

MINUTES

Children's Cabinet Meeting
January 16, 2024

Updates - Commissioner Lambrew and Ana Hicks

- DHHS welcomes Tara Williams to the Office of Child and Family Services (OCFS).
- Child Safety and Family Well-Being Plan <https://www.maine.gov/dhhs/programs-services/human-services/child-safety-and-wellbeing-plan> and <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/2023-05/Maine%20Child%20Safety%20and%20Family%20Wellbeing%20Plan.pdf>

For the Child Safety and Family Well-being Plan, the team is implementing budget initiatives supporting:

- Communications campaign around “Parenting is hard”, and people should reach out for resources.
- Community-based coalitions - partnered with the Maine Child Welfare Action Network (MCWAN) <https://mainechildrensalliance.org/priorities/maine-child-welfare-action-network/>
- Special thanks to Mariette Aborn and MCWAN partners for their work to date; they will present this work at the Health Unit Services Committee on January 31, 2024

Early Care and Education – OCFS passed new emergency rules in December to expand the early care and education workforce salary supplement program. The biennial budget included a doubling of the investment in this program. We moved from a \$200 flat monthly stipend for all early childhood educators working in licensed child care programs to a 3-tiered stipend program which is based on education and experience:

- Tier 1 - \$275 per month
- Tier 2 - \$415 per month
- Tier 3 - \$625 per month

In a series of past focus groups educators as well as directors of programs, spoke passionately about the importance of recognizing education and experience.

Stipends are provided through the childcare program and paid directly to employees. The hope is to reach the Children's Cabinet goal of recruiting and retaining a qualified and diverse early childhood workforce. We will be evaluating the program with funding provided by PDG grant beginning this spring.

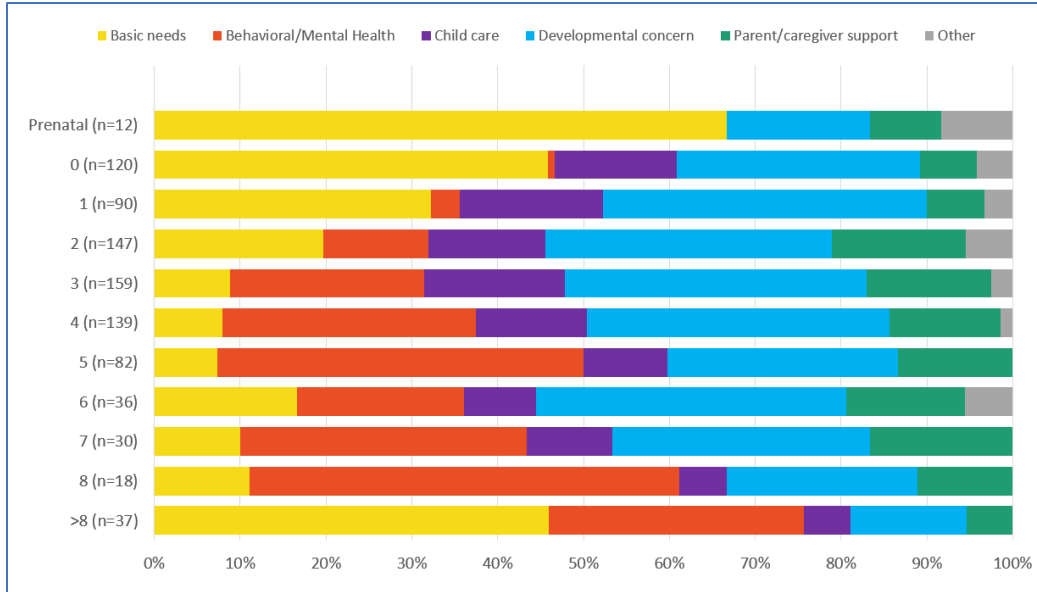
Child Care Infrastructure Grants – part of the Maine Jobs and Recovery Plan – over 150 grants provided to help child care programs, both center- and family-based programs to get off the ground/expand.

- OCFS in partnership with the Coastal Enterprise, Inc. (ceimaine.org) provided almost \$10 million dollars in grants for an anticipated 3,800+ new child care slots.

- Jackson Lab received a \$250,000 child care infrastructure grant and opened a new child care center with 50 new slots, both for their employees as well as for folks in the Bar Harbor Community.
- Will continue to award grants - \$15 million dollars available.
- Expansion of public Pre-K - through the Maine Jobs and Recovery Program
 - 31 grants awarded to school administrative units for expanding new slots or part time slots to full day/full week slots with 931 students served.
 - Preliminary Department of Education data shows a continued increase enrollment of 4-year-olds in public Pre-K (6,400 new slots/children, approximately 55 percent of all 4-year-olds).

Help Me Grow (Ana, Hicks; Kelly Finck Waters, USM Research Associate; and Jessica Wood, Help Me Grow Program Manager)
(see attachments)

- <https://www.maine.gov/dhhs/ocfs/support-for-families/child-development>
- Free service available to children up to 8 years of age.
- Families/parents can call for information (child development, connections to community resources, early intervention services and healthcare services).
- Family resource navigator to assist families connect and access services.
- Partnership with 211 for parents/families/caregivers to call/access Help Me Grow to talk directly with a family resource specialist and get information about resources (child developmental screening, early intervention services, healthcare services, etc.)
- Team will follow up with family 5, 25, and 60 days after the call to ensure a connection to services was made.
- 728 children were served in the 2023 calendar year; 73% of the children served were 0 to 4 years old.
- Connected with families in all 16 Maine counties.
- Of 396 intake cases where families shared their race/ethnicity:
 - 54% were white, 29% were other races/ethnicities with 66% of those families being black or African American
 - 75% English is the primary home language;17% other than English is the primary home language with the most common languages Lingala, Portuguese, and French.
 - In September 2023, Help Me Grow hired a family support specialist/cultural broker to assist with non-English speaking families who is fluent in Lingala, French, English, and Swahili, and can understand 3 additional languages.
- Entry point (how a family connects with Help Me Grow) most common ways are healthcare providers reach out directly on behalf of family, family reaches out directly and 211.
- Free developmental screening, beginning in September screening events were held at child care centers across Maine.
- Concerns/what do families need help with?
 - Developmental concerns/questions are the most common reason people call.
 - Concerns appear to differ by age of child



- Family support specialists provided to families almost 1,279 resources to 379 different agencies and programs and in many cases, more than one resource was provided.
 - Maine Parent Federation (<https://www.mpf.org/>) most shared resource; child care choices was second most shared resource.
 - Recommendation from Help Me Grow national is to provide 3 choices per concern.

2023 Language Summary

Of the 728 children served by HMG in 2023, **75% reported English as the primary home language and 17% speak a language other than English at home.**

Reasons for Contacting HMG

Non-English-speaking families had higher rates of needing support for basic needs, while English-speaking families had higher rates of needing support for their child's behavioral/ mental health. All populations contacted HMG about developmental concerns, child care, and parent support at similar rates.

Additional Data:

- English-speaking families connected with HMG through a variety of entry points, with 211 being the most common (24%). **The most common way for non-English-speaking families to connect with HMG was through a healthcare provider (40%).**
- For HMG "intake" cases, **non-English-speaking families needed an average of 25 additional days for their cases to close** (104 days vs. 79 days for English-speaking families).
- Non-English-speaking families were connected to services at a higher rate than English-speaking families (72% vs. 61% for English-speaking families).**

English-Speaking Families

- More calls to HMG about boys (63%)
- >50% of calls for children ages 2-4 years
- Callers represent 16 counties

Non-English-Speaking Families

- HMG calls about boys/girls at similar rates
- 75% of calls for prenatal persons & babies <1 year
- 87% calling from Cumberland or York counties

- Length of time that cases remain open and active (all intakes combined) averages 79 days (longer for cases with non-English speaking families).
- Overall connection rate is 75%; cases with barriers (e.g., wait lists, caregiver not following through, and language) is lower.

- National Help Me Grow requires the state to hold a large community event each year and Maine Help Me Grow will focus on 2 areas where participation has been low--Knox or Lincoln County and Aroostook County.
- Been in collaboration with MaineCare Services - section 106 to include early intervention as an identified need.
- Contracting with Reach My Teach - translation services by text or email.
- RUBI - offering free access to the Attend Behavior parenting app (evidence-based treatment for children with autism).
- Contracting with a provider in Maine to train 6 Section 28 providers in early intervention.

Questions/Comments

Commissioner Lambrew: Is there anything in the early data that's surprising to you. All that we should know about.

Jessica Wood: Basic needs (e.g. diapers, wipes, strollers, etc.) is pervasive across the State. Working to collaborate with entities to meet those basic needs (e.g., Baby to Baby <https://baby2baby.org/> , KVCAP <https://www.kvcap.org/>).

Kelly Finck Waters: I was surprised by was the disparity in gender especially for the English speaking families that we're consistently seeing more calls about boys than girls.

Amy Belisle: Are there ways the Children's Cabinet can help promote the service and spread this work across the State?

Jessica Wood: Any opportunity to share spread the word about Help Me Grow—we are ready and eager to collaborate statewide. Our biggest concern has been accessibility for the new Mainer populations. Our services are free, we just want to help families to navigate systems that can sometimes be confusing.

Katherine Russum: Professionals in the field (e.g., case managers, behavioral health coordinators) can also seek support from Help Me Grow educating themselves about what's what resources are available in their communities.

Commissioner Liberty: Have you had any contact with any parents have been currently incarcerated, or any pregnant women that are incarcerated?

Katherine Russum: No, I don't believe we have had any contact.

Ana Hicks: It seems like a population we need to make sure they know about Help Me Grow.

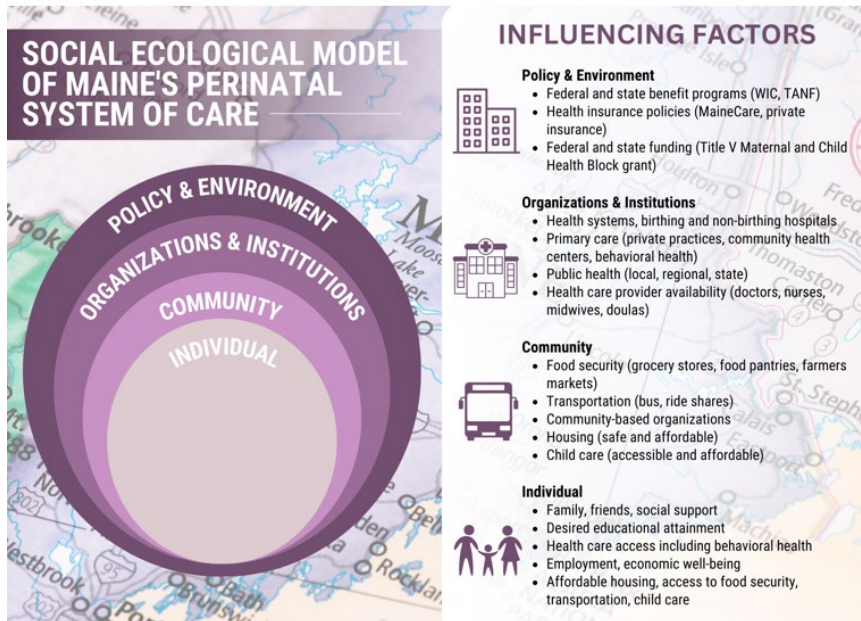
Megan Welter: Is Reach My Teach being deployed in any other settings besides schools?

Jessica Wood: Currently a one-year pilot in Portland. We're going to try to use it across the board with our Help Me Grow team for the same purposes that schools use it--accessibility and translation into spoken and written word of the recipients. It also translates pdfs.

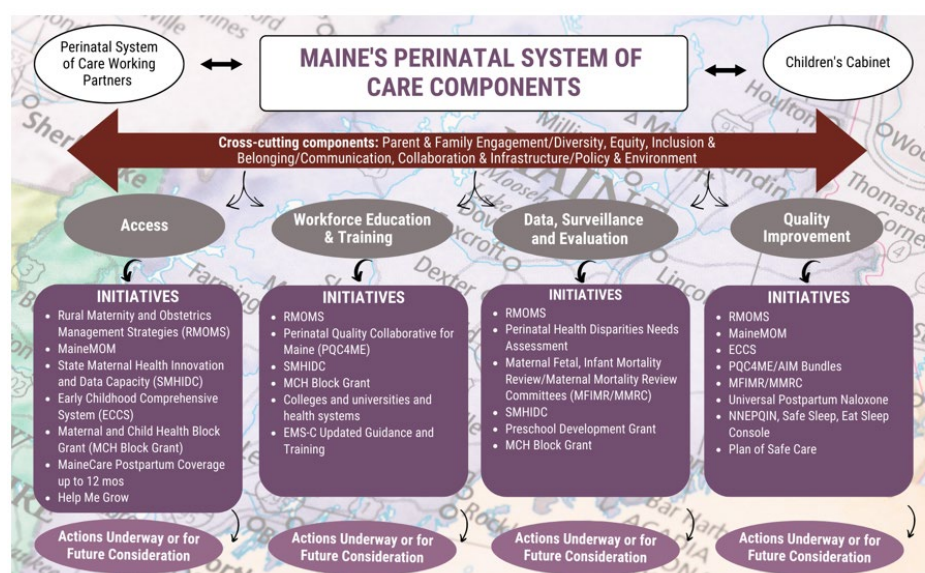
Ana Hicks: Reach My Teach allows for direct communication with parents via emails/texts as well.

Perinatal Systems of Care Roadmap - Deb Deatruck, Public Health Consultant and Kelley Bowden, Perinatal Nurse Consultant
(see attachment)

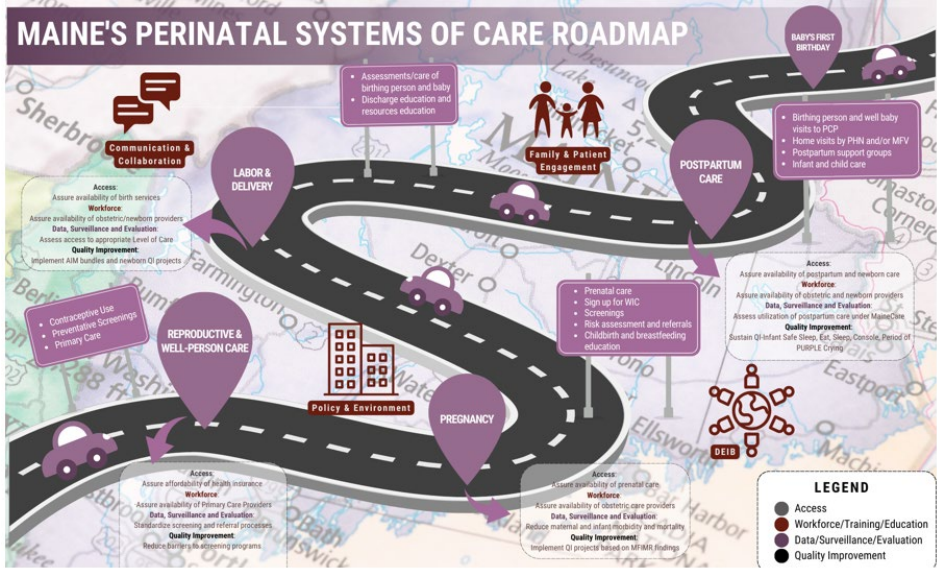
- Perinatal for the systems of care work is defined as preconception through age one year old.
- Perinatal Quality Collaborative for Maine (PQC4ME): www.pqc4me.org.
- Identify and organize portfolio of perinatal-related initiatives in the public and private sectors in order to increase awareness and identify gaps for potential future action.
- *Understanding and Addressing the Drivers of Infant Mortality in Maine* (2020) – report [Building-Maines-Perinatal-System-of-Care-A-Roadmap-for-The-Future](#)
 - Infant mortality is the result of multiple factors in Maine.
 - Identified seven strategies, assets, and strengths to build on.
- Perinatal systems of care working partners group created to bring people together and try to align initiatives/efforts and encourage collaboration.
- 10+ Million funding received in 2022:
 - Examine in greater detail why pregnant/postpartum women are dying in Maine
 - Improvement in data collection/analysis
 - Roadmap report has summary of grants
- One of the findings is that there is much data however, awareness/access is low.
 - Need to promote awareness of dashboards and reports (ME CDC website <https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/maternal-infant/> and www.pqc4me.org).



- Core components of the perinatal system of care: Access, Workforce Education/Training, Data, and Quality Improvement.
- Cross Cutting Components that influence every aspect of Core Components: Parent/Family Engagement, Diversity, Belonging, Communication, Collaboration, Infrastructure, Policy and Environment.
- Initiatives, including ongoing programs within state government and private sector (see graphic below).
- Actions/Initiatives for future considered/implementation can be found in a separate document on the www.pqc4me.org.



- Graphic of roadmap (beginning 3 months pre-pregnancy) showing recommend services, components, and the cross-cutting components going on in the background.
- As continuum with many components, we need to ensure coordination and support across the system.



Questions/Feedback can be directed to Project Manager Ashlee Crowell Smith, MBA (Acrowell-smith@mainemed.com)

Roadmap Report can be found at this link: [Building-Maines-Perinatal-System-of-Care-A-Roadmap-for-The-Future](#)

Work since the completion of the Roadmap Report (Dr. Amy Belisle)

- Children's Cabinet added strategies around parental systems of care.
- Two assessments examining disparities with regard to perinatal needs.
- Maine Health rural maternity grant - **RMOMS** program to increase access to maternal and obstetrics care in rural communities (<https://www.maine.gov/dhhs/blog/maine-cdc-maternal-and-child-health-program-awarded-competitive-5-million-federal-grant-further-2022-10-07#:~:text=The%20grant%20will%20provide%20%241,facing%20birthing%20people%20before%20and>).
- New parental nurse and outreach educator working with the Maine Emergency Medical Services (EMS) for children on setting up basic life support and obstetrics in the state, offering rural hospitals, emergency medical services/emergency room providers more training opportunities around maternity emergency care.

- Updated protocols for maternity/newborn transport for the state and identified a solution to safely and effectively cradle and secure a newborn during ambulance transportation (KangooFix Neonatal Restraint System).
- In 2022, MaineCare coverage was expanded to pregnant people to 12 months postpartum and in 2023, a toolkit was released to publicize that information. In 2023, coverage was also expanded to the unborn child option to pregnant people without citizenship and in December coverage was further expanded to 12 months postpartum. Much work related to the unwinding process to ensure access to MaineCare coverage after the public health emergency (Covid) with targeted campaigns to women/infants/children.
- MaineCare finalize new section of policy (Section 89) for MaineMOM services expanding Maine’s offering of substance use treatment service for pregnant and postpartum MaineCare members.
- DOE “Child Development Services” renamed “Early Intervention for ME” is working with DHHS improving care for families affected by substance use disorder. Training staff on the Brazelton touchpoints, approach and newborn behavioral observation system. Added to the automatic eligibility to include prenatal alcohol exposure.

Final Comments

Commissioner Sauschuck: Wil O'Neal will be the Department of Public Safety's new State EMS director.

Samantha Dina: Maine Employer Summit <https://www.maineemployersummit.com/>

Next Meeting

March 19th 10:30-11:30am

- Youth Career Exploration
- Post-secondary Education
- Pre-apprenticeships and Apprenticeships

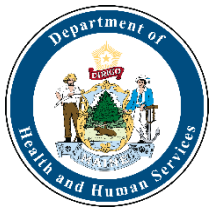


Help Me Grow Maine

Children's Cabinet
January 16, 2024

What is HMG Maine?

Help Me Grow (HMG) Maine is a free service available to children up to eight years of age and their families. Help Me Grow Maine **connects you to information and services** about child development and community resources. In partnership with 211 Maine, any parent, caregiver, or provider can call for support. The Help Me Grow team will listen, link you to services, and supply ongoing support when needed.





A Family's Journey

How It Works



STEP ONE

Contact Help Me Grow Maine through our website, calling 211, or calling the program directly at 1-833-714-7969.



STEP TWO

During this call, a resource specialist will give resources, support, and offer a developmental screening. If needed a resource specialist will refer the child to appropriate services.

If we missed your call, a resource specialist will reach out within 24 business hours.



STEP THREE

After support is provided, a resource specialist will follow up with a family 5, 25, and 60 days after to ensure their needs are being met.



STEP FOUR

The outcome of referrals will be provided to the medical provider of parent's choice.



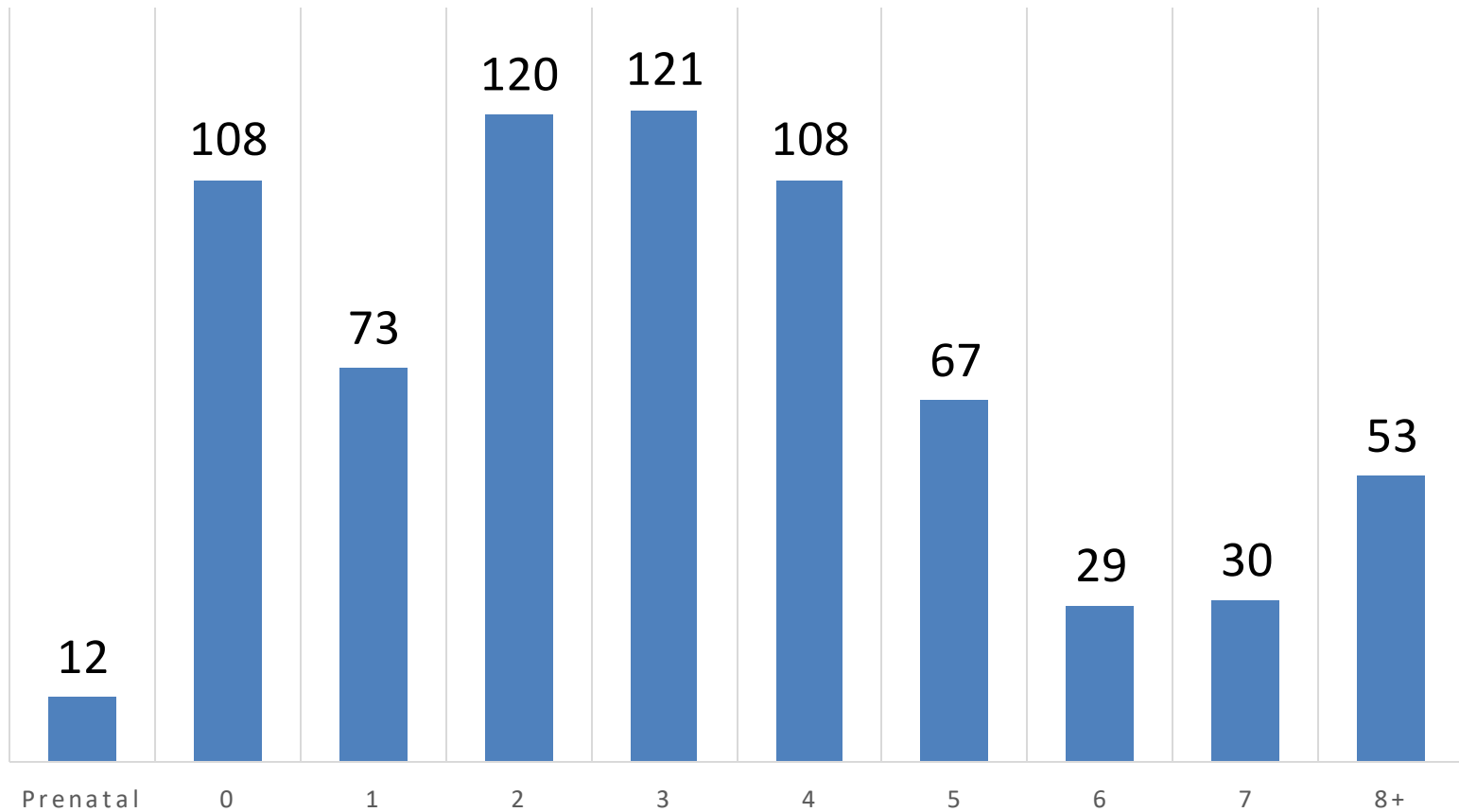
Non-Discrimination Notice

The Department of Health and Human Services does not discriminate.

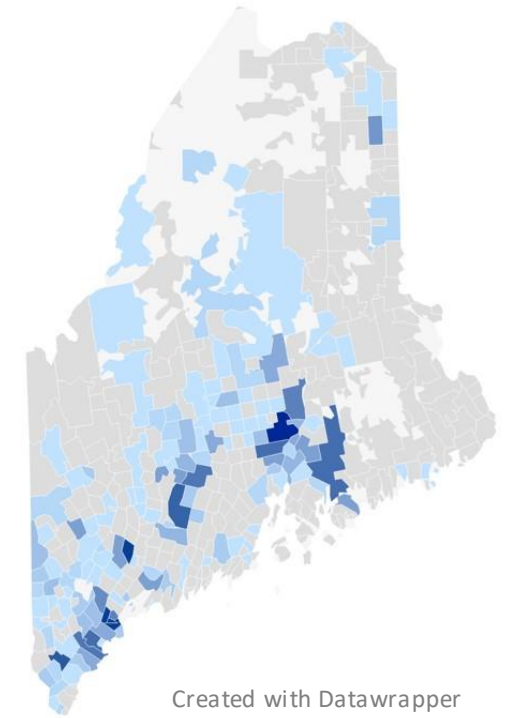
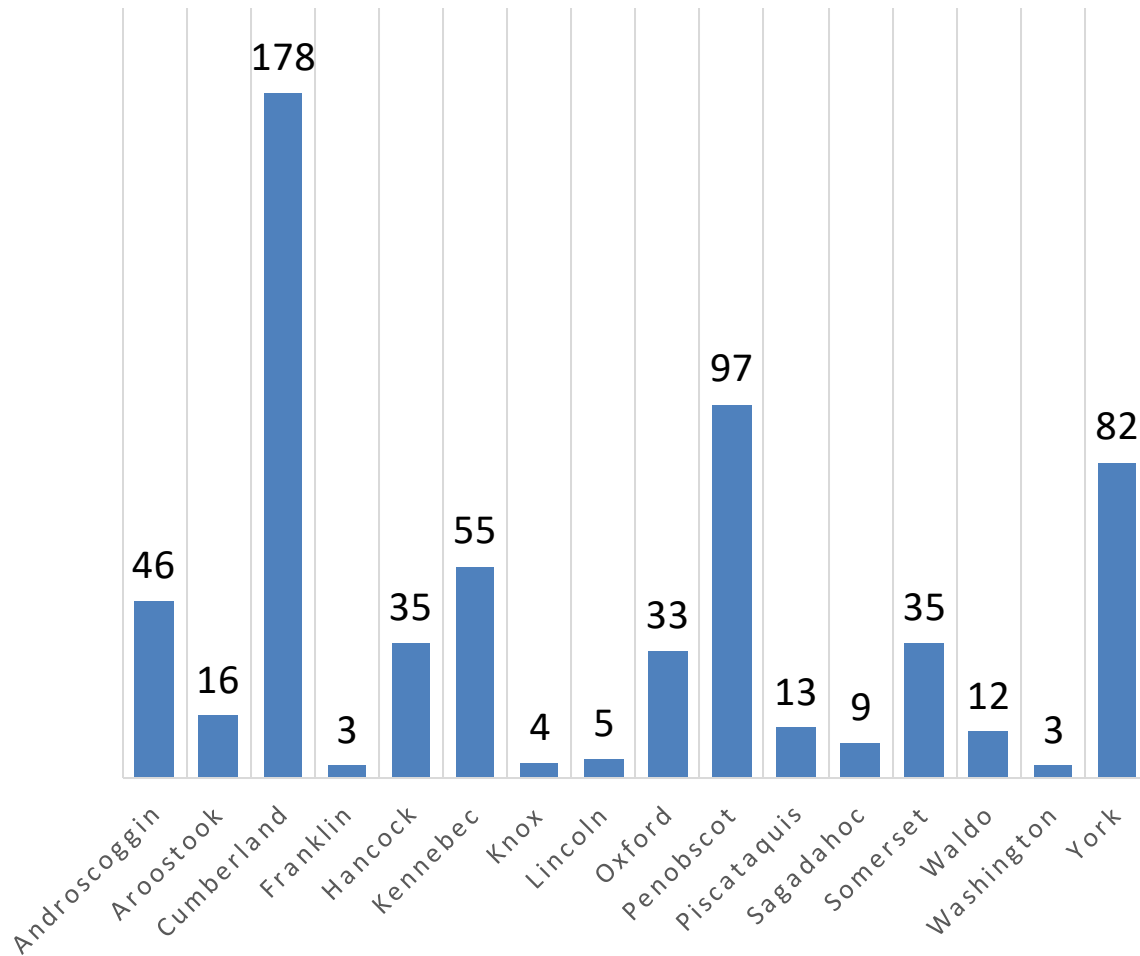
HMG Maine Data

January 1, 2023 – December 31, 2023

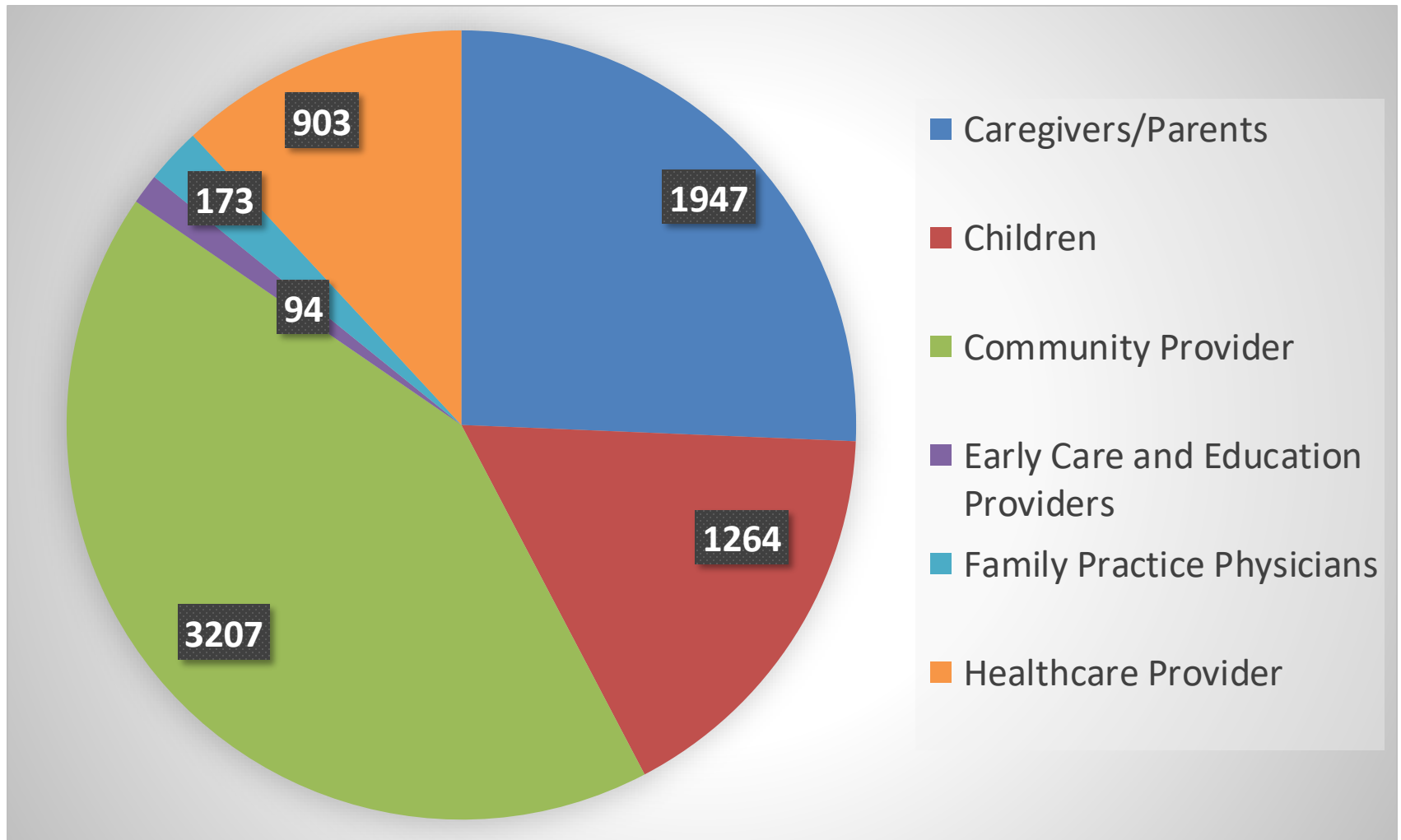
Children Served by Age Range



Children Served by County

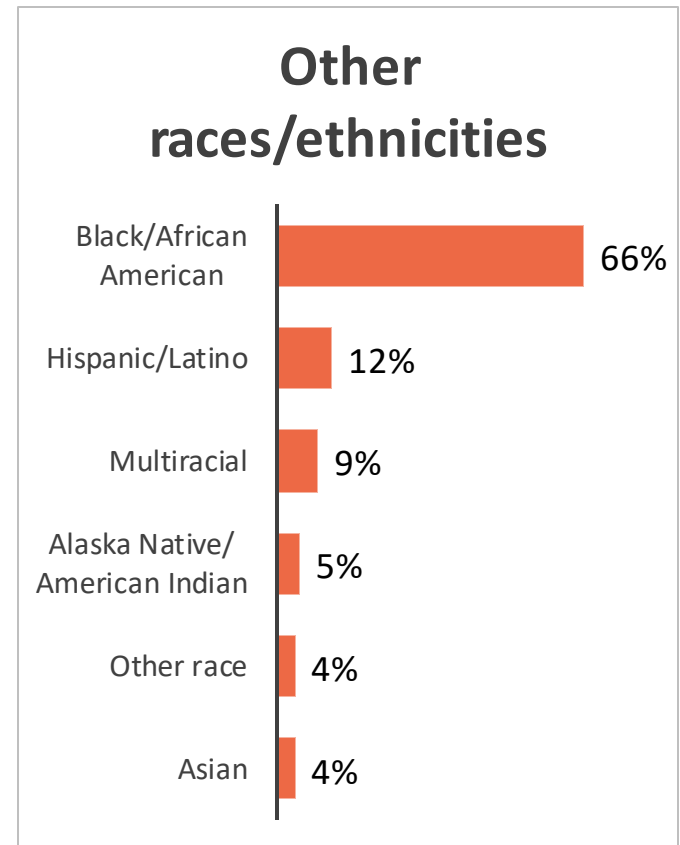
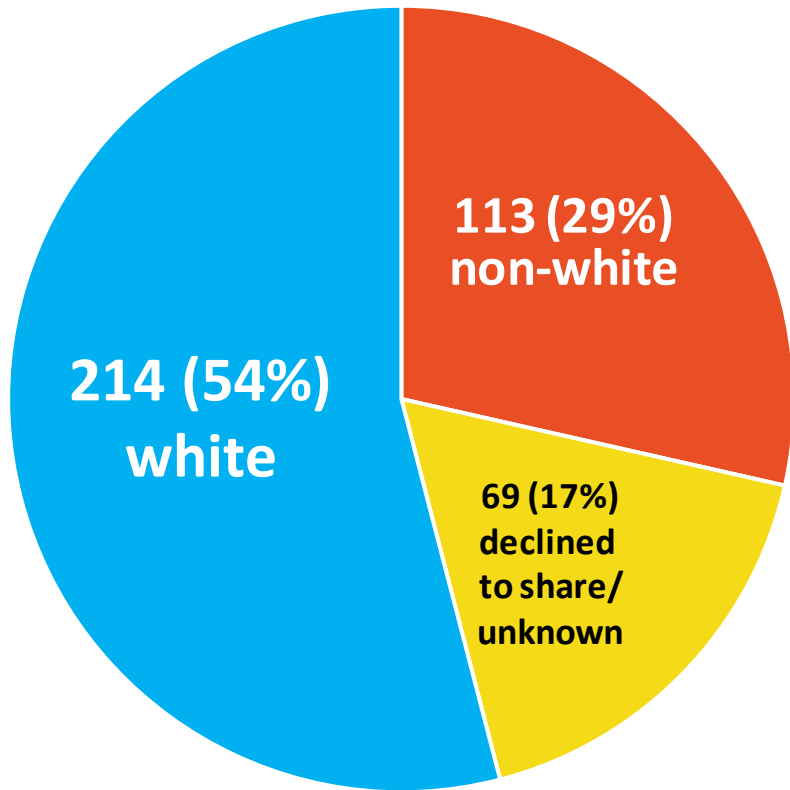


Outreach by Participant Type

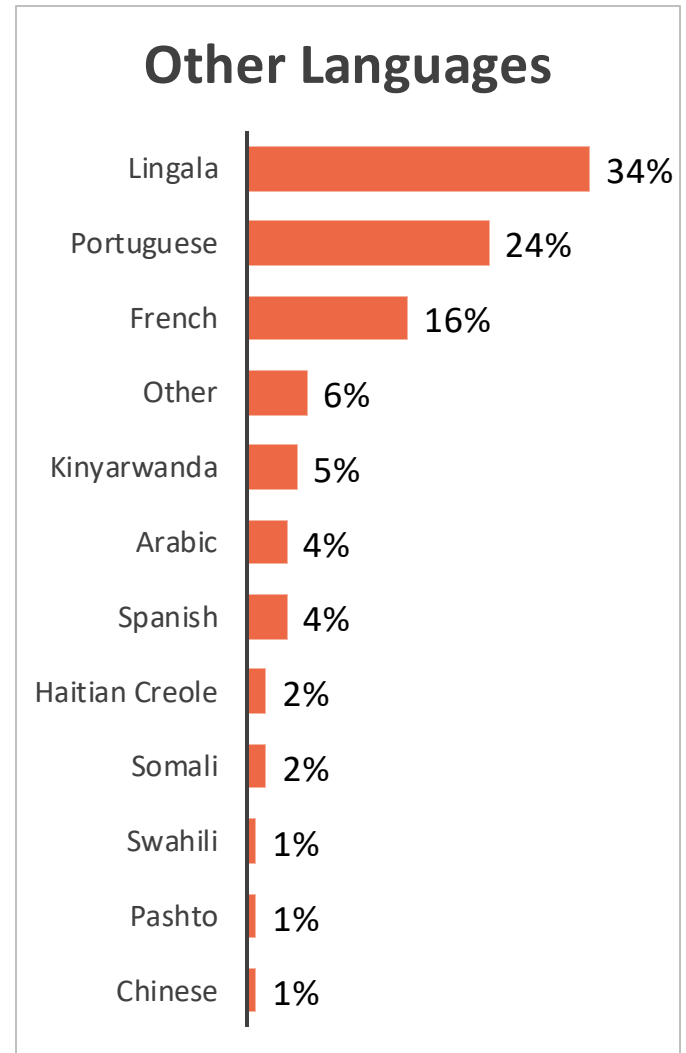
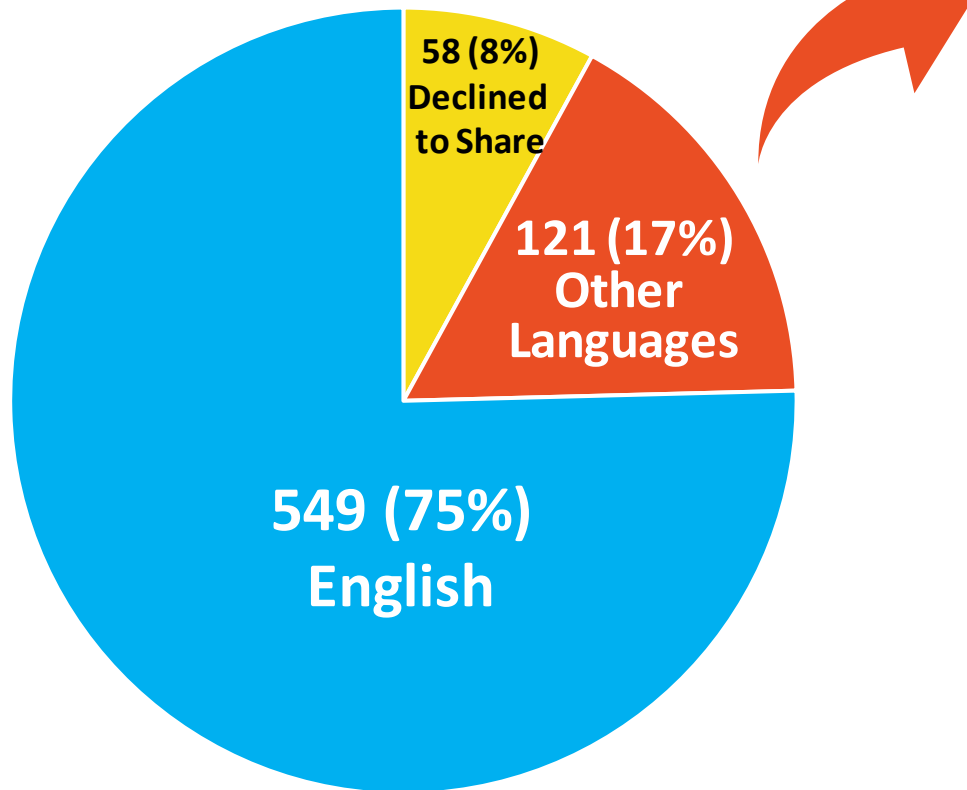


Race/Ethnicity

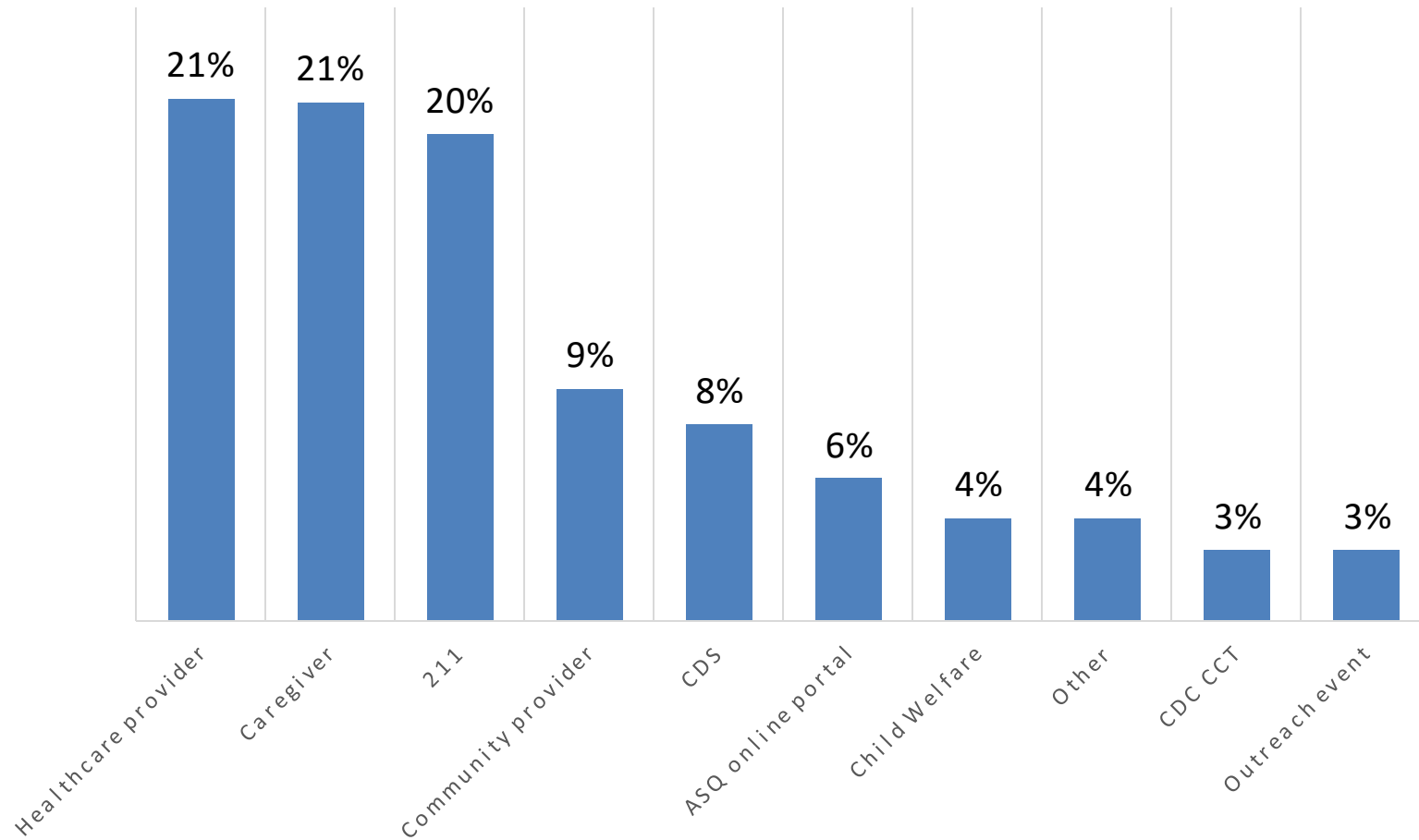
Race/ethnicity data collected for 396 intake cases



Primary Language

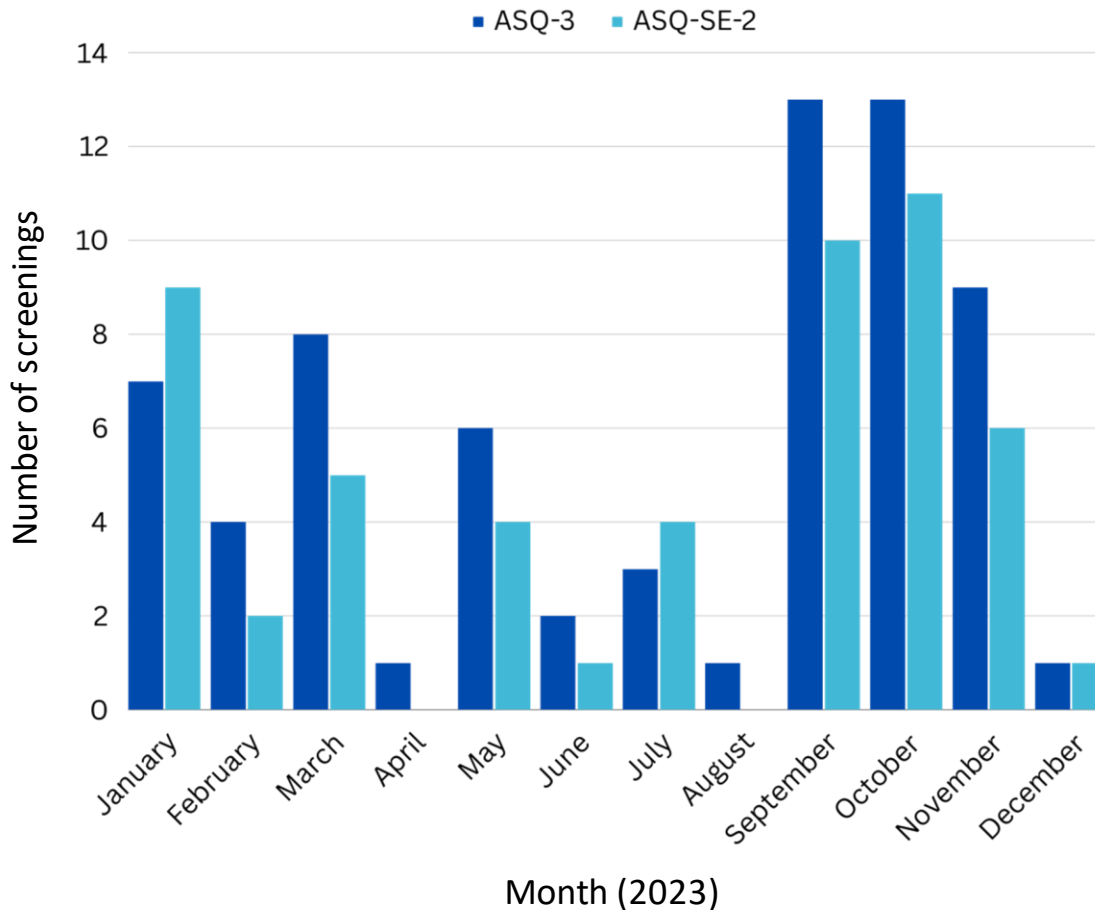


Entry Point



ASQ[®] Completed by Month

Total: 121 Screenings

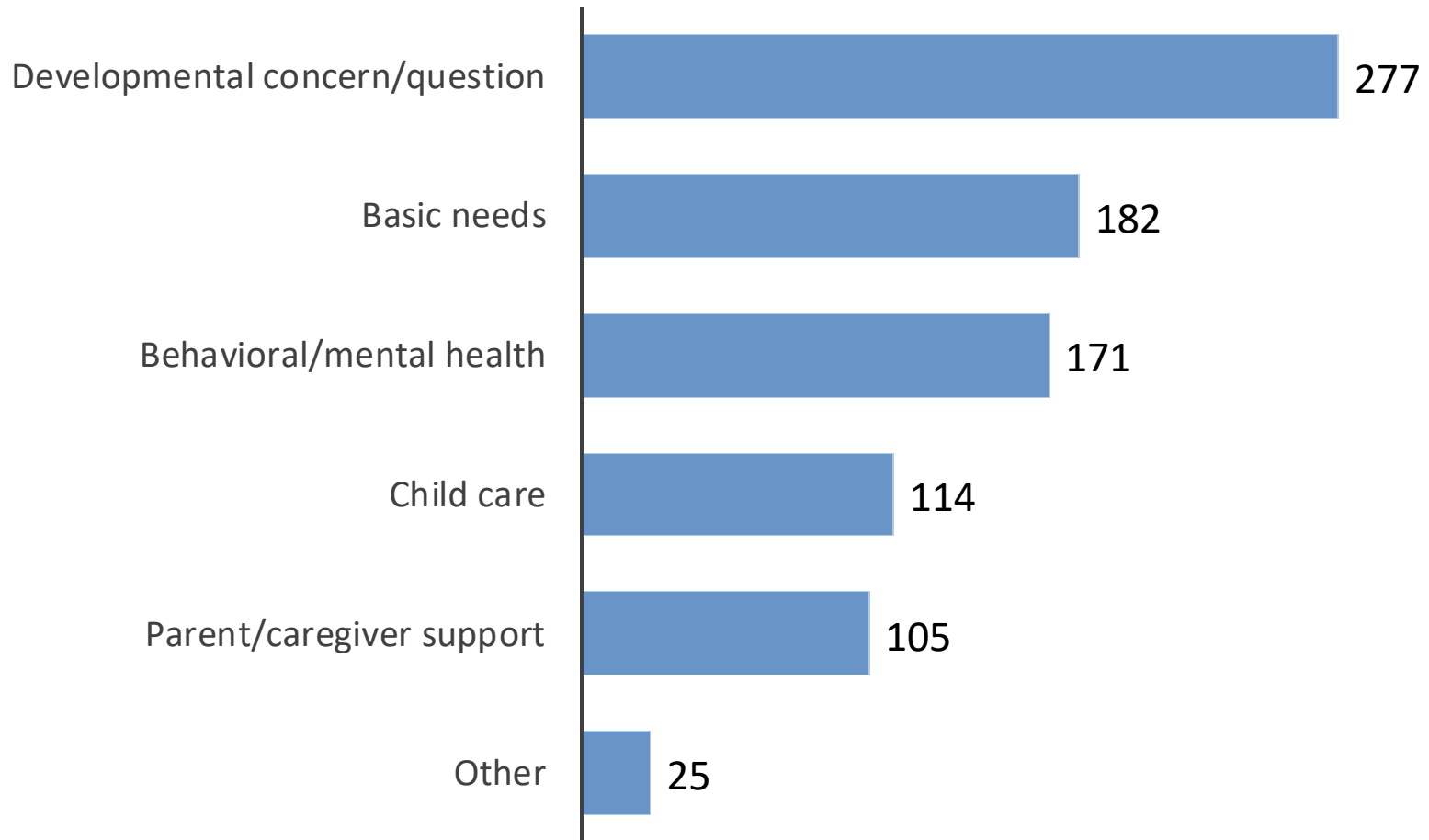


Screening events were held in September, October, and November in various child care centers throughout the state.

The events drastically increased the number of developmental screenings completed and led to HMG reaching its goal for the number of screenings completed in the 2023 calendar year.

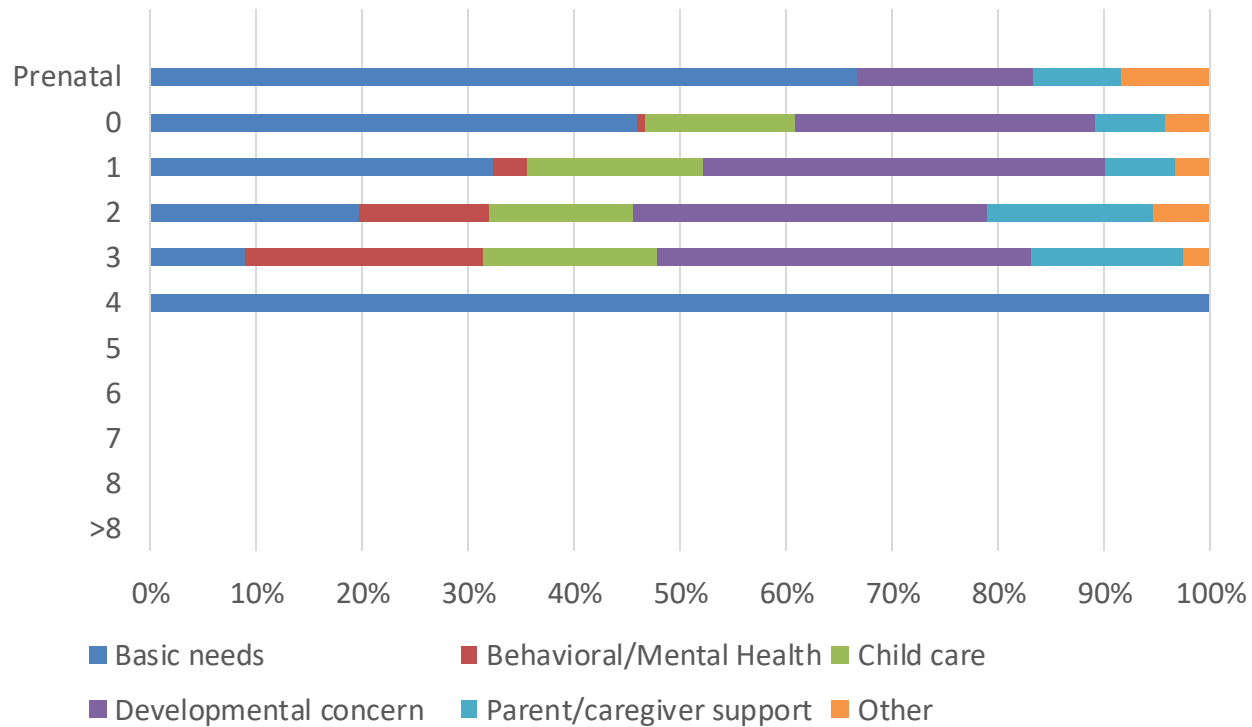
Identified Concerns

Total: 874 concerns



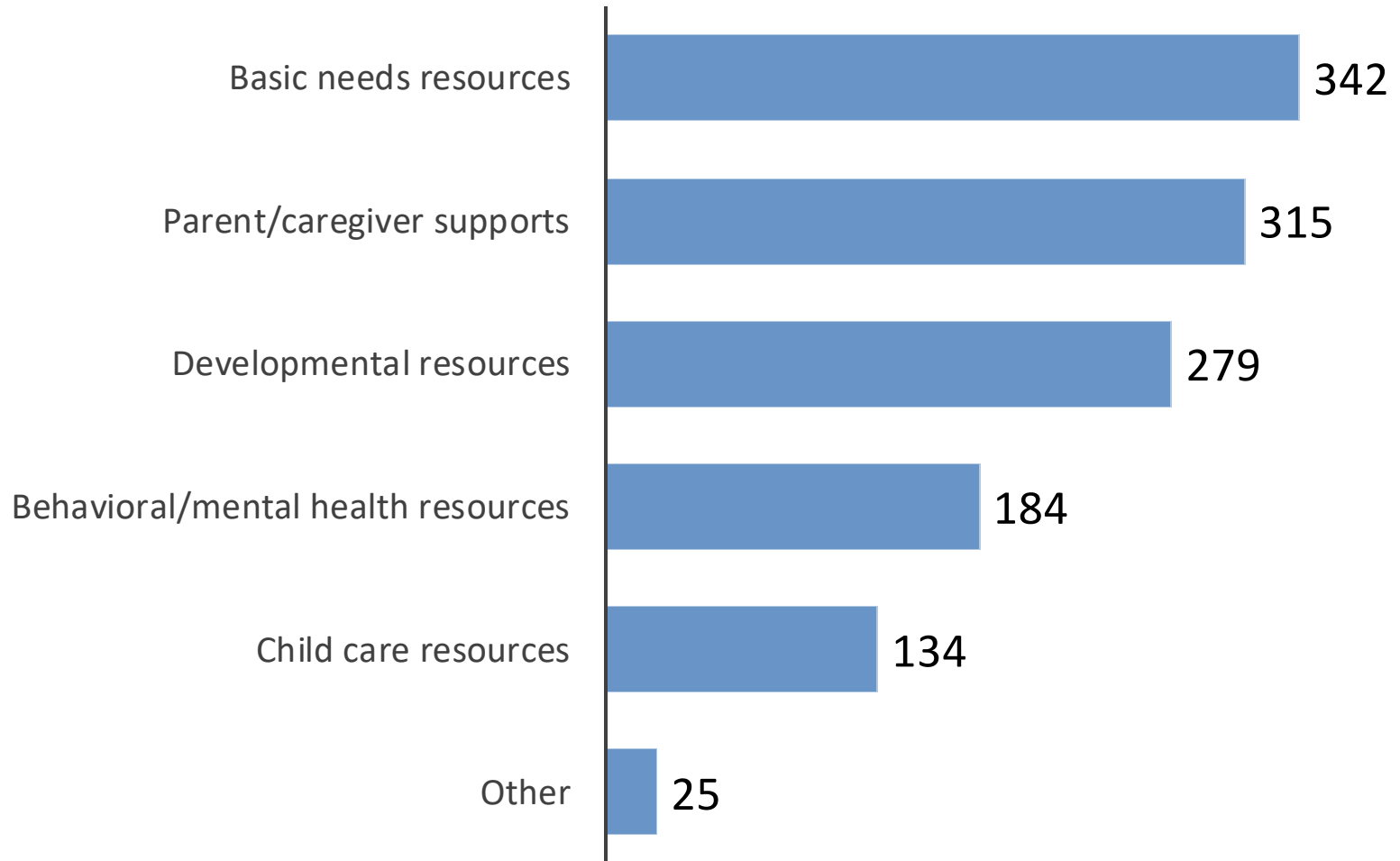
Concerns by Age

Chart Title

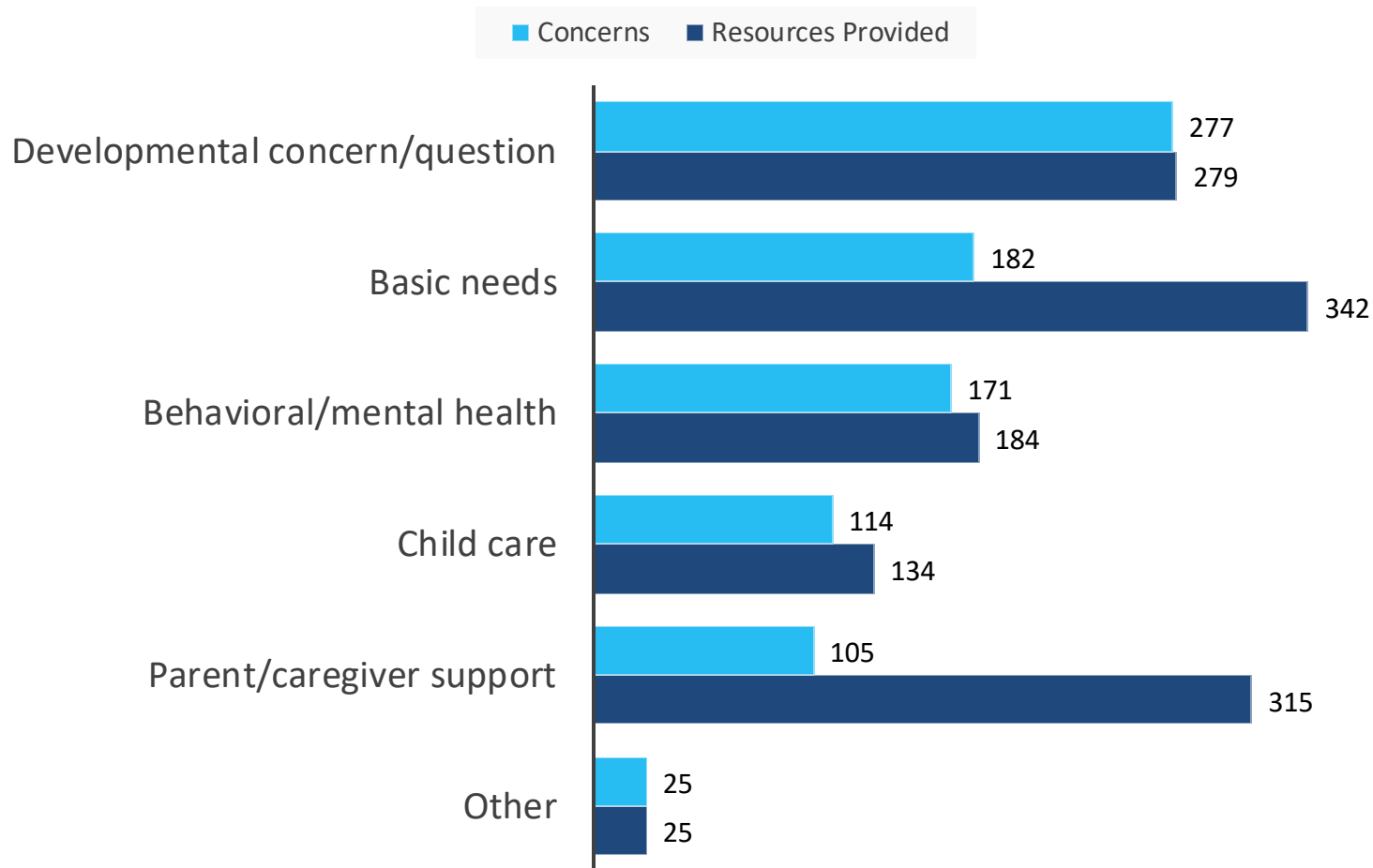


Resources Provided by Category

Total: 1,279 resources for 379 different agencies/programs



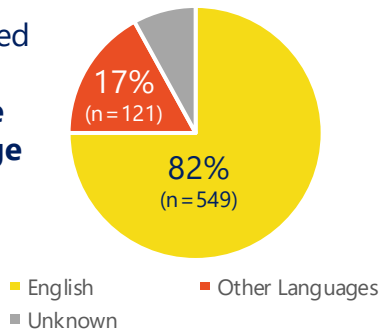
Concerns & Resources Provided Combined



Language Differences: A Closer Look

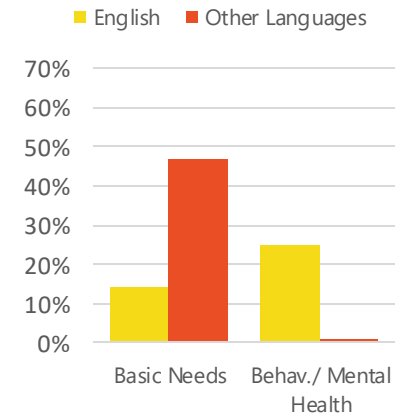
2023 Language Summary

Of the 728 children served by HMG in 2023, **75% reported English as the primary home language and 17% speak a language other than English at home.**



Reasons for Contacting HMG

Non-English-speaking families had higher rates of needing support for basic needs, while English-speaking families had higher rates of needing support for their child's behavioral/mental health. All populations contacted HMG about developmental concerns, child care, and parent support at similar rates.



English-Speaking Families

- ▶ More calls to HMG about boys (63%)
- ▶ >50% of calls for children ages 2-4 years
- ▶ Callers represent 16 counties

Non-English-Speaking Families

- ▶ HMG calls about boys/girls at similar rates
- ▶ 75% of calls for prenatal persons & babies <1 year
- ▶ 87% calling from Cumberland or York counties

Additional Data:

- ▶ English-speaking families connected with HMG through a variety of entry points, with 211 being the most common (24%). **The most common way for non-English-speaking families to connect with HMG was through a healthcare provider (40%).**
- ▶ For HMG "intake" cases, **non-English-speaking families needed an average of 25 additional days for their cases to close** (104 days vs. 79 days for English-speaking families).
- ▶ **Non-English-speaking families were connected to services at a higher rate than English-speaking families** (72% vs. 61% for English-speaking families).

Working with Families



Of the 327 cases that have closed, cases were open/active for an average of 79 days.

For cases with non-English-speaking families, cases were open for an average of 104 days.

For cases where families have experienced one or more barrier, cases were open for an average of 121 days.



Connecting Families

All Cases with Known Outcomes

Connected	141	75%
Pending	4	2%
Not Connected	44	23%
TOTAL	189	100%

Cases with 1 or More Barriers

Connected	35	42%
Pending	3	4%
Not Connected	45	54%
TOTAL	83	100%

Top barriers:

1. Waitlist (21%)
2. Caregiver did not follow through (20%)
3. Language barrier (11%)



Help Me Grow Maine

HMG Projects & Updates

- Collaboration with Office of MaineCare Services, providing provisional feedback on Section 106, to include Early Intervention-an identified need for Maine Families
 - Of concern is not all families in need of EI services will have MaineCare, or eligibility for Katie Beckett Medicaid
- HMG contract with Reach My Teach, enabling seamless translation by text or email, to the native language of the recipient, to begin in 2024
- HMG offering families of children with developmental delay free access to the Attend Behavior parenting app (RUBI)
- Contracting with a provider in Maine to train 6 RCS28 providers in Early Intervention, in an effort to offer specialty EI training for children in their home/community setting
- CDS is offering families ineligible for Part B and Early Intervention for ME (Part C) the support of HMG
- HMG team will be fully staffed 1/22/24, the final Family Support Specialist will join the team

Questions?



Help Me Grow Maine

Toll-Free: 1-833-714-7969

Tel: 207-624-7969

e-mail: HelpMeGrow@maine.gov

Website: www.maine.gov/dhhs/ocfs/support-for-families/child-development

Follow HMG Maine on Social Media!

 @HelpMeGrowMaine



***Building Maine's Perinatal System of Care –
A Roadmap for the Future***

**Maine Children's Cabinet
January 16, 2024**

Deb Deatrack, MPH, Consultant
Kelley Bowden, RN, MS, Consultant

Purpose

- Identify, define and organize the growing portfolio of perinatal-related initiatives in the public and private sectors in order to:
 - 1) Increase awareness and understanding of new and expanded initiatives;
 - 2) Illustrate relationships, alignment, and synergy among the initiatives; and
 - 3) Reveal gaps for potential future action.

Context

- *Understanding and Addressing the Drivers of Infant Mortality in Maine (2020)*, found IM is the result of multiple factors in Maine and identified seven strategies, assets, and strengths to build on.
- Perinatal Systems of Care Working Partners Group was established by Maine DHHS in 2020 to enhance alignment and collaboration.
- \$10M+ in new multi-year funding as of 2022 to help strengthen Maine's Perinatal System of Care, including the Preschool Development Grant (see Roadmap Appendix).
- Supports Children's Cabinet 2022 Report recommendations (birthing hospital Quality Improvement, collection, analysis and review of pregnancy and birth data to improve outcomes, new resources to upgrade fetal, maternal and infant death record collection, and Preschool Development Grant Integrated Data System).
- Funding for the Roadmap Report was provided as part of the MCDC's Maternal and Child Health Title V Block grant.

SOCIAL ECOLOGICAL MODEL OF MAINE'S PERINATAL SYSTEM OF CARE



INFLUENCING FACTORS

Policy & Environment



- Federal and state benefit programs (WIC, TANF)
- Health insurance policies (MaineCare, private insurance)
- Federal and state funding (Title V Maternal and Child Health Block grant)

Organizations & Institutions



- Health systems, birthing and non-birthing hospitals
- Primary care (private practices, community health centers, behavioral health)
- Public health (local, regional, state)
- Health care provider availability (doctors, nurses, midwives, doulas)

Community



- Food security (grocery stores, food pantries, farmers markets)
- Transportation (bus, ride shares)
- Community-based organizations
- Housing (safe and affordable)
- Child care (accessible and affordable)

Individual



- Family, friends, social support
- Desired educational attainment
- Health care access including behavioral health
- Employment, economic well-being
- Affordable housing, access to food security, transportation, child care

Perinatal System of Care Working Partners

MAINE'S PERINATAL SYSTEM OF CARE COMPONENTS

Children's Cabinet

Cross-cutting components: Parent & Family Engagement/Diversity, Equity, Inclusion & Belonging/Communication, Collaboration & Infrastructure/Policy & Environment

Access

Workforce Education & Training

Data, Surveillance and Evaluation

Quality Improvement

INITIATIVES

- Rural Maternity and Obstetrics Management Strategies (RMOMS)
- MaineMOM
- State Maternal Health Innovation and Data Capacity (SMHIDC)
- Early Childhood Comprehensive System (ECCS)
- Maternal and Child Health Block Grant (MCH Block Grant)
- MaineCare Postpartum Coverage up to 12 mos
- Help Me Grow

INITIATIVES

- RMOMS
- Perinatal Quality Collaborative for Maine (PQC4ME)
- SMHIDC
- MCH Block Grant
- Colleges and universities and health systems
- EMS-C Updated Guidance and Training

INITIATIVES

- RMOMS
- Perinatal Health Disparities Needs Assessment
- Maternal Fetal, Infant Mortality Review/Maternal Mortality Review Committees (MFIMR/MMRC)
- SMHIDC
- Preschool Development Grant
- MCH Block Grant

INITIATIVES

- RMOMS
- MaineMOM
- ECCS
- PQC4ME/AIM Bundles
- MFIMR/MMRC
- Universal Postpartum Naloxone
- NNEPQIN, Safe Sleep, Eat Sleep Console
- Plan of Safe Care

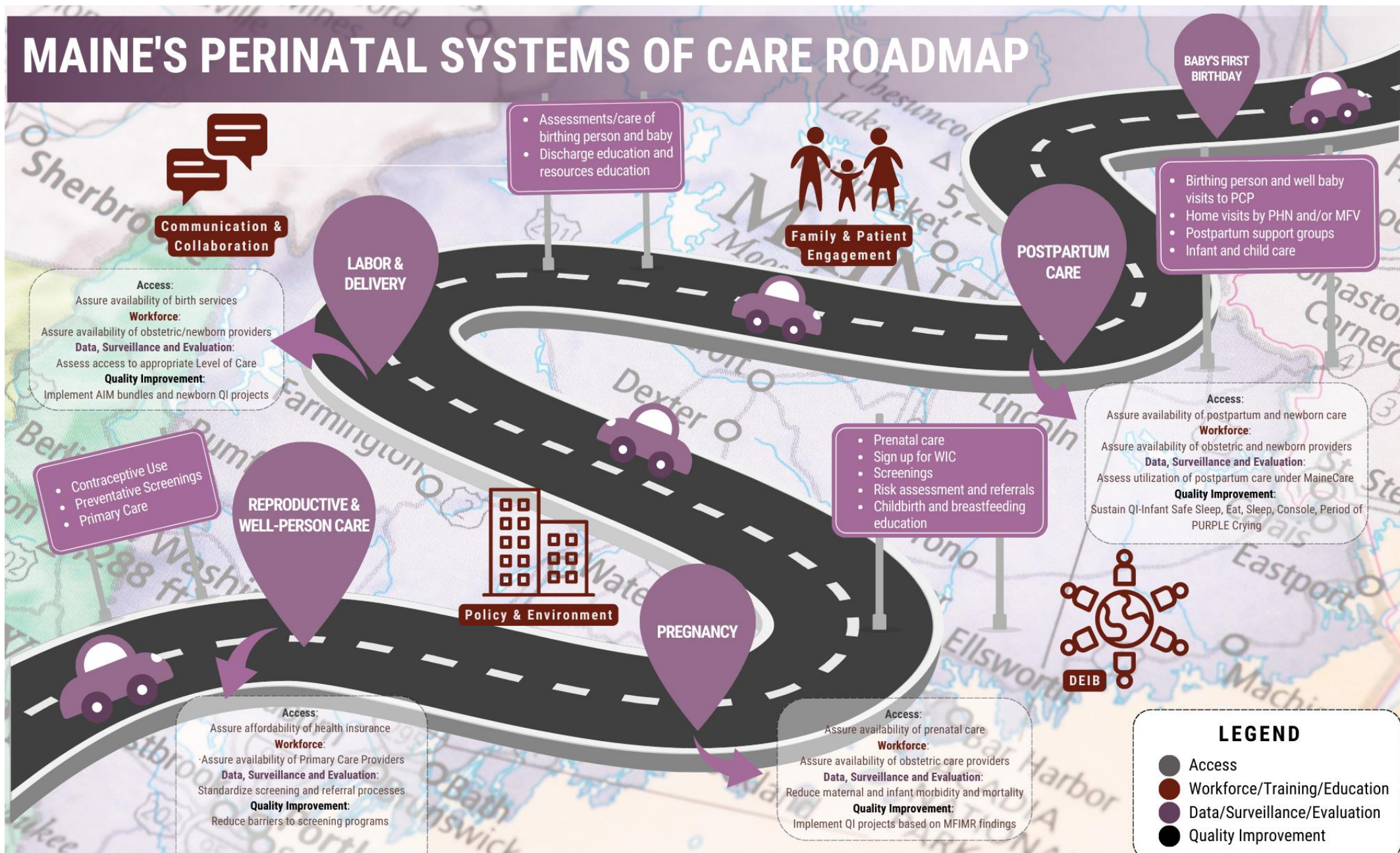
Actions Underway or for Future Consideration

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Actions Underway or for Future Consideration

MAINE'S PERINATAL SYSTEMS OF CARE ROADMAP



LEGEND

- Access
- Workforce/Training/Education
- Data/Surveillance/Evaluation
- Quality Improvement

Findings and Actions of Potential Interest to the Children's Cabinet

Example # 1:

Data, Surveillance and Evaluation Finding:

Awareness of perinatal data surveillance and related reports is often low, complicated by a lack of awareness about where to find data.

Actions Underway or for Future Consideration:

- Funding has been secured for a new Early Childhood Integrated Data System as part of the new Preschool Development Grant
- Promote awareness of Perinatal System of Care dashboards, reports, and presentations developed by MCDC Maternal and Child Health epidemiologists and others

For more information or to provide additional feedback:

Project Manager Ashlee Crowell Smith, MBA:

Acrowell-smith@mainemed.com

[Building-Maines-Perinatal-System-of-Care-A-Roadmap-for-The-Future](#)

THANK YOU!