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# Coordinating Services for Children and Families

Report to the Governor and the 108th Legislature

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*Prepared by:*

**The Interdepartmental Children's Team**

*Submitted by:*

Commissioner David Smith, Department of Human Services  
Commissioner George Zitnay, Department of Mental Health & Corrections  
Commissioner Sawin Millett, Department of Educational & Cultural Services

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TO: James B. Longley, Governor, and Members of the 108th Legislature

FROM: Commissioners David Smith, George Zitnay, and Sawin Millett

SUBJECT: Coordinating Services for Children and Families

DATE: January 27, 1978

We are pleased to transmit the attached report outlining the combined recommendations of the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services pertaining to the coordination of family and children services in Maine. The report responds to the intent of the legislature, particularly as described in 22 MRSA § 3715, that the Departments work jointly to arrive at a coordinated policy for children and families. As we addressed the charge of the legislature, it became clear that it was necessary to include the Department of Educational and Cultural Services as an equal partner in the process of developing such a coordinated policy.

The report contains a series of recommendations, some of which will require legislative action. We look forward to working with the legislature as they consider these recommendations. In order to accomplish long-term coordination of children and family services, we mutually agree that a planning process and an Interdepartmental Coordinating Team is needed on an extended basis. Therefore, we are establishing an Interdepartmental Coordinating Team to commence to implement the recommendations contained herein and we are committing the resources of ourselves and our departmental staff to carry out this effort.

We wish to thank the members of the ad hoc Interdepartmental Children's Team who have worked so hard, in addition to their regular duties, in preparing this report. We, as Commissioners, believe that their report takes Maine further toward a services system for children and families in which the rule is that Maine people can get the services they need when they need them and in the best possible way. We look forward to extending this principle in the future.

**COORDINATING SERVICES FOR  
CHILDREN AND FAMILIES**

**Report to the Governor and the 108th Legislature**

*Prepared by:*

**The Interdepartmental Children's Team**

*Submitted by:*

**Commissioner David Smith, Department of Human Services  
Commissioner George Zitnay, Department of Mental Health & Corrections  
Commissioner Sawin Millett, Department of Educational & Cultural Services**

## ABSTRACT

*Coordinating Services for Children and Families* is the collective product of the Departments of Educational and Cultural Services, Human Services, and Mental Health and Corrections. It has been prepared not only in response to legislation passed during the first regular session of the 108th Legislature, but also in light of the growing realization by the three Departments that a strong interdepartmental effort is needed to improve and coordinate services to children and families. The legislative mandates provided the three Departments with the opportunity to carefully assess the current state of services and to propose change.

The report was prepared by an ad hoc Interdepartmental Children's Team established by the three Commissioners with representation from each Department. The goal of the team was to respond to the legislative request for a long-term coordinated policy for children and family services.

The Team concluded that a long-term coordinated policy that would have meaningful application to a range of services and issues could not be viewed as an isolated product. Rather, the policy would need to be developed through a sustained interdepartmental effort involving people at the local, regional and state levels from public and private agencies as well as the legislature. Furthermore, the success of the effort would be dependent upon a shared philosophy of services and a stable three-department structure for planning and coordination. The Team also recognized the need to take some immediate steps to coordinate and improve current services while moving toward the development of a human resource system for children and families in Maine.

Therefore, this report recommends a philosophy, planning process and structure for the development of long-term coordinated policy and makes interim recommendations for the maintenance and improvement of nine existing service areas.

The philosophy emphasizes that the family is the primary structure for the care, nurturing and development of children and, therefore, should be the primary focus of services. It also states that the human resource system should include a continuum of preventive, supportive and substitute care services organized to minimize the degree to which the system assumes responsibility for the family function.

The goal of the recommended planning process is to design a blueprint and implementation plan for a total human resource system to serve children and families in Maine. The plan would be based on the concepts of prevention, support and substitute care and would be organized as an array of services available at the state, regional, and local levels. Many of the steps in the planning process outlined in this report already have been taken and can be built upon in subsequent planning.

The recommended structure for continued planning and policy coordination is an Interdepartmental Coordinating Team headed by the three Commissioners. Many recommendations in this report are targeted to the Team for action and can provide the basis for its first year agenda.

In addition to the above recommendations which form the basis of a long-term coordinated policy, the report contains a total of 40 recommendations aimed at maintaining, improving and coordinating twenty-four hour emergency services, short-term emergency services, family crisis services, return to family services, child protective services, substitute care services, educational services, services to pre-school handicapped children, and the Juvenile Code.

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# Mandates and Purpose

## INTRODUCTION

This report, *Coordinating Services for Children and Families*, is a collective product of the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services. It responds directly to the intent of the Legislature, as expressed in the children's services legislation passed in the first regular session of the 108th Legislature, that the three Departments develop coordinated policy for the delivery of services to children in Maine. This intent was implied, or clearly mandated, in the following legislation:

*An Act to Establish the Maine Juvenile Code* which seeks to divert youth from the correctional system when such diversion is in the child's best welfare. The success of this intent and other purposes expressed in the Code is very much dependent upon joint planning among the three Departments.

*Children's Services Act* which establishes goals, objectives and priorities for services to children and families and authorizes short-term emergency services for children.

*Interim Children's Services Act* which authorizes family crisis workers and return to family workers and directs the Departments of Human Services and Mental Health and Corrections to develop a long-term coordinated policy for the provision of services for children and families; jointly assess the impact of children's services as presently provided by the two Departments; and recommend legislation necessary to establish a long-term policy for children and families.

The intent of coordinated planning also was reflected in the joint order of June 6, 1977 requesting that the three Departments study the provisions of Public Law 94-142, The Education of All Handicapped Children Act, to recommend any necessary actions which may be required to put Maine in compliance, and to study present and future responsibilities to pre-school handicapped children.



In response to the above mandates, the Commissioners formed an Interdepartmental Children's Team consisting of several representatives from each Department. The Commissioners established as the Team's first priority the coordination of policy relating to the provision of services to children and families. They charged the Team with the responsibility of preparing a report for the Commissioners for presentation to the Governor and Legislature as required in the Interim Children's Services Act. This report, so prepared and endorsed by the Commissioners, is, therefore, submitted in direct response to the policy report called for in the Interim Children's Services Act. It describes how the three Departments will continue to work together to develop and implement a long-term coordinated policy for children and families and presents a series of recommendations designed at sustaining and improving the current system as the state moves toward a more comprehensive approach.

The first chapter describes the process and work of the Interdepartmental Children's Team. The second chapter recommends a philosophy for children and family services, a planning process and interdepartmental structure needed for sustained planning and coordination. It also presents a series of interim recommendations pertaining to twenty-four hour emergency services, short-term emergency services, family crisis services, return to family services, child protective services, substitute care/alternative living, education, pre-school handicapped children and the Juvenile Code. The third chapter presents a summary of recommendations, while the fourth describes the next steps needed toward implementing the report's recommendations.

#### **INTERDEPARTMENTAL CHILDREN'S TEAM**

The representatives from each Department to the Interdepartmental Children's Team were chosen because of their knowledge of and experience with the broad range of programs being delivered by their respective Departments. An executive team was formed consisting of Peter Walsh, the Director of the Bureau of Resource Development for the Department of Human Services, who also served as the Team's chairman, Marya Faust, Director of the Division of Children Services for the Department of Mental Health and Corrections, and John Kierstead, the Director of Special Education for the

Department of Educational and Cultural Services. Mr. Edgar Merrill of the Department of Human Services acted as staff to the Team and the Human Services Development Institute provided technical assistance and team support services. Team members, staff and HSDI assistants are listed below:

**Department of Human Services**

Peter E. Walsh, Chairman  
Raymond Swift  
Freda Plumley  
Harry Bedigan

**Department of Educational and Cultural Services**

John T. Kierstead  
Betty McLaughlin

**Department of Mental Health and Corrections**

Marya Faust  
Jamie Morrill  
Carol Lenna  
Susan Trask

**Staff**

Edgar Merrill

**Human Services Development Institute**

Willard D. Callender, Jr.  
Helaine Hornby

Since the commencement of the Team's work in October 1977, over nineteen meetings have been held, several lasting well into the evening hours. In addition, each sub-committee, described below, has met at least three times.

Initially, the Team divided itself into three sub-committees. The first, the statutes sub-committee, identified the statutory base upon which services existed in the three Departments. The second, a services sub-committee, endeavored to identify the current level of service being provided by the Departments, including the funding base, state or federal, which supported each service. The third, the problems sub-committee, identified the major problems and needs faced by children and families in the State of Maine today. The work of these sub-committees provided background data and information for the ensuing work of the Team as a whole. The Team carried out the following activities leading to the formulation of recommendations contained in this report:

**I. It reviewed and discussed in detail the children's services legislation passed in the first regular session of the 108th Legislature.<sup>1</sup>**

As referenced in the Introduction, the first regular session of the 108th Legislature passed several major pieces of legislation affecting children and families.

The Children's Services Act repealed Chapter 1051 of 22 MRSA and created a new Chapter 1051 to enact objectives and priorities for services to children, to authorize family crisis workers, to designate return to family workers, and to authorize short term emergency services for children through the Department of Human Services. The Act was directed toward children at risk of being abused, neglected, abandoned, exploited, or becoming runaways from home and at families in which one or more of its members was a child at risk.

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<sup>1</sup> The analysis of legislation resulted in a list of services and functions requiring special consideration by the Team. That list ultimately became the subject of the interim recommendations.

The Interim Children's Services Act was enacted to improve existing protective services available to Maine children and families including emergency services available on a 24-hour basis. The Act provided additional staffing on an emergency basis in the areas of child protection and substitute care services and required the policy report to which this report is a response.

The Maine Juvenile Code constituted a new juvenile code for Maine. Its major thrust is to prevent juvenile problems by preserving and strengthening family life and, when a child becomes known to the police, to divert that child from the correctional system through the services of a newly-created intake worker position.

The Team also discussed the special education and educational programs administered by the Department of Educational and Cultural Services and how they relate to the services provided by the other two Departments.

## **2. The Team summarized, studied and discussed the four recent major reports on children and family services in Maine.<sup>2</sup>**

The four most current reports dealt with in detail by the Team were: *Comprehensive Blueprint*, Children and Youth Services Planning Project, February 1977; *Report and Recommendations on Child Abuse and Neglect*, Maine Human Services Council, June 1976; *Children and Families at Risk in Cumberland County*, United Way Substitute Care Task Force, September 1976; and *Preliminary Report*, Maine's Commission to Revise the Statutes Relating to Juveniles, October 1976.

The Team listed all the recommendations, studied their implementation status, reviewed available options for implementing the recommendations in the future, and assigned each a priority of high, medium or low for future implementation.

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<sup>2</sup> A summary of these reports' recommendations showing implementation status, options, and interdepartmental priority will be available from the Team's Chairman as a supplement to this report by March 1978.

3. The Team conducted regional meetings in five locations throughout the State to receive input from front line program directors and service deliverers on the current problems which face the State of Maine in the area of children and family services.<sup>3</sup>

Meetings were held in Presque Isle, Portland, Bangor, Augusta, and Lewiston with four representatives from the service areas for which each of the three Departments was responsible. The representatives from each region were asked:

What are the region's greatest needs in children services?

What are the gaps in services now being provided through the three Departments?

What are the barriers to effective service delivery in the region?

What is the extent of coordination among the three Departments now? How can it be improved?

What type of statutory authorization or legislation is required to improve children's services?

Minutes recording the results of each regional meeting were written and returned to the participants. The Team then tabulated the frequency with which a recommendation was given and listed recommendations, by frequency, under the service, program, or function area to which they were related.

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<sup>3</sup> A summary of the regional meetings describing needs, gaps and barriers, interdepartmental coordination issues and recommendations for legislation is available from the Team's Chairman as a supplement to this report.

4. The Team developed a services matrix describing the status of current services which are provided statutorily through the three Departments.<sup>4</sup>

As a result of the work of the services, statutes, and problem subcommittees, a matrix was created describing for each Department the services and programs of each Department, the problems that they seek to address, the target group toward whom they are directed, the service objective(s), statutory base, and funding sources.

5. Based on the work described above, the Team analyzed the services identified in the review of the legislation (step 1), e.g., protective services, substitute care, court intake, return to family, 24-hour emergency services, special education, etc. to formulate the interim recommendations contained in this report.

To arrive at the recommendations, the Team sought consensus on:

The current implementation status of the service in relation to what was allowable and possible through the statutes.

The gaps, barriers, or overlaps that now characterize the service or program.

The coordination and/or authority issues that exist in relation to that service or program.

The recommendations which the Team felt should be made to the Commissioners or to the Legislature in order to improve that service in the immediate future.

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<sup>4</sup> A document describing all current children's services of the three Departments, the enabling legislation, target group and objectives of service will be available from the Team's Chairman as a supplement to this report by March 1978. Also available under separate cover is a compilation of excerpts of all state statutes referenced in this report.

6. The Team discussed other reports which each Department was submitting separately in the area of children, youth and family services in response to related legislative requirements.<sup>5</sup>

The Department of Human Services, for example, had submitted quarterly implementation reports as required under the Children's Services Act on 24-hour emergency services. The Department of Educational and Cultural Services provided copies to the Team of its report on pre-school services to the handicapped that it was submitting to the Joint Standing Committee on Education. In addition, the Team still is studying its joint response to recommendations relating to the PL 94-142.

#### TOWARD A COORDINATED POLICY

In carrying out the above work, the Team became aware of some of the difficulties of developing a coordinated policy for child and family services. The three Departments have different areas of responsibility, differing philosophies of treatment which required clarification and shared understanding, and different definitions of commonly used terms, e.g., protective services is defined differently in statutes pertaining to the services of the Department of Mental Health and Corrections from those of the Department of Human Services. Also, all three Departments have responsibility in the area of licensing and program approval, but do not necessarily use the same definition of these terms. These kinds of problems can be clarified and resolved over time. A more fundamental and important problem is that the federal government does not have a long-term coordinated policy for family and children services. To the contrary, children's legislation on a federal level remains categorical with the result that different definitions, treatment philosophies, eligibility assumptions, and service restrictions exist for various target groups.

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<sup>5</sup> The Department of Human Services' Quarterly Reports and the Department of Educational and Cultural Services' Pre-school Handicapped Report are available from the respective departments. The Team's joint response to recommendations relating to PL 94-142 will be made available to the Legislature under separate cover.

It is difficult to coordinate such services on a state and local level when they remain uncoordinated on a federal level. This remains true even at a time when significant development in children's services is occurring federally, including the reorganization of HEW to create an Office of Human Development Services, the significant legislation which has been passed in relation to child abuse and neglect, and the very significant possibilities offered for service coordination through the Title XX Social Security Program.

These remarks are intended to indicate the difficulties of doing the job, not that the job isn't worth doing. To the contrary, it is precisely because of the lack of a coordinated policy on the federal level that it is vital for the State of Maine to pursue this goal. The next section describes the means and ends that the Team recommends towards such a coordinated policy.



## Results of the Group Effort

### BACKGROUND AND SUMMARY

The Interdepartmental Children's Team realized, as a result of the efforts described in the previous section, that developing a comprehensive long-term policy for children and family services required more than a realignment of current management practices and an expansion of current services. However, the legislation passed last session clearly mandated that some immediate action be taken in nine specific service areas. To reconcile the mandate for a comprehensive long-term policy with the requirements of current legislation the Team examined the question, what are the elements needed in order to arrive at a comprehensive long-term policy and what can or need be done in the interim to sustain or improve current services?

The Team concluded that, first and foremost, the three Departments had to agree to the concept of working together on a sustained basis to examine and resolve issues. Implicitly, the Departments have selected this approach as a solution preferable to consolidating the Departments or creating a new super-structure that would take over all children and family services. The recommendations contained in this report show the desire and willingness of the three Departments jointly to continue to resolve problems and coordinate programs. Second, the Team concluded that in order to proceed, it needed to adopt an underlying philosophy of children's services that would provide the conceptual framework for examining and developing services. Third, it concluded that it needed a well-defined rational planning process that would lead to the development of comprehensive policy. Fourth, it concluded that it needed a strong three-department structure led by the three Commissioners, that could engage in the planning process and ultimately produce coordinated policy statements. It also recognized the need for a legislative conference committee with representation from several joint standing committees to review all proposed children's legislation for consistency and family impact. Fifth, it concluded that it needed to make several interim recommendations designed in some cases to sustain services at current levels while the long-term policy was being developed, in others to inform the legislature of certain conflicts, barriers and

gaps in current legislation which need to be resolved to carry out the intent of the legislature as expressed in the Juvenile Code, the Interim Children's Act and the Children's Services Act, and in order to be responsive to reports mandated in the first session of the 108th Legislature.

Thus, the Team concluded that a long-term coordinated policy for children and family must be built upon the following principles: an underlying philosophy of services; a planning process that allows people to view the ideal as well as the real in developing a blueprint of services; and a structure or mechanism which can engage in tri-department planning and negotiations to produce policy statements.

The following sections lay out the philosophy, planning process and structure recommended by the Interdepartmental Children's Team to the respective Commissioners of the three Departments and in turn to the Legislature. Following the structure is a section of interim recommendations. The interim recommendations are made in relation to existing programs cited by the Legislature as having high priority: Twenty-four Hour Emergency Services, Short Term Emergency Services, Family Crisis Services/Children and Families at Risk, Return to Families, Child Protective Services, Substitute Care/Alternative Living, Education, Pre-School Handicapped Children, and Juvenile Code. For each program there is a background statement which cites pertinent statutory references, a description of current services, a discussion of problems and issues, and the resulting recommendations. Each interim recommendation is targeted for action by the Departments themselves or by the Legislature. If the recommendation is to be acted upon by the Departments themselves, such action would be taken directly at the commissioner level or assigned to the Interdepartmental Coordinating Team, the structure recommended by this report to continue coordination efforts of the three Departments.

## PHILOSOPHY

The report of the Children and Youth Services Planning Project, published in February 1977, stated that more than 5500 divorces had occurred in Maine in 1975 and that uncounted hundreds of separations had left more than 6900 children under the age of 18 living with a single parent. At the time the report was published

almost 50,000 Maine children were living with only one or, indeed, neither of their parents. A similar number of children, perhaps as many as 49,000, were living in poverty, which affects not only the parent's ability to meet material needs, but often, through frustration and discouragement, his ability to meet the child's emotional needs.

Statistics such as these suggest that modern industrial life places severe stress on the family. This stress may lead to cases of neglect and abuse, truancy, abandonment, or emotional disorders. Since these problems are not new, but only more accentuated, public policy has in many states, for many years, been based on the premise that the child can only be helped if he or she is removed and saved from the family. The presumption has been that help for the child is better given in a climate removed from the destructive family situation. Unfortunately, child removal also has often been the policy for children whose families have been nurturing and well integrated, children whose problems have been physical, disabling, and requiring special care.

However, a public policy which encourages removal of children from the family often increases the problems that it purports to solve. While removal of the child on a permanent basis from the home is sometimes justified and even required, that action for most children creates a different set of problems.

Such a concept of the family has long been recognized by Maine's legislature and has been reemphasized by the 108th Legislature in the children's legislation it passed during its first regular session. In the Children's Services Act, for example, three goals were emphasized:

- a. to prevent the development of circumstances which are detrimental to children
- b. to promote the kind of family life that encourages the wholesome development of children
- c. to promote the welfare of children

The legislation further recognized that consistent with these goals, the objectives of the three Departments should be to support and reinforce parental care, to supplement parental care, and, only when necessary, to substitute in whole or in part for parental care. The specific purposes of the new Juvenile Code, passed in the same session, were to secure for each juvenile:

- a. "... such care and guidance, preferably in his own home, as will best serve his welfare and the interests of society"
- b. "to preserve and strengthen family ties whenever possible, including the improvement of the home environment"
- c. "to remove the juvenile from the custody of his parents only when his welfare and safety or the protection of the public would otherwise be endangered ..."

In accordance with the goals and purposes set forth by the Legislature, the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services have adopted the following philosophy of service and care as the basis on which a comprehensive system will be formulated:

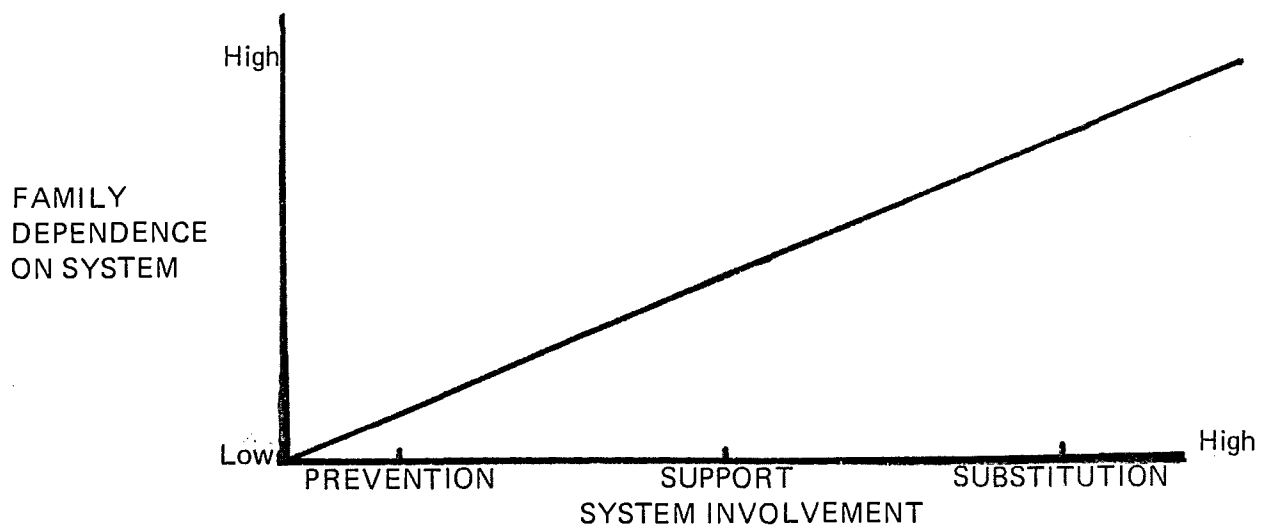
The family is the primary structure for the care, nurturing and development of children, and, therefore, must be the primary focus of services to children. Services must be organized as a system of human resources which support and maintain the family unit.

The services should represent a continuum from the most natural environment, the family, to the least natural, a setting where the individual is removed from the family unit. This continuum should be viewed as a range of preventive, supportive, and substitute services, and should be organized to minimize the degree to which the system assumes responsibility for the family function.

Thus, policy agreements entered into by the three Departments would be based upon the goal for children's services first, of preventing problems; second, when problems arise to support the family in arriving at solutions; and third, when family solutions are not possible, to offer substitute care with the goal of returning the child to the family as soon as possible, when feasible. The terms used in the statement of philosophy can be defined as follows: Prevention -- action taken by the system before the identification of a specific problem which could endanger the family unit; Support -- action taken by the system to reinforce the family unit when a specific problem has been identified; Substitute Care -- action taken by the system which replaces the natural family unit.

The relationship between system intervention and family dependence on the system is illustrated below:

#### FAMILY AND SYSTEM INVOLVEMENT



The diagonal line shows that the more the system involves itself in performing the functions of the family, the higher the degree of dependence of the family on the system. The goal of the system should be to minimize the degree to which the system assumes responsibility for the family function, thereby promoting a high degree of family autonomy and a low degree of dependence on the system.

The belief that maintenance of the family is the primary focus for the delivery of services can be the basis on which a coordinated policy for family and children services is built. The planning process to create a system which reflects this philosophy is discussed in the following section.

**PLANNING PROCESS:  
PAST AND FUTURE**

The philosophy and illustration represent a radical change from the current categorical approach to service delivery. In order to make such an extensive change, a definitive planning process is required.

The goal of the planning process, as outlined below, would be to design a blueprint and implementation plan for a total human resource system to serve children and families in Maine. The plan would be based on the essential concepts of prevention, support and substitute care and would be organized as an array of services available at the state, regional and local levels.

To develop the blueprint and implementation plan, the Team first would continue to review and document the services available in the current system. As mentioned earlier, much work already has been achieved in this area. The services would be documented from the perspective of prevention, support and substitution and would show their availability at state, regional and local levels. Next, the Team would assess what services *should* be available along the continuum of prevention, support and substitution based on an analysis of client needs and various operating principles. Then the Team would identify the problems in the delivery system by comparing the ideal to the real, identifying constraints and the needs for change in the current system. From this process, the Team would develop a blueprint of the proposed human resource system showing the array of services and management mechanisms and finally a plan to implement the blueprint complete with tasks, personnel and timetable. It is very important to this process that after each stage, the work and products be reviewed at all levels -- state, regional and local.

The outline of such a detailed planning process is presented on the following page.

## PLANNING PROCESS

|   | Level                      | SERVICE CONTINUUM |         | Substitute |
|---|----------------------------|-------------------|---------|------------|
|   |                            | Prevention        | Support |            |
| A. Review and document current system   | State<br>Regional<br>Local |                   |         |            |
| 1. Determine existing human resource programs for children and families   | State<br>Regional<br>Local |                   |         |            |
| 2. Determine goals and objectives of current programs   | State<br>Regional<br>Local |                   |         |            |
| 3. Determine extent of existing programs<br>a. numbers<br>b. costs, funds available<br>c. location<br>d. target population                | State<br>Regional<br>Local |                   |         |            |
| Review at all levels  |                            |                   |         |            |
| B. Determine what services should be available  | State<br>Regional<br>Local |                   |         |            |
| 1. Analyze client needs   | State<br>Regional<br>Local |                   |         |            |
| 2. Analyze services needed along the continuum  | State<br>Regional<br>Local |                   |         |            |
| 3. Consider operating principles<br>a. accessibility<br>b. flexibility<br>c. linkage<br>d. costs<br>e. capability of community to respond | State<br>Regional<br>Local |                   |         |            |
| Review at all levels  |                            |                   |         |            |
| C. Identify problems in service delivery  | State<br>Regional<br>Local |                   |         |            |
| 1. Analyze A. in relation to B.   | State<br>Regional<br>Local |                   |         |            |
| 2. Identify constraints   | State<br>Regional<br>Local |                   |         |            |
| 3. Identify needs for change in current service delivery system   | State<br>Regional<br>Local |                   |         |            |
| 4. Identify needs for development of new service delivery system  | State<br>Regional<br>Local |                   |         |            |
| Review at all levels  |                            |                   |         |            |
| D. Design a blueprint of proposed human resource system   | State<br>Regional<br>Local |                   |         |            |
| 1. Include service array  | State<br>Regional<br>Local |                   |         |            |
| 2. Show management mechanisms   | State<br>Regional<br>Local |                   |         |            |
| Review at all levels  |                            |                   |         |            |
| E. Draw up an implementation plan showing tasks, personnel, and timetable   | State<br>Regional<br>Local |                   |         |            |
| Review at all levels  |                            |                   |         |            |



Many of the steps outlined in the preceding proposed planning process were initiated by the Interdepartmental Children's Team in preparing this report. What's important is that this work be used and built upon by the group charged with continuing the process. The footnotes in Chapter 1 cite the source documents developed and used by the Team which will be available to future members of the proposed Interdepartmental Coordinating Team. The interim recommendations contained in this report are a result of that part of the process already begun by the Team.

## **STRUCTURE FOR INTERDEPART- MENTAL COORDI- NATION**

To engage in such a rigorous planning process as described in the previous section, the Team determined that a strong interdepartmental body is needed that is relatively permanent in nature, has defined authority, and high level leadership.

Numerous formal and informal interdepartmental projects, advisory groups and ad hoc committees have dealt with issues relating to children and families. They include:

Special Education Advisory Committee

Committee for Pre-School Handicapped Children

Maine Human Services Council - Task Force on Children's Services

Developmental Disabilities Council

Governor's Committee on Mental Retardation

Correctional Advisory Committee

Juvenile Advisory Group

Juvenile Code Commission

Maine Criminal Justice Planning Agency

Maine Health Systems Agency

While some of these do not have children and family services as their only focus, most review, comment or advise on one aspect or another of such services.

Any long term policy for children and families must take into account the roles and functions of these diverse committees.

An interdepartmental effort which deserves special mention is the Interdepartmental Coordinating Committee (ICC). This committee

was formed in 1975 to focus on problems relating to special education of children served by the Departments of Mental Health and Corrections, Human Services, and Educational and Cultural Services. The original focus later was broadened to review policies and concerns relating to children's services and to make recommendations to the Commissioners of the three respective Departments. While the ICC has been an effective vehicle for resolving some interdepartmental issues, it never had the specific charge to address overall policy relating to children and family services.

With all these efforts, there still has been no formalized mechanism for coordination between the three Departments in the areas of policy formulation, planning, program development, or problem identification and resolution. While some interdepartmental committees are operating, they have been unable to influence policy because of a lack of ongoing participation of the Commissioners and other top level policy makers. Given the multiplicity of standards, regulations, guidelines, and funding sources, the lack of coordination has led to a duplication of programs, confusing and contradictory legislation, and overlapping responsibilities. Coordination takes *time*, *money*, and *effort*, and is impossible to achieve at the service delivery level without a commitment and mechanism formally established at the top levels of administration and policy making. Coordination cannot be delegated; it must be seen as high priority.

Also, at least four joint legislative committees handle bills relative to children and families. These include Health and Institutional Services, Education, Judiciary, and Appropriations and Financial Affairs. With the volume of legislation relating to children and families in the last regular session of the legislature, and the number of committees considering bills on the subject, the result was duplicative and sometimes confusing laws. In addition, it was difficult for the Departments to deal with and respond to the number of rules to be promulgated. Finally, the three Departments have not coordinated efforts with each other or sufficiently with the legislature in drafting, reviewing or commenting on child and family legislation.

Because of the multiplicity of groups, legislative mandates and the resulting fragmented services, the Interdepartmental Children's Team

is making the following recommendations relating to interdepartmental and legislative structure for ongoing planning and coordination:

**I. Establish an Interdepartmental Coordinating Team (ICT) composed of the Commissioners of the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services and top level policy makers from those Departments selected by the Commissioners, to continue the planning process and coordinating activities begun by the Interdepartmental Children's Team. To formulate the ICT, the Commissioners should work according to the following principles and procedures:**

- a. The Commissioners agree personally to head the joint effort**
- b. The Commissioners draft and sign a memorandum of agreement regarding the specific authority, tasks and responsibilities of the committee, which includes**
  - 1. a set of procedures whereby participation of staff and line personnel is clearly and adequately provided for**
  - 2. a fixed meeting schedule and agenda**
  - 3. identification of priority problems assigned to ad hoc project teams comprised of members of the three Departments and target dates set for completion of their work.**
- c. High level staff and line personnel be informed by the Commissioners that the three Departments have committed themselves to a joint planning and problem-solving process.**

***Action Responsibility:* Commissioners, Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services**

2. Establish a Conference Committee made up of the Chairmen or their designees of the Health and Institutional Services, Education, and Appropriations and Financial Affairs Standing Committees to review and monitor for consistency all bills relating to children and families. In this regard:

- a. draft and sign a memorandum of agreement regarding the specific authority, tasks and responsibilities of the committee
- b. develop standards and methods to implement family impact statements which include an analysis of pending legislation, policies, regulations and programs in order to make explicit 1) their potential effects, both negative and positive, on families, and 2) the potential lack of coherence or conflict with existing laws, policies, regulations and programs.

*Action Responsibility:* Chairmen, Joint Standing Committees of Health and Institutional Services, Education, and Appropriations and Financial Affairs; Commissioners, Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services; Governor

3. Develop and approve a formalized mechanism for the ICT to review, comment and make recommendations at the development and drafting stages of any proposed legislation regarding children and families.

*Action Responsibility:* Legislature; Interdepartmental Coordinating Team

## INTERIM RECOMMENDATIONS

**24-Hour Emergency Services**

**Short-Term Emergency Services**

**Family Crisis Services**

**Return to Families**

**Child Protective Services**

**Substitute Care/Alternative Living**

**Education**

**Pre-School Handicapped Children**

**Juvenile Code**

## TWENTY-FOUR HOUR EMERGENCY SERVICES

### BACKGROUND AND STATUTORY REFERENCES

There are at least four statutory requirements for the availability of 24-hour (after hour) emergency services.

22 MRSA §3712 "certain emergency services available on a 24-hour basis" refers to the after hours capability for response to child abuse and neglect complaints in the Department of Human Services.

15 MRSA §3502 "placement referral service staffed by court intake workers for 24 hours a day" refers to the service to start July 1, 1978 by the Department of Mental Health and Corrections.

34 MRSA §2611 requiring protective services to mentally retarded in the community refers to those services available through regional offices of the Bureau of Retardation.

PL 94-63 of the Federal Statutes mandates 24-hour emergency services by Community Mental Health Centers.

### CURRENT SERVICES

Since July 1977, the Department of Human Services' Child Abuse and Neglect Emergency Service has been operating, patterned after a pilot project in Kennebec County tested from November 1976 to June 1977. Telephone screeners receive complaints and reports of child abuse and neglect or family crisis from any source through a statewide 24-hour WATS line. When these reports indicate that a child is in danger, they are referred to protective workers, one of whom is on standby in each of the five Department of Human Services regions. These workers investigate the reports, making field visits if appropriate, and use other emergency services available locally.

In the Department of Mental Health and Corrections, Probation and Parole Officers are available for after-hour emergencies and work a non-standard work week. Mental Retardation workers are on an on-call standby status in each regional office of the Bureau of Mental Retardation.

The Department of Mental Health and Corrections maintains around-the-clock telephone coverage in all of the institutions as well as a 24-hour call-in service for youth released from the Maine Youth Center in the aftercare program.

Each of the eight Community Mental Health Centers has an after-hour number for emergency service.

By July 1, 1978, the Department of Mental Health and Corrections plans to implement a system for after-hours availability of court intake workers authorized in the Juvenile Code passed in the first regular session of the 108th Legislature.

There are also a number of state and local 24-hour services such as those operated by state police, local law enforcement agencies, and hospitals.

## **PROBLEMS AND ISSUES**

Emergency capabilities, hot lines, and other similar services have developed over the years in an uncoordinated way to meet the needs of categorical groups or clients with special needs. Accordingly, these various services operate under different regional boundaries, have varying reporting and follow-up procedures, and are often unknown to each other. This creates confusion to the public, diffuses awareness of the existence of such services, and results in uneven availability of emergency services across the state.

## **RECOMMENDATIONS**

1. Establish a coordinated, comprehensive system for the provision of 24-hour emergency services to children and families in Maine.

*Action Responsibility:* Interdepartmental Coordinating Team

2. Complete a draft of the system design by 4/1/78. The design should address, but not be limited to, the following:

- a. feasibility of common intake, referral and follow-up procedures; uniform assessment criteria, report forms and training
- b. adequate array of emergency care programs with clear definitions of responsibility for provision of services



- c. coordinated public information plan
- d. confidentiality issues and "right to know" legislation
- e. regional versus statewide approach
- f. staffing patterns in light of state personnel requirements
- g. all potential funding sources and a plan for their coordination
- h. development and integration with the larger service delivery system designed for children and families

*Action Responsibility:* Interdepartmental Coordinating Team

3. Continue at present levels staffing for the Department of Human Services 24-hour emergency line presently authorized by 22 MRSA § 3712 and funded under Title II of the U.S. Public Works Employment Act of 1976.

*Action Responsibility:* Legislature

## SHORT TERM EMERGENCY SERVICES

### BACKGROUND AND STATUTORY REFERENCES

Short Term Emergency Services are referenced in the following legislation:

22 MRSA Chapter 1059 gives the Department of Human Services the authority to provide short-term emergency services to any child who appears to be abandoned, lost or seriously endangered in his home surroundings or who has run away from his parents.

22 MRSA §3703 authorizes the Department of Human Services to provide services to children at risk and families in crisis on a voluntary basis with parental consent.

34 MRSA, in various sections, allows the Department of Mental Health and Corrections to provide necessary short-term services to mental retardation, mental health, and probation and parole clients as well as abused and neglected clients and children of families who are in crisis situations.

15 MRSA §3502 mandates the Department of Mental Health and Corrections to create a 24-hour placement referral service which will provide emergency shelter and detention placements in cooperation with the Department of Human Services.

### CURRENT SERVICES

As referenced above, 22 MRSA Chapter 1059 authorizes the Department of Human Services to provide short-term emergency services to runaways and children who appear to be abandoned, lost or seriously endangered at home. In response, the Department of Human Services currently is developing rules and implementation standards which will take effect January 24, 1978. The Department of Human Services also provides short-term emergency services to abused and neglected children through its protective service workers funded under Title XX of the Social Security Act and the Interim Children's Act using monies from Title II of the U.S. Public Works Employment Act of 1976. In addition, it has operated a program

providing short-term foster care services with the consent of the parent, not to exceed six months, funded through Title IV B of the Social Security Act.

In the Department of Mental Health and Corrections, the Bureau of Mental Retardation provides respite care for retarded children. The Military and Naval Children's Home provides emergency shelter for children lacking appropriate alternative shelter and care as well as those whose families have suffered a crisis such as a fire. Within funding limitations, the Division of Probation and Parole can purchase necessary services for its clients. Emergency mental health services are available through both Community Mental Health Centers and the two state mental health institutions.

#### **PROBLEMS AND ISSUES**

Short term emergency services currently are directed toward abused, neglected and runaway children under both 22 MRSA §3891-8 and 15 MRSA. In addition, services are offered to families in temporary crisis under 22 MRSA §3701-3, 3712-17, and 3792. There are internal inconsistencies between 22 MRSA §3891-8 and 15 MRSA regarding the duration of short term services and consent necessary before services can be provided to the lost, abandoned, seriously endangered and runaway children. Title 15 allows the Department of Mental Health and Corrections to provide emergency placement in cooperation with the Department of Human Services to a juvenile for up to six hours without the child's consent. Title 22 §3891-8, on the other hand, precludes the Department of Human Services from providing emergency services without consent of the child. Once the child's consent is obtained, services are available for up to three days unless the parents deny consent in which case the services must be terminated immediately.

Emergency services of a non-residential nature are extremely limited in scope. They are available to children on a limited basis by the Department of Mental Health and Corrections through the Community Mental Health Centers, as well as by field staff of the Bureaus of Mental Retardation and Corrections. The Department of Human Services also provides non-residential services through their protective workers.

Because the availability of short term emergency services is predicated on restrictive eligibility criteria and because of limited funding, there are serious gaps in services to children and families in crisis.

**RECOMMENDATIONS** 1. Define and ensure an adequate range of short-term residential and non-residential emergency services for children and families that reflect the goal of maintaining and supporting the family unit.

*Action Responsibility:* Interdepartmental Coordinating Team, Commissioners of the Departments of Educational and Cultural Services, Mental Health and Corrections, and Human Services

2. Complete a draft of the short-term emergency service system design. The design should address, but not be limited to, the following:

- a. availability on a 24-hour basis and coordinated through 24-hour emergency services
- b. development and integration with the larger service delivery system designed for children and families
- c. training for staff in crisis and counseling techniques to support the family as well as the child
- d. funding plan with funds allocated by the legislature to each Department based on service needs defined in design

*Action Responsibility:* Interdepartmental Coordinating Team

3. Eliminate discrepancies in the notice and consent sections of 15 MRSA Part 6 §3501 and 22 MRSA §3895-96 by amending the bill submitted to the 108th Legislature by the Department of Human Services as follows:

Amend 22 MRSA to allow the Department of Human Services to provide short-term emergency services to children referred by the intake worker for up to 6 hours without the child's consent, and amend 15 MRSA to allow the Department of Human Services to provide voluntarily accepted emergency services for up to three days.

*Action Responsibility:* Legislature

## FAMILY CRISIS SERVICES/CHILDREN AND FAMILIES AT RISK

### BACKGROUND AND STATUTORY REFERENCES

The statutory references for family crisis services are:

22 MRSA §3701-3 authorizes the Department of Human Services to provide "to children at risk and families in crisis services which enhance, supplement and substitute for parental care of children."

22 MRSA §3713 authorizes the Department of Human Services to use staff and contract for emergency services for children.

22 MRSA §3891 authorizes the Department of Human Services to provide short term emergency services including "protective, substitute shelter care and other services which are essential to the care, maintenance and protection of a child."

15 MRSA Chapter 501, § 3002 directs the Department of Mental Health and Corrections to provide services to juveniles and their families both in the diversion process as well as for prevention. Services should "preserve and strengthen family ties, whenever possible, including improvement of the home environment." The Department of Mental Health and Corrections also provides services to families through the Community Mental Health Centers, various state institutions, and the regional staff of Mental Retardation and Probation and Parole.

20 MRSA §3122 authorizes the Department of Educational and Cultural Services to provide supportive services to families and children at risk.

A number of statutes also authorize the Department of Human Services to conduct studies for the court.

### CURRENT SERVICES

Legislation passed in 1977 authorizes up to twenty-two family crisis workers in the Department of Human Services, including "return to family workers" one of whom is assigned to each regional office.

The intent is to broaden the protective target population to those families with children who are "at risk" of becoming exploited, abused or neglected. Broadly interpreted, this target population can be immense. As of December 1977, twelve full-time equivalent Human Services workers have been assigned to "families at risk" cases. This caseload of families at risk is expected to expand as more family crisis situations come to the Department's attention. The Department of Mental Health and Corrections also serves a generic population of families in crisis, particularly those who are at risk as a result of mental, emotional or other handicapping conditions. In addition to the specifically designated "family crisis workers" of the Department of Human Services, the Departments of Mental Health and Corrections and Educational and Cultural Services provide these services through home/school counselors, guidance counselors, homemakers, mental health workers, psychologists, and many others around the state who constitute a considerable resource to families in need of service.

As noted, all three Departments, either directly or through local organizations, are providing services to families in crisis, with the goal of keeping the family intact.

#### **PROBLEMS AND ISSUES**

With emphasis placed by the Legislature on family crisis problems, it is essential that existing services be coordinated more effectively. Families at risk may seek help from many different places in the service delivery system, a number of which operate independently under varying funding sources and authorizations. Additionally, services are more readily available in urban parts of the state than in the rural areas.

- RECOMMENDATIONS**
1. Make "families in crisis" a major topic of the proposed Blaine House Conference on Children and Families to consider the direction planning should take for the provision of services.

*Action Responsibility:* Governor

2. Analyze all family crisis services provided by state and community agencies and make recommendations for change to next legislature.

*Action Responsibility:* Interdepartmental Coordinating Team

3. Continue at present levels staffing for Department of Human Services "family crisis workers" presently authorized by 22 MRSA § 3712 and funded under Title II of the U.S. Public Works Employment Act of 1976.

*Action Responsibility:* Legislature

4. Monitor caseloads now and through the fiscal year starting July 1978 to see if workers need to be added to maintain 1:25 ratio.

*Action Responsibility:* Interdepartmental Coordinating Team

## RETURN TO FAMILIES

### BACKGROUND AND STATUTORY REFERENCES

The "return to family" concept is referenced in the following legislation:

22 MRSA §3803, passed in 1977, formalizes a four-year-old Department of Human Services policy that the Department's first priority objective for children coming into its care or custody is the return of the child to his own family if that can be accomplished without jeopardy. The 1977 law allocated staff to be designated in each regional office to maintain contacts with and provide services to families of children in state custody. It also established various notification requirements to parents.

34 MRSA §2561 et. seq. formalizes the return to family function following institutionalization as an Aftercare Program for the Department of Mental Health and Corrections. In addition, the Juvenile Code, in Title 15 Chapter 501 §3002, authorizes the Department to carry out the return to family goal when it states: "To secure for each juvenile . . . such care and guidance, preferably in his own home . . . to preserve and strengthen family ties whenever possible . . ."

20 MRSA Chapter 404 applies the return to family concept to education. It requires the Department of Educational and Cultural Services to establish and implement individualized educational plans for children defined as in need of special education including those services necessary for the education of children returning to the community.

### CURRENT SERVICES

Each regional office of the Department of Human Services has designated at least one staff member whose primary function is to work with families of children coming into the care or custody of the Department toward the goal of returning the children if that can be done safely. The Department's operational policy has been modified to reflect the particular requirements of the new laws.



The Department of Mental Health and Corrections has a variety of services, managed both directly and through contract, to provide out-patient services, discharge planning, follow-along, aftercare, and probation and parole services to encourage the return of children to their families and to support and maintain that return. While the Department of Mental Health and Corrections does not have specifically designated "return to family" workers, it carries out this function both for children who are not in their parent's legal custody and for those who are, yet live away from home, as in state institutions.

Local educational agencies are developing individualized educational program plans for all exceptional children. Those programs include goals and objectives for return to community.

#### **PROBLEMS AND ISSUES**

Maintenance of the current level of services of the Department of Human Services to reunite families is contingent upon continuation of funding for those lines authorized by the Interim Children's Services Act. However, the lack of flexibility in use of staff caused by the statutory requirement that particular staff be designated for this purpose is a problem which results in less efficient use of staff in rural areas where individuals must perform multiple functions.

There is a lack of understanding of the communities' and the schools' responsibilities for the education of children in institutions and a lack of coordination between service workers and Special Education in planning for the return of children to families and the communities, and in follow-up. While children may be in the custody of the Department of Human Services or the Superintendent of the Maine Youth Center, with the responsibility that that implies, necessary supportive services must be drawn from community resources.

- RECOMMENDATIONS**
1. Establish in the three Departments an administrative policy that the first priority goal for children committed or admitted to any agency or program be the safe return of that child to his/her own family. To this end each Department should review its programs and make appropriate modifications to assure that:
    - a. services be provided to families which create an environment to which a child can be returned

- b. resources of all agencies be coordinated toward the goal of reuniting families with clarity of roles and responsibilities for case management
- c. the family be included to the maximum extent possible in the experience of the child and that exceptions be made a matter of record
- d. planning for reuniting families whose children are in institutional programs begin at admission, precede discharge and be followed up after discharge.

*Action Responsibility:* Commissioners, Departments of Human Services, Educational and Cultural Services, and Mental Health and Corrections

2. Continue funding twenty-two family crisis workers authorized by 22 MRSA § 3712-17, a portion of whom are designated as "return to family" workers (see Family Crisis Services recommendation 1).

*Action Responsibility:* Legislature

3. Amend 22 MRSA § 3713 to make return to family services a function rather than a staff assignment.

*Action Responsibility:* Legislature

4. Amend 22 MRSA § 3803 to clarify issues regarding notification to parents and the court of jurisdiction.

*Action Responsibility:* Legislature

## CHILD PROTECTIVE SERVICES

### BACKGROUND AND STATUTORY REFERENCES

The following statutes reference services to protect children:

22 MRSA §3701 authorizes child welfare services to prevent, remedy or assist in the solution of problems which may result in neglect, abuse, exploitation, or delinquency of children.

22 MRSA §3860 charges the Department of Human Services with receiving and investigating reports and taking appropriate action.

22 MRSA §3853-4 identifies those persons who are mandated to report suspected child abuse and neglect and describes the content of the report.

22 MRSA §3792 authorizes the Department of Human Services to petition for protective custody.

22 MRSA §3712-17 establishes 30 positions for child protective services funded by Title II of the U.S. Public Works Employment Act of 1976.

34 MRSA §2615 authorizes the Department of Mental Health and Corrections to provide protective and supportive services "to those persons who are . . . mentally retarded." 34 MRSA §2616 reads: "Protective Services: The term 'protective services' means services the object of which is to protect an incapacitated person from himself and from others. These services shall consist of evaluation . . . mobilization . . . of appropriate existing services -- living, financial benefits, securing medical services, supplies and legal services." 34 MRSA §2652 reads: "Persons in need of institutional services . . . needs habilitation in an institutional setting designated to improve such person's ability to care for and protect himself."

34 MRSA §2104 authorizes the Department of Mental Health and Corrections to supervise patients who have left institutions

"with a view to their safe care at home, suitable employment and self support under good working and living conditions, and prevention of their relapse and return to public dependency."

34 MRSA §2141 refers to the "protection of civil and legal rights." §2147 reads "shall be designed not only to protect the integrity of the legal and human rights . . . but also to meet the needs of these persons."

18 MRSA Chapter 50I, Subchapter III-A provides for the Department of Mental Health and Corrections to assume public guardianship for people who are mentally retarded and 34 MRSA §1-A establishes the Office of Advocacy to protect "the rights and dignity of clients."

15 MRSA Chapter 511 refers to interim care and runaways. §3501-07 describes the responsibilities of the Department of Mental Health and Corrections while §3508 describes the responsibility of the Department of Human Services.

**CURRENT SERVICES** The Department of Human Services traditionally has provided basic and fundamental child welfare services on behalf of neglected and abused children. They are offered statewide through the Department's regional offices. The Department of Mental Health and Corrections provides an array of services to children who may need protection as a result of mental retardation, developmental disability, emotional or other handicapping condition.

The Department of Human Services receives referrals and complaints on behalf of abused, neglected and exploited children. All referrals are validated, investigated and evaluated. A worker intervenes when necessary to protect the child and strengthen the family. If jeopardy to the child cannot be reduced or eliminated through home intervention, then the Department petitions the court to remove the child.

According to statute, child protective caseloads have been reduced to 25 cases (families) per worker. The current staff of 96 have a caseload of 2380 which averages to 24.8 cases per worker.

The Department of Mental Health and Corrections, through its various bureaus, including Probation and Parole and Mental Retardation and its Community Mental Health Centers, reports cases of suspected child abuse and neglect to the Department of Human Services. The Community Mental Health Centers, through contracts with the Department of Human Services, provides consultive and direct services to Department of Human Services staff and clients. The Community Mental Health Centers have sponsored Parents Anonymous groups while Mental Retardation child development staff provide counseling and program services. In addition, the Department of Mental Health and Corrections has a formalized advocacy program for the clients it serves, particularly those in the institutions. Regional staff also assume the role of advocacy for services for their clients.

The Department of Educational and Cultural Services develops programs to train local school personnel to recognize child abuse and neglect and to report such cases.

## PROBLEMS AND ISSUES

A major issue for the three Departments is the definition of "protective services." Protective services may relate to the referral and resolution of problems on behalf of abused, neglected, and exploited children; it may relate to advocating for the protection of legal and human rights for clients as well as the mobilization of resources to meet client needs; or it may relate to the protection of clients' rights as they are affected by the educational system.

Training for state and community agency line staff emphasizing topics such as abuse, neglect, runaway behavior, truancy, delinquency, and the role of the courts is incomplete. Training of a preventive nature in parenting skills for both minors and adults also is insufficient.

Several issues are administrative in nature. The Department of Human Services has developed, but not fully implemented, a comprehensive statewide program of public information that would provide guidelines for identifying and reporting child abuse and neglect. Also, workers do not always report back to the people who refer cases as to the status of their referral. Finally, more resources are available to children who have been removed from their homes than to those who remain but nonetheless need services.

The Interim Children's Services Act made additional staff available for Child Protective Services with the provision that caseload be reduced to 25 cases per protective service worker, that the Department provide services to man a 24-hour emergency system, and that emergency service be provided to lost, abandoned, seriously endangered and runaway youth. Between June and December of 1977 the caseload jumped from 1492 to 2457. While the case distribution currently meets the statutory requirements, the present trend indicates that cases soon will exceed the required ratios. For example, there were 1,000 reported runaways last year whose cases will place a heavier burden upon staff and resources.

All regional staff report lack of resources for respite care, both day and overnight, and the localities report growing difficulty in providing necessary General Assistance Funds to support the intervenive service provided by the Child Protective staff. The problem has been compounded by the fact that the Interim Children's Services Act stated that the \$260,000 earmarked for children and youth services must be contracted, therefore, depriving the Department of Human Services regional offices from administering contingency funds to enable them to purchase services on an as needed basis. Contracted services which provide direct, supportive and supplemental programs to the existing child protective caseload are not sufficient to provide those services to the increased caseload.

**RECOMMENDATIONS 1. Clarify definitions, roles and current services of the three Departments under the general rubric of "protection of children."**

*Action Responsibility:* Interdepartmental Coordinating Team

**2. The Department of Human Services develop standards and guidelines for Child Protective Services involving abuse and neglect. These standards shall:**

- a. be promulgated by the Department of Human Services which has overall authority and responsibility for protective cases involving abuse and neglect
- b. be referred to the Interdepartmental Coordinating Team for review and acceptance

- c. clarify roles and responsibilities in protective service provision
- d. once accepted, be incorporated in contractual agreements with provider agencies.

*Action Responsibility:* Commissioner, Department of Human Services

3. Continue funding for 30 positions mandated in 22 MRSA § 3712-17 for child protective services and screeners for 24-hour emergency telephone system without eliminating or reducing other staff or existing services.

*Action Responsibility:* Legislature

4. Through legislation allow the Department of Human Services to maintain contingency funds to purchase services for child abuse and neglect clients on an "as needed" basis.

*Action Responsibility:* Legislature

## SUBSTITUTE CARE/ALTERNATIVE LIVING

### BACKGROUND AND STATUTORY REFERENCES

The numerous statutory references to substitute care can be classified into three categories: direct services, resource development, and licensing. Special appropriations also have been made directly by the legislature to private agencies such as Fair Harbor and St. Andres.

Some of the legislation pertaining to substitute care is:

#### **Direct Services**

Department of Human Services:

22 MRSA §3792, 3794 provides for commitment to Department of Human Services of children found by the court to be living in circumstances seriously jeopardizing health, welfare or morals.

22 MRSA §3A provides for the continued care and support of state wards after their eighteenth birthday and up to the age of twenty-one for educational, social or physical reasons.

19 MRSA §752 provides that the court, in making an order of custody pending or in a divorce decree, may award custody to the Department of Human Services.

19 MRSA §532 provides for the surrender and release of children to the Department of Human Services for the purpose of placement for adoption.

22 MRSA §3703-4 authorizes the Department to provide substitute care for children with the consent of parents and without a court order.

15 MRSA §3314 (1) (C) provides commitment to the Department of Human Services as one of the dispositional alternatives of the juvenile court.



22 MRSA §4191-4247, The Interstate Compact on Placement of Children, governs interstate placement of children and provides for supervision of children in substitute care who are in the custody of agencies in other states.

Department of Mental Health and Corrections:

34 MRSA Chapter 229 refers to mental retardation services.

34 MRSA Chapter 225 refers to mental retardation facilities.

34 MRSA Chapter 253 §2951 refers to the Military and Naval Children's Home.

34 MRSA Chapter 257 §3501 refers to the Stevens facility.

15 MRSA Chapter 5 refers to mental responsibility for criminal conduct.

15 MRSA Chapter 409 refers to training centers.

PL 1977 Chapter 520 refers to the Juvenile Code.

Department of Educational and Cultural Services:

20 MRSA Chapter 404 refers to exceptional children and includes the state's policy of using the "least restrictive educational alternative" for serving exceptional children.

### **Resource Development**

Department of Human Services:

22 MRSA §3713 authorizes the Department of Human Services to contract for various kinds of substitute care using funds allocated under Title II of the Public Works Employment Act of 1976.

22 MRSA §3701-3 authorizes the Department of Human Services to apply for and use federal funds and to receive federal grants for substitute care services.

15 MRSA §3502 (2) (A), within the limits of available funds, gives the Department of Human Services the responsibility to provide foster home, group home, and other shelter and nonsecure placements necessary for the emergency placements of juveniles referred by law enforcement officers.

Department of Mental Health and Corrections:

34 MRSA Chapter 62 refers to the Bureau of Corrections.

34 MRSA Chapter 62-A refers to correctional programs.

34 MRSA Chapter 181 refers to the Bureau of Mental Health.

34 MRSA Chapter 183 refers to community mental health.

34 MRSA Chapter 229 refers to mental retardation services.

34 MRSA Chapter 223 refers to the Bureau of Mental Retardation.

PL 1977 Chapter 520 refers to the Juvenile Code.

34 MRSA Chapter 257 refers to services for children.

Department of Educational and Cultural Services:

20 MRSA §3129 refers to facilities intended for use by exceptional children.

### **Licensing**

Department of Human Services:

22 MRSA subtitle 6 provides for the licensing of child caring facilities and child placing agencies.

Department of Mental Health and Corrections:

34 MRSA Chapter 1 §3 refers to county jails.

34 MRSA Chapter 1 §7 refers to rules and regulations for residents of state institutions.

34 MRSA Chapter 183 §2502-A refers to mental health licensing.

34 MRSA Chapter 185 §2103 refers to hospital rules and regulations.

34 MRSA Chapter 227 refers to mental retardation services.

**CURRENT SERVICES** The Department of Human Services provides services to children placed in its custody by the courts or placed in its care voluntarily by parents. The services include case study and reassessment, planning and placement, supervision of placement, counseling, advocacy, connecting and referral. The Department provides these services through 83 staff, 22 of whom are funded through Title II of the Public Works Emergency Employment Act of 1976. The average caseload currently is 29.6 children. The objectives for those children considered in the following order of priority, are the safe return of the child to his family, adoption, and care until self sufficient adulthood. The Department provides care for children in foster care, group care, and residential treatment centers as well as in homes of relatives and other living arrangements. Supportive services are purchased and are provided on a contractual basis.

The Department of Human Services studies and licenses all child caring facilities and does homefinding and development of facilities to meet the needs of children for whom it is responsible. In addition, the Department develops contracts for group care and emergency shelter. The Bureau of Vocational Rehabilitation provides funds for the development of drug and alcoholism treatment facilities and finds placement for individual clients with special needs.

The Department of Mental Health and Corrections has a range of substitute care programs including the state institutions -- Maine Youth Center, Maine State Prison, Maine Correctional Center, Elizabeth Levinson Center, Pineland Center, Military and Naval Children's Home, Augusta Mental Health Institute and Bangor Mental Health Institute -- which have about 500 children in residence. In addition,

the Department either operates or purchases services from therapeutic foster homes, group homes, private residential treatment centers, halfway homes, and boarding homes. These services are provided to clients who are mentally retarded, emotionally disturbed, involved with the correctional system, or a mixture.

The Department of Educational and Cultural Services operates the Baxter School for the Deaf as well as pays tuition and a small portion of the room and board for children in private residential treatment centers.

All three Departments have responsibilities in the areas of licensing, approval, and standard setting. The Department of Human Services licenses all boarding homes for children; they include foster homes, group homes, child caring institutions and child placing agencies, nursery schools and day care facilities.

The Department of Mental Health and Corrections licenses or sets standards for residential treatment facilities and other facilities providing mental health services, halfway houses, group homes, jails and local lockups, and mental retardation services.

The Department of Educational and Cultural Services sets standards and approves the educational program in residential treatment centers and has the responsibility for monitoring educational programs in the state institutions.

## **PROBLEMS AND ISSUES**

In the aggregate, the three Departments provide a range of substitute care services. However, they have not been developed according to a state plan coordinated by the three Departments, nor have they been developed to meet a clear range of client needs. A child who has multiple or unique needs, such as a mentally retarded emotionally disturbed child, has great difficulty acquiring adequate substitute care services. The responsibility for program, resource development or funding for the multiple problem client is unclear at best.

The Departments of Human Services and Mental Health and Corrections have apparently overlapping responsibilities for licensing, and

although all three Departments play a role in standard setting and regulations for operation, the information on quality, effectiveness, adequacy, or costs of substitute care is uneven or difficult to attain.

Probably the most severe problem facing substitute care is its "deficit model" of services. That is, services generally are only available once the child is damaged or the family is so weakened or exhausted that long term placement is sought. A range of alternatives, both in and out of the home, and both day and overnight, must be made available. These substitute care services for children need to be viewed as an integral part of a broader system of family services.

**RECOMMENDATIONS** 1. Establish a policy for interdepartmental coordination of planning, program development and resource development for substitute care.

*Action Responsibility:* Interdepartmental Coordinating Team

2. Develop a statement addressing responsibility for funding, placement, licensing and standard-setting for substitute care.

*Action Responsibility:* Interdepartmental Coordinating Team

3. Reimburse services at 100% of audited costs for all children for whom the state has responsibility. The Interdepartmental Coordinating Team shall develop a set of principles of reimbursement to determine what costs shall be allowable.

*Action Responsibility:* Legislature; Interdepartmental Coordinating Team

4. Develop a plan for residential services such as shelter care, foster care, therapeutic foster care, respite care, and residential treatment showing the array of services that should be available locally, regionally and statewide. Assure that respite care programs, both in and out of the home, be available to foster parents.

*Action Responsibility:* Interdepartmental Coordinating Team

5. Assure the delivery of preservice and inservice training for staff and caretakers of substitute care clients as well as back-up and support for difficult or crisis situations.

*Action Responsibility:* Interdepartmental Coordinating Team

6. Study Title XIX of the Social Security Act and the concomitant state plan to determine the feasibility of permitting reimbursement for outreach and/or home-delivered services by licensed and/or non-licensed personnel.

*Action Responsibility:* Interdepartmental Coordinating Team

7. Encourage evaluation and research efforts to provide further understanding of the impact of substitute care programs and techniques.

*Action Responsibility:* Commissioners, Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services

8. Establish a policy that individual program plans for any child in substitute care be developed, that the plans, when possible, be developed with the family, and that the plans, when possible, include the role of the family.

*Action Responsibility:* Commissioners, Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services

## EDUCATION

### BACKGROUND AND STATUTORY REFERENCES

There is one major statutory reference for the education of handicapped children, 20 MRSA Chapter 404. Specific references are concentrated in the following sections:

20 MRSA §3124 refers to screening, evaluation and diagnosis, and individualized program development.

20 MRSA §3126 refers to financial aid for exceptional children.

20 MRSA §3130 refers to tuition reimbursement for exceptional children.

In addition, §358 and §3561 refer to transportation; Chapter 106, §931-3 relates to drop-outs and truants and the provision for alternative educational programs.

Other state and federal statutes pertaining to interdepartmental coordination of services include ESEA Title I 89-313, state operated facilities and institutions. Public Law 94-1421, The Education for All Handicapped Act, has specific statutory requirements for the Department of Educational and Cultural Services to supervise the education of exceptional children under the jurisdiction of other state agencies.

### CURRENT SERVICES

Approximately 80 percent of all students are educated in the public schools with minimal support from the Departments of Human Services and Mental Health and Corrections. The remaining 20 percent require interagency agreements and defined responsibilities in order to ensure that both state and federal mandates are fulfilled.

For those 20 percent, including both handicapped and non-handicapped children, for whom more than one state agency has responsibility, services have been fragmented and should be addressed in

interdepartmental agreements. Areas where this is most obvious include the education of state wards, education of emotionally disturbed children, education of mentally retarded children, education of children in state institutions operated by Mental Health and Corrections, education of the blind, and education of children under jurisdiction of the Bureau of Corrections.

The Division of Special Education currently has the responsibility for the education of all exceptional children as defined in 20 MRSA Chapter 404 in the state. The Division's current monitoring and evaluation procedures include on-site review of public and private school implementation of special education legislation. This entails a review of program, staff, student records, consultation services, and procedural safeguards for parent and child.

#### **PROBLEMS AND ISSUES**

Major problems deal specifically with role clarification of the three Departments in their responsibility to exceptional children in their charge. The lack of clarity regarding specific assurances for children in the custody of other agencies often leads to fragmented or no services to those children.

**RECOMMENDATIONS** 1. Clarify the roles and responsibilities of the three Departments for the education of all children in the State of Maine, and particularly for those 20 percent who require interagency services.

*Action Responsibility:* Interdepartmental Coordinating Team

2. Develop written joint agreements between the Departments of Educational and Cultural Services, Mental Health and Corrections, and Human Services regarding the assurance of appropriate education for children for whom each agency is responsible, including, but not limited to:

- a. education of children in state-operated institutions
- b. education of children in group care under custody of the Department of Human Services
- c. education of children who are emotionally disturbed in need of psychiatric treatment



- d. education of blind children
- e. education of children under the jurisdiction of correction and detention facilities
- f. education of mentally retarded children
- g. education of children with multiple problems

*Action Responsibility:* Interdepartmental Coordinating Team

3. Include in the Division of Special Education regulations a formalization of a state pupil evaluation team process for the purpose of developing an individualized educational plan for children in the custody of the Department of Human Services who are not the responsibility of the local pupil evaluation teams.

*Action Responsibility:* Commissioner, Department of Educational and Cultural Services

4. Increase from \$25 to \$40 per week the room and board allowance in lieu of transportation for children placed in residential treatment facilities for Special Education.

*Action Responsibility:* Legislature; Commissioner, Department of Educational and Cultural Services

5. Review each regional vocational program to determine the need for Special Education and take appropriate action to assure that Special Education programs are made available where indicated. In addition, consider allowing fourteen-year-olds to attend vocational education programs as an exception to the present eligibility requirements.

*Action Responsibility:* Commissioner, Department of Educational and Cultural Services

6. Address the issue of dispositional alternatives available to judges

under the Juvenile Code to assure appropriate responsibility for placement of children and provision of education.

*Action Responsibility:* Interdepartmental Coordinating Team

7. Develop proposed legislation to assure that secondary students have available free public transportation to school according to the prevailing community standards for elementary students.

*Action Responsibility:* Commissioner, Department of Educational and Cultural Services

8. Develop policies to assure that the receiving school be responsible for notifying the sending district immediately when their students drop out of school; that no child be considered a truant or drop-out because of lack of transportation; and that truancy or expulsion not be cumulative from one year to the next.

*Action Responsibility:* Commissioner, Department of Educational and Cultural Services

9. Study the roles of the Positive Action Committee in evaluating school truants and drop-outs, including, but not limited to, an evaluation of the positive and negative impact of the classroom and school situation on the child.

*Action Responsibility:* Interdepartmental Coordinating Team

## PRE-SCHOOL HANDICAPPED CHILDREN

### BACKGROUND AND STATUTORY REFERENCES

The Joint Legislative Committee of Education, through a resolve passed by the Legislature in June 1977, instructed the Commissioners of Educational and Cultural Services, Mental Health and Corrections, and Human Services jointly to study the issues related to service delivery for pre-school handicapped children. In response, the Commissioners prepared a report entitled "Early Education for the Handicapped: A Report on Present Status of Handicapped Children Below Age 5" and submitted it to the second session of the 108th Legislature. While the report made specific recommendations, the Interdepartmental Children's Team also wanted to address the subject, both to endorse the contents and to make additional long-term recommendations.

Pre-school handicapped children receive services from the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services. However, no department is responsible statutorily for providing services to these children.

### CURRENT SERVICES

At least 22 separate programs provide services to pre-school handicapped children. Most are not specifically designed to serve these children, but all provide funds or services which impact on them. Services in the 22 programs range from medical services to developmental activity programs.

These programs, listed by department, are:

#### Department of Human Services

Public Health Nursing  
Maternal & Child Health Grants  
\*Crippled Children's Services  
\*Early Periodic Screening, Diagnosis and Treatment  
\*Eye Care Services  
\*Social Security Income - Disabled Children  
Maternal & Child Health - preschool clinic  
\*Developmental Day Care  
\*Medicaid

### Department of Mental Health and Corrections

- \*Developmental Disabilities Grants
- \*Children's Services
- \*Child Development Workers
- Community Mental Health Centers
- Levinson Center

### Department of Education

- P.L. 94-142 Preschool Incentive Grants
- Title VI B Grants
- Preschool Speech and Hearing
- Project Childfind
- \*ESEA Title IV C

### Other

- \*Head Start
- Local Education Agencies
- \*Handicapped Children's Early Education Projects

*\* indicates eligibility restriction*

## PROBLEMS AND ISSUES

While a considerable number of programs and services are available to serve pre-school handicapped children, many have strict eligibility criteria which allow them to serve only particular categories of children. Additionally, because no single agency or department has lead responsibility for these children, it becomes unclear to the parent exactly where to go for services. The burden of locating programs and funds rests on the parent or local agency who must obtain each service on a piecemeal basis.

There is a recognized need to provide services to pre-school handicapped children in Maine. Research has proven that handicapped children benefit greatly from the effects of early intervention, the earlier the better. The three Departments, Human Services, Mental Health and Corrections, and Educational and Cultural Services, must determine the most effective means of delivering these services using existing state and federal resources, and providing for identified, but unmet, needs.

**RECOMMENDATIONS** The Interdepartmental Children's Team endorses the following recommendations from the "Early Education for the Handicapped" report:

1. That \$150,000 be appropriated by the 108th Legislature to fund pilot projects to demonstrate interagency cooperation to deliver services to pre-school handicapped children.
2. That the pilot projects be evaluated and a report summarizing the outcome be made to the 109th Legislature for future action.
3. That a state interagency committee for pre-school handicapped children be established to plan for services.

In addition, the Team recommends the following:

1. Make the aforementioned pre-school interagency committee a sub-committee of the Interdepartmental Coordinating Team to ensure that the planning of service delivery for pre-school handicapped be a part of the greater plan for children and family services.

*Action Responsibility:* Commissioners, Departments of Educational and Cultural Services, Human Services, and Mental Health and Corrections

2. Consider the aforementioned pilot projects as a possible model for coordination of services for the larger human resource system.

*Action Responsibility:* Interdepartmental Children's Team

## JUVENILE CODE

### BACKGROUND AND STATUTORY REFERENCES

The Maine Commission to Revise Statutes Relating to Juveniles was established in July 1975 by an act of the Maine Legislature to prepare a proposed juvenile code for Maine with particular emphasis on the areas of education, community-based corrections, institutional corrections, policing agencies and the court system. One of the key problems it focused upon was the numerous inappropriate juvenile referrals to the District Court System. Many were the result of inaccessible or non-existent pre-adjudicatory services. The Commission determined that if the Juvenile Justice System were to become an effective agent for preventing even more severe acting-out behavior, then it would have to put greater emphasis on preventive services. As a result, the Maine Juvenile Code, enacted by the first regular session of the 108th Legislature to become effective July 1, 1978, enables services to arrested juveniles prior to adjudication. These services, which range from preventive to supportive to substitute care, are arranged by the newly-established intake worker based upon a collective needs assessment by the police officer, intake worker, district attorney and the courts.

Statutory authority for this system change is contained in 15 MRSA Chapter 501.

### CURRENT SERVICES

The Department of Mental Health and Corrections currently conducts many pre-sentence investigations for the courts through its probation and parole officers. The burden this creates on the probation and parole officers will be alleviated with the introduction of intake workers, freeing up the probation and parole officers to work with post-adjudicatory clients.

Currently, many juveniles are detained inappropriately in secure detention facilities. The detention is inappropriate either because the offense does not warrant secure detention or the detention facility itself does not supply adequate supervision and segregation for the juvenile offender. After July 1978, the intake worker will be

making detention decisions for those juveniles in which detention is deemed necessary. This requires that an assessment be made by the intake worker as to the seriousness of the offense as well as the availability of an approved juvenile holding area. The approved holding areas will be so designated by 34 MRSA, Jail Inspection, by the Department of Mental Health and Corrections, in accordance with the Standards, Municipal and County Jails, DMHC, 1975, and appropriate National Clearinghouse Legislation/Standards.

Some juveniles have been processed through the court system in order to receive placement in community residential centers. Under the new system, intake workers will have access to such services without making the client undergo formal adjudication. They also will be able to supervise restitution through informal adjustments.

## **PROBLEMS AND ISSUES**

Juveniles have been detained inappropriately in detention facilities either because detention was not the appropriate remedy or the facility itself was not suitable for a juvenile. Juvenile detention has not been monitored adequately and in some areas there are insufficient approved juvenile secure detention facilities.

There are some clients for whom jurisdiction is unclear among the three Departments; that is, who is responsible for supplying supportive services? Also, when a juvenile is committed by a judge to the care or custody of the Department of Human Services, timely notice often is not received by that Department. The Department has not been part of the total process leading to the commitment of the child and sometimes lacks the appropriate information to plan for and serve the child.

A series of issues relate to the roles, responsibilities and authority of the intake worker. First, the intake worker, by statute, is responsible administratively to the Department of Mental Health and Corrections and functionally to the District Court. At issue is how to interpret and operationalize this provision in the statute.

Second, there is lack of clarity about the roles of the intake worker vis-a-vis the law enforcement officer. One specific issue is whether

the law enforcement officer need notify the intake worker about all juvenile arrests or only those that will be adjudicated. Third relates to the acquisition and payment of services mandated by the Code. Where, in addition to the Maine Youth Center, should workers obtain the mandated social/psychological assessments; who has the responsibility to provide and pay for such services?

Joint written policy agreements among the three Departments have not yet been established to resolve these and other issues. Also, uniform data collection and evaluation forms have yet to be developed.

Finally, the Code specifies that lost/abandoned, seriously endangered and runaway children who cannot be returned home should be referred to the Department of Human Services for services. This essentially creates an expanded client population for the Department to handle, yet no additional resources have been allocated. Residential treatment facilities currently are at or near capacity; without developing additional residential and non-residential services, the Department of Human Services cannot adequately provide treatment for this group.

- RECOMMENDATIONS**
1. Develop, among the Departments of Mental Health and Corrections, Human Services, and Educational and Cultural Services, the joint policies and agreements necessary to implement those provisions of the Juvenile Code which have impact on the three Departments.

*Action Responsibility:* Interdepartmental Coordinating Team

2. According to the roles and responsibilities assigned, plan for and develop the resources necessary to comply with the new service provisions of the Code.

*Action Responsibility:* Interdepartmental Coordinating Team

3. Provide the necessary funding for any expansion of services required to implement the Juvenile Code, including funds for Depart-



ment of Mental Health and Corrections intake workers and Department of Human Services and Department of Mental Health and Corrections placement resources.

*Action Responsibility:* Legislature

4. Maintain the authority of the intake worker to be able to make appropriate referrals within the limits of available resources.

*Action Responsibility:* Legislature

## Summary of Recommendations

## SUMMARY OF RECOMMENDATIONS

|   | ACTION RESPONSIBILITY |               |     |                    |
|---|-----------------------|---------------|-----|--------------------|
|   | Legislature           | Commissioners | ICT | Other<br>(Specify) |
| <b>Philosophy</b>   |                       |               |     |                    |
| Adopt the following philosophy of children's services:  |                       |               | X   |                    |
| <p>The family is the primary structure for the care, nurturing and development of children, and, therefore, must be the primary focus of services to children. Services must be organized as a system of human resources which support and maintain the family unit.</p> <p>The services should represent a continuum from the most natural environment, the family, to the least natural, a setting where the individual is removed from the family unit. This continuum should be viewed as a range of preventive, supportive and substitute services, and should be organized to minimize the degree to which the system assumes responsibility for the family function.</p> |                       |               |     |                    |
| <b>Planning Process</b>   |                       |               |     |                    |
| Adopt/continue the following planning process by analyzing services along the continuum of prevention, support and substitution and from the state, regional and local perspectives:  |                       |               | X   |                    |
| <ol style="list-style-type: none"> <li>1. Review and document current system.</li> <li>2. Determine what services should be available.</li> <li>3. Identify problems in service delivery, i.e., needs for change and program development.</li> <li>4. Design a blueprint of proposed human resource system.</li> <li>5. Draw up an implementation plan showing tasks, personnel and timetable.</li> </ol>   |                       |               |     |                    |

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

### Structure for Interdepartmental Coordination

1. Establish an Interdepartmental Coordinating Team (ICT) composed of the Commissioners of the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services and top level policy makers from those Departments selected by the Commissioners, to continue the planning process and coordinating activities begun by the Interdepartmental Children's Team. To formulate the ICT, the Commissioners should work according to the following principles and procedures:

X  
DHS  
MH&C  
DECS

- a. The Commissioners agree personally to head the joint effort
- b. The Commissioners draft and sign a memorandum of agreement regarding the specific authority, tasks and responsibilities of the committee, which includes
  1. a set of procedures whereby participation of staff and line personnel is clearly and adequately provided for
  2. a fixed meeting schedule and agenda
  3. identification of priority problems assigned to ad hoc project teams comprised of members of the three Departments and target dates set for completion of their work.
- c. High level staff and line personnel be informed by the Commissioners that the three Departments have committed themselves to a joint planning and problem-solving process.

2. Establish a Conference Committee made up of the Chairmen or their designees of the Health and Institutional Services, Education, and Appropriations and Financial Affairs Standing Committees to review and monitor for consistence all bills relating to children and families. In this regard:

X  
Chairmen  
Joint Standing  
Committees

X  
DHS  
MH&C  
DECS

X  
Governor

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

- a. draft and sign a memorandum of agreement regarding the specific authority, tasks and responsibilities of the committee
- b. develop standards and methods to implement family impact statements which include an analysis of pending legislation, policies, regulations and programs in order to make explicit
  - 1) their potential effects, both negative and positive, on families, and 2) the potential lack of coherence or conflict with existing laws, policies, regulations and programs.

3. Develop and approve a formalized mechanism for the ICT to review, comment and make recommendations at the development and drafting stages of any proposed legislation regarding children and families.

X

X

#### Twenty-Four Hour Emergency Services

1. Establish a coordinated, comprehensive system for the provision of 24-hour emergency services to children and families in Maine.

X

2. Complete a draft of the system design by 4/1/78. The design should address, but not be limited to, the following:

X

- a. feasibility of common intake, referral and follow-up procedures; uniform assessment criteria, report forms and training
- b. adequate array of emergency care programs with clear definitions of responsibility for provision of services
- c. coordinated public information plan
- d. confidentiality issues and "right to know" legislation

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

- e. regional versus statewide approach
- f. staffing patterns in light of state personnel requirements
- g. all potential funding sources and a plan for their coordination
- h. development and integration with the larger service delivery system designed for children and families

3. Continue at present levels staffing for the Department of Human Services 24-hour emergency line presently authorized by 22 MRSA § 3712 and funded under Title II of the U.S. Public Works Employment Act of 1976. X

#### Short-Term Emergency Services

1. Define and ensure an adequate range of short-term residential and non-residential emergency services for children and families that reflect the goal of maintaining and supporting the family unit.

|      |   |
|------|---|
| X    | X |
| DHS  |   |
| MH&C |   |
| DECS |   |

2. Complete a draft of the short-term emergency service system design. The design should address, but not be limited to, the following:

X

- a. availability on a 24-hour basis and coordinated through 24-hour emergency services
- b. development and integration with the larger service delivery system designed for children and families
- c. training for staff in crisis and counseling techniques to support the family as well as the child
- d. funding plan with funds allocated by the legislature to each Department based on service needs defined in design

|  | ACTION RESPONSIBILITY |               |     |                    |
|--|-----------------------|---------------|-----|--------------------|
|  | Legislature           | Commissioners | ICT | Other<br>(Specify) |
| 3. Eliminate discrepancies in the notice and consent sections of 15 MRSA Part 6 § 3501 and 22 MRSA § 3895-96 by amending the bill submitted to the 108th Legislature by the Department of Human Services as follows:<br><br>Amend 22 MRSA to allow the Department of Human Services to provide short-term emergency services to children referred by the intake worker for up to 6 hours without the child's consent, and amend 15 MRSA to allow the Department of Human Services to provide voluntarily accepted emergency services for up to three days. | X                     |               |     |                    |
| <b>Family Crisis Services/Children and Families at Risk</b>  |                       |               |     |                    |
| 1. Make "families in crisis" a major topic of the proposed Blaine House Conference on Children and Families to consider the direction planning should take for the provision of services.  |                       |               |     | X<br>Governor      |
| 2. Analyze all family crisis services provided by state and community agencies and make recommendations for change to next legislature.  |                       |               | X   |                    |
| 3. Continue at present levels staffing for Department of Human Services "family crisis workers" presently authorized by 22 MRSA § 3712 and funded under Title II of the U.S. Public Works Employment Act of 1976.  | X                     |               |     |                    |
| 4. Monitor caseloads now and through the fiscal year starting July 1978 to see if workers need to be added to maintain 1:25 ratio.   |                       |               | X   |                    |

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

### Return to Families

1. Establish in the three Departments an administrative policy that the first priority goal for children committed or admitted to any agency or program be the safe return of that child to his/her own family. To this end each Department should review its programs and make appropriate modifications to assure that:

X  
DHS  
MH&C  
DECS

- a. services be provided to families which creates an environment to which a child can be returned
- b. resources of all agencies be coordinated toward the goal of reuniting families with clarity of roles and responsibilities for case management
- c. the family be included to the maximum extent possible in the experience of the child and that exceptions be made a matter of record
- d. planning for reuniting families whose children are in institutional programs begin at admission, precede discharge and be followed up after discharge.

2. Continue funding twenty-two family crisis workers authorized by 22 MRSA §3712-17, a portion of whom are designated as "return to family" workers (see Family Crisis Services recommendation 1).

X

3. Amend 22 MRSA §3713 to make return to family services a function rather than a staff assignment.

X

4. Amend 22 MRSA §3803 to clarify issues regarding notification to parents and the court of jurisdiction.

X



|   | ACTION RESPONSIBILITY |               |     |                    |
|---|-----------------------|---------------|-----|--------------------|
|   | Legislature           | Commissioners | ICT | Other<br>(Specify) |
| <b>Child Protective Services</b>  |                       |               |     |                    |
| 1. Clarify definitions, roles and current services of the three Departments under the general rubric of "protection of children."   |                       |               | X   |                    |
| 2. The Department of Human Services develop standards and guidelines for Child Protective Services involving abuse and neglect. These standards shall:  |                       | X<br>DHS      |     |                    |
| a. be promulgated by the Department of Human Services which has overall authority and responsibility for protective cases involving abuse and neglect   |                       |               |     |                    |
| b. be referred to the Interdepartmental Coordinating Team for review and acceptance   |                       |               |     |                    |
| c. clarify roles and responsibilities in protective service provision   |                       |               |     |                    |
| d. once accepted, be incorporated in contractual agreements with provider agencies.   |                       |               |     |                    |
| 3. Continue funding for 30 positions mandated in 22 MRSA § 3712-17 for child protective services and screeners for 24-hour emergency telephone system without eliminating or reducing other staff or existing services. | X                     |               |     |                    |
| 4. Through legislation allow the Department of Human Services to maintain contingency funds to purchase services for child abuse and neglect clients on an "as needed" basis.   | X                     |               |     |                    |

|  | ACTION RESPONSIBILITY |                          |     |                    |
|--|-----------------------|--------------------------|-----|--------------------|
|  | Legislature           | Commissioners            | ICT | Other<br>(Specify) |
| <b>Substitute Care/Alternative Living</b>  |                       |                          |     |                    |
| 1. Establish a policy for interdepartmental coordination of planning, program development and resource development for substitute care.  |                       |                          | X   |                    |
| 2. Develop a statement addressing responsibility for funding, placement, licensing and standard-setting for substitute care.   |                       |                          | X   |                    |
| 3. Reimburse services at 100% of audited costs for all children for whom the state has responsibility. The Interdepartmental Coordinating Team shall develop a set of principles of reimbursement to determine what costs shall be allowable.  | X                     |                          | X   |                    |
| 4. Develop a plan for residential services such as shelter care, foster care, therapeutic foster care, respite care, and residential treatment showing the array of services that should be available locally, regionally and statewide. Assure that respite care programs, both in and out of the home, be available to foster parents. |                       |                          | X   |                    |
| 5. Assure the delivery of preservice and inservice training for staff and caretakers of substitute care clients as well as back-up and support for difficult or crisis situations.   |                       |                          | X   |                    |
| 6. Study Title XIX of the Social Security Act and the concomitant state plan to determine the feasibility of permitting reimbursement for outreach and/or home-delivered services by licensed and/or non-licensed personnel.   |                       |                          | X   |                    |
| 7. Encourage evaluation and research efforts to provide further understanding of the impact of substitute care programs and techniques.  |                       | X<br>DHS<br>MH&C<br>DECS |     |                    |

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

8. Establish a policy that individual program plans for any child in substitute care be developed, that the plans, when possible, be developed with the family, and that the plans, when possible, include the role of the family.

X  
DHS  
MH&C  
DECS

#### Education

1. Clarify the roles and responsibilities of the three Departments for the education of all children in the State of Maine, and particularly for those 20 percent who require interagency services.

X

2. Develop written joint agreements between the Departments of Educational and Cultural Services, Mental Health and Corrections, and Human Services regarding the assurance of appropriate education for children for whom each agency is responsible, including, but not limited to:

X

- a. education of children in state-operated institutions
- b. education of children in group care under custody of the Department of Human Services
- c. education of children who are emotionally disturbed in need of psychiatric treatment
- d. education of blind children
- e. education of children under the jurisdiction of correction and detention facilities
- f. education of mentally retarded children
- g. education of children with multiple problems

|   | ACTION RESPONSIBILITY |               |     |                    |
|---|-----------------------|---------------|-----|--------------------|
|   | Legislature           | Commissioners | ICT | Other<br>(Specify) |
| 3. Include in the Division of Special Education regulations a formalization of a state pupil evaluation team process for the purpose of developing an individualized educational plan for children in the custody of the Department of Human Services who are not the responsibility of the local pupil evaluation teams.                           |                       | X<br>DECS     |     |                    |
| 4. Increase from \$25 to \$40 per week the room and board allowance in lieu of transportation for children placed in residential treatment facilities for Special Education.  | X                     | X<br>DECS     |     |                    |
| 5. Review each regional vocational program to determine the need for Special Education and take appropriate action to assure that Special Education programs are made available where indicated. In addition, consider allowing fourteen-year-olds to attend vocational education programs as an exception to the present eligibility requirements. |                       | X<br>DECS     |     |                    |
| 6. Address the issue of dispositional alternatives available to judges under the Juvenile Code to assure appropriate responsibility for placement of children and provision of education.   |                       |               | X   |                    |
| 7. Develop proposed legislation to assure that secondary students have available free public transportation to school according to the prevailing community standards for elementary students.  |                       | X<br>DECS     |     |                    |
| 8. Develop policies to assure that the receiving school be responsible for notifying the sending district immediately when their students   |                       | X<br>DECS     |     |                    |

| ACTION RESPONSIBILITY |               |     |                    |
|-----------------------|---------------|-----|--------------------|
| Legislature           | Commissioners | ICT | Other<br>(Specify) |

drop out of school; that no child be considered a truant or drop-out because of lack of transportation; and that truancy or expulsion not be cumulative from one year to the next.

9. Study the roles of the Positive Action Committee in evaluating school truants and drop-outs, including, but not limited to, an evaluation of the positive and negative impact of the classroom and school situation on the child.

X

#### Pre-School Handicapped Children

The Interdepartmental Children's Team endorses the following recommendations from the "Early Education for the Handicapped" report:

1. That \$150,000 be appropriated by the 108th Legislature to fund pilot projects to demonstrate interagency cooperation to deliver services to pre-school handicapped children.
2. That the pilot projects be evaluated and a report summarizing the outcome be made to the 109th Legislature for future action.
3. That a state interagency committee for pre-school handicapped children be established to plan for services.

In addition, the Team recommends the following:

|  | ACTION RESPONSIBILITY |                          |     |                    |
|--|-----------------------|--------------------------|-----|--------------------|
|  | Legislature           | Commissioners            | ICT | Other<br>(Specify) |
| 1. Make the aforementioned pre-school interagency committee a sub-committee of the Interdepartmental Coordinating Team to ensure that the planning of service delivery for pre-school handicapped be a part of the greater plan for children and family services.                            |                       | X<br>DHS<br>MH&C<br>DECS |     |                    |
| 2. Consider the aforementioned pilot projects as a possible model for coordination of services for the larger human resource system.   |                       |                          | X   |                    |
| <b>Juvenile Code</b>   |                       |                          |     |                    |
| 1. Develop, among the Departments of Mental Health and Corrections, Human Services, and Educational and Cultural Services, the joint policies and agreements necessary to implement those provisions of the Juvenile Code which have impact on the three Departments.                        |                       |                          | X   |                    |
| 2. According to the roles and responsibilities assigned, plan for and develop the resources necessary to comply with the new service provisions of the Code.   |                       |                          | X   |                    |
| 3. Provide the necessary funding for any expansion of services required to implement the Juvenile Code, including funds for Department of Mental Health and Corrections intake workers and Department of Human Services and Department of Mental Health and Corrections placement resources. | X                     |                          |     |                    |
| 4. Maintain the authority of the intake worker to be able to make appropriate referrals within the limits of available resources.  | X                     |                          |     |                    |

## Steps Toward an Action Agenda

This section summarizes the steps which the Commissioners of the three Departments and the members of the Interdepartmental Children's Team will take in relation to implementing the recommendations of this report. These implementation steps can be targeted in relation to the Legislature, the recommended Interdepartmental Coordinating Team, and others designated with action responsibility.

1. In relation to the Legislature, the three Departments and the Team will do the following:

Present the report to the Health and Institutional Services Committee of the Legislature and to such other committees as is deemed appropriate by the legislative leadership.

Discuss with legislative leadership and with the chairmen of the several committees dealing with children's legislation the recommendation of establishing a conference committee on children's services. Part of this discussion would involve a search for appropriate mechanisms for communication between the three Departments and the Legislature through which to study recommendations for proposed legislation regarding children and family services.

Draft legislation pertaining to the financial issues identified in the recommendations, including the recommendation of 100% of audited cost reimbursement for services for all children for whom the state has responsibility; the increase from \$25 to \$40 per week for room and board allowance in lieu of transportation for children placed in residential treatment facilities for special education; the recommendation that the Department of Human Services be allowed to maintain contingent funds to purchase services for child abuse and neglect clients on an as needed basis; the continuation of current levels of service relating to 24-hour emergency, short-term emergency, return to families, family crisis and child protective services as established in 22 MRSA §3712-17; and the funding for increased services required by the Departments as a result of the implementation of the Juvenile Code.

Draft legislation which would eliminate the discrepancies in the notice and consent sections of 15 MRSA Part 6 §3501 and 22 MRSA §3895 and §3896. Also, draft legislation to amend 22 MRSA §3801 to clarify issues regarding notification to parents and the court of jurisdiction.

2. In relation to the new Interdepartmental Coordinating Team, the three Departments and the Team will do the following:

The current Interdepartmental Children's Team will prepare a draft agreement for the three Commissioners by which to create the Team in an expeditious and clear way.

The current Interdepartmental Children's Team will prepare the first year's agenda for the Interdepartmental Coordinating Team, incorporating the specific recommendations for action contained in this report.

The Commissioners, by signing the joint agreement, will create the Interdepartmental Coordinating Team, appoint membership and present its membership with the agenda outlined above.

3. In relation to the general public and interested constituencies, the existing Interdepartmental Children's Team will, until the new Team is formed:

Communicate and describe the report to interested constituencies, including the Maine Human Services Council, the regional offices of the Department of Human Services and Department of Mental Health and Corrections, the participants who attended the regional meetings to give their input to this report, the various organizations which provide funding for children's services, and the various organizations which represent providers of services.

Complete and disseminate upon request the various supplements to this report identified in the introductory section.

Communicate to the Governor those recommendations which furnish the basis for a Blaine House Conference of Family and Children Services.