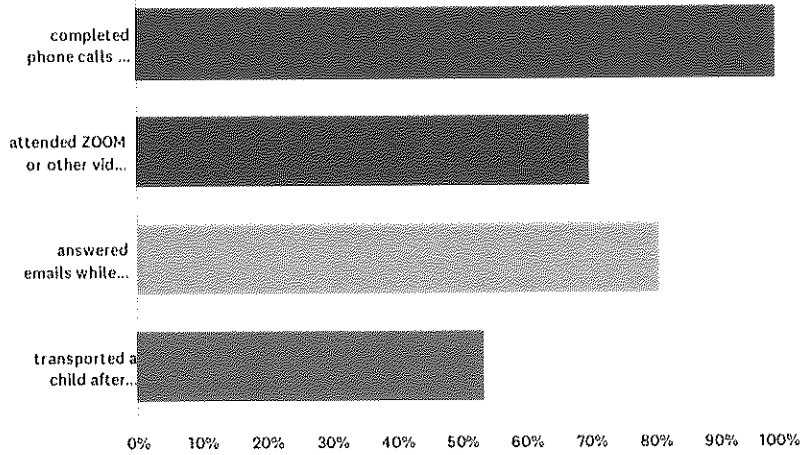
Answered: 77 Skipped: 0



ANSWER CHOICES	RESPONSES	
Daily	29.87%	23
Weekly	23.38%	18
Monthly	15.58%	12
Once or Twice a Year	10.39%	8
I earned my retirement	1.30%	1
No	19.48%	15
TOTAL		77

Q14 To meet job expectation, during the past 24 months have you ever done any of the following

Answered: 73 Skipped: 4



ANSWER CHOICES

completed phone calls to providers and clients while driving
 attended ZOOM or other video conference meetings while driving
 answered emails while driving
 transported a child after working more than 14 hours straight

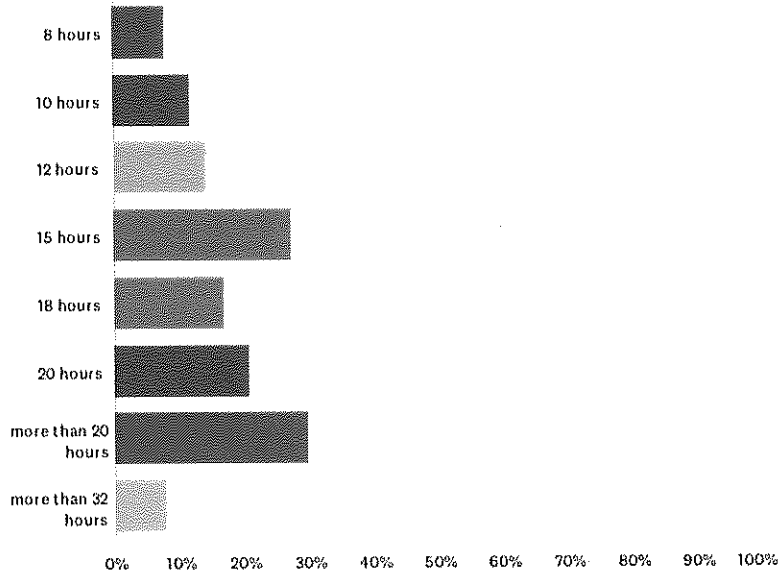
Total Respondents: 73

RESPONSES

98.63%	72
69.86%	51
80.82%	59
53.42%	39

Q15 How many hours have your worked straight without the ability to return home?

Answered: 77 Skipped: 0



ANSWER CHOICES

8 hours
 10 hours
 12 hours
 15 hours
 18 hours
 20 hours
 more than 20 hours
 more than 32 hours
 Total Respondents: 77

RESPONSES

7.79% 6
 11.69% 9
 14.29% 11
 27.27% 21
 16.88% 13
 20.78% 16
 29.87% 23
 7.79% 6