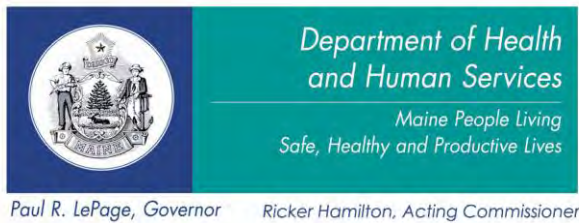


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2019 Annual Progress & Services Report

(Submitted June 2018)

**Maine Department of Health and Human Services
Office of Child and Family Services**

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State Agency Administering the Programs

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS), will administer IVB programs under the 2015-2019 Child and Family Services Plan (CFSP).

OCFS is a member of the larger Maine community working toward a system of care that is child-centered, and family-focused, with the needs of Maine's families and children dictating the array of services.

The organizational unit responsible for programmatic implementation of the CFSP is the Child Welfare Services unit, overseen by Associate Director Bobbi Johnson. The organizational unit responsible for the administrative support of CFSP implementation, for the development and submission of the CFSP, and for the development and submission of Annual Progress and Services Report (APSR), and all required reporting is the OCFS Operations Unit, overseen by Associate Director Robert Blanchard.

Practice Model

Articulated in our Practice Model is the philosophy of OCFS in providing child and family services, and developing a coordinated service delivery system. The Practice Model can be found at the following link: <http://maine.gov/dhhs/ocfs/cw/policy/>.

Consultation and Coordination

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area. Each CAN uses information gathered in the Community Needs Assessment to develop a specific annual plan for prevention programming in their coverage area. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include implementation of training programs regarding mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP's goal is to help reduce the number of preventable child fatalities and serious injuries in the state; accomplishing this by comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child deaths, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: failure to thrive, youth suicide, serious injuries of children involved with OCFS, unsafe sleep deaths, and serious injuries that occur during domestic violence incidents. The CDSIRP has participated in dual case reviews with Maine's Domestic Violence Homicide Review Panel whenever a case touches on both Panel's statutorily mandated subject area.

Maine Child Welfare Advisory Panel (MCWAP): This multidisciplinary panel was formed in 2015 with the following mission: "The Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, respectful, and responsive to child and family needs, and providing an adequate framework for safe, thriving children having permanency with families and community." The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine's Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made to combine the work of these two groups into a single cohesive group. The members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. MCWAP has been focused primarily on advising OCFS on matters related to the assessment of child safety, and providing feedback and oversight to both OCFS' Strategic Plan and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. Over the past year, activities have included: gathering information regarding Maine's Truth and Reconciliation process, Structured Decision Making, and the Maine Enhanced Parenting Program. MCWAP also participated in the CFSR Stakeholder focus group; the CFSR Exit Meeting; and reviewed, and provided feedback on the OCFS' updated Family and Child Plans. These activities support the goals of the OCFS Strategic Plan.

Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care by supporting:

- Southern Maine Youth Transition Network (SMYTN): a program focused on improved secondary education success in Southern Maine.
- Maine Learn to Earn and Achieve Potential (LEAP): a partnership providing new services for youth in foster care to support a successful transition from high school to college and career.
- Improving Maine Policy As a Collective Team (IMPACT): a youth-led advisory group comprised of youth in foster care and foster care alumni, focused on improving Maine's child welfare system through legislation, policy, and practice changes.

Youth Leadership Advisory Team (YLAT): Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are, or have been, in foster care. Youth involved in YLAT provide

feedback to OCFS that is used in developing policy and practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS around foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT partner with OCFS on regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Muskie School of Public Service. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, the following: co-management of ICWA cases from intake through to permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead on developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture. In addition to continuing to support a system of co-case management partnering between OCFS and Indian Child Welfare staff, the ICWA Workgroup is also currently working on the following: developing a comprehensive brochure for OCFS staff, which will incorporate both law, and practice issues; updating the training for new workers; recruitment and training for Qualified Expert Witnesses; and developing a closer partnership with the court system to ensure Guardians ad Litem (GALs) and attorneys understand ICWA and how OCFS partners with the Tribes.

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly, and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. For the past year, this group has been meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using data, the group has looked at outcomes to include: engagement with families, initial contact with alleged child victims within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to most effectively meet identified needs.

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community

Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports.

Summary of Maine 2017 Child and Family Services Review Performance

I. Ratings for Safety, Permanency, and Well-Being Outcomes and Items

Outcome Achievement: Outcomes may be rated as in substantial conformity or not in substantial conformity. 95% of the applicable cases reviewed must be rated as having substantially achieved the outcome for the state to be in substantial conformity with the outcome.

Item Achievement: Items may be rated as a Strength or as an Area Needing Improvement. For an overall rating of Strength, 90% of the cases reviewed for the item (with the exception of Item 1 and Item 16) must be rated as a Strength. Because Item 1 is the only item for Safety Outcome 1 and Item 16 is the only item for Well-Being Outcome 2, the requirement of a 95% Strength rating applies.

SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT.

Data Element	Overall Determination	State Performance
Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	73% Substantially Achieved
Item 1 Timeliness of investigations	Area Needing Improvement	73% Strength

SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

Data Element	Overall Determination	State Performance
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	40% Substantially Achieved
Item 2 Services to protect child(ren) in home and prevent removal or re-entry into foster care	Area Needing Improvement†	50% Strength
Item 3 Risk and safety assessment and management	Area Needing Improvement	40% Strength

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

Data Element	Overall Determination	State Performance
Permanency Outcome 1 Children have permanency and stability in their living situations	Not in Substantial Conformity	38% Substantially Achieved
Item 4 Stability of foster care placement	Area Needing Improvement	75% Strength
Item 5 Permanency goal for child	Area Needing Improvement	80% Strength
Item 6 Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	Area Needing Improvement	55% Strength

PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

Data Element	Overall Determination	State Performance
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	75% Substantially Achieved
Item 7 Placement with siblings	Strength	91% Strength
Item 8 Visiting with parents and siblings in foster care	Area Needing Improvement	58% Strength
Item 9 Preserving connections	Area Needing Improvement	85% Strength
Item 10 Relative placement	Area Needing Improvement	87% Strength
Item 11 Relationship of child in care with parents	Area Needing Improvement†	64% Strength

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

Data Element	Overall Determination	State Performance
Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs	Not in Substantial Conformity	35% Substantially Achieved
Item 12 Needs and services of child, parents, and foster parents	Area Needing Improvement	38% Strength
Sub-Item 12A Needs assessment and services to children	Area Needing Improvement	69% Strength
Sub-Item 12B Needs assessment and services to parents	Area Needing Improvement	33% Strength
Sub-Item 12C Needs assessment and services to foster parents	Area Needing Improvement	63% Strength
Item 13 Child and family involvement in case planning	Area Needing Improvement	40% Strength
Item 14 Caseworker visits with child	Area Needing Improvement	63% Strength
Item 15 Caseworker visits with parents	Area Needing Improvement	35% Strength

WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.

Data Element	Overall Determination	State Performance
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs	In Substantial Conformity	95% Substantially Achieved
Item 16 Educational needs of the child	Strength	95% Strength

WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

Data Element	Overall Determination	State Performance
Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	53% Substantially Achieved
Item 17 Physical health of the child	Area Needing Improvement	64% Strength
Item 18 Mental/behavioral health of the child	Area Needing Improvement	67% Strength

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- The most recent available data demonstrating the state's performance is included for each of the two safety outcomes. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- A brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators is developed based on this data and input from stakeholders, tribes, and courts.

State Response:

Safety Outcome 1 includes timeliness of initiating investigations of reports of child maltreatment (**Item 1: Timeliness of initiating investigations of reports of maltreatment**). This item was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 73% of the applicable cases reviewed. Performance was higher in this item for service cases (75% strength) compared to foster care cases (70% strength).

The 2017 CFSR PIP improvement goal for Item 1 is 84.2%, with the method of measurement being the quality case reviews.

This challenge was recognized as OCFS was developing the 2015-2019 CFSP, and determined that focus needed to be placed on this measure, and as such, Maine reports back on this area through the APSR:

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%
Actuals					
CFSR	76%	66%	73%	-	
Management Report	75%	80%	87%	-	-

An analysis of the CFSR data found the following:

In-home Service Cases:

Strengths:

- In general, contacts with alleged victims were within one to two days of the report.
- One report was received, and responded to before it was officially assigned, due to the level of concern/emergency of report.
- One case in which the alleged victims were not seen within 72 hours, but concerted efforts were made, and documented by the worker to include, first attempts made the day the report was received, repeated phone calls, texts, unannounced visits, reaching out to relatives.

Challenges:

- Alternative Response Program (ARP) assessments:
 - Report assigned timely with ARP, but the face to face contact with child was not timely. The worker left a message with the father to meet with him, however there was no follow-up to that call until four days later.
 - Report assigned to ARP despite OCFS being aware the family was unwilling to work with ARP. The ARP worker made efforts to meet the family timely, but the family avoided contact. There was a question related to the appropriateness of sending the report to ARP, given the knowledge the family was unwilling to work with that program.
- Report on the Saturday of the Memorial Day weekend, and when the worker returned to the office there was only a few hours left to meet the initial contact timeframe. When contact was made with the parent, it was discovered the child victim was not living with that parent, and there was a delay in contacting the other caregiver.
- Report not assigned until five days after the report was made appropriate.

Foster Care Cases:

Strengths:

- In general, multiple reports on open cases were received during the period under review, and the agency was timely in assigning, and making face-to-face contact with alleged victims.
- In one case, the worker made numerous concerted efforts to meet with the youth, and documented those efforts. These efforts included repeated phone attempts; going to several last known addresses and leaving messages at those homes; and utilizing the paramour of the youth's mother to arrange a meeting between the worker and youth. Although timely contact was not made, it was clear that efforts were made to do so.

Challenges:

- In two of the three cases, the challenge was the worker meeting with the family just prior to the end of the three-day marker, but the alleged victims were not home at the time. In one case, the worker interviewed the child on the following day (outside of 72 hours). In the second case, the report was approved by intake on a Friday, assigned by the district supervisor on Monday, and the worker went out that same day, however the child victim was not at home. The next attempt by the worker to meet the child was three days later.
- The third case was one where the report was received on a Friday, but not assigned to the contract agency until the following Monday.

OCFS is actively engaged in workload management within the District offices. OCFS utilizes multiple points of data to manage workloads across types of caseworkers and across Districts. This work has been ongoing and received additional emphasis in the recent past. In 2016, OCFS set the expectation that the supervisor and caseworker complete the Assignment Activity Worksheet prior to the caseworker responding to the report. The Assessment Policy has been strengthened, and includes the expectations that supervisors are entering Preliminary Safety Decisions. The policy includes expectations around documentation, which includes streamlining the documentation content in the narrative section, and guidelines regarding reduced documentation of

unsubstantiated assessments. In the winter of 2017, several face-to-face templates were implemented. These tools streamline the work for both the caseworkers and the supervisors, and therefore lead to more effective utilization of time and workload management.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Safety Outcome 2 includes services to families for protection of the child(ren) in the home, and prevention of the removal of the child(ren), or re-entry of the child(ren) into foster care (**Item 2 - Services to prevent removal**) and risk assessment and safety management (**Item 3 - Risk and safety management**). Both items were assigned a rating of Area Needing Improvement in the 2017 CFSR.

Item 2 achieved the standard in 50% of the applicable cases reviewed. Performance was higher in this item in foster care cases (80% strength) compared to in-home service cases (13% strength).

The 2017 CFSR PIP improvement goal for Item 2 was 65.1% with the method of measurement being the quality case reviews.

An analysis of the CFSR found the following:

In-Home Service Cases:

Strengths:

- In two cases the strengths were related to the agency providing appropriate services, and monitoring of those services, for children/families who were involved in trial home visits.

Challenges:

- In five of the seven cases rated as Area Needing Improvement (ANI) in item 2, substance abuse was a factor. In the remaining two cases, the safety factor was significant family violence by the father in the family.
- Appropriate safety services that could mitigate the safety concerns, such as in-home services to support the family or substance abuse treatment for the caregivers, were not provided to many of the families. The reasons provided as to why this did not occur included waiting lists; conflict between what the OCFS identified as the need and what the family identified as the need; and, in one case, it was because the children were not in care and permanency guardianship with the grandparents was the goal.
- Children remaining in unsafe situations for unexplained reasons:
 - Children remained in a family home for four months, despite on-going reports/concern related to the father's anger management, substance abuse, and exposure to someone who was not allowed to have contact with his own children. There were no concerted efforts to engage the parent in services directly related to the safety of the children, and safety planning to manage the safety concerns was not completed.
 - Concern related to violence/anger issues with a father, but no safety plan put in place, as the agency relied on the court to provide oversight, however there were numerous continuances between filing of a court petition and when the court eventually heard the case. No safety services were put in place to mitigate the concerns. Differences in opinion between what the father believed to be a service need and what the agency believed to be a need and waiting lists for services were also areas highlighted as barriers to providing services for the family.
- Use of safety plans, sometimes multiple safety plans, with families however no effort to engage family in services to address the safety issues/concerns.

Foster Care Cases:

Strengths:

- Appropriately removing children without providing safety related services, due to the immediate safety needs of the children, which were evident through the assessment work of the agency.

Challenges:

- 2 cases rated as an ANI:
 - In one case, services were provided to the mother and her paramour, however were not sufficiently monitored to ensure that services were being utilized by the family, nor did the agency further engage with the family after it was determined that the family was not complying with the necessary services to ameliorate the safety concerns.
 - A case with a mother who had a history with Child Protective Services, and was resuming care of her child from an out-of-state relative after several years of not having that responsibility. The Department requested that the mother take responsibility for her son, however no services were implemented before that transition took place due to waiting lists. The worker did indicate in her interview that she did leave it up to the mother to parent her son, although the in-home services were not readily available. There appeared to be a lack of assessment as to what informal supports the mother had available to her, as the worker assumed neighbors would help although the worker had not spoken with the neighbors.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement,

establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

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Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 3 achieved the standard in 40% of the applicable cases reviewed. Performance was higher in this item in foster care cases (50% strength) compared to in-home service cases (24% strength).

The 2017 CFSR PIP improvement goal for Item 3 is 47.8% with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- Assessed alternative living arrangements in cases that required children to leave their primary parent's home.
- Consistent and quality contacts with parents and children to assess safety and risk.
- Connections made with collaterals to help in the assessment of ongoing safety and risk concerns.

Challenges:

- Lack of ongoing assessment for safety and risk:
 - Lack of full assessment for all children in the family despite there being an indication of physical abuse towards one child in the family.
 - Lack of ongoing contact with parents to fully assess them, and their significant others. One case where the goal was permanency guardianship with child's grandparents, but the agency had no face-to-face contact with the mother or her significant other during the period under review, and the child was ultimately reunified with the mother because the grandparent told the Family Court Judge she believed the mother had made enough progress in treatment.
 - Lack of ongoing interviews with children related to safety/risk concerns.
 - Not assessing all allegations as they are reported, and basing that decision on who the reporter of the allegations was in relation to the existing assessment/case, despite the allegations being similar in nature to the reasons why the agency originally became involved.
- Safety Planning:

- Developing unrealistic safety plans (i.e. children/family safety planned to stay with a relative--generally grandparents, who are required to provide 24/7 supervision, with no planning related to how to make it manageable for the families).
- Lack of assessing the caregivers identified as the person responsible for providing supervision (i.e. protective capacity of a maternal grandmother who doesn't recognize the substance abuse by her daughter, and how that may impact her grandchildren).
- Lack of assessing other members of the home where the children are being safety planned (i.e. grandfather on the sex offender registry, and the agency worker did not talk with him about it, nor with the grandmother, due to the grandmother's "discomfort").
- Lack of monitoring or testing of safety plans to see if the plans are being followed.
- Domestic Violence:
 - Lack of assessing DV with children to determine how they are impacted.
 - Several cases where the victim of DV was routinely interviewed with the batterer present.
- Alternative Response Program:
 - Cases being transferred from OCFS to ARP for management, yet the ARP agency did not follow/monitor the working agreement that OCFS had developed with the family prior to transfer.
 - In cases where ARP conducted the primary assessment, there was a lack of comprehensive assessment, as well as lack of ongoing assessment of the family. The only barrier provided by the ARP worker during the CFSR interview was due to geographical and logistical challenges.
- Workload/Staff:
 - Workload was identified as a reason why more thorough assessment was not completed and/or why some safety plans were not monitored.

Foster Care Cases:

Strengths:

- Consistent and quality contacts with children/youth and their foster care/relative providers to assess risk and ongoing safety. The agency responded appropriately if/when it was determined that the child/youth's situation was no longer safe. Examples included removal from the family home and making changes in the supervision schedule between child, parent, and grandparents.
- Agency assessed children remaining in the care of the birth parent appropriately in terms of meeting timeframes, and quality of assessment.

Challenges:

- Lack of ongoing assessment for safety and risk:
 - Lack of assessment when there was a change in case circumstances and lack of analysis of how the change could/would impact child safety.
 - Lack of follow up when the agency directed identified concerns be addressed. No follow-up by the worker to ensure that the issue was addressed and resolved.
 - Lack of full assessment related to substance abuse and domestic abuse situations.
 - Many cases where workers didn't verify what they were told by parents/caregivers/foster parents in relation to progress made in services - no follow up with collaterals.
 - Systems issue related: a report received on foster home goes to licensing for investigations, and the child welfare caseworker indicated being unaware of concerns so there was no follow-up by the caseworker to assess if the target child for this review (not an alleged victim for the report) was impacted by the allegations of sexual abuse towards other child(ren) in the home.
 - Lack of follow up on allegations made - in one case the father was making additional reports to the worker who didn't assess them - his lawyer raised the issue in court and the agency was directed to drug test and discovered the allegations to be true.
 - Cases with no kinship studies, home studies and criminal back ground checks referenced.

- Safety Planning:
 - Lack of assessing other members in the home where the child/family is being safety planned.
 - Lack of ongoing monitoring of safety plans.
 - No ‘testing’ of safety plans to ensure that the plans are being followed (i.e. unannounced visits to make sure parents aren’t having unsupervised contact when not allowed).
 - Inappropriate planning, specifically with family members who have historically failed to abide by safety plans (i.e. relatives who are identified to be those who will supervise in the safety plan but they break the plans by allowing unsupervised contact).
 - Safety planning with a relative who had her own challenges raising her children, including a history of substance abuse and domestic violence. There was no reassessment of this grandparent’s situation in respect to collateral contacts to verify her story of having been treated successfully.
- Domestic Violence:
 - Lack of separate visits between mother, father, and child despite there being domestic violence concerns. The worker indicated that the parents appeared to be a couple and there was no order from the court that they couldn’t be together.
- Workload:
 - One interviewee/staff indicated that, due to heavy caseloads, workers can’t always contact collaterals/providers.

The 2015-2019 CFSP includes various strategies that will impact this area: strengthening policy, supporting training and coaching opportunities, and streamlining work flow so staff can focus on what is most critical.

OCFS implemented a real-time review model, Eckerd Rapid Safety Feedback (ERSF), on 3/7/16 to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Manager. Based on a comprehensive review of 5 years of data in MACWIS, and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, there was a reduction in the probability of high severity child abuse. Among those critical case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (ERSF Program Manager and the QA Specialist who reviewed the case), the caseworker, and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

ERSF staff uses a four-step process to meet the program goals:

- Debrief any potential safety concerns, and/or emerging dangers with the caseworker and caseworker’s supervisor;
- Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified;
- Identify who will be responsible for action tasks, and assign timeframes for resolution; and
- Provide positive feedback regarding case strengths, as well as discuss case concerns, and opportunities for improvement.

Since implementation on 3/7/16 through 2/21/18 there have been 781 cases assigned for review with 864 reviewed (these include quarterly reviews) and 648 staffings held.

The originally submitted 2015-2019 CFSP included the expectation of district action plans for districts that struggle in the area of recurrence of maltreatment. Since that submission, the decision was made to include strategies to address this concern in the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-18). Key action steps include the following:

- Structured Decision Making
- QA/QI
- OCFS Family Plan and Child Plan
- Supervisory Tool Kit
- Teaming

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators, and relevant available case record review data.
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1 includes the following:

- Item 4 - Stability of placement;
- Item 5 - Permanency goal for child;
- Item 6 - Achieving reunification, guardianship, or permanent placement with relatives; and
- Item 7 - Placement with siblings.

Item 4: (Stability of placement) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 75% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 4 is 83.8% with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

Strengths:

- Multiple cases where the child/youth had one placement throughout the period of review, generally placed with relatives where the placement was maintained, and the child ultimately achieved permanency through adoption and permanency guardianship.
- Several cases where the youth had been placed with a non-relative, and remained after turning 18, as the non-relative caregivers remained committed to the youth.

Challenges:

- Initial placement issues - lack of pre-placement assessment of the home and/or appropriate matching of the child to the family.
- Providing kin placements with appropriate supports to ensure the placement is stable over time.
- Resource issues - high needs children not having appropriate placement readily available when entering foster care.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 5: (Permanency goal for child) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 80% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 5 is 88.1% with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

Strengths:

- Goals were established timely and were appropriate.
- Many of the cases reviewed that were rated a strength in this area had concurrent goals - primary reunification and secondary adoption, added within a year of child entry into foster care.

Challenges:

- Delays in changing goals to adoption due to significant time between child entry into care and filing of termination of parental rights with the court.
- Parents being given extended period to reunify despite little demonstration of progress being made in services to alleviate jeopardy issues.
- Not working concurrently with both parents. There were cases where the focus of the work was with mother and once it was clear that mom wasn't making sufficient progress, the focus moved to the father, however very late in the case.

Key strategies that will address these issues include streamlining caseworker workflow, strengthening the Family Team Meeting process, Child Specific Recruitment activities (including the Heart Gallery), and Family Share Meetings; all of which will require caseworkers' time and attention to adequately document these activities.

Three additional strategies were implemented in 2016 that will impact children's permanency goals, and timeframes related to meeting those goals:

- A district review process has been implemented where all youth in care for 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for an extended period, and monitoring the progression being made toward achieving permanency for these youths.
- All children in foster care where their parent's rights have been terminated will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All children whose parent's parental rights have been terminated and no adoptive family has been identified will participate in the Heart Gallery, and be listed on AdoptUsKids. The Department will continue to engage with providers to develop a robust recruitment plan for foster and adoptive placements.

In 2018, the OCFS will implement Structured Decision Making (SDM) for assessment and permanency. Through this implementation of SDM, OCFS will develop tools with the National Council on Crime and Delinquency (NCCD) to support staff in sound decision-making at critical case points. During permanency, staff will utilize the Case Plan Tool to help determine what interventions could address child and family needs, building upon their

strengths, and individualizing the interventions to the family. The Reunification Assessment Tool helps staff to determine if the child can return home, and looks again at the initial risk factors, whether the safety concerns have been addressed, if there are any new safety concerns, and progress toward meeting the goals in the case plan. The last tool is the Risk Reassessment that helps decide if a case should be closed.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases is reviewed by QA to determine if the meetings are being held within five business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement, and how well exceptions are documented.

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals:

Family Share Meetings:

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015	CY 2016	CY 2017		
	<u>Quantitative</u>	<u>Quantitative</u>	<u>Quantitative</u>		
	65%	52%	55%		
	<u>Qualitative</u>	<u>Qualitative</u>	<u>Qualitative</u>		
	63%	48%	53%		

Following the 2017 CFSR, Maine reassessed its priorities and progress made in key strategies developed for the 2015-2019 CFSP. It was determined that the quarterly reviews conducted by QA related to Family Share Meetings, Relative Notifications, and Voice Recordings would be discontinued, as the data is available through alternative data pulls (i.e. Family Plan and Child Plans). The QA unit's primary function is to provide data for the PIP Measurement Plan, as well as complete additional reviews as needed, and requested by the OCFS Executive Management Team.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 6: (Achieving Reunification, Permanency Guardianship, Adoption, Other Planned Permanent Living Arrangement) This item is a consolidated item to determine if the identified permanency goals have been achieved through reunifications, guardianship, adoption, or other planned permanent living arrangement. This item was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 55% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 6 is 65.1% with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

Strengths:

- Concerted efforts made with parents to achieve reunification, but concurrently working with foster parents who have made a commitment to the child if reunification doesn't work. That work included ensuring the home is licensed and paperwork is completed to achieve the goals of guardianship/adoption as soon as possible if reunification isn't successful.
- Initial placements made with families, relatives and non-relatives, willing to adopt, or provide permanency guardianship if reunification isn't successful.
- Evidence that, for youth with OPPLA goal, efforts were made to have youth sign the V9, and for the agency to continue to provide supports after the youth turns 18.

Challenges:

- Delays in timely filing of TPR paperwork impacted the timely achievement of the adoption permanency goal, same as in item 5.
- Systemic factors - court issues - several cases where one of the factors was the delay that occurred when the responsibility for hearing the cases moved from probate to district courts.
- Not working concurrently with parents, as in item 5.

Strategies developed that should positively impact Maine's performance in this area include:

- A district review process has been implemented where all youth in care for 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for an extended period, and monitoring the progression being made toward achieving permanency for these youths.
- All children in foster care where their parent's rights have been terminated will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All children whose parent's parental rights have been terminated and no adoptive

family has been identified will participate in the Heart Gallery, and be listed on AdoptUsKids. The Department will continue to engage with providers to develop a robust recruitment plan for foster and adoptive placements.

- Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 7: (Placement with siblings) was assigned a rating of Strength in the 2017 CFSR achieving the standard in 91% of the applicable cases reviewed.

An analysis of the CFSR data found the following:

Strengths:

- Efforts made to place siblings together when entering foster care. Many placements were with relatives and/or fictive kin and siblings together.
- Large sibling groups were not always able to be all placed together, but there were several cases where the placements allowed multiple siblings to be placed together in one home (i.e. sibling group of 5 had various groupings of children together).
- Assessment evident in those situations where siblings couldn't be placed together, either due to the high specialized need of the child, or his/her sibling(s).

Challenges:

- Two cases that were rated as an area needing improvement in this review item. In the first case, there was no reassessment of the continued need to place the siblings separately. In the second case, there was no evidence of the agency initially assessing the possibility of placing the child with a sibling who had entered care before the identified child being reviewed.

Strategies that should strengthen this item include more effectively teaming with families, and including the voices of youth in this process.

Permanency Outcome 2 includes the following:

- Item 8- Visiting with parents and siblings in foster care;
- Item 9- Preserving connections;
- Item 10- Relative Placements; and
- Item 11- Relationship of child in care with parents.

Item 8: (Visiting with parents and siblings in foster care) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 58% of the applicable cases reviewed.

An analysis of the CFSR data found the following:

Strengths:

- Visits scheduled multiple times per week.
- Agency efforts included providing transportation to allow the parents to attend regular visitation.
- Siblings, if not placed together, having visits outside of routine visits with parents.
- Visits in relative foster homes, when appropriate, based on the case/family circumstances.
- Evidence of routine reassessment of visitation situations (i.e. supervised to unsupervised; in relative foster home, outside of home; in the community, not in the community).

Challenges:

- Several cases where there were no visits between the target child and his/her siblings. One of the common factors were those children who had different fathers, and were either placed with a paternal relative or the father. In those cases, the agency didn't demonstrate efforts to coordinate the contact. In at least one case, the visits with sibling occurred during visits between child being reviewed and parent, and when those visits ceased, so did the contact with siblings.
- Quality of visits with parents was a challenge - cases where the parents have domestic violence history, yet the visits were joint with both parents.
- Lack of support for parents to participate in visitation, generally due to lack of transportation services provided for the parent to/from visits.

The 2015-2019 CFSP will support this work, and includes increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the child's family. Through the development of the Family and Child Plan modules in MACWIS, OCFS has the capacity to pull reports related to Family Team Meeting participants, including fathers and paternal relatives.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement,

establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 9: (Preserving connections) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 85% of the applicable cases reviewed.

An analysis of the CFSR data found the following:

Strengths:

- Efforts to facilitate contact to build the child in foster care's relationship with family members were evident. This includes adult siblings, other close family members, and fictive kin.
- Efforts to connect with numerous relatives on both sides of the child's family - not just accepting a small group of family, but instead extending the efforts to others that have been brought to the agency's attention.
- Providing supervised visitation with grandparents. Ongoing contacts, some weekly, with extended family, including cousins, aunts and uncles.
- Placements with relatives is a key factor in strengths related to preserving connections.

Challenges:

- Lack of demonstrated effort to preserve connections between children in foster care and their siblings/half-siblings not in foster care.
- Lack of demonstrated effort to preserve connections with the extended maternal or paternal sides of the family - beyond the grandparents.

The most recent update to the ICWA Policy, effective February 1, 2016, was developed in collaboration with the ICWA Workgroup, which includes representatives from Indian Child Welfare, OCFS, and the legal community. This update was the result of changes made by the Bureau of Indian Affairs, *Guidelines for State Courts in Indian Child Custody Proceedings*. Several changes were incorporated into OCFS' ICWA policy, these changes brought Maine into compliance with the updated guidelines that were provided to state courts and Child Welfare agencies implementing the Indian Child Welfare Act.

Work continues towards strengthening the teaming process to ensure that formal and informal supports are consistently identified, and invited to participate in these meetings. These team members are most likely family members who can support connections being preserved for children if/when they enter foster care.

Timely relative notification when children enter foster care is key in ensuring that the agency is involving family members, and provides an opportunity for grandparents, and other adult relatives to engage with the agency to ensure that connections are preserved. Historically, the QA unit has conducted quarterly reviews on the level of compliance in providing written notification to all grandparents, and all known adult relatives. Although there has been progress in this area, it was apparent that OCFS needed to develop a more sustainable plan in ensuring the notifications were timely. In 2017, OCFS gathered feedback from staff, community partners, and the legal community regarding the new OCFS Family and Child Plans. These plans were reviewed to ensure that OCFS was meeting federal and state obligations to families, children, and the courts, and accurately capturing information that meets CFSR requirements. In the spring of 2018, the OCFS Family and Child Plan became accessible in the MACWIS system. Included within this plan is a relative notification checklist that identifies the relative, the relative's relationship to the child, the relative's address, and date the notification was sent to the relative. Building this into the Family Plan in MACWIS allows for reporting functions that will replace the QA quarterly reviews. In addition, the supervisory tool that was implemented in the spring of 2018 ensures that supervisors are consistently working with the caseworkers they supervise to ensure relative notification is occurring.

The Lexis Nexis search engine has been available to child welfare staff since May 2015 to help support locating family members, once identified. A training webinar was created, and is available to staff as a guide to this resource. A review of the resource was provided at a statewide supervisors meeting in the summer of 2016. In CY 2017, there were 893 requests from district staff for this service. Staff who conduct these searches receive a list of new children in care each week and use that information to reach out to the caseworker and supervisor assigned to each child to ensure they utilize the Lexis Nexis service.

Given the importance of engagement with all family members, OCFS included this practice in the 2015-2019 CFSP to monitor and measure the goal of increasing safety, nurturing family relationships, and maintain family and community connections.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 10: (Relative placement) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 87% of the applicable cases reviewed.

An analysis of the CFSR data found the following:

Strengths:

- Reviews found concerted efforts to locate and assess relatives, but they were ruled out for good cause (i.e. extensive CPS history, unwillingness to care for the child, family situation prevented them from caring for the child, physical environment unsafe).
- Reviews found that many relative placements ultimately led to the permanency of adoption or permanency guardianship.

Challenges:

- Primary issue related to not exploring the paternal side of the family.
- When issues with maternal side of family were noted, the problem was either not exploring, or re-exploring the family situation over a period to determine if their situations changed.

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the 2017 calendar year, relative placements ranged from 33% to 36%, averaging 34%.

Maine has strengthened policy to reflect expectations that comply with Fostering Connections specific to relative notifications. The data and challenges related to this were highlighted in the previous item. Maine has also collaborated with outside agencies to provide supports to kinship placements, as well as modified its rate structure to provide financial support to kinship providers, and encouraging providers to apply for foster care licensing.

The 2015-2019 CFSP will support this work, and includes increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the child's family. Through the development of the Family and Child Plan modules in MACWIS, OCFS has the capacity to pull reports related to Family Team Meeting participants, including fathers and paternal relatives.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 11: (Relationship of children with parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 64% of the applicable cases reviewed.

An analysis of the CFSR data found the following:

Strengths:

- Parents were invited/encouraged to attend medical appointments, and school activities, and were often provided transportation to support this involvement.
- Visitation occurring in relative and non-relative foster homes to allow foster parents to supervise visitation.

Challenges:

- Neither parent being notified and/or involved in the children's school, medical, or other activities.
- No effort by the agency to facilitate therapeutic treatment that would help improve the child/parent relationship when it was evident that this was warranted.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases is reviewed by QA to determine if the meetings are being held within five business days of the child entering foster care, whether meetings are being held when there has been a placement change without caregiver agreement, and how well exceptions are documented.

Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every office, and is certified as a Teaming Coach. Every supervisor for the Teaming Specialists were also certified as FTM Facilitators. Each District office developed an implementation plan for training of staff within the office; first training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and the Teaming Specialists will be instrumental in assuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019, and OCFS will continue to identify and implement sustainability measures.

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals:

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015 <u>Quantitative</u> 65%	CY 2016 <u>Quantitative</u> 52%	CY 2017 <u>Quantitative</u> 55%		
	<u>Qualitative</u> 63%	<u>Qualitative</u> 48%	<u>Qualitative</u> 53%		

Following the 2017 CFSR, Maine reassessed its priorities and progress made in key strategies developed for the 2015-2019 CFSP. It was determined that the quarterly reviews conducted by QA related to Family Share Meetings, Relative Notifications, and Voice Recordings would be discontinued, as the data is available through alternative data pulls (i.e. Family Plan and Child Plans). The QA unit's primary function is to provide data for the PIP Measurement Plan, as well as complete additional reviews as needed, and requested by the OCFS Executive Management Team.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data, and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data, and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-being Outcome 1 includes the following:

- Item 12- Needs and services of child, parents, and foster parents;
- Item 13- Child and family involvement in case planning;
- Item 14- Caseworker visits with child; and
- Item 15- Caseworker visits with parent(s).

Item 12: (Needs assessment and services to children, parents, resource parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 38% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (45% strength) compared to in-home service cases (28% strength).

This item is further broken down to reflect agency work with children, parents and foster parents. The CFSR data reflected the following outcomes:

- Needs Assessment and Services to Children: This was rated a strength in 69% of the cases reviewed.
- Needs Assessment and Services to Parents: This was rated a strength in 33% of the cases reviewed.
- Needs Assessment and Services to Foster Parents: This was rated a strength in 63% of the cases reviewed.

The 2017 CFSR PIP improvement goal for Item 12 is 46.2%, with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- Needs were assessed for children and parents, and appropriate services were provided.

Challenges:

- Needs assessment, and addressing identified needs with services to children was met in 56% of the cases reviewed.
 - In cases with multiple children, not all children were assessed for needs, nor were the identified needs addressed through service provision.
 - Many cases reviewed for this item reflected lack of both assessment, and addressing those issues in a timely manner.
- Needs assessment, and addressing identified needs with services to parents was met in 28% of the cases reviewed.
 - In cases with multiple fathers, not all the fathers had their needs assessed, nor were the identified needs addressed in those cases where an assessment occurred.

- There was an example of an out of home father not receiving the appropriate service based on the belief that the child would not be returning to his care, and the mother was the focus of reunification.
- In many cases, mothers who had been assessed for needs during the assessment phase did not then have those needs addressed through service provision.
- The agency was challenged in assessing and addressing the paramours of both parents.
- Domestic violence and substance abuse were often not addressed with parents and/or their paramours.
- Lack of follow-up and reassessment of how parents/caregivers/paramours were progressing with services.

Foster Care Cases:

Strengths:

- Needs assessed for children, parents, and foster parents, with services being provided promptly when needed.
- Caseworkers asking foster parents directly if they had any needs, and how the agency could support those needs.

Challenges:

- Needs assessment and addressing those needs with services to children was met in 78% of the cases reviewed. A common theme in terms of service need was related to support services for children/youth to strengthen relationships between the children and their parents. A second issue identified was not providing services related to improving social skills.
- Needs assessment and addressing those needs with services to parents was met in 38% of the cases reviewed.
 - The challenges in this item related to a lack of assessing and, if assessed, lack of appropriate service provision.
 - Substance abuse and domestic violence needs were not addressed for parents and/or their paramours.
 - Lack of follow up and reassessment of how parents/caregivers/paramours were progressing with services.
- Needs assessment and addressing those needs with services to foster parents was met in 63% of the cases reviewed.
 - The review of the data reflected that the issue in this area was related both to lack of assessing the foster parents, and then failure to provide the appropriate service to address the identified need.
 - Of the thirteen cases where this item was rated as an area needing improvement, five were relative placements.
 - In at least one of the relative placements, the need was related to providing support on setting limits with the grandchild's parent (their own child). In two of these homes, the missing service was related to in-home supports to help the foster parents better manage the child's behavior in their home.

More work needs to be done in this area related to assessing and addressing needs and services for youth, parents, and foster parents; but most specifically related to working with parents. It is believed that the 2015-2019 CFSP will support this continued work through strengthening the teaming process, funding for family visitation, and the Maine Enhanced

Parenting Program (MEPP). In the spring of 2018, OCFS implemented a Quality Improvement process in each district, which consists of dedicated staff providing peer review and coaching on casework practice. It is

anticipated that this new continuous quality improvement process will result in more effective assessment of case member needs, and ensuring that the appropriate services are provided once identified.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 13: (Child and family involvement in case planning) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 40% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (47% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 13 is 48.7%, with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- Record reflected monthly contact with child and mother included conversations related to strengths, needs, services, goals, and progress.
- Interviews reflected that parents felt their voices were heard in respect to case planning.
- When appropriate, children were included in the case planning process.

Challenges:

- The primary challenge with this item related to not including all parents in the case planning process.
- The review reflected the use of Family Team Meetings, however the quality of the meetings was not adequate:

- Conducting meetings at times when parents, stepparents, and/or paramours who work could not easily attend.
- Meetings held with both parents, despite there being history of domestic violence, or even one parent's desire not to have a meeting with the other parent due to being uncomfortable talking about their own issues.
- Records reflected that Family Team Meetings were not adequately addressing the relevant issues, or planning around those issues, such as substance abuse and domestic violence.
- Parents reported that they didn't believe their voices were heard, or they felt that they had no 'say' in the planning process and instead were being told by the agency what they needed to do.
- If a case involved multiple fathers, records didn't reflect that all fathers were involved, even though it seemed appropriate to do so.
- Involving parents seemed to be dependent on the primary case goal. For example, there was a case where the goal was permanency guardianship with the grandparents, so neither parent was involved in case planning to address their own issues.
- Lack of case planning leading up to case closure, leaving the family to figure out on their own what they needed to do to ensure they had continued support after the agency closes the case.
- Many cases that reflected this item as an area needing improvement seemed to be due in part because of the lack of contact, or big gaps in contact, with case members, which leads to inability to case plan with the members of the family. This issue appeared to be more problematic with contacts between children and fathers.

Foster Care Cases:

Strengths:

- Records reflected monthly contact with child and mother, and included conversations related to strengths, needs, services, goals, and progress. Planning was held in various settings, including FTMs, court and informally during home visits.
- A family from a different culture presented a unique set of barriers for engaging the family in case planning, however the agency worked to ensure the appropriate service agencies were provided to support the family, and included Maine Immigrant and Refugee Services, as well as victim advocates from the United Somali Women of Maine and New England Arab American Association.
- An older youth was clearly engaged in the case planning process, and decisions were made with his input/opinion strongly considered.
- Involving providers to participate in case planning, and providing updates as to progress made, or not.

Challenges:

- The review reflected that the agency was challenged in involving children, mothers, and fathers in case planning equally - the data didn't reflect one group being significantly more impacted than others in this area.
- Data does not reflect that the agency routinely engages children/youth in planning both formally and informally. If children/youth attended Family Team Meetings, the data didn't reflect that key issues, and/or decisions were being made during those meetings. The records also didn't reflect that these conversations were taking place informally with children/youth, particularly related to permanency planning.
- The review reflected the use of Family Team Meetings, however the quality of the meetings did not seem adequate:
 - Not having meetings at times when parents/stepparents/paramours who work could easily attend.
 - Conducting meetings at time when parents, stepparents, and/or paramours who would could not easily attend.

- Meetings held with both parents, despite there being history of domestic violence, or even one parent's desire not to have a meeting with the other parent due to being uncomfortable talking about their own issues.
- Records reflected that Family Team Meetings were not adequately addressing the relevant issues or planning around those issues, such as substance abuse and domestic violence.
- Parents reported that they didn't believe their voices were heard, or they felt that they had no 'say' in the planning process and instead were being told by the agency what they needed to do.
- It was found that meetings were not occurring at key times in the case process (i.e. prior to case closure or when key decisions have been made such as the filing of a terminating parental rights).
- Failure to include including key team members, such as parents' service providers in the meetings to provide their input as to progress of parents towards meeting goals, and creating next steps in the planning process.
- Gaps in contacts with parents led to many ratings of ANI, as there was no evidence of case planning in any other forum in those cases.

Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every office, and is certified as a Teaming Coach. Every supervisor for the Teaming Specialist was also certified as an FTM Facilitator. Each District office developed an implementation plan for training of staff within the office, first training unit supervisors, who will then train their staff. Fidelity measures were developed, and the Teaming Specialists will be instrumental in assuring fidelity to the model. All caseworkers and supervisors will be trained, and certified as FTM Facilitators by December 2019, and OCFS will continue to identify, and implement sustainability measures.

During the CFSR, case interviews surveys were conducted to provide child welfare with a baseline in relation to the Teaming implementation:

In summary:

- 79 Surveys were conducted from April 2017-September 2017;
- 49% were with biological parents;
- 32% were with resource parents; and the remaining surveys were spread between other caretakers, GAL's, and youth.

Parent/Other Caretaker Survey Results (total interviewed - 44):

- 64% of respondents indicated that caseworkers offered them a FTM where they identified service providers, relatives/friends, or other people who were invited to support the respondent and family in making changes.
- The following responses were related to how much the surveyed respondent believed the worker (or workers) listened to what they, and others had to say:
 - 22% believed this to be a great deal;
 - 32% believed this to be somewhat;
 - 16% believed this be a little; and
 - 30% believed this to be not at all.
- The following responses were related to how the surveyed respondent felt in relation to how decisions were made about them and the family:
 - 5% believed decisions were made by the respondent and family, and accepted by the agency;
 - 29% believed decisions were made by respondents, family, and the agency working together;
 - 32% believed decisions were made by the agency alone, after listening to the respondent and family; and
 - 34% believed decisions were made by the agency alone, without input from the respondent.

Youth (total interviewed - 6):

- 83% of respondents indicated that caseworkers invited them to FTMs.
- 67% of respondents indicated that they had attended at least one FTM in the last year.
- In terms of helpfulness of the meeting:
 - 20% believed the meeting to be helpful;
 - 60% believed the meeting was somewhat helpful; and
 - 20% believed the meeting to be not at all helpful.
- The following responses were related to how the surveyed respondent felt in relation to how decisions were made about them, and the family:
 - 20% believed decisions were made by respondents, family, and the agency working together;
 - 32% believed decisions were made by the agency alone, after listening to the respondent and family; and
 - 34% believed decisions were made by the agency alone, without input from the respondent.

Resource Parents (total interviewed - 25):

- 93% of respondents indicated that caseworkers invited them to FTMs.
- 88% of respondents indicated that they had attended at least one FTM in the last year.
- In terms of helpfulness of the meeting:
 - 10% believed the meeting to be helpful;
 - 30% believed the meeting was very helpful; and
 - 26% believed the meeting was not helpful.
- 77% of respondents believed that their voice was heard in these meeting, and they were able to actively engage in case planning with the family in this setting; 23% did not believe this to be the case.

GAL (total interviewed - 4):

- 100% of respondents indicated that caseworkers invited them to FTMs.
- 100% of respondents indicated that they had attended at least one FTM in the last year.
- In terms of helpfulness of the meeting:
 - 75% believed the meeting to be helpful; and
 - 25% believed the meeting was very helpful.
- 100% of respondents believed that their voice was heard in these meeting, and they were able to actively engage in case planning with the family in this setting.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report

includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 14: (Caseworker visits with child) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 63% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (68% strength) compared to in-home service cases (56% strength).

The 2017 CFSR PIP improvement goal for Item 14 is 70.7%, with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- For nonverbal children, effective use of combined observations of children with their parents/caregivers, and collateral contacts (i.e. daycare providers, medical providers) to assess how the children were doing.
- For verbal children, records and interviews supported that the frequency and quality of contact with children was sufficient. Length of visits were often 30+ minutes, and efforts to engage the children in environments conducive to having an open conversation (i.e. 1:1 with child) were documented.
- Several interviews with parents/caregivers indicated that their children seemed to be very comfortable talking with their workers.

Challenges:

- Of the cases where this item was found to be an area needing improvement, the primary challenge was the quality of contact versus the frequency of contact. In 45% of these cases, frequency of contact was adequate; in 9% of these cases, quality of contact was adequate.
- Data reflects that one of the challenges in this area is the agency worker seeing all the children in the family. Several cases with families with multiple children were reviewed, however not all the children in the family were seen monthly.
- Challenges around the frequency of contact relates to when there are changes in case circumstances and/or new information that warrants a follow-up interview with the child.
- Quality of contact:
 - Not seeing children alone - seeing them with their siblings, parents, or in the context of FTMs.
 - Not having direct conversations with children related to safety planning and/or decision making.
 - Non-verbal children, lack of observing the interactions between the child and their caregiver.

Foster Care Cases:

Strengths:

- For nonverbal children, effective use of combined observations of children with their parents/caregivers, and collateral contacts (i.e. daycare providers, medical providers) to assess how the children were doing.
- Caseworkers engaging in interactive activities with children (puzzles, math problems, playing outside) developing relationships with the children in a normalized way.

- Frequency and quality was adequate to meet the needs of children. Some interviews with caregivers (foster and birth parents) reflected that caseworkers were engaging with children, and building good rapport.

Challenges:

- Of the cases where this item was found to be an area needing improvement, the primary challenge was the quality of contact versus the frequency of contact. In 77% of these cases, frequency of contact was adequate; in 0% of these cases, quality of contact was adequate.
- The challenge related to frequency of contact relates to when there are changes in case circumstances and/or new information that warrants a follow-up interview with the child. Included in this is when trial home placement starts in the home, and the contact should be more frequent, and, depending on the family, unannounced visits should occur.
- Quality of contact:
 - Not seeing children alone - seeing them with foster parents present, during family visitation, while transporting, and in school with teachers in the room.
 - Lack of assessment of children's safety, permanency, and well-being through the interviews with children in foster care. In several cases, the concern was related to not assessing child safety, given the circumstances presented at the time.
 - Young children, who are verbal, not interviewed with the reason given being the age, despite the foster parent indicating child is verbal, and could be interviewed.

Reviewing the data extracted from the OCFS Management Reports, and the case review data, it is apparent the challenge related to contact with children is mainly related to the quality of the contact, versus the frequency.

Maine has strengthened policy and the management reporting related to contact made with children who remain in their home. Supervisors and district management can monitor, and track compliance on this issue. This is an area that needs continued focus, and the 2015-2019 CFSP will support this goal.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

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Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for

children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 15: (Caseworker visits with parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 35% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (38% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 15 is 43.4%, with the method of measurement being the quality case reviews.

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- Frequency and quality were adequate, at least monthly, often in the home but also in a combination of home, court, and Family Team Meetings.
- Concerted efforts to meet with a father, despite his refusal to meet with the worker.

Challenges:

- Of the cases where this item was found to be an area needing improvement in relation to mothers, the primary challenge was the quality of contact versus the frequency of contact. In 71% of these cases frequency of contact was adequate; in 6% of these cases, quality of contact was adequate.
- Of the cases where this item was found to be an area needing improvement in relation to fathers, the primary challenge was the quality of contact versus the frequency of contact. In 50% of these cases, frequency of contact was adequate; in 15% of these cases, quality of contact was adequate.
- Frequency:
 - In one case involving an incarcerated parent, frequency of contact was not met, as the parent was on a work program, and the caseworker indicated he couldn't meet with her earlier than five, and she was unable to work outside of normal business hours.
 - In one case, neither of the parents were seen face-to-face during the period under review, and this appeared to be due to the agency decision (agreed to by the parents) to facilitate the child moving in with a relative, which had become the focus of the case.
 - If multiple fathers were involved in the case, it appears that decisions related to frequency of contact made with each parent was based on balancing the number of critical case members, and time allowed to make these contacts.
 - One father in a case indicated lack of contact at the onset of assessment was due to a question related to paternity, although he had indicated a willingness to be involved from the beginning.
- Quality of contacts:
 - Not seeing parents alone.
 - Seeing victims and batterers together.
 - Discussions not being relevant to what the case circumstances warranted (i.e. not having open conversations about what the issues are related to agency involvement, such as substance abuse, domestic violence, and mental health concerns). Not discussing if/what/how progress was being made in relation to services, and addressing the identified issues.
 - Not meeting with parents in their homes, or viewing the homes.

Foster Care Cases:

Strengths:

- Frequency and quality was adequate, at least monthly, often in the home but also in a combination of home, court, Family Team Meetings.
- Efforts made to locate parents if/when their whereabouts became 'unknown' - reaching out to relatives, attorneys, and GALs.
- In a case where there were language and cultural barriers, the agency worked to overcome the barriers, and engage in quality contacts. This included having an interpreter, or using the language line to have conversations.

Challenges:

- Of the cases where this item was found to be an area needing improvement in relation to mothers, the primary challenge was the quality of contact versus the frequency of contact. In 60% of these cases, frequency of contact was adequate; in 7% of these cases, quality of contact was adequate.
- Of the cases where this item was found to be an area needing improvement in relation to fathers, the primary challenge was the quality of contact versus the frequency of contact. In 33% of these cases, frequency of contact was adequate; in 0% of these cases, quality of contact was adequate.
- Frequency - Not having frequent contact at key times in the case, for example when the child is placed in a trial home placement. In one case, the child returned home in December, but there was no contact with the parent that month, or the following February, March or April, although the child was in the home.
- Quality of contacts:
 - Not seeing parents alone - seeing them in context of FTM, court, visitation, or a meeting at DHHS.
 - Seeing victims and batterers together in cases where there are concerns regarding domestic violence.
 - Discussions not being relevant to what the case circumstances warranted - permanency planning issues, reviewing services, and progression in services.
 - Not meeting with parents in their homes or viewing the homes, even in cases where family reunification as the goal.

Policy supports the need to see each parent monthly in open services cases, and in cases where reunification is the permanency goal.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report

includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Well-being Outcome 2 includes educational needs of child(ren) being met.

Item 16: (Educational needs of child) was assigned a rating of Strength in the 2017 CFSR, achieving the standard in 95% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (97% strength) compared to in-home service cases (50% strength).

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strengths:

- Efforts to engage with truant youth and support services to get youth back into school, including connecting youth with a case manager.

Challenges:

- For the in-home service case, the concern was that the agency didn't address with mother the fact that she had disengaged from all services, including those that related to the child's education.

Foster Care Cases:

Strengths:

- Workers participating in IEPs, and had continuing conversations with schools to ensure ongoing assessment and education needs were being met.
- Young children routinely assessed through Child Development Services (CDS).
- When educational assessments identify a need, specialized services provided as appropriate.
- Agency strongly advocated in situation where school was not meeting the child's specialized needs, along with the grandmother and case manager. The agency wasn't successful, but continued to advocate for the child.

Challenges:

- One case that was rated as area needing improvement was due to the agency not fully assessing and addressing the challenges that were being raised by the school.

Strategies that will strengthen performance in this item include:

- OCFS and the Department of Education (DOE) have finalized a data sharing agreement to obtain the results of standardized testing related to reading level in 3rd grade and high school graduation rates. This information will be provided twice a year, and will allow district casework staff to be proactive in addressing educational needs.
- Collaboration between OCFS and DOE to implement the requirements of the *Every Student Succeeds Act*.

Well-being Outcome 3 includes physical health of child(ren) being met (**Item 17 - Physical health needs of the child**) and mental/behavioral health of child(ren) (**Item 18 - Mental/behavioral health of the child**), both of which were rated as an Area Needing Improvement in the 2017 CFSR.

Item 17: (physical health needs of the child) achieved the standard in 64% of the applicable cases reviewed. Performance was higher in this item for foster care cases (70% strength) compared to in-home service cases (47% strength).

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strength:

- Consistently contacting medical providers to assess children's needs and ensuring that, if children haven't been seen by medical provider for a well-child check they ensure the child's parent/caregivers setup such an appointment.

Challenges:

- Challenges in this area related to not assessing/addressing children's physical and dental health needs.
- Children in service cases were more likely to not have an adequate assessment of, and addressing his/her physical health needs than in foster care cases.
- Cases where the issue was related to the agency not following-up with children's medical providers, despite the concerns related to physical abuse/injury.
- Cases with concerns related to the agency not following up with medical providers related to young children being substance exposed, and not providing screening to assess children's medical needs, as those needs could be related to the substance exposure.

Foster Care Cases:

Strengths:

- Consistent assessment of children's physical and dental health needs. If needs were identified, there was a timely response to ensuring the needs were met appropriately.

Challenges:

- The primary issue in this area relates to the agency not ensuring that the child(ren)'s dental health needs were being assessed/addressed. There were numerous cases where the record didn't reflect dental appointments for children for the bulk of the period under review.
- There were several cases where both dental and physical health needs were the areas impacting the rating. In three cases, it could not be determined the child(ren)'s medical needs were being assessed, despite knowing of medical conditions/concerns that would necessitate follow-up; one being a youth withdrawing from drug use, and the second being follow up on reports of seizure activity for the child. For the third child, the agency was informed of the child having bruises over her body, and there was no follow-up by the agency. The reviewer did interview the caseworker, who couldn't recall if the bruising was explored or not.
- Caseworkers/staff interviewed for the reviews were not able to recall whether the children's medical, physical, and/or dental health needs were addressed in several of the cases reviewed.

In 2015, the Quality Assurance Unit completed a second review of the compliance related to several components of the Child Health Assessment (CHA) Protocol. As a result of this review and proposed legislation, the CHA Protocol was updated with the new expectations implemented on 2/1/16. MACWIS drop down choices were developed for staff to document their use of the Plan of Safe Care, Child Development Services referrals, and the medical appointments being scheduled. This will allow for easier tracking of compliance in this area through the MACWIS system. Prior to implementation, Program Administrators reviewed the CHA Protocol with their staff. Over the past year, OCFS had developed a process by which Children's Behavioral Health Nursing staff review and follow-up with caseworkers and caregivers to ensure that youth are scheduled for a medical appointment within 10 days. This additional support had improved outcomes related to this measure. This will be expanded to include ongoing review and consultation related to the medical, dental and behavioral health needs of youth in care.

The data reflects that OCFS remains challenged in meeting this expectation, although did make improvements between CY 2016 and CY 2017:

Medical Appointments: Of the 860 children removed in CY2017, 505 (59%) had a medical appointment scheduled within 10 days of removal, based on documentation in the narrative log.

Pediatric Checklist: Of the 403 children removed in CY2017 between the ages 4-17, 30% had a Pediatric Checklist narrative log documented within 30 days of the removal.

The OCFS Child Welfare Strategic Plan (SFY 2016-2018) includes a focus on increasing the number of youth who have an initial medical appointment scheduled within 10 days.

In 2016, a strategy was implemented to ensure that all children under the age of 3, who are victims in a case of substantiated or indicated child abuse, or who are members of that household, are referred to Child Development Services (CDS). The OCFS Information Services Team generates a report every two weeks, for every applicable child, that gets sent securely to a central point of contact at CDS. The goals of this strategy are to increase compliance with CAPTA, increase the number of child welfare referrals being sent to CDS, and removing this task from staff to reduce administrative burden.

Maine recognizes the need to continue to work on improving health care oversight and coordination, and documentation for children in foster care. The objectives in the 2015-2019 CFSP will support that work.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Item 18: (Mental/behavioral health of the child) was achieved the standard in 67% of the applicable cases reviewed. Performance was higher in this item for foster care cases (69% strength) compared to in-home service cases (62% strength).

An analysis of the CFSR data found the following:

In-Home Service Cases:

Strength:

- Of the in-home service cases, applicable for review, 83% of the cases reflected that the agency conducted an accurate assessment of the child(ren)'s mental/behavioral health needs.

Challenges:

- Need to ensure that all children in the home have their mental health needs assessed and addressed, if warranted.
- Limited service availability due to the referral process related to MaineCare. A child was denied intensive services as they were determined to be "not eligible", however the behaviors were significant and could not be managed in community.
- Delays in following-up with service provision following the assessment of children (in some cases the delay lasted for several months).

Foster Care Cases:

Strengths:

- Several cases where the foster parents interviewed indicated that the services provided for the children in their care were effective in terms of helping the foster parents better understand and manage the child, as well as making therapeutic gains for the child.
- Array of services that were noted as used/available: in-state residential, out-of-state residential, Home and Community Based Treatment (HCT), and weekly counseling.
- Several cases where the interviews reflected the caseworker was appropriately monitoring services and progress made. Cases with older youth reflected many efforts to ensure the youth's needs were being met, despite their lack of cooperation in engaging in services and/or medication.
- Cases with children experiencing significant mental health challenges, and the workers were persistent in attending to their complex, multiple needs, demonstrating understanding of the needs, as well as efforts to ensure the appropriate services were put in place.

Challenges:

- Of the foster care cases reviewed, the agency conducted an accurate assessment of the children's mental/behavioral health issues, 77% were found to have been rated as a strength; 23% as an area needing improvement.
- Many cases where the record was clear that children had historical trauma/abuse, yet no formal evaluation was completed to fully assess that history, and ensure that appropriate services were provided.
- Of the foster care cases reviewed, the agency provided appropriate oversight of prescription medications for mental or behavioral health issues in 73% of cases.
- Of the foster care cases reviewed, the agency provided appropriate services to address the child's mental and/or behavioral health issues in 68% of cases. In 32% of these cases this was an area needing improvement.

Since the 2017 CFSR, Maine continued to work towards improving the work conducted to assess and address children's mental and behavioral health needs. The 2015-2019 CFSP will support this work related to consistent implementation of policies and procedures.

In three of the eight child welfare districts, an agency is responsible for providing a comprehensive medical and behavioral health assessment for all children entering foster care. The Department is engaged with these providers and other stakeholders to create statewide consistency in practice for all children in care related to these medical assessments.

The 2015 reorganization included the creation of a clear Children's Behavioral Health Services (CBHS) Team within OCFS. Children's Behavioral Health services focus on behavioral health treatment, and services for

children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disabilities, Autism Spectrum Disorders, and mental health disorders.

In collaboration with the CBHS Team, a plan was developed to lower the usage of psychotropic medication for youth in foster care. In calendar year 2015, 23% of youth in foster care were on one, or more psychotropic medications; in 2016, the aggregate number was 22.8%. The goal for OCFS is that by the end of 2017, this number will drop to 5% to 17% of youth being on one or more psychotropic medications. The most recent data for foster youth on psychotropic medication(s) is 23.9% for the 4th quarter of 2017 (Oct, Nov, Dec).

In the spring of 2018, the OCFS Medical Director and the Executive Management Team implemented a new process for oversight of youth in foster care that are prescribed psychotropic medications. This includes identification and consultation for youth whose care falls outside of accepted prescribing practices. It is also the expectation that caseworkers and supervisors are completing the following:

- Caseworkers and supervisors will review all youth on psychotropic medications quarterly.
- Caseworkers will attend medication management appointments with youth and their caregivers at least quarterly.
- Districts will consult with CBHS Team staff regarding any medication related questions or concerns.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Systemic Factors:

Systemic Factors includes the following:

- Information Services (Item 19)
- Case Review System (Items 20, 21, 22, 23, 24)
- Quality Assurance System (Items 25)
- Staff and Provider Training (Items 26, 27, 28)
- Service Array and Resource Development (Items 29, 30)
- Agency Responsiveness to the Community (Items 31, 32)
- Foster and Adoptive Parent Licensing, Recruitment and Retention (Items 33, 34, 35, 36)

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the Maine statewide information system can readily identify a child’s status, demographic characteristics, location, and goals. Stakeholders reported that placement changes are documented within twenty-four hours. The state has monthly processes in place to review, and, if necessary, correct the information in the system to ensure accuracy.” (*Child and Family Services Report Maine Final Report 2017*)

Through planned upgrades to functionality, and rapid technological responsiveness to child welfare practice needs, the Maine Automated Child Welfare Information System continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care.

The MACWIS system continues to readily identify for its users the status, demographic characteristics, location, and goals for every child in foster care. The system reliably tracks and stores the data. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. These reports can be produced dependent on the necessary frequency required or requested, daily to state fiscal, federal fiscal, or calendar year. The entry of demographics within MACWIS is a combined effort between OCFS staff, and the state’s eligibility system, ACES, which is the default and single client repository for demographics. ACES exchange demographic data with MACWIS hourly. MACWIS utilizes validation and system controls for data accuracy, as well as element, and entry requirements prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business processes of intake, assessment, and cases. Supervisory oversight ensures that the status of a child is entered accurately and timely. Audit reporting for AFCARS and NYTD elements, and for the quality requirements of OCFS Child Welfare policy and practice, are run monthly. But any of the standardized reports can be run as needed for auditing, as previously stated. Timeliness of a child’s placement, and the entry of the child’s goals into the Child Plan is also assured through weekly reporting and review. MACWIS maintains the capability of producing IV-E eligibility reporting, as well as financial reporting for foster care and adoption. This reporting allows staff to verify inaccuracies, correct data errors, and/or identify system issues that need to be addressed by the Information Services Team. Staff can submit data fix helpdesk tickets for correction of the data, or submit requests for application changes that may enhance a user’s accuracy and timeliness. During the past 7 years, Maine has continued to sustain a high functioning Information Services Team and Program, which is responsive to the needs of MACWIS users, while also upholding federal, state, and department rules, policies and practices.

Throughout the year, the MACWIS system receives ongoing maintenance. Eleven certified release deployments were completed during 2017, continuing to improve the support of all new federal requirements. The eleven certified releases which OCFS completed in 2017 included approximately 70 requirement tickets.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s), and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "In the statewide assessment, Maine described challenges in jointly developing written case plans with parents, especially fathers. Stakeholders said that plans were usually written by caseworkers and presented to parents. Stakeholders also noted challenges with actively involving parents in case planning, including parents not understanding the process; FTMs occurring shortly after removal when parents were overwhelmed and not able to effectively participate; confusion for both staff and parents resulting from the variety of case plans; and challenges in developing case plans during FTMs when parents were not communicating with one another, or there were domestic violence issues." (*Child and Family Services Report Maine Final Report 2017*)

Historically, OCFS has recognized this as being a challenge, and has instituted different protocols in attempt to improve this practice. In August 2017, OCFS implemented a new process for the development of the Family and Child Plans. This process was automated in the spring of 2018. The framework behind this new model is that assessing needs, developing action steps, and measuring progress is intended to be a dynamic process between the family, team, and agency, that helps to guide the trajectory of the work to resolve safety concerns.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Although many stakeholders said that periodic reviews were routinely occurring on a timely basis, data and information in the statewide assessment showed that on average, less than half of the periodic reviews occurred timely. Stakeholders reported that the agency drafts and circulates the order. If all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” (*Child and Family Services Report Maine Final Report 2017*)

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038 mandates that “If a court has made a jeopardy order, it shall review the case at least once every 6 months, unless the child has been emancipated or adopted.”

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038(5) stipulates “After hearing or by agreement, the court shall make written findings that determine:

- A. The safety of child in the child’s placement;
- B. The continuing necessity for and appropriateness of the child’s placement;
- C. The effect of a change in custody on the child;
- D. The extent of the parties’ compliance with the case plan and the extent of progress that has been made toward alleviating or mitigating the causes necessitating placement in foster care;
- E. A likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship; and
- F. If the child is 16 years of age or older, if the child is receiving instruction to aid the child in independent living.”

A recent MACWIS query that included all children in the state of Maine foster care system at the time of the query, found that Maine seems to be challenged in having the first hearing within the first 6 months of children entering custody, although improvement was made between CY 2016, and the first two quarters of CY 2017.

District	# Removals lasting more than 6 months CALENDAR YEAR 2016	JR Hearing w/in 6 months
1	121	60%
2	105	36%
3	99	35%
4	36	56%
5	195	36%
6	123	50%
7	53	85%
8	36	31%
Total	768	46%

District	# Removals lasting more than 6 months CALENDAR YEAR 2017 Q1 and Q2	JR Hearing w/in 6 months
1	45	53%
2	51	43%
3	69	57%
4	22	55%
5	63	40%
6	63	62%
7	29	90%
8	24	17%
Total	366	52%

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 4A: Court Improvement Project/Coordination with the Courts and AAG's Office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response

This item was assigned a rating of Strength in the 2017 CFSR, as information obtained confirmed that initial and ongoing permanency reviews were held on a timely basis in almost all the cases, and that these reviews met the federal requirements.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) mandates: "Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing and shall determine a permanency plan within the earlier of:

- A. Thirty days after a court order to cease reunification; and
- B. Twelve months after the time a child is considered to have entered foster care. A child is considered to have entered foster care on the date of the first judicial finding that the child has been subject to child abuse or neglect or on the 60th day after removal of the children from the home, whichever occurs first."

In addition, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) states “Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing within 12 months of the date of any prior permanency planning order.”

On an annual basis, the OCFS IV-E Financial Review Eligibility Specialists conduct a review to ensure that case records contain the appropriate court documentation demonstrating that permanency review hearings occur within 12 months from the date the child entered foster care, and no less frequently than every 12 months thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that terminations of parental rights (TPR) were filed in a timely manner in slightly more than half the applicable cases. A small number of stakeholders felt that TPRs were filed timely; however, other stakeholder said that TPR was not filed timely, and that delays in paternity testing, the need for publication for parents, crowded court dockets, and caseworker workloads were barriers to timely filing.” (*Child and Family Services Report Maine Final Report 2017*)

Three strategies implemented in 2016 will impact children’s permanency goals and timeframes related to meeting those goals include:

- A district review process has been implemented where all youth in care for 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for an extended period, and monitoring the progression being made toward achieving permanency for these youths.
- In 2017, Teaming Specialists were trained in the revised Family Team Meeting model, and began training and coaching district staff. Teaming, in combination with the new Family and Child Plan process, will improve engagement with families and their supports, and lead to an increased focus on permanency needs for children in care.

The data reflects that these strategies are leading to an increase in the achievement of timely permanency for children.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders identified significant barriers to ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the children in their care. Stakeholders said that the trailing docket used in many courts, and rescheduling hearings at the last minute, made it difficult for participants to be available. Stakeholders also reported that the caregiver’s ability to be heard, varied according to the judge.” (*Child and Family Services Report Maine Final Report 2017*)

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4033(5) mandates that “The department shall provide written notice of all proceedings in advance of the proceeding to foster parents, pre-adoptive parents and relatives providing care. The notice must be dated and signed, must include a statement that foster parents, pre-adoptive parents and relative providing care are entitled to notice of and a right be heard in any proceeding held with respect to the child and must contain the following language:

‘The right to be heard includes only the right to testify and does not include the right to present other witnesses or evidence, to attend any other portion of the proceeding or to have access to pleadings or records.’

A copy of the notice must be filed with the court prior to the review or hearing.”

Since 2012, QA has conducted several reviews related to assessing how well the agency provides written notification of court activity to foster parents/caregivers. The chart below reflects the percentage of cases where the reviewer found evidence that the foster parents/caregivers were notified of Judicial Reviews and Permanency Hearings in the last year. The data from these reviews, as well as through the 2017 CFSR focus groups, reflects that the agency needs to improve in this area:

District	2012 % Notified (t=417)	2015 % Notified (t=252)	2016 % Notified (t=185)	2017 % Notified (t=158)
1		82%	94%	75%
2		30%	73%	58%
3		63%	68%	66%
4		81%	71%	80%
5		73%	60%	74%
6		88%	77%	74%
7		36%	73%	81%
8		87%	84%	81%
State Average	77%	69%	73%	72%

Barriers identified in this most recent review process includes:

- There appear to be two distinct timings for notification. Some districts appear to be notifying as soon as they are aware of the court date (often 5 months ahead), and some districts appear to be notifying at the time discovery goes out (approximately 10 days ahead of the hearing). It appeared that the districts who are notifying as soon as they are aware of the court date do not have a method in place to send out a new notification if the placement changes after the notification is sent, but before the hearing. This causes the foster parent, at the time of hearing, to not have received written notification.
- In several cases, it the appeared that the notifications had incorrect dates for the Judicial Review Hearing. The information in the case suggests that the hearing was not changed, rather, there were clerical errors in entering the correct date into the notifications. It was noted that this was a larger challenge for one district, and not a statewide issue.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 4A: Court Improvement Project/Coordination with the Courts and AAG's Office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 2015-2019 CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. "Information in the statewide assessment showed that Maine has a fully functioning quality assurance system operating in all jurisdictions that uses data to evaluate the quality of services, and to identify the strengths and needs of the service delivery system. The state's case review system uses a model based on the federal review process to conduct targeted case reviews. The state

shares data with both internal and external stakeholders, and solicits input from them to inform policy and practice improvements.” (*Child and Family Services Report Maine Final Report 2017*)

- Historically, OCFS has recognized the need for strong quality assurance oversight, and has dedicated staff to that activity. OCFS maintains a unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts. The QA Specialists are supervised by the QA Program Manager based in the central office. Five members of this team have been identified as the core team conducting case reviews, which was developed as the means for Maine to measure progress in its PIP following the 2009 CFSR. This process continued following Maine’s completion of the PIP, and was approved by ACF to conduct the CFSR state option for Maine. Specific activities have included monthly case reviews, as well as special projects to provide senior management with qualitative data in areas of interest or concern. The work of this group has also expanded through the restructure to include federal audits of the Child Care Subsidy Program.
- Maine has developed, and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The 2015-2019 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
- The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data. Data reports are tested for accuracy through a sampling audit. QA staff routinely conducts case reviews, which consist of comprehensive case reviews using the ACF review instrument and focused reviews based on the agency’s need for data.
- District staff has access to reports provided by the Data and QA Teams, although it does seem apparent that not all staff has the same level of access. This is likely based on district management dissemination of this information.

The OCFS Senior Management Team targeted several key practice areas that require focus, including quarterly QA reviews and reporting out, three of which are included as measurements for several of the 2015-2019 CFSP strategies. These include:

- Conducting Family Share Meetings at the time children are placed in foster care, as well as when there has been a change in placement;
- Ensuring that all grandparents, and known adult relatives have been notified of a child’s entry into foster care within 30 days;
- Ensuring that voice recordings of interviews of children are downloaded into the MACWIS system.

Following the 2017 CFSR, Maine reassessed its priorities and the progress made in key strategies developed for the 2015-2019 CFSP. It was determined that the quarterly reviews conducted by QA related to Family Share Meetings, relative notifications, and voice recordings would be discontinued, as the data is now available through alternative data pulls (i.e. the Family and Child Plans). The QA unit’s primary function is to provide data for the PIP Measurement Plan, as well as additional reviews as needed, and requested from the OCFS Executive Management Team.

OCFS conducted an assessment to ensure the QA system meets the five key components of a sound QA/CQI system as laid out in the ACF Information Memorandum. Overall, Maine believes the basic requirements are in place.

- Foundational Administrative Structure:
 - Maine has dedicated staff housed in each district office and supervised centrally.
 - QA staff are historically those who have worked within the child welfare program, either as a direct care caseworker, and/or supervisory staff who promote or demote to the QA team. QA staff are trained in the child welfare system, understand policy, and can easily navigate the MACWIS system. The QA team meets monthly. Conference calls are also utilized to allow the team an

opportunity for peer group contact to discuss or plan upcoming projects, or challenges faced by the team.

- Training, formally or informally, based on the project need, is provided to QA staff prior to conducting a specific project. This ensures that staff are familiar with the tool and/or process so that all staff utilize the tool consistently. The QA unit has access to the Online Monitoring System (OMS) through the federal CFSR Portal, and has moved to using that system to conduct individual case reviews. The unit also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure the team is meeting the requirements for maintaining the integrity of the tool during case review, the team has received certificates verifying this completion. As new QA staff are hired, they are trained in this process through teaming with their peers, as well as reviewing the training modules on the OMS.
- An informal inter-rater reliability process is utilized on most projects, and combines peer to peer consults, pairing teams, and/or consulting with the QA Program Manager as an anchor point for any project/study.
- In the past year, the QA unit has continued to utilize the Questions & Answer Database for the CFSR. This tool is updated each time a new question is asked and appropriately answered and allows for consistency in conducting both review processes.
- Quality Data Collection:
 - Maine has an ACF certified SACWIS program, which was certified in May 2009.
 - Maine has dedicated staff housed in each district office and supervised centrally.
 - Maine has utilized the ACF OSRI as a review tool, which provides clear instruction and guidelines on its use. The QA unit has also consulted with the Boston ACF region to ensure that the integrity of the federal tool is intact. The assessment from ACF was that the Maine team consistently uses the tool to fidelity. The ACF Boston regional staff, and the JBS consultants meet with the OCFS QA staff annually to discuss the OSRI, and provide feedback to questions asked by the QA Unit.
 - The 2012 OCFS restructure created the Accountability and Information Services Team which includes QA, Title IV-E, and the SACWIS/Information Services. This group is supervised by the Associate Director of Operations, which allows for increased collaboration between the teams, sharing of data, and support from each team to collect relevant data based on Office need. In 2015, there was further realignment which resulted in an expansion of this group with the name change to the Operations Unit. The goal of this realignment was to increase fiscal accountability and effective and efficient services through appropriate quality assurance programs. Between these systems, Maine is able to collect quantitative and qualitative data to address key issues.
 - The OCFS Data team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit.
 - Maine has the systems and resources in place to utilize, and monitor AFCARS data, NCANDS data, CFSR, ACF CFSR Statewide Data Indicators, and NYTD.
- Case review data and process:
 - QA staff routinely conduct case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on the agency's need for data.
 - The case review schedule that Maine has utilized since the 2009 CFSR was established to meet the needs of the PIP, and allows for stratification of cases, as well as including the largest metropolitan area in the state to be reflected in the rolling quarter data that is submitted to ACF. Maine will utilize this same structure/process adopted to conduct case reviews which will provide PIP measurement data.
 - In late 2015/early 2016 work was completed to strengthen this process in terms of developing a defined sampling methodology. This methodology has since been approved by federal review team data experts.

- The case review process includes the QA Program Manager as the person responsible for providing QA on each of the tools, which assures for inter-rater reliability as one person is identified as the anchor. Maine developed a backup plan for the QA process should additional staff be required going forward. These staff were trained by the QA Program Manager, and then observed by ACF to ensure they could appropriately manage the QA component of the CFSR process.
- In the spring of 2018, Maine's PIP Measurement Plan was approved by ACF. This Plan includes an annual review of 130 cases, using the approved sampling methodology and OSRI. These reviews began in April of 2018 and will continue throughout the PIP measurement period.
- In January of 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans, using a review tool that reflects best practices. QI staff are responsible for providing feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately the outcomes for children and families.
- Analysis and dissemination of quality data:
 - OCFS utilizes monthly management reports, Kids in Care reports, CFSRs, and access to the Results Oriented Management System, which all combined, allows for ongoing tracking of outcomes.
 - OCFS has a data team of qualified staff to aggregate and analyze data that can be broken down by district office.
 - OCFS has various stakeholder groups to provide feedback to the OCFS.
 - OCFS maintains a website with current data related to outcomes.
- Feedback to stakeholders and decision makers, and adjustment of program and process:
 - In the fall of 2015, the decision was made to restructure the various panels and committees facilitated by OCFS to increase efficiencies and enhance the overall quality of review, discussion, and feedback provided from the stakeholder groups. In December, OCFS facilitation of the Child Welfare Steering Committee and the Citizen's Review Panel were ended. The members of both of those groups were encouraged to continue involvement by participating in the newly convened, Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly, and is co-chaired by the Associate Director of Child Welfare. Each month, the agenda includes an updated related to the Child and Family Services Review (CFSR).
 - OCFS is moving towards a more robust CQI approach which will automatically involve the policy and training teams when outcomes are reported out that indicate a need for policy review and/or strengthening of a training element.
 - In the winter of 2014, the Quality Circle process was implemented in every district, which allows district staff the opportunity to identify challenges to their work and create and implement strategies to overcome those barriers. Quality Circles are supported by the Governor of Maine and the Commissioner of DHHS.
 - QA staff continue to be available to provide more district-specific consultation through working on special reviews that could provide the district relevant information specific to that district efforts to improve outcomes.
 - The Quality Assurance Team began conducting surveys related to teaming in conjunction with the Child and Family Services Review in 2017. These surveys consisted of interviews with youth, parents, resource parents, and GAL/CASAs. The data collected was inputted into a database that allowed OCFS to establish baseline data prior to the full implementation of the Teaming Initiative. This measurement process will be sustainable through the QA Team as case review is an ongoing model utilized by OCFS.
 - In March of 2017, the Caseworker Advisory Team was created, consisting of a caseworker representative from each district. The purpose of this team is to create a platform for sharing

information between front line staff and the Executive Management Team, and to work together on improving practice, resulting in successful outcomes for the agency.

- In January 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans, using a review tool that reflects best practices. QI staff are responsible for providing feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately the outcomes for children and families.

OCFS implemented a real-time review model, Eckerd Rapid Safety Feedback (ERSF), on 3/7/16, to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Supervisor. Based on a comprehensive review of five years of data in MACWIS and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, there was a reduction in the probability of high severity child abuse. Among those critical case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (ERSF Program Supervisor and the QA Specialist who reviewed the case), the caseworker, and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

ERSF staff uses a four-step process to meet the program goals:

- Debrief any potential safety concerns, and/or emerging dangers with the caseworker and caseworker's supervisor;
- Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified;
- Identify who will be responsible for action tasks, and assign timeframes for resolution; and
- Provide positive feedback regarding case strengths, as well as discuss case concerns, and opportunities for improvement.

Since implementation on 3/7/16 through 2/21/18 there have been 781 cases assigned for review with 864 reviewed (these include quarterly reviews) and 648 staffings held.

One of the agreements made between Maine OCFS, and Florida *Eckerd Connects* to support successful implementation of this model, is that *Eckerd Connects* conducts quarterly site visits with the Maine RSF team to ensure that the team is implementing the tool to fidelity. One aspect of this process is for them to review the data that has been collected since implementation. The following table is the most recent collection and analysis of the data:

SAFETY CONSTRUCTS	First Quarter of Implementation (3/22/16-6/21/16)	Seventh Quarter of Implementation (9/22/17-12/21/17)	Percent Improvement
Question 1 - <i>Utilizing family history in decision making</i>	53.8%	72.1%	34.1%
Question 2 - <i>Assessing child vulnerability</i>	67.9%	65.1%	-4.1%
Question 3 - <i>Identifying and responding to present harm/danger and emerging danger</i>	53.8%	34.9%	-35.1%
Question 4 - <i>Identifying protective capacities and responding to deficits</i>	36.3%	38.4%	5.8%
Question 5 - <i>Stakeholder communication</i>	40.0%	44.2%	10.5%
Question 6 - <i>Identifying perpetrators and linking maltreatment to harm</i>	73.8%	77.9%	5.6%
Question 7 - <i>Sufficiency of safety planning</i>	45.0%	61.6%	37.0%
Question 8 - <i>Sufficiency of supervisory reviews</i>	60.5%	29.1%	-51.9%
Overall	53.9%	52.9%	-1.8%
Overall without Question 8	52.9%	56.3%	6.4%
Number of cases reviewed	81	86	

The data reflected overall improvements seen in five of the eight areas reviewed. It is believed that the decline in question 8 continues to result from guidance given by *Eckerd Connects* during the quarter one site visit (that this question should be answered within the context of the other questions, and if gaps are identified by the review, which were not identified and addressed by the supervisor, this question should not be answered yes). *Eckerd Connects* has created new fidelity reports in partnership with Mindshare, and reviewed data from the first year of implementation. “Maine maintained remarkable fidelity per these reports with near perfect adherence to reviewing cases identified for review” (*Eckerd Connects*, Remote Fidelity Review).

For a tenth year, OCFS has renewed their contract with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data. During the 2017 calendar year, the University embarked on a two-year project to develop a State Dashboard tool. Maine OCFS Information Services staff have participated, and contributed their own prototypes to this endeavor. They also have continued their membership with the other eleven states on the ROM Leadership Council. The Information Services staff have worked with the ROM Director, and University of Kansas team to complete the phase 1 feature, and change deliverables to Summary Reports, One-Pager Reports, and the development of ROM Core templates specific to audiences and program areas. Phase 2 began January of 2018, with the development of Matrix dashboard reporting.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the 2015-2019 CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “In the statewide assessment, Maine reported data and information to show that new caseworkers must complete the 12-day initial training as a condition of employment. The state provided information on caseworkers’ evaluation of initial training, showing that they found it relevant to effectively performing their job functions.” (*Child and Family Services Report Maine Final Report 2017*)

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS developed internal capacity by creating a Policy and Training Team that consists of six Policy and Training Specialists supervised by the Policy and Training Program Manager. Their role is to provide new caseworker trainings, advanced trainings to more experienced caseworkers, and other trainings as deemed necessary to enhance staff’s work with families and children. This training is done using a variety of delivery methods, including onsite, regional, and online modules. These training methodologies allow for new hires to begin training almost immediately. Through building in-house capacity to provide trainings, staff training needs can be met more immediately instead of waiting for an outside agency to conduct the training. In 2017, there were 5 rounds of Foundations New Caseworker Training conducted which included 61 child welfare caseworkers and 8 Alternative Response Program staff participants.

In January 2017, a survey was disseminated to the 61 new caseworkers who had been hired since January 1, 2017. The response rate was 48.38% or 32 responses of 61 sent out.

The survey asked the following specific questions (below with response data) to cover whether they felt that the training adequately prepared new caseworkers to perform their jobs duties:

	Not helpful at all	Not really helpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful
How helpful was New Worker Training in enhancing your skills on engaging with families?	0.00%	6.25%	6.25%	68.75%	18.75%
	Not prepared at all	Not really prepared	Neither prepared or unprepared	Somewhat prepared	Very prepared
How well did New Worker Training prepare you for new assessments and/or newly assigned cases?	3.13%	18.75%	9.38%	62.50%	6.25%
How well did New Worker Training prepare you to work with families in the following areas?					
a. Safety	3.13%	6.25%	9.38%	50.00%	31.25%
b. Permanency	0.00%	12.50%	18.75%	53.13%	15.63%
c. Well-being	0.00%	9.38%	6.25%	46.88%	37.50%

Which of the following additional New Worker Training did you find:	Helpful	Least Helpful
Working within OCFS	16.13%	26.09%
Technology/Macwis	32.26%	39.13%
Legal Training	74.19%	8.07%
Psychosocial Training	6.45%	17.39%
Indian Child Welfare Act (ICWA)	38.71%	0.00%
Ethics Training	25.81%	34.78%
Children's Behavioral Health in Maine	6.45%	4.35%

Since 2016, the survey has included the respondents name on the survey. This was done to enable Policy and Training staff to have follow-up conversations with the new worker(s) on questions where they responded that they were dissatisfied, or did not feel that the training met their needs. This information will be taken into consideration regarding any revisions to the training curriculum or process.

All new caseworkers must complete the entire Foundations New Caseworker Training to remain employed as a child welfare caseworker. In 2017, 61 out of 62 staff completed Foundations New Caseworker Training. One staff person's position was terminated by the supervisor prior to their completion of the training.

Completion of trainings by caseworkers is tracked in a database that allows OCFS the ability to pull a list of all trainings a caseworker has completed either by caseworker or by a training topic. There is also a New Caseworker Checklist that lists all trainings and activities that must occur within specific timeframes before a new caseworker can be assigned to cases. This checklist is completed and signed off on by the supervisor and the caseworker. The checklist is kept in the caseworker's file. Below are the items/activities and timeframes of the New Caseworker Checklist:

All new employees must complete the online Random Moment Time Study Training as soon as possible after their start date.

Core trainings that have to be completed prior to assigning cases to a caseworker:

(Review of policies and other assigned readings during the Foundations Training must be completed on days that staff are in the office):

- Complete Foundations Training (This is a 12-day training over four weeks offered centrally five times a year). Breakdown of the Foundations training is as follows (all days are 9:00am-4:00pm):

	Week 1	Week 2	Week 3	Week 4
Day 1	Introduction to OCFS; Laws, Policy, and Practice; Dynamics of Child Abuse and Neglect; and Partnering with Families.	Introduction to Intake Process; Introduction to Child Protective Assessment Process; and Exploring Biases.	Introduction to Family Team Meetings and Facilitated Family Team Meetings; Referring to Services; and ACES study.	Introduction to the Court Process and What's Involved During a Permanency Case When Children are in Foster Care; Introduction to working with Resource Parents; Resource Parent Panel; Facilitated Family Team Meetings; Concurrent Planning and Well-Being.
Day 2	Introduction to Domestic Violence; and Introduction to Substance Abuse.	Introduction to MACWIS Assessment Screens; Introduction to Fact Finding Interviewing Process; and Making Decisions on Child Abuse and Neglect Findings.	Service Cases; Removing Youth from their Homes; and What They Need in Care.	Reasonable and Prudent Parenting Standards; Child Case Plan; Monthly Meaningful Contact; Reunifications; and Permanency Plan.
Day 3	Medical Indicators of Child Abuse/Neglect; Parents as Partners; and Debrief of Week 1.	Introduction to Fact Finding Interviewing Process; Making Decisions on Child Abuse and Neglect Findings (continued from Day 2); Assessment Simulation; and Debrief of Week 2.	MECASA Human Trafficking Presentation; Youth in Care Panel Discussion; Interviewing Adults; and Debrief of Week 3.	Introduction to Being a Guardian to A Youth in Care; School Stability; Youth in Care Bill of Rights; and Self-care.

Activities that have to be completed prior to assigning cases to the caseworker:

- Job shadow 2 assessments (involving child interviews) and at least one monthly face-to-face contact of a child in DHHS custody or a service case (it is recommended that documentation of the interviews be completed by the new caseworker, and reviewed by the supervisor).

- Job shadow a FFTM, and document the FFTM in the narrative window, using the FTM/FFTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing, which could include a waiver and discuss with the supervisor.
- Read at least two PPO petitions, and two straight petitions.
- Read at least four assessments (2 substantiated, 1 indicated, and 1 with no findings), and discuss with supervisor.
- Listen to three fact finding interviews that are associated with the assessments.
- Attend a FTM, document the plan from this meeting, and review with supervisor.

Once the above is completed, the caseworker can be assigned assessments/cases. The caseworker's supervisor is required to accompany the new caseworker on their first assessment/family visit (service cases/other cases). The supervisor will assume the role of observer, and assist the caseworker as needed. The supervisor may also determine that additional job shadowing/observations in the field should occur, and will make a plan with the caseworker for this to occur.

The supervisor is responsible for reviewing the Customer Service Acknowledgement Form, the Policy Signature Sheet, and the Employee's Confidentiality Statement sheet with the caseworker, and obtain their signature. This discussion should include instructions outlining that the caseworker should only access MACWIS records they are working on, and that all computer entries can be tracked as to their usage.

Trainings that are to be done within the first six months of hire:

- Working within OCFS – Orientation
- Legal Training
- MACWIS/Technology Training
- Introduction to ICWA
- Social Work Ethics (6 hour for those with a conditional Social Work License)
- Psychosocial Assessment (only for those with a conditional Social Work License)
- Facilitated Family Team Meetings for Caseworkers

Activities that are to be done within the first six months:

- Conduct at least two assessments
- Job Shadow a jeopardy hearing
- Job Shadow a monthly face-to-face contact with a youth or their parents in a case with a goal of reunification
- Job Shadow a monthly face-to-face contact with a youth or their resource parent in a case with a goal of adoption (post TPR)

Activities/Trainings that are to be done within the first year:

- Child Welfare Trauma Training Toolkit (prerequisites: completed Foundations Training and have at least 6 months of on the job experience)
- Staff Safety
- Children's Behavioral Health in Maine
- Introduce/participate in on-site training with TANF, OFI, and other programs that assist families with whom we work; this will be coordinated by the supervisor

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is

provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the 2015-2019 CFSP?

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the 2015-2019 CFSP.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "Information in the statewide assessment, and collected during interviews with stakeholders showed that although there was a policy for ongoing training, and that training was required to maintain a social work license, there is no statewide system for tracking training. Caseworkers or supervisors maintain a log of trainings completed, but those logs are unique to every district and the information is not aggregated statewide. Stakeholders also reported that the agency generally lacks trainings for experienced workers, and that there is no evaluation of relevance of the training provided." (*Child and Family Services Report Maine Final Report 2017*)

As referenced in Item 26 related to training, the same standards remain regarding the requirement that caseworkers attend core trainings on various topics during the two years following completion of the Foundations New Caseworker Training. Additionally, all casework staff are required by Maine social worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics. To monitor completion of the ongoing training contact hour requirement, the Social Work Licensing Board regularly audits a portion of license renewal applications it receives. While there is no formal interface between OCFS and the Board, if the Board audits a caseworker and the caseworker cannot demonstrate having the required amount of contact hours, that caseworker's license would not be renewed.

OCFS does not require all staff to be licensed, as there are many different job classifications within OCFS that do not require licensure. However, all Child Welfare supervisors, and caseworker staff are required to be licensed. When new caseworkers are hired, the training liaison from the Policy and Training unit meets with the supervisor and new caseworker. During this meeting, the liaison checks on the status of the new caseworker's conditional or full social work license to ensure they are licensed, or have started the process, as caseworkers cannot be assigned cases until they have a conditional or full social work license. All staff with social work licenses are initially put into the OCFS training database, but OCFS does not monitor each caseworker's license and renewal dates, as it is the responsibility of the caseworker to track their contact hours needed, and date of license renewal.

Bringing the pre-service training in house allows for more direct collaboration with the DHHS Staff Education and Training Unit (SETU), as this unit also provides ongoing trainings for OCFS staff, and tracks those trainings.

New supervisors/managers are required to participate in training regarding employment and labor laws in the 4-day Managing in State Government Training that is offered through SETU.

In the Spring/Summer of 2015, the Supervisory Academy “Putting the Pieces Together” training on administrative, educational, and supportive supervision was brought to Maine and all child welfare supervisors participated in this training. The Supervisory Academy is a mandatory training for all new child welfare supervisors. This training consists of 3 modules that are 2 days each, that are trained over the course of the year. Module 1, Administrative Supervision, focuses on those areas of supervision related to the efficient and effective delivery of services. This module stresses the importance of understanding one's own management style within the context of the agency's mission, vision, and administrative structure; and focuses on agency goals and outcomes. Key concepts covered in this module include: management styles; the use of power, advocacy, recruitment and selection of workers, change management, transitioning from peer to supervisor, and performance management. Module 2, Educational Supervision, focuses on educating workers to attain more skillful performance of their job duties. Topic areas within this module are: learning styles, mentoring, orienting new employees, stages of worker development, transfer of learning, constructive feedback, coaching, and clinical supervision. Highly interactive, key learning activities are encased in engaging games that stimulate thought, as well as energizing the atmosphere. Module 3, Supportive Supervision, focuses on supporting, nurturing, and motivating workers to attain a high level of performance. Within the supportive supervision domain, the primary goal is to improve morale and job satisfaction. Key topics include secondary trauma, conflict management, job satisfaction, and management of a team. Because child welfare work is so demanding, and the stress is often high, humor is integrated throughout the module to model the importance of maintaining a positive atmosphere, as well as to make an otherwise difficult subject more engaging. This module reflects the reality of the supervisor's position as head cheerleader, arbitrator, and counselor.

In 2017, twelve new Child Welfare supervisors participated in, and completed the training. During 2017 a survey was disseminated to the participants after each module. The response rate varied for each module, out of the twelve participants, module 1 had three respondents, module 2 had five respondents and module 3 had three respondents.

The survey asked the following specific questions (below with response data) to determine whether they felt that the training prepared new supervisors adequately to perform their job duties:

The subject matter was at the right level of difficulty:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	66.67% 2	33.33% 1	3	3.33
Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
2	(no label) 0.00% 0	20.00% 1	60.00% 3	20.00% 1	5	3.00
Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
3	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00

The training content was compatible with my agency's philosophy and Values:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	33.33% 1	66.67% 2	3	3.67
Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
2	(no label) 0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	3.60

I learned specific job-related knowledge and or skill:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00
Module 2	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	40.00% 2	60.00% 3	5	3.60
Module 3	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2	4.00

I will use the knowledge or skill that I learned in my job:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00
Module 2	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	60.00% 3	40.00% 2	5	3.40
Module 3	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3	4.00

I will be able to be a more effective supervisor because of this training:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00
Module 2	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	3.20
Module 3	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	100.00% 2	2	4.00

I can see how my staff will benefit from my taking this training module:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00
Module 2	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	80.00% 4	20.00% 1	5	3.20
Module 3	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	33.33% 1	66.67% 2	3	3.67

I can see how families will benefit from my taking this training:

Module	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
1	(no label) 0.00% 0	0.00% 0	100.00% 3	0.00% 0	3	3.00
Module 2	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	(no label) 0.00% 0	0.00% 0	100.00% 5	0.00% 0	5	3.00
Module 3	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
	(no label) 0.00% 0	0.00% 0	33.33% 1	66.67% 2	3	3.67

In 2016, OCFS brought the Leadership Academy for Supervisors (LAS) training, and the Leadership Academy for Middle Managers (LMM) trainings to Maine as the next step for the supervisory leadership team, and the trainings were rolled out in the spring of 2016.

LAS

The LAS is a blended learning program for experienced child welfare supervisors. The core curriculum consists of six online modules each followed by a face-to-face or webinar activity (Leadership Academy for Supervisors Learning Network or LASLN) where participants can network with facilitators and other learners to discuss, and reinforce what has been covered in the previous module. The core curriculum provides thirty contact hours of training, and includes two tracks: a personal learning plan to develop leadership skills, and a change initiative project to contribute to a system change within the agency.

To participate in the LAS, supervisors must have a minimum of twelve months of supervisory experience, have successfully completed the Supervisor Academy Training “Putting the Pieces Together,” and must submit an application answering these three questions:

- What are your goals for participating in the Leadership Academy for Supervisors?
- What have been your past leadership roles within OCFS?
- Describe your current efforts to transfer the learning you did in the “Putting the Pieces Together” supervisor training within your division/local office/unit.

There have been two cohorts that have graduated from the LAS since it’s roll out in 2016. The first cohort started in April 2016, and graduated in February 2017. A total of fourteen enrolled in the LAS, and twelve completed it (the two supervisors that pulled out of the training later completed the training in the 2017-2018 LAS cohort). The first cohort LAS graduates were sent a Pre-Post Training Competencies Survey in May of 2017. Participants were asked to assess their knowledge of LAS Training Competencies before starting the modules, and again after completing the training. Using a 5-point agreement scale, participants reported higher ratings across almost all items of the LAS Training Competencies from pre-training to post-training completion. Ten supervisors completed the survey, and the results were as follows:

Statement (5-pt. scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Disagree nor Agree, 4=Agree, 5=Strongly Agree)	Pre-training (N = 13)		Post-training (N = 10)	
	M	SD	M	SD
1. I have a good understanding of my own leadership strengths and challenges.	3.92	0.64	4.20	0.63
2. I can distinguish between behavior of supervisor as manager and supervisor as leader.	3.69	0.48	4.40	0.52
3. I know how to develop a vision statement for an organizational change initiative.	3.00	1.00	4.20	0.63
4. I know the six major components in the adaptive change process.	3.00	0.82	3.60	0.84
5. I know how to develop a personal vision statement based on a holistic view of child welfare leadership.	3.31	0.85	4.10	0.57
6. I can describe the key role of the supervisor at the intersection of the unit and the external environment. (Note: external environment refers to any programs, divisions, or agencies outside of your work unit.)	3.46	0.78	4.10	0.32
7. I understand how to assess key partnerships in my unit's external environment.	3.31	0.95	4.20	0.63
8. I understand how to assess the collaboration issues related to my Individual Change Initiative.	2.85	0.90	4.10	0.57
9. I can describe the continuum of skills in the partnering process (communication, coordination, collaboration, negotiation and advocacy).	2.85	0.90	3.80	0.79
10. I have a good understanding of how to identify key workforce issues in my unit.	3.77	0.73	4.10	0.32
11. I understand the key role of the supervisor in staff retention.	4.00	0.82	4.20	0.42
12. I know how to create a culture supportive of leadership at all levels.	3.69	0.48	4.00	0.82
13. I know strategies for mitigating the stress of secondary trauma in my staff.	3.62	0.65	3.90	0.57
14. I know how to foster an inclusive workplace, where diversity and individual differences are valued.	3.92	0.49	4.20	0.42
15. I know how to assess staff performance by linking it to outcomes.	4.00	0.41	4.10	0.57
16. I can distinguish the values and limitations of different types of data used in child welfare.	3.77	0.73	3.89	0.33
17. I can distinguish between performance goals, measures, indicators, and operational definitions.	3.46	0.66	3.67	0.50
18. I have the basic analytical skills to read and interpret reports.	3.92	0.28	4.00	0.47
19. I can explain how performance data can inform management action.	3.62	0.51	4.00	0.00
20. I understand how to use basic data and tracking tools at the unit level for reinforcing a culture of results and program improvement.	3.92	0.49	4.20	0.42

21. I can describe the challenges of supervising through changes in the organization.	3.85	0.38	4.20	0.42
22. I understand the supervisor's role as the link between top management and child welfare practice.	3.92	0.28	4.22	0.44
23. I understand the four aspects of the concept of "stickiness": continuity, accessibility, ownership, and value.	2.62	0.77	3.89	0.60
24. I can identify the practices needed to sustain myself and others in a "permanent whitewater" environment.	3.00	0.82	4.00	0.67
25. I understand the National Implementation Research Network (NIRN) model of stages and drivers of implementation.	2.31	0.75	3.70	0.67
26. I know how to garner support and buy-in for change efforts.	3.31	0.63	3.80	0.92
27. I can identify data source(s) to measure the progress and outcomes of change efforts.	3.46	0.66	3.80	0.63
28. I am able to use literature and other evidence-based practice resources to support change efforts.	3.62	0.51	4.20	0.42

As part of the pre- and post-training surveys, participants were asked to rate their level of competency across five leadership domains that comprise the National Child Welfare Workforce Institute (NCWWI) Leadership Model: Foundations of Leadership, Leading in Context, Leading People, Leading for Results, and Leading Change. To give participants enough time to utilize their new skills at work, OCFS measured progress on these items again in the 6- and 12-month surveys.

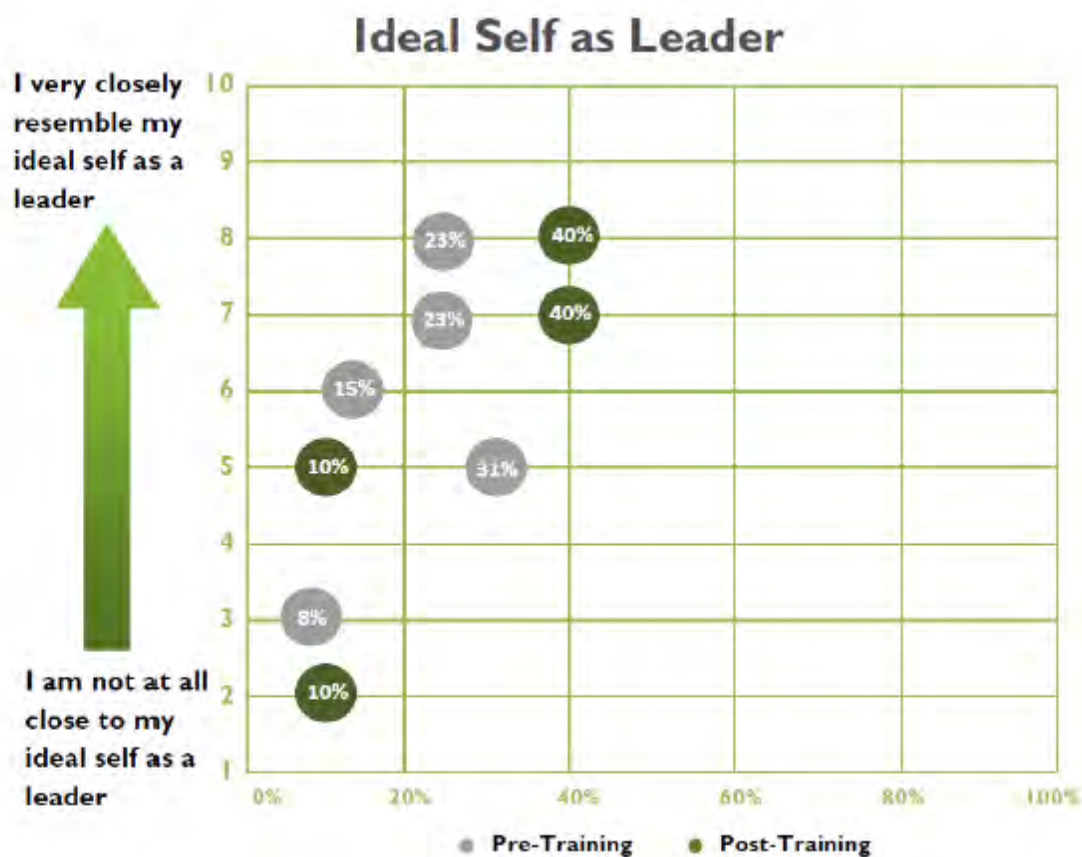
Participants rated themselves somewhat highly across all five leadership domains both before and after the training. The average ratings for the Leadership Model Competencies scale indicated that supervisors remained at the same level of perceived leadership competency from pre-training and post-training.

Please indicate, on a 5-point scale, how frequently you engage in the following behaviors at work. (5-pt. scale where 1=Almost never, 2=Sometimes, 3=About half the time, 4=Usually, 5=Almost always)	Pre-training (N = 13)		Post-training (N = 10)	
	M	SD	M	SD
Leading Change				
1. Encourage new ideas and innovations	3.85	0.90	3.90	0.88
2. Design and implement new and cutting edge programs and/or processes	2.54	1.27	2.90	1.29
3. Consider how agency policies and trends might affect my unit	4.38	0.77	4.30	0.67
4. Readily adapt to new information, changing conditions, or unexpected obstacles	4.00	0.58	4.20	0.63
5. Implement plans consistent with the long-term interests of the agency	4.00	0.71	4.00	0.94
6. Influence others in the agency to translate vision into action	3.77	0.93	3.80	1.14
7. Build consensus with staff around proposed system or practice changes	3.92	0.76	4.10	0.74

Leading in Context				
8. Collaborate across boundaries to build strategic relationships and achieve common goals	3.85	0.90	3.90	0.88
9. Build consensus with partners by considering input from various parties	3.77	0.83	4.00	0.94
10. Develop trust among various parties involved in a negotiation process	4.00	0.58	3.80	0.92
Leading People				
11. Manage and resolve conflicts and disagreements in a constructive manner	4.15	0.38	3.90	0.99
12. Provide opportunities for career development, including staff mentoring, coaching, and training	3.92	0.76	4.10	0.99
13. Give people the right amount of freedom and choice in determining how to do their work	3.85	0.55	4.11 (n = 9)	0.78
14. Encourage people to work collaboratively to achieve goals	4.46	0.66	4.11 (n = 9)	0.78
15. Foster an inclusive environment that values all types of diversity and opinion	4.38	0.51	4.22 (n = 9)	0.67
16. Help workers become more culturally responsive to families	4.00	0.41	4.20	0.63
Leading for Results				
17. Hold staff accountable for high quality, timely results	4.31	0.63	4.30	1.06
18. Hold myself accountable and accept responsibility for mistakes	4.46	0.88	4.30	0.82
19. Manage and allocate resources effectively	3.92	0.76	4.00	0.67
20. Ask, "What can we learn?" when things don't go as expected	3.62	1.12	3.70	1.06
21. Ensure the delivery of high-quality services for families	4.23	0.73	4.30	0.82
22. Make well-informed and timely decisions	4.31	0.63	4.60	0.52
23. Develop new ways to improve efficiency and working conditions	3.92	0.49	3.90	0.88
24. Embrace new strategies for engaging with families	4.25 (n = 12)	0.45	4.30	0.67
25. Set priorities and determine resources requirements	4.00	0.82	4.10	0.74
26. Identify service delivery problems and generate solutions	3.46	0.88	3.90	0.99
Foundations of Leadership				
27. Participate in continual professional development	4.23	0.44	4.30	0.67
28. Communicate effectively with all levels of staff through various methods (oral presentations, written documents, etc.)	4.15	0.38	3.90	0.99
29. Set high standards of performance and strive to achieve them	4.62	0.65	4.60	0.70
30. Treat others with courtesy, sensitivity, and respect	4.85	0.38	4.60	0.52
31. Behave in an honest, fair, and ethical manner	5.00	0.00	4.80	0.42
32. Stay calm and clear-headed under high stress or during a crisis	4.54	0.52	4.70	0.48
33. Set a personal example of what I expect from others	4.46	0.52	4.30	0.67
34. Show a commitment to serve the public	4.62	0.51	4.60	0.52

Participants were asked at pre- and post- training to, "Indicate on the sliding scale how closely you resemble your ideal self as a leader." Participants reported a slight increase in how closely they resemble their ideal selves as leaders after the training [Pre: $M(13) = 6.15$, $SD = 1.52$; Post: $M(10) = 6.70$, $SD = 1.89$].

Figure 1: Percentage of Participants Reporting How Closely They Resemble their Ideal Self as Leader at Pre- and Post-Training



The post-training survey also includes questions about the Personal Learning Plan. Respondents' moderately high ratings showed they found the Personal Learning Plans to be a helpful feature of the LAS.

Statement (5-pt. scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Disagree nor Agree, 4=Agree, 5=Strongly Agree)	Post-training (N = 10)	
	M	SD
1. During the training I developed a personal learning plan that I intend to implement.	4.10	0.32
2. My personal learning plan was helpful in tracking my progress in the LAS training.	3.70	0.82
3. My personal learning plan helped me focus on the leadership skills I most wanted to learn.	3.70	0.95
4. Creating a personal learning plan was a helpful part of the LAS training.	3.80	0.79
5. I have confidence that I can achieve the development goals I've set for myself in my personal learning plan.	3.80	1.03

The Learning Transfer Factors scale rated aspects of participants' workplace environment, and training experiences known to influence the degree to which new learnings may be transferred to the workplace. For this reason, the scale is administered at post-training and follow-up to give the Training and Policy Team an understanding of how these factors will continue to affect participants' learning transfer. On average, participants agreed that factors, such as pre-training preparation, training content relevance, motivation, and workplace

supports would enable them to successfully transfer their learning on the job. The overall mean for the scale was 3.80, $SD = 0.37$ on a five-point scale where 1 = Strongly Disagree and 5 = Strongly Agree.

Statement (5-pt. scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Disagree nor Agree, 4=Agree, 5=Strongly Agree)	Post-training (N = 10)	
	M	SD
Pre-training		
1. I voluntarily attended this training.	4.30	0.48
2. Prior to the workshop, I was motivated to attend.	4.30	0.68
3. My supervisor helped prepare me for this training by discussing my learning needs and potential applications.	3.20	1.14
4. Prior to attending, I heard that this training was "worthwhile"/valuable.	4.20	0.63
Relevance/Applicability		
5. This training content is consistent with my agency's policies and my individual responsibilities.	4.20	0.42
6. The training provided some practical ideas that can be used on the job.	4.22 (n=9)	0.44
7. During the training, I was thinking of ways I could apply the training content to the job.	4.00 (n=9)	0.50
8. This training content is consistent with my agency's mission, philosophy, and goals.	4.00	0.47
9. The LAS training was relevant to my job.	4.10	0.57
10. As a result of the LAS, I substantially increased my knowledge on this topic.	3.60	0.84
11. The information I received from this training can definitely be used in my work.	4.00	0.47
12. As a result of the LAS, I have developed new skills.	3.80	0.63
13. As a result of the LAS, I will be more effective in my work.	3.80	0.63
14. I am very confident that I will use the training on the job.	4.00	0.47
15. I will have sufficient opportunities to practice the new ideas/skills/techniques on the job.	3.70	0.82

Motivation to Transfer		
16. I am motivated to use what I learned in the training.	4.00	0.47
17. My leadership skills will improve as a result of this training.	3.90	0.57
18. I am excited to try new things that I learned in this training.	3.80	0.63
Workplace Transfer Support		
19. My supervisor expects me to use this training on the job.	4.00	0.47
20. I will meet with my supervisor to discuss application of this training on the job.	3.90	0.57
21. My supervisor values professional development for all staff.	4.10	0.57
22. I have already started planning with a co-worker to use this training.	3.80	0.92
23. My co-workers will support my attempts to use the training on the job.	3.70	0.82
24. I feel supported by co-workers in developing my leadership skills.	3.90	0.88
25. My co-workers will support my efforts to become a better child welfare leader.	4.00	0.82
Workplace Environment		
26. Staff turnover is a barrier to implementing change in our agency.	3.90	0.57
27. We don't have enough staff in our agency to handle the work.	3.70	0.82
28. We have highly skilled staff.	3.70	0.48
29. Staff respond to change with open-mindedness.	3.50	0.53
30. We look for new ways to improve our practice.	3.90	0.32
31. We seek creative solutions to challenges.	3.80	0.42

Participants were also asked about the implementation of their Individual Change Initiatives (ICI). Ratings on that scale indicated a moderate level of perceived ability and supports to facilitate the implementation of their Individual Change Initiative. The overall average rating for this scale was $M(10) = 3.34$, $SD = 0.82$.

Statement (5-pt. scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Disagree nor Agree, 4=Agree, 5=Strongly Agree)	Post-training (N =10)	
	M	SD
1. At work, I have the supports that I need to implement my Individual Change Initiative.	3.60	0.84
2. My manager/supervisor is available to talk through challenges related to implementing my Individual Change Initiative.	3.80	1.32
3. I feel a sense of support from others at my agency around implementing my Individual Change Initiative.	3.70	0.95
4. It has been useful to bounce ideas off of other people at work about how to implement my Individual Change Initiative.	3.70	1.25
5. I am satisfied with the support I have received from my manager/supervisor about implementing my Individual Change Initiative.	3.50	1.18
6. I'm too busy at work to focus on implementing my Individual Change Initiative.	3.60	0.84
7. I don't know how to move forward with implementing my Individual Change Initiative.	3.00	1.15
8. There was adequate time to plan the details of my Individual Change Initiative.	3.30	1.06
9. I will be able to successfully implement my Individual Change Initiative.	3.30	1.06
10. I am confident that I will be able to deal with obstacles that come up when implementing my Individual Change Initiative.	3.20	0.92
11. Implementation of my Individual Change Initiative will go as planned.	3.20	0.92

The post-training survey included two open-ended questions about the training. First, participants shared their concerns about implementing their Individual Change Initiative. Then participants indicated what knowledge or skills obtained from the LAS they plan to use in their work. These qualitative responses provide more nuance and detail, giving OCFS a more complete understanding of participants' training experience.

Please discuss any concerns that you may have about implementing your Individual Change Initiative.

Several respondents reported they were concerned with having limited time. Some expressed concerns regarding staff buy-in and support, specifically how the required steps and processes for ICI implementation could lose support and momentum over time.

- Ongoing guidance and support throughout the process; having the time within the work day to spend on ICI; lack of support from peers to have time for ICI
- Time is the biggest issue. I have lots on my plate; however, I have investment in doing this and I know others do as well which will help to motivate me in going forward.
- I worry lack of time and heavy workload will impact my ability to sustain my Change Initiative. I also worry that others may want to move to action and quick solutions that may not be the best choice.
- It will be an initiative that spans over time and needs to be implemented in stages. Additionally, there are policy changes that need to be implemented before it can fully roll out and I have no control over that.
- I worry that as time goes by, other supervisors and management may not enforce the need to attend the professional development group. I also worry that the group could get lost in the shuffle, especially when there are not a lot of new workers to attend.
- No concerns about it

Is there something in particular from the LAS training that you plan to use in your work?

Respondents expressed positive reactions to the LAS training; several respondents shared their plans to utilize lessons on obtaining staff buy-in, implementing change, and increasing workforce receptiveness to change.

- I hope to use training to increase unit performance and productivity, receptiveness to change, and community leadership.
- Working through the Change Initiative steps and utilizing support and mentoring from my mentors was particularly helpful. Thinking about a project from the beginning through implementation was an excellent skill. The conversations with our mentors and the other supervisors was wonderful and my favorite part of the entire process.
- The LAS training helped me to identify my strengths and areas where growth is needed and to help me identify a plan to impact the areas of growth. Also going through the Change Initiative process helped me to learn how to implement a needed change and layout a plan and foundation that will contribute to better success. Going through this process with other supervisors was also supportive and relationship building and broke down some isolation.
- Tools for engaging and motivating workers in the change process. The best way to ensure any change is sustainable is to garner worker buy in to implement and champion.
- I particularly like the pieces of the training that talked about how to support caseworkers who are struggling with the constant changes and how to lead them through that.
- Not sure at this point
- Developing my Change Initiative is the biggest part that I will use in my work.

If you successfully implement your Individual Change Initiative, what will be different?

Respondents expected successful implementation of their ICI's would create a wide range of positive changes, including: improved communication between staff, families, and foster parents; increased worker preparedness

and role clarification in the workforce; increase in family empowerment and collaboration; increase in speed and number of reunification cases; and decrease in staff turnover.

- Improved outcomes for children in care; better relationships between birth and foster parents; increased role of foster parents in reunification efforts.
- Better communication between staff and foster parents, resulting in better relationships. I am hoping this provides for better outcomes for children as well as staff and foster parents feeling better about each other and the job they do.
- Family Team Meetings will become the foundation of our practice. Families and staff will have successes in meetings that will bring confidence and support families in making change. Teams will be larger and stronger to include natural and community supports and these teams will be sustained after we end our work with families. Reunifications will be quicker and stronger and staff will feel more confidence and success in their work. Community and family members will be more engaged and involved and feel the teams are successful and important.
- Better communication between district staff and intake staff (where I work); clearer understanding of the roles in each environment; stronger and more positive collaboration. Unit specific, staff will be more supported and more competent in the work they do.
- New workers will feel supported and adequately trained to do all aspects of this complex job and district supervisors will have time to focus on other tasks rather than having to show workers individually how to do various things.
- Staff will stay longer.
- Clear outlines for teaching staff skills as they enter the child welfare field.

The post training survey also included questions about the LAS Learning Network (LASLN) sessions. Respondents' ratings showed they found the LASLN sessions useful in various ways, particularly in providing participants with face-to-face interactions with peers, and the opportunity to connect with peers around leadership and workforce issues.

Statement (5-pt. scale where 1=Strongly Disagree, 2=Disagree, 3=Neither Disagree nor Agree, 4=Agree, 5=Strongly Agree)	Post-training (N =10)	
	M	SD
1. The LASLNs were interesting and engaging.	3.80	0.63
2. The LASLNs were a good use of time.	3.50	0.85
3. The LASLNs helped me better understand how to apply the learning from the modules to my work as a supervisor.	3.40	0.97
4. Participating in the LASLNs helped me address the goals in my Personal Learning Plan.	3.40	0.97
5. Participating in the LASLNs helped me to implement my Individual Change Initiative action plan.	3.60	0.84
6. The face-to-face interaction with peers in between the LAS training modules was helpful.	4.10	0.74
7. The LASLNs helped me connect with other supervisors around leadership or workforce issues.	4.40	0.52

Please provide any other feedback you may have about the LASLN sessions below:

Overall, respondents felt the face-to-face engagement and group learning was most rewarding. Some respondents felt the group would have benefited from additional time and instructions on application of the module materials and follow-up.

- Most of the time was spent on the application of the material to the ICIs, with little time to discuss the material learned or the application of the material to unit supervision.
- I really enjoyed the LASLN sessions-talking with my peers and learning from them was my favorite part of the training.
- I found the face to face time much more engaged and beneficial compared to the web based sessions. I would recommend moving to all face to face sessions. This will take more time but will be much more valuable.
- Due to snow storm I was not able to attend the last one and feel like it was over and I have no closure.
- LASLN would have been better if there was more instruction time to follow up on the Modules, rather than just the small group work and then reporting out.

2017-2018 Pre-Post Training Competencies Survey data has not been gathered yet.

In addition to new caseworker trainings, ongoing trainings that were available in 2017, and the number of staff trained as well as trainings for community providers included:

TRAININGS	TOTAL STAFF
Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare	93
Psychosocial Assessment	118
Legal Training	64
Advanced Medical Indicators	29
Child Welfare Trauma Training Tool Kit	36
Children's Behavioral Health Treatment in Maine	54
Working Within OCFS	30
Mandated Reporter Training-Train the Trainer (2016-Dec. 2017)	110 (Community Providers) 75 (OCFS Staff)
In Person Mandated Reporter Training (2016-Dec. 2017)	6,755 Mandated Reporters in State of Maine
On-Line Mandated Reporter Training (2016-Dec. 2017)	35,968 Mandated Reporters in State of Maine
Adoption Process	6
Supervisor Training Academy: 'Putting the Pieces Together- Modules 1,2,3	12
Child Passenger Safety-Basic Awareness Training	54
Drug Identification, Impairment Recognition and Caseworker Safety	158
Role of the Frontline Child Welfare Professional in FFTM	245
FFTM Facilitator Training	9
Rights of Recipients of Mental Health Services Who Are Children in Need of Service	187 (Community Providers)
Leadership Academy for Supervisors	13
Mock Trial	10
Mock Trial for Supervisors	30
Social Work Ethics (6 hr.)	120
Ethical Decision Making (4 hr.)	154

IMPACT (Maine's Immunization Information System)	1
Advanced Forensic Interviewing	60
MACWIS, Dragon Naturally Speaking & Voice Recordings	64
MACWIS Court History	3
MACWIS Central Intake	1
Safe Sleep, Period of Purple Crying (online)	64
Online Period of Purple	64
Beyond Mandated Reporter Training	69
Bridging Program, Infant Family Support Services Training	22
Methamphetamine Awareness	179
Responding to Methamphetamine Labs	147
Awareness of Human Trafficking	31
Responding to Human Trafficking	25
The Maine Face of Human Trafficking	24
Awareness of Cultural Diversity	13
FTM Teaming Training	160
Advanced Topics in Domestic Violence: In Her Shoes	39
Advanced Topics in Domestic Violence: The Choice to be Violent	31
OCFS Staff Safety Training	403
Findings and Appeals Process Training	335
Intake/SDM Training	

Participants who attended the Advanced Forensic Interviewing Training were given a pre-test at the beginning of the training, and a post-test at the end. Results of the pre-test, and post-test for each training are below:

Training Date	# of participants	# of people exhibiting an increase in knowledge	% of people exhibiting an increase in knowledge
August 15-16, 2017	10	7	70.00%
August 29-30, 2017	13	10	76.92%
September 6-7, 2017	18	8	44.44%
September 13-14, 2017	22	18	81.81%

Additional trainings offered are based on need as identified by staff or management. Training on Advanced Forensic Interviewing, and the OCFS Teaming Process (FTM/FFTM) started in 2016, and continued into 2017. The FTM training and certification process will be ongoing into 2019. Motivational Interviewing was identified as a training need and will be offered in 2018.

OCFS currently has a contract with Justice Planning and Management Associates Inc. (JPMA) to utilize their interactive, online, e-learning system. This enables OCFS to post new and revised policies on the system and

staff are required to log in and read new and revised policies, complete a quiz on the main points of the policy, and then sign a form stating they read and understand the policy. This system also allows OCFS to track individuals to ensure they have signed off on having read and understood the policy, and provides information on the individual's comprehension of the material based on their quiz score. There are supplemental trainings offered on this site for OCFS staff to participate in that are not mandatory. If staff want contact hours offered by participating in any of the online trainings, they must complete the online quiz, and pass with 80%. In Maine, a total of ten hours of online training can be counted towards the 25-contact hour total needed for LSW license renewal.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 4B: Coordination, implementation and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU), and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff and foster and adoptive parents.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties regarding foster and adopted children.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "Information in the statewide assessment, and collected during interviews with stakeholders showed significant differences in the training provided to kinship resource parents and non-relative resource parents. Stakeholders also reported that while resource parents must complete eighteen hours of training every two years to renew their licenses, relevant training is often not available, and that the same trainings are offered year after year." (*Child and Family Services Report Maine Final Report 2017*)

In its current resource family training, OCFS is delivering a training curriculum developed by the University of Southern Maine, Muskie School of Public Service, that was revised and updated in 2016. A workgroup was formed in 2015 for this purpose. The workgroup included district staff who were trainers of the current curriculum. The revised curriculum includes six training modules. Among the topics covered are those relating to why children enter care; why children think they enter care; reunification; supporting birth family connections; adoption and permanency guardianship; policies relating to positive discipline; Family Team Meetings; optimal child development; understanding the impact of abuse and neglect upon brain development; and bonding, attachment, and trust. The revised curriculum adds some topics including video presentations, which were not previously included, such as the Period of Purple Crying video, and the safe sleep environment video, both of which are focused upon ensuring safety of infants and babies under the age of one year old.

The workgroup created a PowerPoint presentation to accompany the Trainer and Participant Training Manuals, as well as updated the resource guide for applicants. When forwarding this revised curriculum to management at the end of March of 2016, the workgroup recommended that at least once annually, the group of trainers of this curriculum meet to review the success of the curriculum in meeting the initial training needs of applicant families. The annual meeting of trainers provides an opportunity to suggest further need for revision or updates to continually assure that the curriculum is as up-to-date with the most current information possible.

The workgroup recognized that due to the amount of information presented to new applicants, this initial training presents more of an overview and orientation, rather than in-depth training on any one topic. The workgroup recommended that on-going trainings be available to resource parents to provide more in-depth trainings relevant to their role than can be provided during the introductory training.

During the summer of 2016, the revised Resource Family Introductory Training (RFIT) was piloted in several districts. Necessary revisions were identified, and the RFIT revision workgroup reconvened on several dates to complete these revisions. On October 28, 2016, a train-the-trainer meeting was held for all potential trainers who would be delivering this training in district offices.

While resource unit staff are primarily responsible for the delivery of introductory training, adoption and permanency unit staff may also participate as co-trainers. Training staff from the contracted Resource Family Support Services entity (AFFM) are primarily responsible for delivery of the final session of the introductory training. This final session consists of ensuring applicants are familiar with the resources that will be available to support them in their role as resource families. The final session also includes a facilitated discussion with currently licensed resource parents.

The RFIT training workgroup met on several occasions during 2016 to revise the 6-hour kinship training, which is required in circumstances in which a waiver is granted to relative and fictive kin who are caring for a child in custody. When granted this waiver, the kinship family may participate in the abbreviated 6-hour kinship-specific training in lieu of the full 18-hour RFIT training. The kinship-specific training provides the caregiver with an overview of the system, as well as information regarding their new role as a licensed resource parent, and the expectations of that role. Revisions to the curriculum included adding information about the impact upon the developing brain when a child experiences traumatic events and strategies to support a child's normative development. The revised kinship training was approved for implementation and has been in use throughout the state. During the Spring of 2018, all staff providing the training are being included in feedback sessions to determine if there are any changes or revisions necessary. Any recommended changes will be discussed by the initial workgroup who developed the training.

A Resource Family Introductory Training and a kinship-specific training calendar is regularly updated and circulated amongst district resource units. Resource family applicants can participate in training sessions in a neighboring district, if the dates and times of training are more convenient for them than those offered in their home district. Similarly, if the applicant misses a session in their home district, then the applicant is invited to participate in that session when it is offered in an adjoining district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services contract includes a requirement to provide on-going training to licensed resource families. The contractor (AFFM) sponsors an annual training conference which brings together speakers on relevant topics. They also provide workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

Throughout the year AFFM delivers, or arranges for training to be delivered, in resource family support group settings. The contractor also maintains a listserv, which notifies resource families of trainings delivered by

various community partners in various parts of the state. The contractor maintains a lending library of books and video training materials, which are available to resource families.

In January of 2016, OCFS conducted a survey of licensed foster and kinship parents to obtain a better understanding of how the foster care program is functioning. Among the topics upon which the survey focused, was the topic of training needs. Fifty percent of respondents reported interest in attending trainings on the following topics:

- Foster parents' rights
- Attachment disorder
- Effective discipline techniques
- Caseworker and foster parent relationships
- Substance exposed infants and children
- Adoption

In 2016, the OCFS invited foster parent representatives from each district office to meet with the OCFS Deputy Director and other program managers on a quarterly basis, with the purpose of identifying and supporting foster parents with the types of supports that are beneficial to their roles. The Foster Parent Advisory Committee was created in 2017 and has met quarterly since its formation. The Committee identified four key areas to focus its attention initially. Among those areas identified was training and a sub-committee was formed to address this need. The following topics were identified by the Training sub-committee as examples of trainings which they would like to see offered to foster parents in all parts of the state. These topics have been offered in a variety of settings throughout the state in 2017:

- Parenting teens/preteens in custody;
- Caring for substance exposed children;
- Positive/Alternative discipline;
- The impact of trauma and strategies on how to deal with the resulting behaviors;
- The court process and the legal responsibilities of obtaining custody;
- Grief and loss (focusing upon the foster parent's perspective from the time a child is placed in their home until the child reunified with their birth parents, identify the different kinds of losses, and how to cope with them, ways to practice self-care related to grief and loss);
- Strategies for resource parents to work effectively with birth parents, caseworkers, and Guardians ad Litem; and
- Facilitated Family Team Meetings - What is the foster parent's role?

In 2017, the Foster Parent Advisory Committee also worked to finalize a Foster Parent Bill of Rights that is expected to be in use statewide by mid-2018.

In 2016, foster parents who participated in grant-funded trauma training expressed very high levels of satisfaction with the training, which was delivered by Heather Bigger, implementation manager of Maine Children's Trauma Response Initiative, Maine Behavioral Health Services; and Arthur Grant, foster care program specialist at Community Health and Counseling Services. This training provided resource parents with information about children's exposure to trauma and information on how best to support these children. This grant ended and OCFS agreed to explore avenues to continue to provide this highly desirable training to a wider array of resource families. In November of 2016, a faith-based community of foster parents in southern Maine requested an abbreviated training provided by these two trainers. Feedback provided by participants of this abbreviated training was positive. There continue to be active efforts to provide trauma training in collaboration with the Resource Family Support Services entity (AFFM).

In 2016, OCFS provided training to resource parents related to implementing the Reasonable and Prudent Parenting Standards. At the annual spring conference for resource families, the Resource Parent Program Manager and a trainer from the OCFS Policy and Training unit co-trained a workshop on this topic.

Following that initial training, the PowerPoint presentation used during the training became a foundation upon which a webinar training was built that is easily accessible to resource parents. This webinar can also be used during resource parent support groups or district events/meetings to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards.

The OCFS Policy and Training unit has also developed training on appropriate use and installation of child car seats. This one and one-half hour training has been available to resource families in various venues during the 2017 calendar year. Trainings on additional topics are provided at foster parent support groups as a required part of their meetings. Training topics include: the court process, grief and loss, the impact of trauma, working with birth families and others.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 4B: Coordination, implementation, and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU) and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff and foster and adoptive parents.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the 2015-2019 CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the 2015-2019 CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2015-2019 CFSP.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders described a waiting list for core services, and major gaps in services in rural areas of the state. Distance, and a lack of transportation, prevent clients from accessing needed services in rural areas. According to stakeholders, the agency relies on clients having access to MaineCare (Medicaid) to receive any services. However, when a child comes into care, the parents lose their eligibility, and are not able to pay for the treatment programs required by their case plans. The agency does not have access to funding to provide for these services, or alternative services available to address long waiting lists.” (*Child and Family Services Report Maine Final Report 2017*)

OCFS has developed, and implemented a number of services that will support families and children's needs in Maine, and include:

- CradleMe: A collaboration between OCFS, Public Health Nursing (PHN), and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance exposed. This program creates a centralized referral process for PHN and home visiting services with the goal to improve timely service delivery and outcomes for families in need of these services.
- Through the State of Maine's Sexual Assault Forensic Nurse Examiner Program, 26 nurses were trained statewide in 2017 to conduct forensic interviews within local emergency rooms with sexual assault victims. The training is separated into two components: pediatric/adolescent victims and adult victims.
- The Office of Violence Prevention (OVP), housed within OCFS, participated in the expansion of the Child Advocacy Centers (CAC). This work includes supporting multidisciplinary teams in each of the CACs. There are currently 6 CACs fully operational within the state and two others in development in the remaining parts of the state. The expansion to 8 fully operational CACs will ensure adequate access for families statewide. Trained forensic nurses are part of the multi-disciplinary teams.
- Maine Enhanced Parenting Program (IV-E Demonstration Project): Through a collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with the mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations (children ages 0-5 years). This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. To be eligible for this service, a family must have at least one child between the ages of 0-5 years old, who is at risk of entering custody, or in state custody; and a recent substance abuse assessment that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available statewide.
- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine will launch the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018.
- Under a contract with the Department, Adoptive & Foster Families of Maine (AFFM) provides Resource Family Support Services (RFSS) statewide to resource parents (kinship parents, licensed foster parents, adoptive parents, and permanency guardianship parents) with an array of resources to support caregivers in their role of caring for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent, as well as providing support to increase the resource parent's understanding of the role shared with the Department in promoting timely permanent outcomes for children in care. Additionally, RFSS provides resource parents with a neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children and how they are personally impacted by the experience of caring for children who are in the custody of the Department.
- Supportive Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives. This service is available statewide.

- Clinical Team Intervention and Assistance for Foster and Kinship Families began offering supportive services to resource and kinship families in the fall of 2017. This contract includes support available during regular business hours from liaisons who will be based in each of the eight OCFS district offices, as well as in-home clinical supports. The support services available to the resource parents are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Strategy 4C: Coordination with other state agencies and community partners to address gaps in service delivery and accessibility for families involved with child welfare, which would allow for individualized service provision.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the agency relies on its staff to individualize services using the services available. However, funding is limited, and therefore the state is not able to address service gaps, or use the family’s natural supports and resources to individualize case plans. Providers do not have linguistically appropriate services because often there is not a large demand for this in the state. Stakeholders reported that the state is challenged in providing services appropriate for developmentally challenged children and parents.” (*Child and Family Services Report Maine Final Report 2017*)

Maine's geography and severe weather can restrict accessibility and public transportation remains limited, or non-existent in some areas of the state. Caseworkers often transport, or arrange for transportation, for case members. Recently OCFS allocated additional funding to transportation services.

OCFS views itself as part of the broader community that partners to assure the families and children in Maine have access to services and supports to meet their needs. The 2015-2019 CFSP supports development of community programs that will be accessible statewide, increased funding in the family visitation and ARP program as well as OCFS participation in community collaborations.

In the 2009 CFSR, Maine demonstrated the ability to individualize services despite limitations attributable to service availability and accessibility. At that time, it was recognized that Maine had implemented several initiatives that allowed for individualization of services to meet the unique needs of children and families. Effective case planning, including engaging family, children/youth, and their informal supports is one manner to assess and provide individualized services for the families. Another example is the efforts to improve the teaming process with families to develop effective plans that will address each person's unique needs.

Staff works with families with developmental challenges and from various cultural backgrounds. To ensure services are provided in a developmentally and culturally competent manner, OCFS utilizes resources such as interpreters, translation of documents and cultural brokers. They also work with a family's team to ensure that the family understands information presented and are competent to make decisions.

Since the 2009 CFSR, Maine has continued to work towards implementing services that could meet individualized needs of children and families. In March 2012, a new organizational structure was announced within OCFS to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood, and Public Services Management. The new structure included four teams focused on Policy and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012.

In 2015, OCFS realigned the tasks/scope of work through the creation of a Children's Behavioral Health Services Team, separate and distinct from its former placement within the Child Welfare Team. The Children's Behavioral Health Services (CBHS) Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team has established measurable performance outcomes for contracted providers.

The current OCFS PIP is still awaiting federal approval. This PIP includes the following strategies to address the concerns raised in the 2017 CFSR:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) tools in assessment and permanency casework practice to build consistency in practice statewide, and improve critical thinking, and decision making at key child welfare decision points. The SDM intake tool guides decision making related to response timeframes for assessment practice. Staff are expected to see families within 24 hours when the report

includes allegations of high severity child abuse and neglect. All other contacts must be completed within 72 hours.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Strategy 4C: Coordination with other state agencies and community partners to address gaps in service delivery and accessibility for families involved with child welfare, which would allow for individualized service provision.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to 2015-2019 CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2015-2019 CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2015-2019 CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP.

State Response:

This item was assigned a rating of strength in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the agency partners with stakeholders in the development of the CFSP and the APSR. Stakeholders generally agreed that the agency shares information and uses stakeholder input to develop CFSP/APSR goals with strategies, and to assist the agency in implementing those strategies. Stakeholders said that the agency’s engagement with Tribal stakeholders was very positive, and could be used as a model for other states.” (*Child and Family Services Report Maine Final Report 2017*)

OCFS continues to be involved in many of the same groups and forums that promote State engagement as it was in 2009 and includes the following:

- Maine Children’s Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area. Each CAN uses information gathered in the Community Needs Assessment to develop a specific annual plan for prevention programming in their coverage area. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include implementation of training programs regarding mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified

priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

- Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP's goal is to help reduce the number of preventable child fatalities and serious injuries in the state; accomplishing this by comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child deaths, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: failure to thrive, youth suicide, serious injuries of children involved with OCFS, unsafe sleep deaths, and serious injuries that occur during domestic violence incidents. The CDSIRP has participated in dual case reviews with Maine's Domestic Violence Homicide Review Panel whenever a case touches on both Panel's statutorily mandated subject area.

- Maine Child Welfare Advisory Panel (MCWAP): This multidisciplinary panel was formed in 2015 with the following mission: "The Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, respectful, and responsive to child and family needs, and providing an adequate framework for safe, thriving children having permanency with families and community." The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine's Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made to combine the work of these two groups into a single cohesive group. The members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. MCWAP has been focused primarily on advising OCFS on matters related to the assessment of child safety, and providing feedback and oversight to both OCFS' Strategic Plan and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. Over the past year, activities have included: gathering information regarding Maine's Truth and Reconciliation process, Structured Decision Making, and the Maine Enhanced Parenting Program. MCWAP also participated in the CFSR Stakeholder focus group; the CFSR Exit Meeting; and reviewed, and provided feedback on the OCFS' updated Family and Child Plans. These activities support the goals of the OCFS Strategic Plan.
- Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC

focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care by supporting:

- Southern Maine Youth Transition Network (SMYTN): a program focused on improved secondary education success in Southern Maine.
- Maine Learn to Earn and Achieve Potential (LEAP): a partnership providing new services for youth in foster care to support a successful transition from high school to college and career.
- Improving Maine Policy As a Collective Team (IMPACT): a youth-led advisory group comprised of youth in foster care and foster care alumni, focused on improving Maine's child welfare system through legislation, policy, and practice changes.
- Youth Leadership Advisory Team (YLAT): Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are, or have been, in foster care. Youth involved in YLAT provide feedback to OCFS that is used in developing policy and practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS around foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT partner with OCFS on regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.
- Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Muskie School of Public Service. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, the following: co-management of ICWA cases from intake through to permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead on developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture. In addition to continuing to support a system of co-case management partnering between OCFS and Indian Child Welfare staff, the ICWA Workgroup is also currently working on the following: developing a comprehensive brochure for OCFS staff, which will incorporate both law, and practice issues; updating the training for new workers; recruitment and training for Qualified Expert Witnesses; and developing a closer partnership with the court system to ensure Guardians ad Litem (GALs) and attorneys understand ICWA and how OCFS partners with the Tribes.
- Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly, and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

- Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. For the past year, this group has been meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using data, the group has looked at outcomes to include: engagement with families, initial contact with alleged child victims within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to most effectively meet identified needs.
- Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports.

OCFS continues to routinely share federal reports in the CAAN Meetings. Tribal representation is being sought to participate in this meeting. The 2015-2019 CFSP and associated APSRs can be found at http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml available to the public, including state tribal representatives.

OCFS will continue its work on engaging key partners in development and implementation of goals. The OCFS Director and Children's Behavioral Health staff are setting up regular provider calls for an array of internal and external stakeholder groups. The purpose is to ensure consistent communication is occurring.

Item 32: Coordination of 2015-2019 CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. "Information in the statewide assessment, and confirmed during interviews with stakeholders verified the various agreements and Memoranda of Understanding (MOU) the agency has with other state agencies that receive federal funding. Agency senior managers meet with, or participate in workgroups with agencies, such as Temporary Assistance for Needy Families, Head Start, Child Welfare Substance Abuse Committee, and Maine's Children's Trust Fund. The MOUs and the agency senior

managers' participation in these workgroups have resulted in prioritization and better coordination of services for angry clients.” (*Child and Family Services Report Maine Final Report 2017*)

Since 2009, Maine has continued to work toward coordinating with other federal or federally assisted programs. In March of 2012, a new organizational structure was announced within the OCFS to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood, and Public Services Management. The new structure included four teams focused on Policy and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective and efficient services through appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team and Contracted Services Quality Assurance Team (CSQA). It also established distinct Child Welfare, Children's Behavioral Health and Early Intervention and Prevention Teams.

The Children's Behavioral Health Services Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team has established measurable performance outcomes for contracted providers.

The Finance Team provides management of the financial resources of OCFS. This includes contracting, financial analysis and management of accounts, appropriations and allocations. OCFS has increased clarity regarding the role of quality oversight of services and that of financial coordination.

KEPRO continues to be awarded the contract to provide Maine's Behavioral Health Utilization Management System for services currently purchased through the State's Office of MaineCare Services and administered by the Children's Behavioral Health Services Team.

As the Maine Administrative Service Organization (ASO), KEPRO continues to provide eligibility verification and utilization management services that include: prior authorization, utilization review, and retrospective review for behavioral health services through their web-based authorization system, Care Connection. This system, in collaboration with the State of Maine web based Enterprise Information System collects, tracks and produces data associated with children's behavioral health assessment, treatment, transitional services, and reportable events that supports the continuum of care of services for children who are in foster care, as well as those who are not.

Interagency agreements and policies facilitate the coordination of services with the following departments, agencies, or groups:

- Department of Corrections
- Office of Aging and Disability Services
- Public Health Nursing Program
- Department of Education
- Penobscot Indian Nation
- Houlton Band of Maliseet Indians
- Maine Children's Trust, Inc.
- Local and State Law Enforcement
- Maine Coalition to End Domestic Violence
- Maine State Housing Authority
- Municipal Housing Authorities
- The Thrive Initiative
- Maine Center for Disease Control

- Office of Substance Abuse and Mental Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services

Examples of coordination of other federal programs include:

- **Maine Enhanced Parenting Program (IV-E Demonstration Project):** Through a collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with the mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations (children ages 0-5 years). This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. To be eligible for this service, a family must have at least one child between the ages of 0-5 years old, who is at risk of entering custody, or in state custody; and a recent substance abuse assessment that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available statewide.
- **MaineCare Services:** Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as MaineCare's new MIHMS system rolls out. OCFS currently has access to Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Immpact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine will launch the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment, and confirmed during interviews with stakeholders showed that standards are applied equally across the state. Licensing supervisors meet monthly, and discuss the application of standards, and uses waivers to ensure consistency across the state.” (*Child and Family Services Report Maine Final Report 2017*)

Kinship and non-kinship families are required to meet the same licensing standards with the exception of a shortened kinship training. If a kinship home decides to take placement of non-related children, they are expected to complete the full Resource Parent Training. While the Resource Family Licensing Standards were revised, and are again in the process of being reviewed, there are no substantive changes to the standards outlined in the previous 2008 standards policy. The latest revision was instead, an effort to provide more succinct policy guidance and incorporate new expectations, such as the requirement for foster parents to apply the reasonable and prudent parenting standard. The newly inserted information in the Resource Family Licensing Standards policy is as follows:

Reasonable and Prudent Parenting

The reasonable and prudent parenting standard is defined as the standard characterized by careful and sensible parental decisions that maintain a child’s health, safety, and best interests, while at the same time encouraging the child’s emotional and developmental growth, that a caregiver must use when determining whether a child in foster care under the responsibility of the state/tribe may participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child’s safety, while also ensuring the child can participate in normal childhood activities. Caregiver (for this purpose only) is a foster parent or designated official at a child care institution. As defined in Title IV-E of the Social Security Act, section 475(10).

Shared Oversight Model

The foster homes, adoptive homes, and institutions in Maine are regulated by statute, licensing rules, and agency policy. Family foster homes and child care institutions are subject to licensure, and are included in the general licensing category of children’s homes. The Department licenses resource family homes, which must meet the uniform standards prior to approval. Once approved for a resource family license, the licensee can choose from an array of service provision, including foster care, adoption, permanency guardianship or respite. The approval of resource homes, as opposed to the former practice of separately licensing foster homes and approving adoptive homes, allows the licensee to seamlessly transition amongst various types of service provision during the term of the license without encountering barriers, such as submitting a new application or completing additional background checks when one chooses to provide a different service type.

In late 2016, a Department decision was made to move components of foster home licensing to the Department’s, Division of Environmental and Community Health (DECH). DECH currently licenses children’s residential care facilities, child placement agencies, emergency shelters, shelters for homeless children and child care programs. This new model is called the Shared Oversight Model of foster home licensing, was enacted in September of 2017. Under the new model, DECH manages all regulatory portions of foster home licensing to include processing application materials, completing background checks, completing home inspections, service provision, investigating allegations of abuse and/or neglect, approval or denial of initial licenses, and renewal of licenses. OCFS staff continue to deliver informational meetings, introductory and ongoing training, and completing the home study report. Final licensing decisions are made by DECH in collaboration with OCFS. Both components of the license process remain under that larger umbrella of the Department.

This model was implemented to allow for regulatory licensing decisions to be separated from child placement decisions. DECH hired additional staff in the role of Licensing Specialists and OCFS staff are now referred to as Resource Workers.

The Resource Family Licensing Standards policy describes the inquiry, informational, application, and home study components of the licensing process. These standards include requirements related to age, health/functioning, background checks (including criminal history) and physical plant (including a fire inspection and water test).

The home study includes a review of various life domains, including the applicant's life experiences, family relationships, support systems, family beliefs, and values. It also includes an assessment of the applicant's ability to safely parent and meet the needs of children served by OCFS, as well as the applicant's ability to collaborate as a team partner with OCFS, and service providers. Foster and adoptive parents are required to attend an initial 18-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. While this initial 18-hour training is frequently waived for kinship families who are caring for a relative child placed in their home, the kinship family is required to participate in an alternative 6-hour kinship-specific introductory training. Resource family licenses are issued for a two-year term.

While Maine doesn't have any specific quantitative or qualitative data related to standards being applied equally, if we license a home, then the license itself is evidence that the home met standards. The Department can grant waivers for non-safety standards for kinship homes. In the process of licensing a home, the home study process ensures that the home and caregiver are safe. DHHS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory fire inspection, and for a caregiver to demonstrate that any past involvement which involved a concern relating to child welfare, criminal, or motor vehicle charges or convictions has been resolved to the point that there is no concern regarding child safety. The DHHS process of licensing approval ensures that no individual with a disqualifying type of felony conviction is approved for licensure.

An example of a non-safety waiver, which is commonly granted, allows a relative or kinship family to meet the introductory training requirement through their participation in kinship training, rather than requiring them to participate in the full Resource Family Introductory Training. Waivers are documented in the OCFS MACWIS system in the Resource module, in the waiver documentation screen. Due to the regulatory nature of the licensing process, OCFS regards every licensed home as meeting uniform standards.

Resource Unit Supervisors meet as a group monthly with the Resource Parent Program Manager, as well as the DECH supervisor and manager to ensure consistent statewide licensing practice. Through review of policy and practice, as well as through discussion of complicated licensing scenarios, the Resource Unit staff strives to reach consensus regarding consistent practice relating to application of licensing standards.

Maine DHHS, OCFS, MACWIS Information Services	
Foster Home Application & Approval Data 1/1/17-12/31/17	
Initial Applications	625
Renewal Applications	438
Approved Renewal Applications	299 (as of 3/12/18)
Approved Initial Applications	303(as of 3/12/18)

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the state completes background checks that include federal requirements, on a timely basis. There is no coordinated case planning process to address safety issues when an incident is discovered through a background check. However, when an incident is discovered through a background check, the agency does, on a case-by-case basis, address the issue. Stakeholders raised no concerns about safety issues.” (*Child and Family Services Report Maine Final Report 2017*)

Maine requires all applicants for resource family licensing to complete fingerprint-based background checks through national crime information databases. DHHS Resource Family Licensing Standards policy additionally requires in-state background checks, including State Bureau of Investigation (SBI) criminal background checks, Bureau of Motor Vehicle background checks, and OCFS Child Protective Services background checks. If the applicant has resided out of state in the past five years, then out of state child abuse registries for all household members above age 18 are also checked. For a resource family license to be approved, the home study, and supporting documentation must verify that the federally required background checks were completed.

In 2017, Maine OCFS again trained all staff who are required to have access to fingerprint-based background checks with a new revised and Maine SBI approved online training to ensure that these staff are aware of security measures required by the FBI CJIS Division. The training completions are monitored by a Maine State Police liaison. Each office is required to comply with the expectation to store criminal background check results in locked cabinets.

DHHS policy for Relative Placement and Kinship Care, including Fictive Kin, requires in-state criminal background checks and OCFS CPS background checks be initiated at the time of placement of any child in a home that has not yet been licensed. Prior to placement in an unlicensed kinship home, policy requires completion of a kinship assessment. This assessment determines the safety of the home, as well as safety and capacity of the caregiver. Due to situations in which OCFS casework staff has approved placements in homes, which once these homes applied for licensing, were determined not able to meet standards, there is increased focus upon the need for quality kinship assessments. The Resource Program Manager is often consulted in situations where there is complex history to ensure that standards are applied consistently. Resource unit staff has been challenged when presented with situations in which a child has been placed in a home and the child’s needs appear to be met by the caregiver, yet there are circumstances which prevent the home from being licensed. Some of these factors may include insufficient space in the caregiver’s home, inability to pass a fire and safety inspection, or past criminal or child welfare history which has not been satisfactorily resolved to ensure confidence in the caregiver’s capacity to provide safety to the child. Due to these situations, OCFS requires all kinship assessments to be approved by the Resource Unit Supervisor who is more likely to identify issues which may present licensing challenges. OCFS has, however, identified that not all kinship assessments are channeled through the resource unit supervisor, especially when placement in a kinship home occurs on weekends or after-hours. This issue of ensuring quality kinship assessment of caregivers who can meet licensing standards will continue to be a focus

of OCFS managers, supervisors, caseworkers and resource unit staff as we progress into another year of improving practice in this area.

OCFS practice requires that within 30 days of placement of a child in an unlicensed home, the caregiver must apply for a resource family license, and is expected to complete, as part of the application process, fingerprint-based background checks of national criminal databases.

The June 2016 Title IV-E Foster Care Eligibility Primary Review also found that OCFS follows the background provisions: “Maine’s criminal background checks system is effective. The completion of fingerprint-based checks of the national crime information database to ensure compliance with section 47 (a) (20) of the Act are clearly documented in the licensing file. The OCFS has designated staff that works with state police to ensure criminal background checks are completed and processed timely”.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state’s process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the state does not presently have a statewide recruitment plan. The state has recently contracted with an agency to recruit foster and adoptive resource families and has provided the agency with demographic data.” (*Child and Family Services Report Maine Final Report 2017*)

During 2010-2014, there was a cultural shift in the ways in which the Department looked at recruitment of resource families who could meet the specific ethnic and cultural needs of children in care. Rather than the Department assuming internal responsibility for recruitment, there was recognition that diligent recruitment of families needed to be an effort shared with youth in care, resource families, community members and organizations, including faith-based organizations. Partnerships were built with community members and organizations. Some of these partnerships were formalized into community partnerships and others were more informal in structure.

Youth were invited to participate in various workgroups and meetings, including panel participation during district resource family informational meetings and pre-service training for prospective resource families. Hearing the youth voice has been described by both Department staff and community members as instrumental in providing education about the need for resource families willing and interested in meeting a youth’s developmental and cultural needs.

For a period of time, the Department collaborated with Casey Family Services in providing Extreme Recruitment services. This proactive approach to recruitment involved preparing youth for permanency, diligent search for potential permanency kinship resource families and stressing the importance of youth having connections to their extended family members to increase connection to their biological family, community and cultural heritage.

During the summer of 2015, OCFS initiated a new contract service focused upon recruitment of foster families who can provide temporary care to children in foster care, as well as recruitment of adoptive homes for children in care who are awaiting an adoptive family.

Near the end of the first contract year, it became apparent to both the contract agency and to OCFS that the provider was not successful in efforts to recruit families to provide placement to children for whom OCFS has identified a target need. A mutual decision was made to terminate the contract after the first year of services.

OCFS has contracted with another agency, Spurwink, to provide this service, which began its work in November 2016. The contract includes very specific outcomes for recruitment of new families in each district, as well as statewide, and includes the following:

- Tracking unique inquiries;
- Tracking those who attend informational meetings;
- Tracking those who apply and eventually become licensed providers; and
- The contract agency is to create a recruitment plan with approval from OCFS management.

The contract does not include retention activities, as retention of families is the responsibility of OCFS, and another contracted agency, Adoptive and Foster Families of Maine. Retention activities are provided in through mentoring appreciation events, an advisory committee, advanced and improved trainings, district specific events and support groups.

Maine DHHS OCFS has been challenged during the past year in locating appropriate placements for children in the following groups which are targeted for focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs with no identified step-down placement in the community;
- Infants who are born drug-affected and who are in the process of reunification with birth family; and
- Larger sibling groups, especially those with older children.

Accompanying the need to recruit families who can provide placement to these targeted populations, is the need to focus upon matching of these children to caregivers who can maintain connection to their culture, extended family and community of origin, while recognizing and supporting the racial and ethnic diversity of children in foster care in Maine. OCFS collaborates with tribal partners to enhance and focus recruitment on tribal families who can provide placement to children in care with tribal connections.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment described the agency’s effective use of cross-jurisdictional resources, both within and outside of the state, to facilitate timely permanency for children in care. Information in the statewide assessment showed that most Interstate Compact on the Placement of Children home study requests are completed timely.” (*Child and Family Services Report Maine Final Report 2017*)

In terms of using cross district resources to support permanent placements for children, this is an area that could be strengthened in Maine. In years past, each adoptive family had an adoption caseworker assigned to them that assisted in matching the family with a child. This structure allowed for better information sharing/matching of adoptive family profiles and child profiles across districts. This isn’t in place at this time.

OCFS utilizes the following program/resources:

- AdoptUsKids to ensure that Maine families can see all available kids in Maine;
- Wendy’s Wonderful Kids for recruitment;
- Recruitment Contract through Spurwink that includes child specific recruitment;
- Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match;
- Families sometimes contact the Adoption Program Manager if they are concerned they haven’t been matched with a child. The Program Manager has the family send their profile which is then sent to all adoption supervisors.

The OCFS ICPC Program Specialist maintains a spreadsheet to track the ICPC home studies Maine completes for children in the custody of the state. The spreadsheet allows the Program Specialist quick access to determine which studies are pending to ensure timely completion of the home studies. The types of home studies completed include parent, relative, and adoption. In 2017, a total of 104 home study requests were received and assigned. However, 4 of those requests were withdrawn before a report was completed. Of the remaining 100 cases, 81 (81%) of those requests were completed within the 60-day timeframe allowed under the Safe and Timely Interstate Placement of Foster Children Act of 2006.

The only available measures of effectiveness are the statistical reports available from the DHHS ICPC manager:

Year	# of ICPC adoption request for out of state placement
2009	36
2010	9
2011	13
2012	11
2013	12
2014	16
2015	21
2016	33
2017	17

Year	# of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19
2017	18

Review of Goals for 2017-2018 of the 2015-2019 CFSP

The following is Maine's 5-year CFSP 2015-2019 which reflects the needs of OCFS and aligned with the Assessment of Performance report.

The established baselines were drawn from the last four cycles of the Maine Child and Family Services Case Reviews utilizing the federal case review instrument, leading up to the CFSP submission in June 2014. OCFS will measure the results, accomplishments and annual progress towards meeting the goals and strategic targets through data extracted from the OCFS SACWIS system, including Management Reports, the Results Oriented Management (ROM) system, Quality Assurance data, and data received from ACF. The qualitative measurements in each of these items, unless otherwise specified, include reviews completed during the Child and Family Services Review (April 1, 2017 - September 30, 2017).

Maine has embedded its Program Improvement Plan strategies and action steps in the Review of Goals section of this document. In developing the PIP, Maine developed 4 primary strategies with the following descriptions:

Strategy 1: Consistent utilization of the OCFS Family and Child Plans in child welfare to increase effective case planning with parents and youth, develop plans that are focused on the reasons for child welfare involvement, establish a trajectory for case closure, engage families and their supports to prevent further maltreatment, and reduce barriers to the timely achievement of permanency.

Narrative Description: In 2016, OCFS undertook efforts to streamline the planning process for families and children involved with the child welfare system. The agency had multiple plan documents for different case types, and a lack of clear practice expectations related to case planning. An analysis of the 2017 CFSR data found the following: challenges in involving parents and youth in case planning, a lack of clarity for parents regarding what needed to happen to resolve the child safety concerns and close the case, parents' voices not being heard and valued, and a lack of focus on case planning outside of formal team meetings.

In-depth surveys were conducted between late-June and early-November 2016 of youth between the ages of 14 and 25 who were in, or had recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. Survey respondents were asked if they felt included in the overall decision-making during their time in foster care. Of the 117 respondents, 48% indicated they 'always' felt included; 46% indicated they 'sometimes' felt included, and 6% indicated they 'never' felt included. Youth were asked who they thought had listened to their voice, or opinions during their time in care (with the option to check as many as they wanted), 75% of youth indicated that their caseworker listened to them. A high percentage (73%) of respondents indicated that their relatives, foster parents, and staff listened, while 51% of youth indicated the GAL assigned to their case

listen to them. Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%); 5% of respondents indicated they felt that no one listened to them.

Over many years, OCFS has gathered feedback from stakeholders and staff related to the functionality of the agency's case planning tools. The themes have remained similar, and the agency has responded by piloting the revised OCFS Family and Child Plan tools in paper format statewide, while concurrently building these tools into the MACWIS system. This process has allowed the opportunity to gather real time feedback on the use of the tool by internal and external stakeholders, and to make the necessary revisions to ensure OCFS is fulfilling its legal mandate. In Spring of 2018, prior to rolling out the automated versions in MACWIS, training was provided to staff on effective case planning with families, which will include how to develop behavior-specific action steps directly related to the need for child welfare intervention.

Historically, OCFS has rolled out initiatives without an ongoing focus on integration of practice changes and sustainability, which has resulted in practice drift, and a lack of focus on key child welfare activities related to child safety, permanency, and well-being. OCFS has recently identified a caseworker in each district office to serve in the role of Quality Improvement (QI) staff to support consistent implementation of the OCFS Family and Child Plans. In addition, caseworker and supervisory desk level procedures manuals will be developed as resources for staff to strengthen the quality of case plans.

Case planning is used to identify individualized services and supports a family may benefit from, as well as address barriers that may impact the successful achievement of family and child plan goals. Case planning begins at initial contact with a family, and when effective, will lead to timelier permanency decisions, and achievement of permanency outcomes. Through the implementation and consistent utilization of the OCFS Family and Child Plans, the agency will increase the engagement of families in the child welfare case process, which will include, and eventually lead to, more effective family and child case planning and decision-making. Risk and safety management will be increased through utilization of a family's natural support network to enhance assessment practice and shared responsibility for child safety. The development and utilization of the OCFS Family and Child Plans are intended to be a dynamic process. During monthly face-to-face contacts between caseworkers, parents, and children an ongoing assessment of needs, barriers, and progress is completed and documented. The practice of maintaining connections for children with their parents, siblings, extended family, community, and school are embedded into the plans to ensure these important relationships are preserved. Action steps are created that outline who is responsible for the steps, and the timeframe for completion. Barriers to service delivery are also addressed as part of this process.

Strategy 2: Full statewide implementation of a quality improvement process including the Quality Improvement Team and the Supervisory Tool Kit for real time quality review and improvement of casework and supervisory practices to increase efficient and effective high quality casework practice.

Narrative Description: OCFS implemented the Quality Improvement Program during the Winter 2018 to provide real time quality review and improvement of casework and supervisory practice. This tool directly complements the CFSR and APSR measures as well as state and federal statutory requirements. This tool aids caseworkers and supervisors in the continuous monitoring of expectations and goals.

Strategy 3: Full statewide implementation of Structured Decision Making (SDM) in assessment and permanency casework practice to build consistency in practice statewide and improve critical thinking and decision-making at key child welfare decision points.

Narrative Description: OCFS implemented Structured Decision Making (SDM) at Intake in May of 2017 to provide a tool for staff to enhance consistent, effective decision making. OCFS is currently working with the

National Council on Crime and Delinquency (NCCD) to develop SDM tools for assessment and permanency. An analysis of the 2017 CFSR data found several challenges related to assessment and permanency practice that OCFS believes will be addressed through the implementation of these tools. For safety assessment and risk assessment the challenges include: lack of a full assessment of the needs of children and parents; lack of assessment of changes in case circumstances, and how the changes could or would impact child safety; lack of assessment of safety throughout the life of a case; lack of follow-up related to child safety concerns that ensures the identified issues are being addressed, and challenges in safety planning practice.

For case planning, reunification, and risk re-assessment, the challenges include: parents being given additional time to reunify when they have not made significant strides in alleviating jeopardy; not working concurrently with both parents to assess progress toward alleviating the jeopardy concerns to achieve permanency; lack of appropriate service provision, re-assessment of needs, and assessment to determine how parents, caregivers, and paramours are progressing with services.

Through the implementation of Structured Decision Making (SDM) in assessment and permanency casework practice, OCFS will develop tools with the National Council on Crime and Delinquency (NCCD) to support staff in sound decision-making at critical case points. As part of the development process, workgroups will be convened to review the draft tools, and provide feedback that will guide further revisions, thus allowing the expertise of casework staff to be incorporated from the beginning.

When completing an initial assessment with a family, staff will use the Safety Assessment Tool to determine if a child should be removed from the home due to imminent, immediate safety threats. This process occurs at initial contact with the family within 72 hours of receiving a report, and is also utilized throughout the life of a case when there are changes in the family's circumstances that could potentially impact child safety. The Risk Assessment Tool is used during assessment to determine if a case should be opened and services provided to the family. During a case permanency staff will utilize the Case Plan Tool to help determine what interventions could address child and family needs, building upon their strengths and individualizing the plan to the family's needs and circumstances. The Reunification Assessment Tool helps staff to determine if the child can return home, and looks again at the initial risk factors, whether the safety concerns have been addressed and if there are any new safety concerns, and progress toward meeting the goals of the case plan. The last tool is the Risk Reassessment that helps staff decide if a case should be closed. SDM Tools are intended to support decision-making, and not replace critical thinking and professional judgement.

Staff will be provided with coaching related to the use of these tools as they are integrated into casework practice. Other strategies to enhance sustainability include: inter-rater reliability testing, and case reviews to ensure fidelity in use of the tool.

Strategy 4: Full statewide implementation of teaming in child welfare to increase efficient and effective casework practice that includes family engagement, comprehensive assessment, planning and implementation, safety for children by creating and implementing agreed upon plans supported by needed services, community participation to prevent further child maltreatment, and increased placement stability, and the achievement of permanency.

Narrative Description: OCFS has struggled to build and sustain engagement and partnership with the families involved with the child welfare system, and their formal and informal supports. This was evidenced in the 2017 CFSR where Maine received an ANI rating for Well-Being Items 12, 13, 14 and 15 related to assessing the needs of parents, youth and caregivers; providing appropriate services to address the needs, and joint case planning with families and their supports. In 2016, the agency worked with consultants to complete an organizational assessment that included focus groups with central office and district staff, observations of current teaming practice, review of policy and data, and the convening of a workgroup of agency staff, parents and community

partners. Some of the findings included: a difference in the value placed on family engagement, kinship care, and the inclusion of children in the teaming process; inconsistency in practice amongst those facilitating the meetings; a lack of a formal training curriculum, and challenges maintaining fidelity to the teaming models. Stakeholders described a lack of inclusion in decision-making and case planning, and role confusion related to how they were part of the solution to ensure child safety. The result would often be a lack of continued participation in the teaming process. As a result, it was decided that a key strategy to improve child welfare practice was teaming. Teaming is the OCFS standard of practice that engages individuals, families, supports, and professionals in identifying strengths and needs to develop a plan to improve safety, permanency, and well-being of children. In casework practice where it was evident that better engagement occurred, and more frequent meetings were held, family plans were more adequately monitored, children were less likely to enter care, and the timeframes to permanency were reduced. Over time the implementation of Teaming is expected to result in a decreased workload for staff.

The training model utilized gives participants the opportunity to experience the benefits of increased family engagement, discuss their individual challenges related to implementation 1:1 with their coach, and provide feedback into their own development plan. As OCFS sees improved outcomes as a result of teaming and the increased confidence and competence of staff, it is expected that there will be a shift in the importance placed on teaming within the system, and a more streamlined approach to casework practice will emerge. These efforts will be sustained through a model that utilizes a cascading approach to training, observation, and 1:1 coaching to achieve certification as a facilitator, as well as ongoing staff development through casework supervision. Other factors impacting fidelity to the teaming model will be addressed through updated policy and data measures, as well as ongoing consultation with a nationally recognized teaming expert.

Teaming begins upon initial contact with children, parents, and other critical case members, and is used to identify services and supports a family may benefit from, as well as address barriers that could impact overall outcomes for children and families. Through the implementation of teaming, the agency will increase the engagement of families in the child welfare case process, which will eventually lead to more effective individualized family and child case planning and decision-making. Risk and safety management will be increased through utilizing a family's natural support network to enhance assessment practice, share responsibility for child safety, and develop solutions for identified barriers to service delivery. Regularly convening a family's support network allows for early identification of any placement challenges, and the opportunity to provide supports needed to maintain placement stability. Children will achieve permanency more quickly, as there will be increased transparency and collaboration within the team to address safety, permanency, and well-being concerns.

Strategy 4A: Court Improvement Project/Coordination with the Courts and Attorney General's Office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Narrative Description: OCFS is actively engaged with the Courts and the Attorney General's Office in order to coordinate child welfare work across these systems. This work is continuous, ongoing work.

Strategy 4B: Coordination, implementation, and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU), and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff, and foster and adoptive parents.

Narrative Description: OCFS manages the Training and Policy unit to meet the needs of Child Welfare staff and key community stakeholders. OCFS also contracts for specific service providers, such as AFFM, to broaden the base of trainings available to staff and resource families.

Strategy 4C: Coordination with other state agencies and community partners to address gaps in service delivery and accessibility for families involved with child welfare.

Narrative Description: OCFS Child Welfare staff are engaged with the Children’s Behavioral Health staff, located within OCFS, and other internal state partners and community partners, including the Office of MaineCare Services, to evaluate the needs of children in case and the availability and effectiveness of services offered in the community to meet those needs.

Strategic Goal: Child Safety, first and foremost

Goal #1: *OCFS responds to all appropriate child abuse and neglect reports and ensures that children are seen within a timeframe that assures their safety.*

Rational for selection of the CFSP goal:

As addressed in the Assessment of Performance section, Maine has been challenged in sustaining progress in timely initiation of the assessment of reports of child abuse and neglect. The outcome data in the CFSR and the OCFS monthly Management Report suggests a continued need for focused work in this area as all children deserve a timely response when it comes to assessing their safety.

Objectives over the next 2 years:

- Annual, periodic staff allocations among districts.
- Annual, periodic staff allocations within each district.
- Supporting continued expansion and implementation of the Child Advocacy Centers statewide.

Baseline: Item 1 - Timeliness of initiating investigations of reports of child maltreatment within agency established timeframes.

Measurement Methodology: OCFS Management Reports, QA Targeted Project Reports, and Qualitative Case Reviews.

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 84.2%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%
Actuals					
CFSR	76%	66%	73%	-	
Management Report	75%	80%	87%	-	-

Progress through April 2018:

- Districts have been reviewing staffing patterns and case/assessment workload to align staffing into practice areas where there is the greatest need.
- The Associate Director of Child Welfare Services will meet with the Associate Director of Operations to review the Caseworker Workload Report, and then work with the District Management Team (DMT) to make any recommendations for adjustments. Staffing changes will be made based on a review of available longitudinal data.
- DMT will develop a process for periodic staff allocations within each district.
- OCFS has continued to expand Child Advocacy Centers (CACs) statewide. Currently there are six established CAC's, with two more in development.

Goal #2: Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need. (CFSR Items 2, 3, 12, 13, 17, 18)

Rationale for selection of the CFSP goal:

Maine is challenged in risk assessment and safety management of children throughout the life of a case. In the CFSR, Maine achieved a strength Item 3 in 40% of the cases reviewed; the PIP improvement goal is 47.8%.

Objectives over the next 2 years:

- Continued support and training opportunities on the OCFS Fact Finding Interview protocol.
- Implementation of Motivational Interviewing Training.
- Training on the OCFS Teaming (Family Team Meetings and Facilitated Family Team Meetings) model.
- Implementation of the quarterly supervisory review protocol for Child and Family Plans.
- Review and reassess elements needed to strengthen the OCFS Management Reports.
- Implement revised policies and procedures related to health care for children in the Department's care and in open service cases, including health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS.
- Assess current procedures within the Health Care Plan and identify areas that will require strengthening and implement procedures.
- Statewide Implementation of Structured Decision Making (SDM) in assessment caseworker practice (new in 2018).
 - Complete development and testing of the SDM Assessment Tools in consultation with National Council on Crime and Delinquency (NCCD).
 - Train all staff in the completion of SDM Assessment Tools.
 - Fully implement the use of SDM Assessment Tools.
 - Coordinate coaching support for supervisors (in partnership with NCCD) on the SDM Assessment Tools to ensure fidelity and sustainability.
- Develop and implement a District Quality Improvement (QI) process (new in 2018).
- Consistent utilization of the OCFS Family and Child Plans (new in 2018).
 - Complete the MACWIS development and release of the OCFS Family and Child Plan.
 - Train all staff in the policy and practice expectations for completing the OCFS Family and Child Plans.
 - Develop a supervisory desk level procedures manual for completion of the Family Plan and the Child Plans.

- Develop a caseworker desk level procedures manual for completion of the Family Plan and the Child Plans.

Baseline: Item 3 – Were concerted efforts made to assess risk and safety concerns related to the child in their own home, or while in foster care.

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 47.8%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
41%	45%	49%	53%	57%	61%
Actuals					
CFSR	56%	45%	40%	-	

Baseline: Item 17 – Agency appropriately addressing the physical health of the child, including dental health needs.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
78%	80%	83%	85%	88%	90%
Actuals					
CFSR	83%	79%	64%	-	

Baseline: Item 18 – Agency appropriately addressing the mental/behavioral health of child.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
74%	77%	80%	83%	87%	90%
Actuals					
CFSR	80%	69%	67%	-	

Measurement Methodology: QA Targeted Project Reviews, Qualitative Case Reviews, Results Oriented Management Data, and OCFS Management Reports

Progress through April of 2018:

- The most recent data profile reflects that, as a state, Maine is struggling to prevent the recurrence of maltreatment, and will be required to address this in the anticipated Program Improvement Plan. The originally submitted 2015-2019 CFSP included the expectation of district action plans for districts that are struggling in recurrence of maltreatment. Since that submission, the decision was made to include strategies to address this concern in the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-18). Key action steps include the following:
 - Structured Decision Making
 - QA/QI
 - OCFS Family Plan and Child Plan
 - Supervisory Tool Kit
 - Teaming
- Pre-service training for all new caseworkers includes training on the Fact-Finding Interviewing Protocol. In 2016, 100 staff were trained in Advanced Forensic Interviewing. In 2018, Fact Finding Interviewing Training and Motivational Interviewing Training will be provided to staff, and will continue to be available on a semi-annual basis.
- Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every district office. The Teaming Specialist is certified as a Teaming Facilitator and Coach. Supervisors of the Teaming Specialists were also certified as FTM Facilitators. Each District office developed an implementation plan for training staff, that begins with training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and the Teaming Specialists will be instrumental in ensuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019. OCFS will continue to identify and implement sustainability measures for Family Teaming.
- In the summer of 2016, the Supervisory Quarterly Review Tool was implemented. Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed. Given identified challenges with this process, supervisory review has been incorporated into the Family and Child Plans. OCFS is also working on the development of a supervisory tool kit that will assist supervisors in timely review of cases, as well as coaching on practice expectations.
- In January of 2015, the Child Health Assessment (CHA) protocol was distributed to the District Management Team with the expectation that all staff be trained on the protocol. A process has been developed to ensure that Child Development Services (CDS) referrals are made in any case with a finding at the end of the child protective assessment. Based on performance data, a strategy was developed to utilize the Children's Behavioral Health Nurse Care Managers for oversight of the provision of health care services for youth in care. The Nurse Care Managers receive weekly reports of new children entering foster care and follow-up with district staff to ensure that the initial medical appointment has been completed and provider recommendations are being followed.
- In January of 2018, QI Staff were hired and trained to provide an additional level of QI support in each district specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans utilizing a review tool that reflects best practice expectations. QI staff provide feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately outcomes for children and families.

Goal #3: Efficient, effective casework (engagement, assessment, teaming, planning and implementation) is evident in case documentation. (CFSR Items 2, 3, 12, 13, 14, 15, Systemic Factor 20-written case plan)

Rational for selection of the CFSP goal:

An overarching challenge in Maine has been the ability of staff to document their work with families and ensure that the documentation demonstrates family engagement and inclusiveness in assessment of the issues and development of effective plans that will have a meaningful impact on child safety. The results of the CFSR demonstrate that Maine continues to be challenged in these areas. The strategies identified in the CFSP should support improvement in this area.

Objectives over the next 2 years:

- Increased use of the OCFS Fact Finding Interview protocol supported by annual training which is implemented and monitored.
- Implement Structured Decision Making in assessment.
 - Complete development and testing of the SDM Assessment Tools in Consultation with National Council on Crime and Delinquency (NCCD).
 - Train all staff in the completion of SDM Assessment Tools.
 - Fully implement the use of SDM Assessment Tools.
 - Coordinate coaching support for supervisors in partnership with NCCD on the SDM Assessment Tools to ensure fidelity and sustainability.
- Streamline caseworker and supervisor activities.
- Continued training for supervisors on administrative, educational and supportive supervision.
- Evaluate the current efforts statewide to engage fathers and develop strategies to improve engagement of fathers and paternal relatives.
- Training on the OCFS Teaming (Family Team Meetings and Facilitated Family Team Meetings) model.
- Develop and implement a district Quality Improvement (QI) process (new in 2018).
- Consistent utilization of the OCFS Family and Child Plans (new in 2018).
 - Complete the MACWIS development and release of the OCFS Family and Child Plans.
 - Train all staff in the policy and practice expectations for completing the OCFS Family and Child Plans.
 - Develop a supervisory desk level procedures manual for approval of the Family Plan and the Child Plans.
 - Develop a caseworker desk level procedures manual for approval of the Family Plan and the Child Plans.

Measurement Methodology: Qualitative Case Reviews, QA Targeted Project Reviews, and Completed Policy

Baseline: Item 3 - Were concerted efforts made to assess risk and safety concerns related to the child in their own home or while in foster care.

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 47.8%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
41%	45%	49%	53%	57%	61%
Actuals					
CFSR	56%	45%	40%	-	

Baseline: Item 14 – Frequency and quality of caseworker visits with child.

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 70.7%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
58%	64%	70%	77%	85%	95%
Actuals					
CFSR	80%	66%	63%	-	-

Baseline: Item 15– Frequency and quality of caseworker visits with parent(s).

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 43.4%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
30%	33%	36%	40%	44%	50%
Actuals					
CFSR	42%	30%	35%	-	-

Baseline: Voice Recordings of child interviews downloaded in MACWIS.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
65%	100%	100%	100%	100%	100%
Actuals:					
	CY 2015 89%	CY 2016 90%	CY 2017 87%		

Progress through April 2018:

- OCFS implemented Structured Decision Making (SDM) in the Intake process in May of 2017.
- OCFS is in the beginning stages of planning the implementation of Structured Decision Making in the assessment process. This will include a component related to safety planning. It is anticipated that full implementation will be completed in 2018.
- Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every district office. The Teaming Specialist is certified as a Teaming Facilitator and Coach. Supervisors of the Teaming Specialists were also certified as FTM

Facilitators. Each District office developed an implementation plan for training staff, that begins with training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and the Teaming Specialists will be instrumental in ensuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019. OCFS will continue to identify and implement sustainability measures for Family Teaming.

- Pre-service training for all new caseworkers includes training on the Fact-Finding Interviewing Protocol. In 2016, 100 staff were trained in Advanced Forensic Interviewing. In 2018, Fact Finding Interviewing Training and Motivational Interviewing Training will be provided to staff, and will continue to be available on a semi-annual basis.
- OCFS has continued to follow up with the recommendations from the Organizational Assessment conducted by Hornby-Zeller Inc. In the past year, the work has included the development of a more streamlined policy format and the development of the OCFS Family and Child Plans.
- Supervisory Training Development: The experience OCFS had with the 3-Part Supervisory Academy Training that was rolled out in 2016 led OCFS to bring the LAMM (Leadership Academy for Middle Managers) and LAS (Leadership Academy for Supervisors) trainings to Maine as a next step to develop the skills of the supervisory leadership team. The last LAS training cohort graduated in February 2018.
- In the summer of 2016, the Supervisory Quarterly Review Tool was implemented. Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed. Given identified challenges with this process, supervisory review has been incorporated into the Family and Child Plans. OCFS is also working on the development of a supervisory tool kit that will assist supervisors in timely review of cases, as well as coaching on practice expectations.
- In the past year, OCFS, through its work on the Family Plan and Child Plan modules in MACWIS, has built in the capability to capture maternal and paternal relatives in a format that will allow for ease of reporting and tracking.
- In January of 2018, QI Staff were hired and trained to provide an additional level of QI support in each district specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans utilizing a review tool that reflects best practice expectations. QI staff provide feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately outcomes for children and families.

Strategic Goal: Parents have the right and responsibility to raise their own children.

Goal #4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children. (Systemic Factors 29, 30- Service Array, 31- Agency Responsiveness to Community)

Rational for selection of the CFSP goal:

OCFS considers itself a member of a community working collaboratively to meet the needs of families and children. The OCFS restructure in 2012 provided an opportunity for the agency to streamline its work and resources to better support the OCFS function within the larger Maine community, as OCFS should not be involved with a family for a significant amount of time. OCFS should be one of a continuum of services that the families and children in Maine have access to strengthen family functioning. To that end, the strategies identified in the CFSP will support that goal and vision.

Objectives over the next 2 years:

- Continued implementation of Mandated Reporting Training to community stakeholder groups.
- Effective training and implementation of the OCFS Teaming (Family Team Meeting Policy and
- Ensuring Family Share Meetings are occurring when children enter custody.
- Trauma training offered for both resource parents and district staff.
- Consistent Utilization of the OCFS Family and Child Plans. (new 2018)

- Complete the MACWIS development and release of the OCFS Family and Child Plan.
- Train all staff in the policy and practice expectations for completing the OCFS Family and Child Plans.
- Develop a supervisory desk level procedures manual for approval of the Family Plan and the Child Case Plans.
- Develop a caseworker desk level procedures manual for approval of the Family Plan and the Child Plans.
- Develop and implement a district Quality Improvement (QI) process (new in 2018).
- Coordinate with other state agencies and community partners to address gaps in service delivery and accessibility for families involved with child welfare (new in 2018).
 - OCFS Child Welfare and Children’s Behavioral Health (CBH) Team staff will develop a protocol to assign Program Coordinators to assist with service coordination for children with mental and/or behavioral health needs.
 - OCFS will collaborate with contracted transportation agencies to identify and address barriers to providing consistent statewide transportation services.
- Coordinate, implement, and track training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU), and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff and foster and adoptive parents.
 - OCFS will continue to convene the legislatively mandated Kinship Advisory Board to identify and address the needs of kinship providers (both informal kinship providers and those involved with the child welfare system).
 - OCFS will collaborate with AFFM to increase knowledge, of and access to, training opportunities for foster and adoptive parents through the training directory and monthly newsletter.
 - In collaboration with AFFM, OCFS will survey foster and adoptive parents six months after their initial training to explore training needs.
 - Annually, OCFS will review survey results, and update the training curriculum to address identified gaps.

Baseline: While there is no specific data related to the systemic factors 29, 30 - Service Array and 31-Agency Responsiveness to community that will be impacted by these strategies, there are practices that, if consistently implemented, should indicate progress made in this area.

Those include:

Baseline: Facilitated Family Team Meeting prior to the removal of a child from their home (5 days before or after removal).

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
23%	29%	34%	40%	46%	50%
Actuals:					
	CY 2015 51%	CY 2016 47%	CY 2017 67%		

Baseline: Family Share Meetings after the removal of a child from their home.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015 <u>Quantitative</u> 65%	CY 2016 <u>Quantitative</u> 52%	CY 2017 <u>Quantitative</u> 55%		
	<u>Qualitative</u> 63%	<u>Qualitative</u> 48%	<u>Qualitative</u> 53%		

Measurement Methodology: QA Targeted Project Reviews.

Progress through April 2018:

- Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every district office. The Teaming Specialist is certified as a Teaming Facilitator and Coach. Supervisors of the Teaming Specialists were also certified as FTM Facilitators. Each District office developed an implementation plan for training staff, that begins with training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and the Teaming Specialists will be instrumental in ensuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019. OCFS will continue to identify and implement sustainability measures for Family Teaming.
- The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases is reviewed by QA to determine if the meetings are being held within 5 business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement, and whether exceptions are documented. Following the 2017 CFSR, Maine reassessed its priorities and progress made in key strategies developed for the 2015-2019 CFSP. It was determined that the quarterly reviews conducted by QA related to Family Share Meetings, Relative Notifications, and Voice Recordings would be discontinued as the data is available through alternative data pulls (i.e. Family Plan and Child Plans).
- OCFS continues to offer Mandated Reporter training to community stakeholder groups and to offer the opportunity to become certified as a train the trainer. Mandated reporters are required to participate in this training every four years.
- Beginning in 2016, OCFS offered training regarding childhood trauma for resource parents to enhance their capacity to support children who have experienced child abuse and neglect. Resource parents have indicated that the training improved their ability to support the foster children in their care.
- In January of 2018, QI Staff were hired and trained to provide an additional level of QI support in each district specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans utilizing a review tool that reflects best practice expectations. QI staff provide feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately outcomes for children and families.

Strategic Goal: Children are entitled to live in a safe and nurturing family

Goal #5: Increase stability of placements and permanency. (CFSR Item 4, 5)

Rationale for selection of the CFSP goal:

As addressed in the Assessment of Performance section, Maine has been challenged in sustaining progress in timely and appropriate permanency goal setting. The data indicates a swing towards progress being made, however it also indicates a need for continued focus in this area given the critical nature of the indicator, and the potential lifelong impact it has on children.

Objectives over the next 2 years:

- Review, revise, and strengthen the OCFS Teaming (Family Team Meeting Policy and Facilitated Family Team Meeting) model.
- Training on OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) model.
- Effective implementation of Maine Strategic Plan Action Steps.
- Consistent Utilization of the OCFS Family and Child Plans (new in 2018).
 - Complete the MACWIS development and release of the OCFS Family and Child Plan.
 - Train all staff in the policy and practice expectations for completing the OCFS Family and Child Plans.
 - Develop a supervisory desk level procedures manual for approval of the Family Plan and the Child Plans.
 - Develop a caseworker desk level procedures manual for approval of the Family Plan and the Child Plans.
- Develop and implement a district Quality Improvement (QI) process (new in 2018).
- Statewide Implementation of Structured Decision Making (SDM) in assessment caseworker practice (new is 2018).
 - Complete development and testing of the SDM Assessment Tools in consultation with National Council on Crime and Delinquency (NCCD).
 - Train all staff in the completion of SDM Assessment Tools.
 - Fully implement the use of SDM Assessment Tools.
 - Coordinate coaching support for supervisors (in partnership with NCCD) on the SDM Assessment Tools to ensure fidelity and sustainability.

Baseline: Item 5 – Were appropriate permanency goal for child established in a timely manner.

CFSP Year Goal:					
PIP Improvement Goal est. 2018: 88.1%					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
77%	80%	82%	85%	87%	90%
Actuals:					
	76%	69%	80%		

Measurement Methodology: OCFS Reports, QA Targeted Project Reviews, Qualitative Case Reviews, Results Oriented Management System Data, and ACF Annual Data Profile

Progress through April 2018:

- Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every district office. The Teaming Specialist is certified as a Teaming Facilitator and Coach. Supervisors of the Teaming Specialists were also certified as FTM Facilitators. Each District office developed an implementation plan for training staff, that begins with training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and the Teaming Specialists will be instrumental in ensuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019. OCFS will continue to identify and implement sustainability measures for Family Teaming.
- Timely relative notification when children enter foster care is key in ensuring that the agency is involving family members and provides an opportunity for grandparents and other adult relatives to engage with the agency to ensure that connections are preserved. Historically, the QA unit has conducted quarterly reviews on the level of compliance in providing written notification to all grandparents, as well as all known adult relatives. Although there has been progress in this area, it was apparent that OCFS needed to develop a more sustainable plan in ensuring the notifications were timely. In 2017, OCFS gathered feedback from staff, community partners, and the legal community regarding a new OCFS Family and Child Plans. The plans were reviewed to ensure that OCFS was meeting federal and state obligations to families, children, and the courts, as well as accurately capturing information that meets CFSR requirements. In the spring of 2018, the OCFS Family and Child Plans became accessible in the MACWIS system. Included within the Family Plan is a relative notification checklist that identifies the relative, the relationship, the address, and date the notification was sent to the relative. Building this into the Family Plan in MACWIS allows for reporting functions that will replace the QA quarterly reviews. In addition, the supervisory tool that was also implemented in the spring of 2018 ensures that these notifications are being sent out timely. This review will become a routine component of supervision.
- Three additional strategies were implemented in 2016, and will be continued through 2018, that will impact children's permanency goals and timeframes related to meeting those goals:
 - A district review process has been implemented where all youth in care for 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
 - Monthly report out by District Managers on specific youth who have been in custody for an extended period, and monitoring the progression being made toward achieving permanency for these youths.
 - All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for children in their unit. All children with a termination of parental rights without an identified adoptive family will be featured in the Heart Gallery and listed on the AdoptUsKids website. Through a recruitment contract, Spurwink will support these efforts.
- In January of 2018, QI Staff were hired and trained to provide an additional level of QI support in each district specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans utilizing a review tool that reflects best practice expectations. QI staff provide feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately outcomes for children and families.

Goal #6: Increase safe and nurturing family relationships and family/community connections. (CFSR Items 8,9,10,11)

Rationale for selection of the CFSP goal:

As addressed in the Assessment of Performance section, Maine has been challenged in promoting relationships with parents and other family connections beyond just visitation. The data indicates a swing towards progress

being made, however it also indicates a need for continued focus in this area, given the critical nature of the indicator, and the potential lifelong impact it has on children.

Objectives over the next 2 years:

- Review, revise, and strengthen the OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) Policy.
- OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) Process training, monitoring and performance management.
- Evaluate the current efforts statewide to engage fathers and develop strategies to improve engagement of fathers and paternal relatives.
- Evaluate and redesign the recruitment and retention of relative and resource homes to include components required to meet the Multi-Ethnic Placement Act (MEPA) and Inter-Ethnic Placement Act (IEPA).

Baseline: Item 11 – Were concerted efforts made to promote, support, and/or maintain positive relationship of child in care with parents.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
63%	66%	69%	73%	77%	80%
Actuals:					
	76%	74%	64%		

Baseline: Relative notification letters are evident in MACWIS.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
8%	100%	100%	100%	100%	100%
Actuals:					
All grandparents	CY 2015 48%	CY 2016 52%	CY 2017 51%		
All adult relatives	CY 2015 42%	CY 2016 53%	CY 2017 47%		

Measurement Methodology: OCFS Management Reports, QA Targeted Project Reviews, Qualitative Case Reviews, and Results Oriented Management System Data

Progress through April 2018:

- Over the last year, OCFS established an aggressive rollout plan for training all staff in Family Teaming. A Teaming Specialist has been identified in every district office. The Teaming Specialist is certified as a Teaming Facilitator and Coach. Supervisors of the Teaming Specialists were also certified as FTM Facilitators. Each District office developed an implementation plan for training staff, that begins with training unit supervisors, who will in turn, train their staff. Fidelity measures have been developed, and

the Teaming Specialists will be instrumental in ensuring fidelity to the model. All caseworkers and supervisors will be trained and certified as FTM Facilitators by December 2019. OCFS will continue to identify and implement sustainability measures for Family Teaming.

- The Quality Assurance Team began conducting surveys related to teaming in conjunction with the Child and Family Services Review in 2017. These surveys consisted of interviews with youth, parents, resource parents, and GAL/CASAs. The data collected was fed into a database that allowed OCFS to establish baseline data prior to the full implementation of the Teaming Initiative. This measurement process will be sustainable through the QA Team as case review is an ongoing model utilized by OCFS.
- In the past year OCFS, through its work on the Family and Child Plan modules in MACWIS, has built in the capability to capture maternal and paternal relatives in a format that will allow for ease of reporting and tracking.
- In the fall of 2017, OCFS began offering supportive services to resource and kinship families (known as Clinical Team Intervention and Assistance for Foster and Kinship Families). The contract for these services includes support available during regular business hours from liaisons based in each of the eight district OCFS offices, as well as in-home clinical supports. The support services available to the resource parent are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect in the permanency process.
- In the fall of 2016, a decision was made to end the recruitment contract with the previous foster parent recruitment contractor. Since that time, OCFS has contracted with Spurwink to continue this work. Spurwink meets with district staff monthly to maintain focused efforts upon recruitment of families who can meet the diverse ethnic and cultural heritage of children in care (as required in the Multi-Ethnic Placement Act). This recruitment effort includes targeted, diligent, and child-specific recruitment of families who can promote the child's continued involvement and connection with a child's ethnic, religious, and cultural history.

Strategic Goal: How we do our work is as important as the work we do.

Rationale for selection of the CFSP goal:

The 2012 restructuring of OCFS brought together the Quality Assurance Team and the Data and Information Services Team. This joining lends itself to strengthening the qualitative and quantitative data collection that informs the Executive and District Management Teams regarding the agency's strengths and challenges. It is important that OCFS with families and children be assessed and that assessment be measured to determine gaps in practice, policy or services so improvements can be made as necessary.

Goal #7: Further strengthen the OCFS Continuous Quality Improvement program to support district practice and operations as well as the CFSP. (Systemic Factor 25)

- Update and disseminate the OCFS QA/QI Operational Plan on an annual basis.
- Develop and implement district Quality Circles.
- Develop and implement a district Quality Improvement (QI) process (new in 2018).

Baseline: Systemic Factor 25 (No baseline data available)

Measurement Methodology: Completed QA/QI Operational Plan, Associate Director Report, and Case Review Data and Report

Progress through April 2018:

- The QA/QI Operational Plan that was originally developed in 2014 was updated and disseminated in 2015. The revisions made included defining the process that will be used in the federal CFSR. This plan can also be found at: http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml.
- All district offices and central office have established Quality Circle Teams that meet regularly.
- In January of 2018, QI Staff were hired and trained to provide an additional level of QI support in each district specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans utilizing a review tool that reflects best practice expectations. QI staff provide feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately outcomes for children and families.

Current Services Supporting the CFSP Goals

OCFS Teaming Process: The Family Team Meeting (FTM) has been a cornerstone of Maine Child Welfare practice since 2003. The FTM is a process that brings together the family, informal supports (i.e. friends, neighbors and community members), and the family's formal resources (such as child welfare, mental health, education, and other agencies). The FTM functions as a tool to engage the family in the achievement of safety, permanency, stability, and well-being. The child and family team brings together the wisdom and expertise of family and friends, as well as the resources, experience, and expertise of formal supports.

In the spring of 2011, OCFS implemented the expectation that Facilitated Family Team Meetings (FFTM)s occur in all cases prior to removal, except for when there is an after-hours emergency. In those cases, an FFTM must occur within five days of removal.

In 2016, Maine partnered with Casey Family Programs and the University of Southern Maine, Muskie School of Public Service, to develop a curriculum and deliver training to staff to build their skills in both facilitation and using the teaming process to achieve permanency. As part of this process, the OCFS Deputy Director, the Associate Director of Child Welfare Services and members of the training team and data team developed a comprehensive implementation plan to support staff success in the Teaming process. This included the development of certified Teaming Specialists in every district to support caseworkers and supervisors in the teaming work.

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area. Each CAN uses information gathered in the Community Needs Assessment to develop a specific annual plan for prevention programming in their coverage area. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include implementation of training programs regarding mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community

Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports.

AdoptUsKids: Provides a weblink service that allows for a seamless link between children available for adoption listed by the Department and families and national resources. Access to this site has resulted in an increase in children adopted, both in Maine and across state borders. This partnership is essential in promoting permanency for children in the child welfare system.

UKR (ROM): ROM Reports is a web-based service that provides outcome reports to OCFS. The reports provide up-to-date performance data on the federal CFSR outcomes and other program improvement measures using information provided by Maine OCFS. ROM measures have been updated to ensure consistency with the Federal CFSR measures. Training has been provided to the District Management Team (DMT) on new reports available.

Maine Coalition to End Domestic Violence (MCEDV): The MCEDV provides support for domestic violence advocates (DV-CPS Advocates). These DV-CPS advocates are placed in child protective services units in each OCFS District office. The primary intent of the Maine DV-CPS Program is to strengthen the relationship between Maine's Domestic Violence and Child Protective systems in order to enhance early identification, intervention and system collaboration in cases involved both intimate partner abuse, and child protection that will increase the safety of non-offending parents, and thereby the safety of children; decrease the short and long term physical and emotional risks to all victims of family violence; minimize separation between them; and hold batterers accountable. The Program serves adult victims of domestic violence who have a co-occurrence of child maltreatment and domestic violence within their family and are determined by the child protective system to be the non-offending parent.

Physical Plant Funding: The OCFS supports individuals who are caring for relative children in their home. This support includes the provision of physical plant funding to improve their home to meet licensing standards, if needed. This supports the individuals in obtaining a satisfactory fire and safety inspection. While certain standards (non-safety) may be waived on a case-by-case basis for relatives to allow them to be approved for licensing, a satisfactory fire and safety inspection is a statutory requirement, which cannot be waived. Physical plant funding is most frequently requested to assisting with replacing windows in a relative home to allow the windows to meet the egress-sized dimension required by the Life Safety Code utilized in the fire and safety inspection. The maximum amount of physical plant assistance which may be provided to any applicant relative family is \$5000, although most requests are for significantly smaller amounts.

Alternative Response Program (ARP): ARP provides community based intervention services to families who have been reported to DHHS with allegations of low to moderate severity child abuse and/or neglect. Also considered appropriate referrals for this program are those families that need intervention services to enhance child safety and well-being, but do not require Child Protective Services intervention. Supporting the OCFS Practice Model, which focuses on the family's strengths, as well as needs, Alternative Response Program providers partner with families to provide case management services, and in planning for the safety, permanency, and well-being of their child(ren). The Alternative Response Program is a time-limited service aimed at promoting family competence while helping the family develop a network of community resources that will continue to support the family.

Maine Enhanced Parenting Program (IV-E Demonstration Project): Through a collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with the mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations (children ages 0-5 years). This service

is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. To be eligible for this service, a family must have at least one child between the ages of 0-5 years old, who is at risk of entering custody, or in state custody; and a recent substance abuse assessment that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available statewide.

Based on the specific interventions selected for the target population, OCFS expects to see the following short-term outcomes:

- Improved competence in managing common child behavior challenges and developmental issues;
- Decreased use of punitive methods to manage children's behavior;
- Decreased parental stress;
- Increased parental confidence; and
- Reduced parental substance abuse during treatment.

Expected long-term outcome improvements include:

- Increased numbers of children who remain safely in their homes;
- Reduced repeat maltreatment;
- Reduced reentry into foster care;
- Increased rates of reunification, and timeliness to reunification;
- Improved child and family well-being; and
- Development of recovery skills for longer term recovery from substance abuse.

OCFS's leadership team and resources are committed to the success of this waiver project. OCFS implemented its demonstration project as an opportunity to improve services available to the children and families of Maine. This Demonstration Project service began April 1, 2016. The staff from the contracted provider agencies are trained in both Triple P Parenting and Matrix Model IOP.

C.A.S.E. (Center for Adoption Support and Education): In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine will launch the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018.

CradleMe: A collaboration between OCFS, Public Health Nursing (PHN), and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance exposed. This program creates a centralized referral process for PHN and home visiting services with the goal to improve timely service delivery and outcomes for families in need of these services.

Sexual Assault Forensic Nurse Examiner Program: 26 nurses were trained statewide in 2017 to conduct forensic interviews within local emergency rooms with sexual assault victims. The training is separated into two components: pediatric/adolescent victims and adult victims.

The Office of Violence Prevention (OVP): OVP is housed within OCFS, and participated in the expansion of the Child Advocacy Centers (CAC). This work included supporting multidisciplinary teams in each of the CACs. There are currently 6 CACs fully operational within the state and two others in development in the remaining parts of the state. The expansion to 8 fully operational CACs will ensure adequate access for families statewide. Trained forensic nurses are part of the multi-disciplinary teams.

Adoptive & Foster Families of Maine (AFFM): Under a contract with the Department, Adoptive & Foster Families of Maine (AFFM) provides Resource Family Support Services (RFSS) statewide to resource parents (kinship parents, licensed foster parents, adoptive parents, and permanency guardianship parents) with an array of resources to support caregivers in their role of caring for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent, as well as providing support to increase the resource parent's understanding of the role shared with the Department in promoting timely permanent outcomes for children in care. Additionally, RFSS provides resource parents with a neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children and how they are personally impacted by the experience of caring for children who are in the custody of the Department.

Supportive Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives. This service is available statewide.

Clinical Team Intervention and Assistance for Foster and Kinship Families: OCFS began offering supportive services to resource and kinship families in the fall of 2017. This contract includes support available during regular business hours from liaisons who will be based in each of the eight OCFS district offices, as well as in-home clinical supports. The support services available to the resource parents are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect.

Technical Assistance

C.A.S.E. (Center for Adoption Support and Education): In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine will launch the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018.

Organizational Assessment: In 2016, Hornby-Zellar Associates (HZA), Inc. conducted an organizational assessment at the request of the Office of Child and Family Services. In requesting this assessment, OCFS asked for an examination of four broad areas: the efficiency of its child welfare processes and its allocation of resources, the discrepancy between the number of child maltreatment reports it receives and the number it assesses, the high

rate of repeat maltreatment, and the efficiency and effectiveness of its Family Team Meetings. Final recommendations from HZA included: a workload analysis, streamlining documentation, clarifying key decision-making points, and implementing a documentation management system.

Workload Study: Stemming from information obtained in the Organizational Assessment conducted by Hornby-Zellar Associates (HZA), Inc. in 2015, a workload study was completed in 2016. HZA conducted this study with the goal of determining if Maine had sufficient child welfare staff to handle the workload. In its workload study, HZA used two research strategies: a random moment survey to determine how much time casework staff spent in providing casework services to families given other activities, such as training and administrative tasks, and a time study to determine how much time it takes to fulfill casework functions when basic policy requirements are met. Those two measurements of time were then combined with the volume of cases to determine if OCFS has sufficient numbers of staff to handle the child welfare workload. While the study has been completed and a final report provided, OCFS continues to gather data through the workload analysis to guide next steps in relation to workload challenges.

Evaluation

Maine Enhanced Parenting Program (MEPP) Evaluation: The evaluation of the MEPP project is being conducted by Hornby Zeller Associates, Inc. (HZA). HZA is a national firm which is conducting Title IV-E Waiver evaluations in two other states. Through rigorous construction of comparison groups and a pre-post assessment HZA will evaluate the effects of the evidence-based interventions when they are provided together. The evaluation will consist of three components a process evaluation, an outcome or effectiveness evaluation, and a cost analysis.

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area. Each CAN uses information gathered in the Community Needs Assessment to develop a specific annual plan for prevention programming in their coverage area. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include implementation of training programs regarding mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence. MCT continues to work collaboratively with the county based CANs to determine how to best meet the community needs. MCT has a three level system that assists CANs to grow in the scope and delivery of child abuse prevention services.

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the

geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports. This pilot program is currently being evaluated to determine the needs for the future. This is a collaborative effort between the Department, CANs and CPPC programs.

Child and Family Services Continuum

Child abuse and neglect prevention services are provided by the Maine Children's Trust and the Child Abuse and Neglect Councils, which receive funding and provide services in all 16 counties in Maine. The Maine Children's Trust communicates, coordinates, and consults with OCFS management in its efforts to prevent child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention Program federal grant from ACF.

The OCFS Early Intervention and Prevention team was created in February of 2014. This team is responsible for the coordination of early intervention and prevention programs for children with the goals of preventing child abuse and neglect, reducing repeat maltreatment rates, and preventing child deaths and serious injuries by supporting various initiatives across the spectrum of care. Empowering the community to aid in the important mission of child safety for all Maine children is a priority of the Prevention team. Additionally, this team focuses on violence prevention for all ages. Some of the current programs supported by OCFS include: Child Abuse and Neglect Councils; statewide home visiting services; CradleMe; and services for victims of domestic violence, sexual assault, and human trafficking. By working with the community, other state agencies and existing systems and resources, early intervention and prevention have become a clear focus within the Department. The goal is primary, secondary, and tertiary prevention.

All reports of child abuse and neglect are received and screened by the Statewide Child Protection Intake Unit at OCFS, which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards reports deemed appropriate for assessment to child protective supervisors in district offices for assignment. Supervisors assign appropriate reports of CA/N to DHHS child protective caseworkers and have the option of assigning lower severity reports to the Alternative Response Program (ARP).

The Child Assessment Policy was revised in 2007 to include the expectation that, for in home service cases, the face-to-face visits with child(ren) occur at least once a month in the child's home. More frequent contact with families helps to establish more effective working relationships, allows for a better assessment of safety and well-being, facilitates monitoring of service delivery, and better enables the caseworker to measure and support the achievement of the agreed upon goals of the family. Despite the policy revision, OCFS still struggled with ensuring frequent, purposeful contacts occurred with families in service cases, which was evident in the data collected through the qualitative case reviews. In 2013, the OCFS Management Report was revised to include reporting of contacts made in service cases and there has been a significant increase in the number of contacts made with children in service cases.

The following table reflects the level of monthly contact with children on open service cases and demonstrates progress made in this area:

	CCY 2014	CCY 2015	CCY 2016	CCY 2017
Monthly contact with children in open service cases	60%	69%	81%	78%

The Child Protection Assessment Policy is currently undergoing revisions to incorporate current practice. It was anticipated that the finalization of this policy would be in the summer of 2016. However, due to pending revisions

of the Substantiation Rules and the implementation of Structured Decision Making, the decision was made not to release the updated policy until it could incorporate changes necessitated by these two initiatives.

If a child protection assessment determines that a family is in need of Child Protective Services, the caseworker convenes a Family Team Meeting (FTM) to develop a family plan to address child safety concerns and improve the overall functioning of the family.

In July of 2008, the Alternative Response Program contracts were revised to include the expectation that children would be seen within 72 hours, which is the same response timeframe for a child protection assessment.

OCFS directly provides, refers, contracts or otherwise arranges for needed therapeutic, educational, and support services to assist families in the achievement of their Family Plan goals. Following the FTM, the caseworker makes referrals for services outlined in the agreed upon Family Plan. DHHS directly pays for, or contracts with services, such as parent education and family support, early intervention services, homemaker services, child care, individual and family counseling services, transportation, supervised visitation, and transitional housing services. A full listing of contracted services can be found in the resource module of MACWIS. Families receive, directly or by referral, more intensive services, as needed, including domestic violence, mental health, and substance use treatment specialists.

OCFS caseworkers file petitions in the Maine District Court to place children in DHHS custody when a safety assessment has been completed and efforts toward reducing high severity abuse/neglect have failed. In Maine, the Department may petition for custody or another disposition to protect the child. The court may order a child placed in DHHS custody upon finding at an ex parte hearing that the child is in immediate risk of serious harm. After a civil court hearing, in non-emergency situations, the court may order that a child is in jeopardy due to abuse or neglect as defined by Maine law.

When children cannot remain in their homes, initial placement efforts focus on identifying and exploring the appropriateness of kinship care options. Kinship assessment begins at the Intake phase, and continues throughout OCFS' involvement with the child and family. The search for kinship placement options does not stop at removal. If a kinship placement cannot be made at the time of the child's removal from their birth home, fictive kin placements would be the next preferred placement for the child. For example, child care providers or friends of family can be considered for placement. The next option for placement would be foster care within their home community. If therapeutic foster care is needed, the application process is streamlined statewide and all agencies receive a detailed application that provides information on the needs, diagnosis, habits, behaviors, likes and dislikes of the child.

If a child cannot be placed in a family setting, various types of residential care are utilized. Residential programs vary from semi-independent living programs to 24/7 residential programs. There is a universal application process in place for residential programs and the OCFS Mental Health Program Coordinators are utilized to ensure that residential care is the least restrictive placement needed to provide services for the child.

Maine has a state administered District Court system, which uses standardized court forms. The Jeopardy/Permanency Plan Order documents that a permanency plan has been developed. Within ten days of a child coming into custody, a Family Team Meeting is convened to develop the OCFS Family Plan. From the initiation of court action and throughout the case, there are active efforts to engage the family and their supports in the development of reunification goals and time frames for achievement.

OCFS files petitions to terminate the parental rights of parents when their children have been in care for 15 of the most recent 22 months, unless case-specific information legally exempts a child. Team decision-making is used to determine if a Termination of Parental Rights (TPR) petition should be filed. If the criteria are not met, this is

documented in the case record, along with a justification for an alternative permanency plan, which becomes part of the court paperwork.

Appointment of a Permanency Guardian is a dispositional alternative in Protective Custody cases in Maine District Court. This alternative provides a viable permanency option to children who might otherwise remain in foster care to the age of majority, including children who express a desire not to be adopted. In order to be considered for Permanency Guardianship, the child must be in the legal custody of the Department or tribe, reunification must have been determined to no longer be a permanency option for the child, the child must meet the definition of “special needs,” adoption must have been fully explored and ruled out, Permanency Guardianship must be determined to be in the best interest of the child, and the family must meet all the required standards to qualify for Permanency Guardianship. Inherent in Permanency Guardianship is a respect and value for maintaining connections with family and cultural norms of the family system. Subsidies are available to families who choose this option, with the rate, which is not to exceed the rate of reimbursement for regular foster care, negotiated with the family, based upon the level of need and the family’s resources.

OCFS has programs in place to help children prepare for a successful transition to adulthood. Youth in care are offered Extended Care (V9) services. A youth in custody who is turning 18 years old can make an agreement to remain in care, to accomplish the individual youth’s transition goals, while still receiving the support of the Department. Individualized agreements are developed with the youth to assist in providing specific services to help the youth achieve educational or skills training needed for successful transition to self-sufficient adulthood. If a youth will require assisted living beyond what can be provided through a V9 agreement, when the youth is age 16, a referral is made to the Department’s Office of Aging and Disability services that oversees the system of Adult Behavioral Health Services.

Transitional living services include ongoing training in skills, such as money management and consumer skills, educational and career planning, locating and maintaining housing, decision making, developing self-esteem, household living skills, parenting and employment seeking skills, among others. Prior to turning 18, the youth is assisted in applying for MaineCare (Medicaid) for health insurance. Under new provisions of the Affordable Care Act, beginning on 1/1/14, a youth who turned 18 while in foster care remains eligible for coverage until his or her 26th birthday.

Maine has no policy that defines “Other Planned Permanent Living Arrangement” (OPPLA) as a goal, or provides guidance as to when to select it. The Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, Section §4038-B states: “...the District Court may adopt another planned permanent living arrangement as the permanency plan for the child only after the Department has documented a compelling reason for determining that it would not be in the best interests of the child to be returned home, be referred for termination of parental rights or be placed for adoptions, be cared for by a permanency guardian or be placed with a fit and willing relative.”

Maine does have policies to prepare children for independent living. All Maine children in foster care, regardless of permanency goal, are required at age 14 to have a life skills strength and need assessment and plan created as part of the Child Plan. OCFS policy requires that the following be provided to the youth by the Permanency Caseworker or by the Transitional Living Caseworker: linking with occupational and college prep high school classes, assistance connecting with other educational alternatives, provision of information about financial aid for post-secondary education, and information about tutoring and special education services, if needed.

Youth who were adopted or entered permanency guardianship after the age of 16, may request Federal Education and Training Voucher (ETV) assistance from OCFS to help meet their post-secondary financial needs. This assistance is at the same level as that provided to youth on Voluntary Extended Care Agreements, or who were reunified with parents (up to \$5000 per academic school year). Youth whose parent or permanency guardian

receives a subsidy from OCFS are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

In 2014, Maine passed legislation, LD 1683: An Act to Improve Degree and Career Attainment for Former Foster Children. This legislation provides for funding to youth who aged out of Maine's V9 Program at 21, to finish their post-secondary education, up to the age of 27. This new program, called the Alumni Transition Grant Program (ATGP), also provides grant recipients with navigator support and establishes a committee to report outcomes to the Legislature.

OCFS prioritizes relative placement as the most desirable type of out-of-home placement when children cannot remain in the homes of their parents. Policy requires staff to explore the possibility of relative and kinship placements on an on-going basis throughout the period of involvement with the family. In addition to emphasizing the need for relative and kinship resource searches and placement, OCFS is also committed to funding services to help support and maintain kinship placements. While OCFS has made significant improvements in the percentage of children placed with relatives, efforts continue to improve practice in this area.

The OCFS Visitation Policy, implemented in 2005, emphasizes the importance of visitation between children and their family members as a key service provided to assist with reunification efforts. Policy clarifies visitation purposes, visitation procedures, parental responsibilities, and the role of the foster parent or relative caregiver. In 2015, three regional visitation contracts were awarded through the State procurement process. Following are the contract performance measures that were developed through collaboration between OCFS and providers of contracted supportive visitation services:

Performance Goal and Objectives:

- Goal: To provide safe and supportive visits between children who are in DHHS custody and their parents (and/or other identified individuals) during the Reunification and Rehabilitation process.
 - Objectives:
 - Children referred by DHHS or federally recognized tribe have a safe and supportive environment for arranged visits with their parents and other identified individuals, as measured by monthly reports (Attachment D).
 - Parents participating in the program demonstrate improved parenting skills, as measured by monthly reports (Attachment D).
 - Performance Measures:
 - Over the course of each quarter, 90% of participating families will have a reduction in the number of interventions (guidance provided by the Visitation Support Worker to the parent to increase safety) necessary, or will have no interventions, to address unsafe behaviors during the visits.
 - Over the course of each quarter, 80% participating families will exhibit positive parent-child interactions during scheduled visits, as measured by the Quality of Visitation Scale. (As of January 1st, 2018, the Quality of Visitation Scale is no longer being used and this Performance Measure is no longer valid.)
 - Internal Quality Control
 - The Provider shall survey all adult recipients of the service at least once monthly, or a minimum of once during the service period if less than one month, for quality improvement purposes.
 - Results will be analyzed and reported to the DHHS annually.
 - The Provider will use client feedback to improve services, as evidenced by quantitative and qualitative data provided to DHHS.

These measures work toward maintaining the parent-child relationship in a safe and protected environment, assist with the reduction of a child's sense of loss and/or abandonment, and promote opportunities for reunification. Strategies used will help standardize the service and support the goal of reunification. They will include the following:

Supportive family visits shall consist of skilled observation and assessment of parent-child(ren) interactions, and will include modeling and teaching parenting skills during scheduled visit times by a trained Visitation Support Worker (VSW). The parameters of the scheduled supported visits will be determined through the Family Team Meeting process which includes both the family's assigned OCFS caseworker, and the family. The Provider's VSW shall participate in Family Team Meetings as requested by OCFS staff according to the family's individualized Rehabilitation and Reunification Plans and court order.

Visitation between children and their parents, siblings, extended family members, or other significant persons serves many purposes. Visitation not only promotes continuity, but may serve additional functions in aiding progress toward permanency goals identified in the family's Rehabilitation and Reunification Plan. Some of these purposes include:

- To prevent child abuse;
- To reduce the potential for harm to victims of domestic violence and their children;
- To enable an ongoing relationship with a strengths-based approach between the non-custodial parent or significant persons and child;
- To facilitate appropriate parent and child interactions during supervised contact in the least restrictive setting;
- To help build safe and healthy relationships between the parents and children using a parenting and teaching model;
- To provide written, objective documentation to DHHS regarding supervised contact with families who are receiving services;
- To reduce the risk of parental kidnapping; and
- To facilitate Reunification as ordered by the court.

In addition to services contracted specifically to provide visitation, visitation is also facilitated by trained Department staff, and through staff of agencies who provide the Treatment Foster Care service.

In Protective Custody cases, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 7, §4068 gives Courts the power to order sibling visitation if the court finds the visitation is "reasonable, practicable, and in the best interests of the children involved". The court can order the custodians of the children involved to make sure the children are available for visitation with each other. This statute gives the child, or someone acting on the child's behalf, the right to request visitation with a sibling from whom the child has been separated due to a child protection case.

While the statute does not allow a sibling to request visitation from a sibling who has been adopted, it does require the Department to work with prospective adoptive parents to establish agreements in which the adoptive parent will allow contact between the adopted child and the child's siblings in circumstances where the contact is in the best interest of the child.

The rights of Maine youth in care are defined in law, policy, and statements of belief. A workgroup including youth members was formed to develop a Bill of Rights for Maine Youth in Care. More than a philosophical statement about rights that youth in care deserve, the resulting publication is a resource for youth in care, for their

care providers, and for OCFS staff to ensure the rights of youth are understood and upheld in the delivery of services.

The Education Policy provides guidelines and strategies that support positive educational outcomes for children in the custody of the Department. In 2010, language was added to Maine law to meet the Fostering Connections Legislation regarding educational stability. The final decision regarding which school the child/youth will attend will be made by OCFS, in collaboration with the school district. The law requires that the school abide by the decision made by OCFS, with the schools and OCFS sharing the responsibility for providing transportation as necessary.

The OCFS Policy Workgroup that was developed as a strategy to meet PIP needs, reviewed the Educational and School Transfer Policies to ensure that those documents reflected the law changes around school attendance. The decision was made to incorporate several different policies related to education into one policy. In March 2012, the finalized Education Policy and PowerPoint was disseminated to district staff.

Since 2004, Maine youth in care have been able to attend Camp to Belong Maine (CTBM), a summer camp program for siblings who are separated by out of home placement. OCFS has provided significant support to CTBM by providing funding for administrative costs, paying camper fees, allowing OCFS staff to be volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in their Districts. OCFS recognizes this is a way to increase normalcy between siblings, who otherwise, do not see each other on a day-to-day basis.

The 2015 reorganization included the creation of a clear Children's Behavioral Health Services (CBHS) Team. The CBHS team focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders.

The Children's Behavioral Health Services (CBHS) Team:

- Ensures that any child between the ages of 0 and 21, and their family, identified as needing behavioral health intervention, have access to, and receive this service in the most effective, least restrictive setting as possible.
- Ensures that all youth transition successfully to adulthood.
- Ensures that all possible employment options are sought for all youth.
- Works with MaineCare in developing and implementing policy related to children's behavioral health services.
- Ensures that children receive evidenced-based treatment and services whenever possible.
- Oversees the Mental Health Block Grant funding and implementation.
- Oversees Homelessness and Transitional Living Programs.
- Provides Program expertise for all children's behavioral health related contracts, including, respite, the Autism Society of Maine, BHP training, deaf services, etc.
- Reviews and follows-up on Reportable Events.
- Collaborates and consults on child welfare cases for youth with behavioral and/or mental health needs.
- Follows-up on grievances and complaints.
- Collaborates with other state agencies.

CBHS Team Staffing:

- Policy Coordination: The Policy Coordinator works closely with MaineCare to write and implement MaineCare policies that govern services for children in need of behavioral health treatment. The Policy Coordinator also creates and implements standards of care for treatment services, ensures that evidenced-based practices (EBP) are used as much as possible in children's behavioral health services, works to

increase the use of EBP in children's behavioral health services, creates performance measures for children's behavioral health services contracts, works closely with DHHS's contracted ASO, (KEPRO), and reviews and analyzes children's behavioral health data.

- Program Coordination Team: Ten Children's Behavioral Health Program Coordinators and their Supervisor/Team Leader are responsible for ensuring that youth with emotional and behavioral challenges receive the most effective services in the least restrictive environment possible. This team is responsible for providing behavioral health education and resources to child welfare staff and the community. They provide on-call coverage on a rotation schedule for out-of-state hospitalization and placement. They are part of a statewide team of professionals keeping abreast of promising and evidenced-based practice models, informing policy and practice and maintaining consistency across districts. This team is responsible for monitoring children between the ages of 16 and 21 who have a developmental disability to ensure a smooth transition to adulthood. The Program Coordination Team Leader is the OCFS lead for crisis and transition services.
- Clinical Community Resource Team:
 - Resource Coordinators: Three Resource Coordinators are responsible for developing and maintaining a comprehensive array of behavioral health resources for children with autism, intellectual disabilities and mental health problems. They are the primary contact for agencies seeking to provide behavioral health services for children, and for agencies seeking information and/or technical assistance related to children's behavioral health services. They organize regular provider meetings to ensure clear communication between the Department and the children's services providers, and disseminate information regarding Department policies and legal requirements. This team also works to develop resources to meet needs in underserved areas. Other responsibilities include providing technical assistance to Community Providers.
 - Nurse Consultants: The two Nurse Consultants provide medical consultation within children's behavioral health and child welfare Services. They help to ensure that the medical and behavioral health needs of youth coming into state custody are being met. The nurse consultants support initiatives pertaining to medical issues, such as reducing the use of psychotropic medications for children in state custody.
 - Reportable Events Coordinator: This position screens all reportable events for children's behavioral health. This also includes monitoring patterns and trends, as well as following up on specific reportable events. The Reportable Events Coordinator also supports providers in data quality and organizing agency feedback regarding reportable events.
 - Program Support Coordinator: This position assists in coordinating training and support for Children's Behavioral Health Service Programs. The Program Support Coordinator provides program support and assistance as new initiatives are developed and implemented.
 - Residential Coordinator: This position provides oversight of children's residential programming. This includes review of residential reportable events and follow-up. This work includes program reviews for compliance of core residential standards and MaineCare program agreement compliance.
 - Clinical Social Workers: These two direct clinical positions work at Long Creek Youth Development Center with the detained population. They are responsible for the initial mental health assessments, care management in the facility, and work towards discharge planning of the youth. These staff provide crisis support and safety planning in the facility, as well as short term treatment, focused on managing the stressors of detainment.
 - Child and Family Program Specialist: This position oversees and manages the Mental Health Block Grant, and the services the MHBG funds, which includes parent, family, and youth peer support; the first episode psychosis programming; Autism Society of Maine; and children's behavioral health respite services. The Child and Family Program Specialist also supervises the OCFS Family Information Specialist, and assists parents with transitions, as well as with any other identified needs.

In January 2015, the new Child Health Assessment (CHA) Protocol was distributed to the District Management Team with the expectation that all staff be trained on the protocol. The priority of the CHA protocol is to ensure that all staff knows and follows the law regarding medical services (medical, dental, mental health, and developmental screening). This includes medical appointments being made for children within 10 days of entry into foster care, children under the age of 3 being referred to Child Development Services, and completion of the Pediatric Symptom Checklist (PSC) by the caseworker in consultation with the parent or caregiver, and (if appropriate) the youth. The PSC screens children ages 4-16 for clinically significant behavioral, cognitive, and emotional challenges. The PSC has been validated for use with children and families in the child welfare population and is administered in the first 30 days after a child enters care.

In response to Fostering Connections Legislation, Maine engaged with several collaborative workgroups to ensure compliance. These efforts continue to address:

- Health screening and follow up screenings.
- How medical information will be updated and shared.
- Steps taken to ensure a continuity of care that promotes the use of medical homes for each child.
- Oversight of the use of psychotropic medications for youth in foster care.
- How the state consults with medical and non-medical professions on the appropriate treatment of children.

Adoption Incentive

In 2017, Maine received \$69,366 for Adoption and Legal Guardianship Incentive Payments. Maine's plan to use the funds includes:

- A portion of the money will be used to support physical plant funds for fictive kin who are in the process of finalizing a permanency guardianship or adoption. This will be approved at the discretion of the Licensing or Adoption Program Manager.
- A portion of the money to provide short term emergency respite for permanency guardianship or adoptive families at serious risk of disruption. This will only be approved when all other alternatives have been ruled out. The respite would be used while staff works with a Mental Health Program Coordinator and other service providers to implement the services needed to help prevent disruption. This will be at the discretion of the Adoption Program Manager.

Services offered under Title IV-B, Subpart 2 - Promoting Safe and Stable Families

OCFS will use IV-B, Subpart 2 funds to provide family preservation services, support reunification efforts, increase and support relative and kin placements, promote and support adoption activities, and expand services to expedite permanency within acceptable timeframes for children in the care of the Department. Expenditures are shown on the CFS, Part 1 that follows.

Family Preservation: Approximately 20% of funds will be used for Family Preservation Services, including:

- Provision of at least 18 parenting classes/learning sessions per year in each county through the Child Abuse and Neglect Councils.
- Provision of information and support services to relatives who are caring for their grandchildren, nieces, nephews, and other relatives, with the goal of alleviating the need for those children to enter state foster care.
- Support evidence-based parenting skills and supportive visitation.
- Continue use of funds for family preservation services provided by direct staff intervention with families who become known to the Department, but who, with sufficient support and referral to services, can maintain their children safely in their own homes.

Family Support Services: Approximately 20% of funds will be used for Family Support Services, including:

- Information and support services provided to relatives who are raising their grandchildren, nieces, nephews and other relatives. This is a contracted service that is available to all families providing care, not just those caring for children in the custody of the Department.
- Continued support of domestic violence advocates who are co-located in each of the eight OCFS district offices.

Time-Limited Family Reunification Services: Approximately 20% of funds will be used for time-limited family reunification Services, including:

- The Post Permanency Support Program (AFFM)
- The Family Reunification Program

Adoption Promotion and Support Services: Approximately 20% of funds will be used for Adoption Promotion and Support Services, including:

- Recruitment of foster and adoptive families, support services for potential adoptive families, and child-specific adoption promotion efforts.
- Information and support services provided to relatives who are raising their grandchildren, nieces, nephews and other relatives. This is a contracted service that is available to all families providing care, not just those caring for children in the custody of the Department.

Other Service Related Activities: Approximately 10% of funds will be used for other services, related activities, and administrative costs.

- Other related activities will include continued utilization of research and inter-state communication, as well as sharing of information, technology, training, and planning activities statewide, which are designed to advance the goals and activities set forth in this plan.

Service Decision Making Process for Family Support Services

The Maine Department of Health and Human Services also contains a centralized contracts division (The Division of Contract Management, or DCM). DCM is responsible for the integrity of the State's purchased services rules. This division is responsible for all contracts between any office within the Department and any provider of services. In collaboration with OCFS program specialists, the contracts division creates and administers the contract, processes payment for services, receives and evaluates required performance reporting, and monitors trends. Performance measures are included in Rider A for all contracts. Service providers must adhere to the contract, grant, and purchasing guidelines overseen by DCM. DCM receives and analyzes cost data provided monthly or quarterly from service providers, and provides analysis to OCFS on the provision and cost of contracted services used by recipients. Contract agencies report and are reviewed on a regular basis by OCFS staff based on the terms of the contract, and the results are reported to OCFS management. It is the responsibility of the OCFS Senior Management Team to approve scope and definitions of service, performance measures, and payment schedules, as well as approving of the continuation of ongoing contracts and authorizing the funding amount and fund source.

Populations at Greatest Risk of Maltreatment & Services for Children Under Five Years Old

Maine's policies recognize that very young children are especially vulnerable, and need timely intervention and assessment:

- The Intake Screening and Assignment Policy provides assignment practice standards for districts to utilize in decision making in terms of assignment reports of child abuse and neglect. One of the factors to be

considered is the vulnerability of the alleged child victim, “Infants and very young children are especially vulnerable”.

- The Child Protection Assessment Policy includes criteria to be used in determining whether a family is in need of Child Protective Services, one being a family with children under age 6.
- Policy stipulates that all children up to the age of 3 who have been involved in an assessment resulting in a finding of child abuse and neglect be referred to Child Development Services for follow-up.

Maine has continued to focus on building a prevention tier for families referred to OCFS that are not yet in need of child welfare intervention. One such approach is the CradleMe Program in which reports of infants born substance-exposed can be referred to Maine’s Public Health Nursing Program and/or the Maine Families Home Visiting Program for support. These services are also available for child welfare involved families.

Maine has also partnered with the Maine Public Health Nursing (PHN) Program to co-locate a nurse at OCFS’ central office. The nurse is responsible for ensuring that a Safe Plan of Care is developed for infants reported to Intake as drug affected.

Within ten days of a child entering custody, it is required that they be scheduled for a medical appointment to ensure any acute medical needs are being met, and to begin the process of assessing and treating longer-term needs. Follow up to those appointments could include referral to a variety of services, if necessary.

In terms of family foster parent-to-child ratio, Maine’s Foster Home Licensing Rules stipulate that for non-therapeutic foster homes, “The total number of children in care may not exceed 6, including the family’s legal children under 16 years of age, with no more than 2 of these children under the age of 2. There are two exceptions that may be made to the number of and ages of children. These exceptions allow siblings to be kept together or in an individual case situation involving unusual circumstances for the Department to determine placement to be appropriate. In terms of therapeutic foster home’s, Maine’s Foster Home Licensing Rules stipulate that “The total number of children in a Specialized Children’s Foster Home may not exceed 4, including the family’s legal children under 16 years of age, with no more than 2 children under to age of 2. The only exception, which may be made to the number and ages of children, is to allow siblings to be placed together.”

Maine prioritizes placements of infants and toddlers with relatives that support timely reunification and adoption. Maine recognizes that whether being cared for by their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life and this stability has an impact on their positive early childhood development. The cases of young children are reviewed through the Permanency Review Teams. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research about child development, and the impact of early trauma and adversity. This promotion of evidence based programs for the birth to age five population, and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners. The data indicates that these efforts have helped, as since 2012, the number of children in care, age 0-5 has decreased since 2012 (2012, 950 children 0-5 in care; 2013, 848; 2014, 763; 2015, 544). There was a slight increase in 2016 with 560 children 0-5 in care.

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Assessment Policy, which was revised in 2007 to give specific guidance around child protection assessment decisions when families need child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services intervention when:

- Signs of danger are present, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment are made with specific signs of risk that are likely to result in recurrence of maltreatment.

- Findings of child abuse or neglect have been made within previous 12 months.
- Parents are unwilling to accept services, or to change dangerous behaviors or conditions.
- Priority response to children under six years old (who are more vulnerable).

In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with in-house consulting staff and statewide coalitions that include caseworkers as participants.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 2, Section §4011-A(7) specifically addresses children under six months of age, or otherwise non-ambulatory as part of Maine's mandated reporting laws. This law recognizes that there are certain injuries (such as a fractured bone, substantial bruising or multiple bruises, or a subdural hematoma) that are more likely to be inflicted when they occur in children under the age of six months, or children who are non-ambulatory.

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183):

The State of Maine has finalized, and now is monitoring compliance of the required changes to law, policy and practice comply with the Preventing Sex Trafficking and Strengthening Families Act.

OCFS staff, as well as a representative from the office of the Department's Commissioner, assembled a multidisciplinary workgroup to research, discuss and provide guidance around implementing the many pieces of this legislation. This workgroup ended when all the implementation tasks were completed.

The following policies have been changed to achieve compliance with the aforementioned law:

- Permanency Policy;
- Permanency Guardianship Policy; and
- Youth Transition Policy.

The following policies have been created:

- Human Trafficking and Commercial Sexual Exploitation; and
- Missing and Runaway Youth.

The following law changes have been requested and passed:

- Addition of a definition of sibling into Maine Revised Statutes, Title 22;
- Ability to report missing children in the Department's care to a national clearinghouse on missing youth;
- Ability to notify parents of siblings when their sibling has come into care; and
- Change in the age that transition planning starts for youth in care.

The following court related documents have been changed:

- The Child Case Plan and Legal Summary.

The following trainings have been developed:

- Reasonable and Prudent Parenting Standard for child welfare staff, resource parents, and child care institutions;
- Sex trafficking and HR4980 training;
- Case planning to encourage youth voice and engagement; and
- Youth transition planning.

The following changes have been made to MACWIS:

- Additional AFCARS screens to address youth pregnancy, parenting, and sex trafficking.
- Addition of a finding of sex trafficking to the findings screen.
- Addition of a template to capture more information about youth who run away, and/or who are missing from care.

Children in State Custody from Failed Inter-Country Adoptions

When necessary, the state takes responsibility where needed for children adopted from other countries as a result of a disruption to the adoptive placement. Maine's private adoption agencies make every effort to place a child from a disrupted or dissolved adoption with another family within the agency or with another private agency so that the child does not have to enter the Department's custody. The Office of Vital Statistics reports in 2017, 36 children were adopted from other countries by Maine families.

During 2017, the Maine Department of Health and Human Services did not record any disrupted international adoption involvement. There was one domestic private adoption that was disrupted, and the child entered foster care.

Consultation and Coordination between States and Tribes

There are four federally recognized tribes located in Maine with five locations: the Penobscot Nation (Indian Island, Penobscot County, located within District 6); the Aroostook Band of Micmacs (Aroostook County, located within District 8); the Houlton Band of Maliseets (Aroostook County, located within District 8); and the Passamaquoddy Tribe at Motahkomikuk (Indian Township, Penobscot County, located within District 6) and at Sipayik (Pleasant Point, Washington County, located within District 7).

History:

In 2010, the ICWA Workgroup recognized that the issues of generational trauma and healing needed to be addressed to be able to move forward with working collaboratively with native families. The ICWA Workgroup shifted its focus and began to develop the Truth and Reconciliation Commission (TRC) to discover the truths about native people's experiences with the state's child welfare agency. This process expanded the current group's membership to include other tribal and non-tribal community members. This became the Convening Group for the TRC. The Convening Group was responsible for developing the TRC's Declaration of Intent, its Mandate, and to help with seating the Commission. Once the Commission was seated, this group became the REACH (Reconciliation, Engagement Advocacy, Change & Healing) Workgroup whose purpose was to support community healing and the TRC process. Within this forum, OCFS worked with the tribes to assure ICWA compliance. In 2015, the TRC concluded its work, and its findings were presented. At this time REACH continued its work to help with healing in native and non-native communities, and to expand the ally base through ally training. Also, the ICWA workgroup was reestablished with representatives from the state child welfare system, tribal child welfare system, and the Office of the Attorney General. The goal of the ICWA Workgroup is to have ongoing discussions regarding agency concerns, specific case concerns, policy and training development, strategies to continue the work related to building collaborative relationships between state child welfare and tribal child welfare, and to look at how to implement recommendations from the TRC.

The Department has an agreement with the Penobscot Indian Nation, signed in 1987, to work cooperatively toward the goal of protection of children who are suspected to be, or are victims of abuse or neglect. The Department also has an agreement with the Houlton Band of Maliseet Indians, which was signed in 2002, to assure that they are allowed maximum participation in determining the disposition of cases involving the Band's children. This maximum participation has since been extended to all federally recognized tribes in Maine.

In July of 2012, a comprehensive Indian Child Welfare Policy was finalized. This policy was developed by the ICWA workgroup as a stand-alone policy, rather than having pieces of ICWA interspersed throughout various OCFS policies. This policy provides clear direction to OCFS staff indicating that the tribal child welfare staff are co-managers of the case in every aspect throughout the life of the case. In the fall of 2015, the ICWA Workgroup began to modify the policy to include the new BIA Guidelines.

In February of 2016, the updated Indian Child Welfare Policy was finalized and distributed to OCFS staff and tribal child welfare staff. A training on the policy changes regarding the BIA guidelines developed by the ICWA Workgroup and was presented in each of the 8 OCFS districts between June 1 and August 2, 2016. In September of 2016, work was done to update the ICWA training that new caseworkers must attend to incorporate the changes in policy/BIA regulations. The Workgroup also developed training and recruited and trained more Qualified Expert Witnesses (QEW) for ICWA cases.

Also in 2016, OCFS helped the tribes prepare to have their own IV-E plan, OCFS' IV-E Program Manager provided in-person training on three occasions, and there were numerous email and phone discussions with tribal staff. The Program Manager has explained the Department's determination process, and sent several OCFS policies, training tools, manuals, and links to IV-E information. OCFS continued to work collaboratively with the tribes on issues and initiatives.

In 2017, 86 people attended the ICWA training. Most attendees were new OCFS caseworkers, as they are required to receive ICWA training during their first six months of employment. The training was also attended by staff at the Maine CDC, Division of Environmental and Community Health (DECH), as they now oversee the regulatory portions of foster home licensing; and by representatives of the Maine Coalition Against Sexual Assault. This training is conducted by a Native member of the ICWA workgroup and the OCFS ICWA liaison. This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases, as well as the spirit behind the law. The training is comprised of a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA, speaking of their experiences in state foster care and their feelings of not belonging; information on Native history regarding federal policies of forced assimilation; historical trauma; a video of how people are still affected today in their Native communities and the TRC process; how to co-case manage ICWA cases; and the BIA guidelines. At the December training for new worker's, representatives of some tribes attended to introduce themselves to new staff. The ICWA Workgroup has begun work on how Tribal Child Welfare staff can be better integrated into this training for new caseworkers. In 2017, this training was also lengthened, and is now three and a half hours.

Caseworkers, as part of the Child Protection Intake process and the initial CPS assessment, ask the referent and the family if they have any Native American heritage. The District Court judges also ask questions regarding Native American heritage at court proceedings. When Native American heritage is known before the first contact with the family, and if their Native heritage is from one of the federally recognized tribes in Maine, the tribe is notified, and invited to participate in the assessment. If Native American heritage is not known until after the first visit, or at any other point in the assessment or case process, the tribe is invited to participate from that point forward. If the tribe is unable to accompany the OCFS caseworker, the caseworker is still expected to contact their tribal child welfare counterpart to make joint decisions regarding the assessment/case as OCFS co-case manages ICWA cases.

In cases where ICWA applies, and children are removed, caseworkers provide written notification to the Native American families, the tribe, and sends a copy to the BIA, informing them of the right to intervene, regardless of if the tribe is located in Maine. OCFS and DECH recognize homes that have been licensed or approved by the tribe as a fully-licensed foster/adoptive home. If the family is a relative or unlicensed placement with a

relationship with the child or family, that family is considered as a possible placement option, as is the case with all children entering DHHS custody. DHHS works with the tribe and the family to help them become either a tribally-approved resource, or a State licensed resource. OCFS and DECH will accept a home study conducted by the tribe, and will coordinate with the family as they move through the State licensing or tribal approval process.

OCFS works with Native families, as we work with all families, to prevent the removal of a child from the home. This includes an assessment of the situation, and providing services to lower the potential risk of child abuse and/or neglect. In Indian Child Welfare cases, the caseworkers also involve the tribe in planning for the family. In the policy, the tribal child welfare agency is the tribe co-manages the case with OCFS, and joint decision making is the expectation. It is also recognized that the tribe may offer a distinct set of services and supports for families. The services and supports the tribes may be able to offer families do not negate the fact that Native children in state custody are eligible for the array of services offered to all children and families which include, but are not limited to: counseling, substance abuse services, in-home supports, family visitation, transportation, and parenting classes. In addition, contract language with service providers, such as the Alternative Response Program and transportation providers, includes tribes, therefore children in tribal custody may also access state funded contracts.

The Penobscot Nation and the Passamaquoddy Tribes have a tribal court system, and are therefore able to take custody of tribal children residing on the reservation or tribal territory without the need to have the child enter the custody of the State of Maine. Due to lack of resources, the tribes do not always request a transfer to tribal court when a native child, not living on the reservation, enters care. The Aroostook Band of Micmacs and the Houlton Band of Maliseets do not have a tribal court system, therefore; children from these tribes must enter state custody through the State of Maine's District Court system.

In 2017, the state and the tribes also continued to recruit and train Qualified Expert Witnesses (QEW) from tribal communities. Training for potential QEWs was held in March and May of 2017. These trainings have increased the pool of QEWs available in state ICWA cases.

The state also partners with the tribes to ensure that the children that achieve permanency through adoption or permanency guardianship can receive subsidy through the state. We also partner so that older youth in tribal care are receiving life skills and transition services.

Areas to increase relationship building are always being sought. In addition to continued discussion regarding ICWA cases and co-case management, in 2017 the film *Dawnland*, which is a documentary following the TRC process, was screened for comment and feedback, and the ICWA workgroup was in attendance. Work has begun on a comprehensive brochure to outline law and best practice regarding ICWA cases. At the annual Wabanaki Spring Social, tribes wanted to encourage non-Native foster homes with Native children placed with them to attend, to help the foster parents learn about the Native culture, and to keep Native children connected to the tribes. Families were notified through OCFS staff, and through the Adoptive and Foster Families of Maine's listserv. Families that attended were hosted by a Native person who stayed with them throughout the day to help explain what was occurring, and to make them feel welcome. Maine Coalition Against Sexual Assault (MECASA) administers the Children's Advocacy Centers (CACs), also met with the tribes to see how they could serve tribal communities. MECASA studied which CACs see Native children, and worked with tribal representatives to make the CACs more culturally appropriate. Representatives of tribal child welfare also participated in the CFSR focus group for tribes held on May 12, 2017. In addition, a project was begun with the Annie E. Casey Foundation. The two goals of the Data Development Project are to identify what data exists, and what data is needed to improve capacity to track progress on implementing ICWA and the TRC recommendations, as well as to clarify and establish processes for collecting data necessary to monitor implementation of ICWA, and progress of the TRC recommendations. The first meeting with Casey was held in December 2017.

The final APSR and CFSP documents are also available on line and available to the public at: <http://www.maine.gov/dhhs/ocfs/provdatareport.shtml>.

Many of the above-cited activities are ongoing, and will continue through 2018. This includes regular meetings of the ICWA Workgroup to ensure compliance with ICWA policy and law, as well as to allowing any strengths and challenges to be discussed and addressed.

Tribal Contacts	
Tribal Affiliation	Contact Name
Houlton Band of Maliseet	Lori Jewell, ICWA Program Director
Aroostook Band of Micmac Indians	Luke Joseph, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	Francis LaCoute, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Tene Downing, Social Services Director
Penobscot Nation	Brooke Loring, Child Welfare Director

Monthly Caseworker Visits

Maine has a fully-implemented SACWIS system (MACWIS), which stores all the data required to track monthly caseworker visits. This data is provided to management and district Program Administrators through the Monthly Management Report. The Associate Director of Child Welfare meets regularly with District Program Administrators to review the data and support full compliance. The requirement for monthly contact is clearly stated in the policy.

To track compliance of the ACF caseworker monthly contact expectation, Maine built a MACWIS report that automatically generates data on caseworker compliance with monthly contacts with the majority of visits occurring in the child's place of residence. This provides a statewide average, as well as broken down by district. OCFS is working toward the goal of seeing youth in care, and in services cases, as well as parent/caregivers every 30 days as opposed to monthly, recognizing that more frequent contact is linked with more successful case outcomes.

OCFS will continue to use the caseworker visit funding to enhance technology to ensure efficient use of caseworker time while out of the office, allowing more time in the home of the families they serve. This technology allows caseworkers to have immediate contact with their supervisors while in the field, providing opportunity to consult and make timelier decisions related to the safety, permanency, and well-being needs of children and families. When caseworkers feel supported and safe doing this challenging work, the likelihood of caseworker retention is significantly increased.

As evident in the chart below, Maine has been successful in meeting this expectation:

STATE OF MAINE FACE TO FACE CONTACT REPORT FEDERAL FISCAL YEAR 2017 OCTOBER 1, 2016 - SEPTEMBER 30, 2017					
MONTH (FFY2016)	# SEEN	TOTAL IN CARE FOR MONTH	% Seen	# Seen In Home	% In Home
OCTOBER	1759	1791	98%	1553	87%
NOVEMBER	1745	1779	98%	1540	87%
DECEMBER	1678	1712	98%	1452	85%
JANUARY	1659	1678	99%	1417	84%
FEBRUARY	1622	1666	97%	1382	83%
MARCH	1622	1643	99%	1417	86%
APRIL	1595	1632	98%	1372	84%
MAY	1600	1634	98%	1376	84%
JUNE	1553	1589	98%	1312	83%
JULY	1536	1575	98%	1327	84%
AUGUST	1516	1562	97%	1304	83%
SEPTEMBER	1460	1520	96%	1150	76%
FEDERAL FISCAL YEAR TOTAL	19345	19781	98%	16602	84%

Financial Information

PSSF Service Category Disproportionality: Based on State of Maine Purchasing rules, no payment for service to a provider greater than \$10,000 can be administered without processing through the procurement process. Maine's procurement requires the identification of a new service, a presentation on that service to OCFS management, and approval of the service before a Request for Proposal (RFP) can be initiated. In addition, the process of drafting, approving, and completing an RFP can take a significant amount of time. Funding that was available based on this unplanned barrier was diverted to other eligible program areas from within the grant.

States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance payments in FY 2018 than the state expended for those purposes in FY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FY 2005 title IV-B, subpart 1 funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005.

Expenditures in 2005 were \$0

The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FY 2018 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 in FY 2005 (Section 424(d) of the Act). For comparison purposes, submit with the CFSP information on the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

Expenditures in 2005 were \$2,408,000

DHHS assures that the state funds expended for FFY 2016 for purposes of Title IV-B, subpart 2, is \$26,095,038. These expenditures were greater than the FFY 1992 base amount of \$15,847,000, which was used to provide Preventive and Supportive Services, including Protective Services. That amount was provided in the annual

summary of Child Welfare Services included in the Bureau of Child and Family Services FY '91-93 State Child Welfare Services

Targeted Plans within the CFSP

Chafee Foster Care Independence and the Education and Training Voucher Programs -See Appendix A

ETV Funding- See Appendix B

CAPTA Plan- See Appendix C

Foster and Adoptive Parent Diligent Recruitment Plan

For several years, Department staff were responsible for recruitment of new foster homes. However, staff were unable, due to competing priorities, to effectively meet an identified need for diligent recruitment of foster families to care for children in foster care.

As a result of this identified need for diligent recruitment, the Department issued a Request for Proposals for a recruitment service provider. In 2015, OCFS contracted with KidsPeace, and active recruitment services were implemented during the summer of 2015. The contract was terminated by mutual agreement, and in late 2016 OCFS contracted with Spurwink for recruitment services. The name selected for this recruitment service is A Family for ME. OCFS managers meet monthly with contracted agency managers and direct service staff to share progress towards full implementation of this statewide service array. Roll out of this new program has been thoughtfully carried out, beginning with development of recruitment materials, online resources, and progressing to general recruitment efforts. These efforts are targeted to recruit families for three specific populations of children in care who are in need of more foster homes:

- Babies who are born drug-affected, who are in the process of reunification with their parents;
- Children and youth who are ready for discharge from residential treatment programs without an identified placement family; and
- Larger sibling groups that need caregiver homes that can accommodate placement of the entire sibling group.

During 2017, the focus continued to intensify on child-specific recruitment to support children achieving legal permanency through adoption. This child specific recruitment has involved focus upon the Heart Gallery, television, and other forms of media to increase awareness of permanency needs of children who are awaiting an identified adoptive family in Maine. This service has enhanced OCFS' ability to place children in foster care in homes which match the cultures and communities from which they originate.

As part of this renewed focus, children who need diligent recruitment are being identified. In addition, the Department can ensure that resource materials which are culturally and linguistically accessible are available to the families being sought.

OCFS Foster & Adoptive Recruitment Plan:

- A description of the characteristics of children for whom foster and adoptive homes are needed:
 - OCFS is recruiting homes for children age birth through age 18.
 - Younger children currently (0-5). They are frequently a member of a sibling group, and often were born drug-affected.
 - Children who have significant behavioral challenges requiring more specialized parenting.
 - Older youth who require caregivers who have knowledge and desire to provide support, guidance, and/or permanency to youth transitioning to independent living and adulthood.

- Specific strategies utilized to reach out to all parts of the community:
 - Multi-tiered approach to recruitment that includes general, targeted, and child-specific recruitment.
 - Recruitment that recognize the diversity of parenting skills that OCFS is seeking, and targets parents with such expertise. In collaboration with the contracted recruitment agency provider, OCFS is actively meeting with community members, business and civic groups, and with schools and churches to inform them of recruitment needs, and to enlist their support as partners in this endeavor.
 - OCFS has collaborated with the contracted recruitment agency provider to meet with media partners to develop television, radio, and print material for distribution.
 - OCFS understands the need to recruit for diverse populations, including religious, LGBTQ, racial, ethnic, and other cultural groups. OCFS assures that staff are culturally competent and that translation services are available.
 - OCFS needs to work with nursing staff and other professionals who can provide guidance towards meeting the needs of children with medical needs.
 - OCFS has developed strategies to assure that kinship placements are consistently explored as a priority whenever possible. All safe and available kin are explored for possible placement in the event a child needs an out-of-home placement.
- Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
 - Child specific recruitment occurs through the child's community, such as church, social, and school activities. Child profiles are sent to all district offices when searching for a home. Concurrent planning is considered for all applicable youth. OCFS often seeks placement with relatives in other states when no in-state resources are identified.
 - Targeted recruitment identified populations of youth in care where there was an increased need for resource families (i.e. teenagers, infants who are born drug-affected, and sibling groups) and is developing strategies to recruit resource families specific to these populations.
 - General recruitment is conducted through media and educational programing in the community.
- Strategies for assuring that all prospective foster and adoptive parents have access to agencies that license and approve foster and adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:
 - All licensing is completed through DHHS.
- Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations:
 - Training specific to the Indian Child Welfare Act (ICWA) is conducted in pre-service training of all new caseworkers.
 - OCFS recognizes the importance of developing and implementing a culturally competent training that will be delivered to all staff. The intention is to enhance the current training curriculum to reflect increased diversity in Maine.
- Strategies for dealing with linguistic barriers:
 - OCFS recognizes the importance and need of developing and implementing a statewide comprehensive system of translation. OCFS works collaboratively with the Department's ADA/Civil Rights Coordinator to ensure interpreting services are available for those requesting it during the licensing and recruitment process.

- OCFS understands the needs to expand services to our deaf and hard of hearing resource families, and to increase usage of interpreter services and TTY devices when this will enhance effective communication.
- Non-discriminatory fee structures:
 - OCFS does not have fees attached to recruitment and licensing.
- Procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:
 - OCFS believes in concurrent planning for all youth. Kinship placement is the priority choice of placement, as familial placement mirrors the cultural and ethnic diversity of children entering foster care. OCFS includes fictive kin in its definition of kin in policy. Fictive kin are recognized and validated as having significant relationships with the child and family, which may assume the same characteristics of relative relationships. OCFS recognizes that as Maine becomes an increasingly diverse state, it needs to continue to expand policy, procedure, and protocols to ensure all types of fictive kin are included in the policy definition of kin.

Deliverables and Performance measures for the current contracted service **A Family for Me** include the following:

Foster & Adoptive Recruitment Deliverables:

A Family for ME has developed and implemented a statewide recruitment plan that allows for adaptability to meet OCFS' district needs. This plan has been implemented on a district-by-district basis, to meet the placement needs of children currently in foster care, and those expected to enter foster care. This plan includes general recruitment, targeted recruitment, and child specific recruitment. The provider is meeting the following expectations of their contract:

- The provider has limited themselves to recruiting only twenty (20%) percent of the Resource and Foster Families for their own program.
- The provider has utilized the OCFS-approved timeline for the roll out, and in meeting milestones of this contract.
- The provider operates a toll-free number, 1-844-893-6311, which allows any interested party to call to gain further information and knowledge about the program, and process of becoming licensed.
- The provider has developed, and maintains a website which allows for the dissemination of information for interested parties.
- The provider has developed a marketing campaign (radio, print, and television) that allows the provider to reach the largest possible audience statewide, and allows them to adapt their marketing campaign to the OCFS district level. The provider's outreach is through five main channels, seeking three contacts in each area per month.
 - The main channels are, but are not limited to, the following: churches, schools, local media, businesses, and community events.
 - The provider utilizes the name of A Family for ME for their marketing campaign. The provider utilizes the Thursday's child program, which showcases a child during specific timeslots through television media.
 - The provider has developed, and maintains the Heart Gallery. The Heart Gallery has images which are embedded and does not allow the image to be downloaded or saved to a user's computer. The Heart Gallery is displayed in businesses throughout the state, and will soon be available on the provider's website.

- The provider has provided the OCFS-approved training curriculum to train recruitment workers. This training includes trauma informed information.
- The provider has included in all planning and execution, the need to address linguistic barriers, including, but not limited to, limited English proficiency, deaf, blind, hard of hearing, and intellectual disability.
- The provider has convened quarterly meetings with community providers as deemed appropriate by OCFS.
- The provider has a minimum of four full-time recruiters covering the following four geographic areas of the state including a child specific recruiter:
 - Districts 1 and 2 (York and Cumberland Counties).
 - Districts 3 and 5 (Androscoggin, Franklin, Oxford, Kennebec and Somerset Counties).
 - Districts 4 and 7 (Knox, Lincoln, Sagadahoc, Waldo, Hancock and Washington Counties).
 - Districts 6 and 8 (Penobscot, Piscataquis and Aroostook Counties).
- The provider has developed a work plan in collaboration with OCFS. The work plan includes at least three projects in each of the five identified marketing domains (business, school, community, church, and media) each quarter.
 - The provider has developed seasonal recruitment events (apple picking, truck pulls, snowmobile races, sailing regattas, etc.) to ensure variety in the promotion of the message that there are children in every community in Maine in need of resource and foster families.
 - Messaging materials include, but are not limited to: sticky notes, information about the option of a speaking engagements, paycheck inserts, book marks, posters, golf tees, pencils, etc.
- The provider meets at least quarterly with the OCFS District Recruitment Team, or as requested by the OCFS District Recruitment team.
- The provider meets at least twice a year with the Youth Leadership Advisory Team (YLAT).
- The provider is currently developing “Meet and Greet” events as requested by OCFS. This may include a maximum of two Meet and Greets per calendar year for youth aged 5-11, and a maximum of two Meet and Greet events for youth aged 12-18.

Health Care Services

The OCFS restructure integrated the Behavioral Health Program with the Intervention and Coordination of Care Team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare district staff as there are 9 MHCP's and 3 Clinical Caseworkers that are housed in district offices across the state. The MHPCs provide consultation to community providers, families, child protective colleagues, Department of Corrections employees, Department of Education employees, etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, as well as attending team meetings on youth who may need temporary residential treatment. The goal is that through this teaming process, other community based services can be identified and utilized to avoid out of home placement whenever possible. OCFS is currently looking at the roles and responsibilities of this team, with a plan to add duties, such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community based treatment. MHPC's were trained on the permanency review process, and attend these meetings in all districts. As there is further integration, it is anticipated that there will be more activities within the districts that can be shared by the MHPCs.

In the spring of 2012, OCFS began a process to have Children's Behavioral Health Services (CBHS) nursing staff provide consultation to child welfare staff when a child is prescribed anti-psychotic medication. These consults review the appropriateness and need for the medication, as well as discussing the anticipated duration for use of the medication. For children prescribed antipsychotic medication, child welfare staff is expected to participate in at least quarterly medication reviews with the youth, their resource parent, and the prescribing provider.

OCFS developed a strategic plan to address the prevalence of foster children being prescribed psychotropic medication at a higher rate than the general population of children/youth.

Strategic Recommendations for Lowering the Usage of Psychotropic Medication for Youth in Care

Target Goal: For calendar year 2015, 23% of foster youth were on one or more psychotropic medications. By the end of 2017, the goal was to decrease that by 5% to 17%. In the last quarter of 2016, the percentage of children on psychotropic medication had increased to 24%, however this was anticipated as there was a change in the way in which the data was being captured. This change was done to provide OCFS with a more thorough overview of the data. There was an increase in the number of classifications of psychotropic medications being captured to address the reporting needs of OCFS, and the required data for the OIG regarding the OCFS data. Nurse Consultants will review quarterly data received from MaineCare, as well as case records. The most recent data for foster youth on psychotropic medication(s) is 23.9% from the 4th quarter of 2017 (Oct, Nov, Dec).

In the spring of 2018, the OCFS Medical Director and the CBHS Team implemented a new process for oversight of youth in foster care that are prescribed psychotropic medications. This includes identification of, and consultation with youth whose care falls outside of accepted prescribing practices. It is also expected that the following steps are occurring:

- Caseworkers and supervisors will review all youth on psychotropic medications quarterly.
- Caseworkers will attend medication management appointments with youth and their caregivers at least quarterly.
- Districts will consult with CBHS staff regarding any medication related questions or concerns.

Health Care Plan

- Initial and follow-up health screenings will meet reasonable standards of medical practice.
 - The Office of Child and Family Services requires in policy that all children have a medical appointment within 10 days of entry into care.
 - OCFS also requires the Pediatric Screening Checklist (PSC-17) to be completed for every child in age 4-17. The goal is to identify any behavioral health concerns. Those children that are scored in the high range on the check list are then referred for assessment, either through our collaboration with Children's Behavioral Health Services Team or community providers.
 - For ongoing care, each child will be assigned a primary care provider and receive coordinated care using a medical home, and/or behavioral health home model.
- Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home.
 - The Health Screening will provide an immunization record, growth chart, immunization schedule, list of other known providers (including the dentist), and immediate treatment needs for identification of monitoring and treatment needs.
 - The Office of Child and Family Services includes both Child Welfare and Children's Behavioral Health Services working together to meet both the physical and behavioral health needs of foster children. OCFS believes strongly in the use of a trauma-informed care model that involves understanding, recognizing, and responding to the effects of trauma.
 - OCFS currently also requires in policy The Pediatric Screening Checklist (PSC-17) to be completed for every child in care to identify any behavioral health concerns. Those children that are scored in the high range are then referred for assessment, either through our collaboration with Children's Behavioral Health or community providers.
 - OCFS currently provides a comprehensive health assessment in three largest districts. This assessment is an in-depth physical, educational, and mental health evaluation for every child

entering foster care. It is a comprehensive interdisciplinary evaluation to address the complex psychological, medical, and neurological problems that affect behavior and emotional adjustment, or result in problems functioning in family, school, or community. This assessment also includes the collection of all the child's prior health and education records, so that a full evaluation of the child's current needs can be conducted.

- For those children who have needs, targeted case management (TCM) services will be offered to ensure any identified issues are addressed. For those children not in need of TCM, the OCFS caseworker will ensure that any identified issues are addressed.
- Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma, such as Multi-Systemic Treatment (MST), Cognitive Behavioral Therapy, and others to address emotional trauma associated with maltreatment and removal.
- Medical information will be updated and appropriately shared.
 - Routine medical care will be completed in the “medical home” with routine updates provided to the agency caseworker. The State of Maine continues to develop the medical home model and, where it is available, OCFS utilizes this model.
- Development and implementation of an electronic health record.
 - Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as MaineCare’s new MIHMS system rolls out. OCFS currently has access to Maine's Electronic Immunization Information system (Impact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Impact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
- Steps to ensure continuity of health care services will include establishing a medical home for every child in care.
 - The State of Maine has a number of Patient Centered Medical Health Homes. The Office of Child and Family Services requires in policy that, at a minimum, every child in foster care is to have an identified medical home and a primary care provider (PCP). It is a requirement that every child's PCP enrolled in MaineCare. When appropriate, Targeted Case Managers will organize the most appropriate services to be provided to children based on the information gathered in the assessments completed, information gathered through the comprehensive health evaluation, and the input of a child's current medical and behavior health providers. It is OCFS’ intent that this group of providers will work together, through coordination with the case manager, caseworker and foster parents, to create a plan to meet the needs of each child. This team based medical delivery system would continue to be available based on the child's needs and eligibility after returning home.
- Oversight of prescription medicines.
 - Policy states that it is crucial to ensure that psychotropic medications are being used only when clinically indicated (i.e. when the likely benefit from their use would outweigh their very substantial risk). When these medications are used, proper monitoring of their metabolic side effects must take place. The OCFS Consent Worksheet is to be followed when psychotropic medications are currently prescribed or when they are being considered. The Worksheet requires that prior to any plan involving the use of medication to address a child’s mental health needs, the treating provider must be given a full description of the circumstances of the child that is inclusive of all conditions.
 - The state has promoted, informed, and shared decision-making through the development of the Youth Guide that allows the youth to give informed consent and assent, and promotes methods for ongoing communication between the prescriber, the child, his or her caregivers, other healthcare

providers, the child welfare worker, and other key stakeholders. Effective medication monitoring at both the client and agency level is well described as a process in the Consent Worksheet.

- The Behavioral Health Director and the Associate Director of Child Welfare Services have collaborated to develop a protocol related to youth in foster care being prescribed psychotropic medication. The expectation is that the child welfare staff will use the developed tool and consult with district Care Specialists to ensure the appropriate use of medications.
- The state actively consults with, and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care, and in determining appropriate medical treatment for the children.
 - Collaboration between DHHS and Maine General Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the sixteen Maine counties, this program provides medical examinations and psychosocial screenings for children who have entered foster care. Two additional sites have been developed through the Spurwink Child Abuse Clinic in southern Maine, and the Penobscot Community Health Center in northern Maine. These programs are either developing the medical home for the child, or helping to identify a medical home if one is not currently serving the child.
- The state is taking steps to ensure that components of the transition plan include: assessment of the health care needs of youth aging out of foster care, the exploration of options for health insurance coverage; provide information about health care power of attorney, health care proxy, or other similar documents recognized under state law, and the option to execute such a document, and assist the youth in the development of a plan to meet their needs.
 - The Department has taken steps to ensure that the transition planning process with young people, age 18-21, includes planning with young people to consider Health Care Proxy or Healthcare Power of Attorney by including this in the health planning section of the revised Voluntary Extended Care (V9) Agreement. Maine's Youth Transition Policy includes instructions for caseworkers to inform youth, beginning at age 18 about the importance of executing formal documents that define their wishes regarding health care. OCFS provides young people with a website to download (free of charge) the forms they need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.
 - Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org), and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney

Disaster Plan

The Department's Disaster Plan is contained in Child and Family Services Policy, XV-H, Emergency Response. This policy is hereby included in its entirety. Maine was not affected by a disaster since the last APSR submission. See Appendix D.

Training Plan

Training activities are categorized based on the subject of the training, the audience, and/or whether they involve either a direct care or an administrative function. Training staff directly enter their workweek hours based on the training work provided. The Maine Time and Attendance Management system (TAMs) then sends that information to the Maine Department of Health and Human Services Costs Allocation Program, so that staff costs are claimed appropriately to all beneficiating programs as required by A-87. For title IV-E training activities, the DHHS Cost Allocation Program applies, as appropriate, all allocation methodologies, penetration rates, and administrative rates as required for Title IV-E claiming. Unallowable costs are billed to state general funds.

See Appendix E for training plan.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term trainings of current and prospective relative guardians, and for court and related personnel who handle child abuse and neglect cases. Maine OCFS has historically included the training of relative guardians in its training program. In terms of training court and related personnel, OCFS currently collaborates in training opportunities with the court, but will need to further review any financial opportunities to support training in which we would then make claim through this latest legislation.

Appendix A

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

The Maine Department of Health and Human Services, Office of Child and Family Services (OCFS), will continue to administer Maine's Youth Transition Services funded through the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program. OCFS will comply with all required national evaluations.

Youth currently and formerly in foster care are consulted throughout the year regarding the services and supports they receive through Maine's Chafee Foster Care Independence Program. Youth feedback is integrated into the State Plan, as well as being used to shape Maine's laws, policies, and practices to support older youth in care.

Section I covers the programs, services, and activities for which Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999, were expended for FFY 2016.

Section II summarizes the administration of the Education and Training Voucher fund program for the academic school year 2017-2018.

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

For the purposes of Youth Transition Services, the terms "child" and "youth" are used interchangeably to mean an individual up to 21 years old. The Department of Health and Human Services elects the following youth as eligible for services under its Chafee Foster Care Independence Program:

- Youth who was in foster care at the age of 18.
- Youth who exited foster care at age 18 to reside with birth parents, when continued OCFS support is needed to ensure Youth safety and permanency.
- Youth who entered adoption subsidy or permanent guardianship subsidy after the age of 16, and up to age 18, from Maine's foster care, and who subsequently experienced adoption or permanent guardianship disruption between ages 18-21.
- Youth who has a V9 Agreement, and who was adopted through Probate Court between the ages of 18 and 21, may continue to receive V9 services with District Program Administrator approval.
- Youth who has a V9 Agreement, and who has their parent's parental rights reinstated in accordance with Family Reunification Policy VII, F.
- Youth who turned 18 while in foster care and declined a V9 Agreement, or who had a V9 Agreement suspended may request a V9 Agreement at any time up to the age of 21.

The Department does not discriminate regarding Chafee youth transition services or ETV funding based on race, sexual orientation, religious affiliation, or any other factor that might prevent an older youth in care from receiving the benefit of program services.

Purposes for Which Chafee Foster Care Independence Program Funds Were Used in FY 2017, and for which they will be used in FY 2018:

- To assist youth in exploring and securing permanency options and connections before exiting foster care.
- To transition plan with youth, beginning with a comprehensive assessment of youth's strengths and needs, and including the active participation of youth and their supports in case planning.
- To offer an array of opportunities, services, and supports that meet the individualized needs of youth to ensure youth have regular, ongoing opportunities to engage in age and developmentally appropriate activities.
- To support youth wellbeing by honoring the youth's culture, beliefs, sexual orientation, and gender identity.
- To create a normalized experience for youth in care that is consistent with their peers who are not in foster care.
- To increase and enhance educational achievement, academic knowledge, and vocational and employment skills.
- To help youth learn essential daily living skills, effective problem solving, and informed decision-making skills.
- To expand the resources available to youth in their community.
- To work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- To encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- To provide needed academic supports, including post-secondary education financial support using federal Education and Training Voucher program funds.
- To improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- To increase the knowledge of OCFS staff, foster parents, group care providers, and other adolescent service providers regarding the needs of older youth in care, and youth transitioning to adulthood.
- To encourage and promote meaningful and productive communication between older youth in care, and OCFS managers to promote improved youth outcomes.
- To seek youth input in developing OCFS policies, programs, and practices to ensure older youth in care are prepared to transition to adulthood.

Overview of Strategies to Meet the Needs of the Eligible Population:

The goal of the Department's Chafee Independent Living Program (Youth Transition Services) is to ensure that all youth in foster care are prepared for a successful transition to adulthood that includes economic self-sufficiency, safe and stable housing, a network of supports, and the development of essential life skills. The Department does this by assisting youth to have legally permanent family and lifelong connections, partnering with youth in decision-making, providing tailored services and supports to meet youth needs, and by ensuring youth have opportunities and resources that allow them to experience normalcy while in foster care.

The Department is focused on ensuring all youth in care have opportunities to experience similar activities and opportunities as their peers in the community, and are provided with a variety of opportunities to develop essential life skills. This includes meeting the transition needs of youth placed within various agencies, including contracted therapeutic foster care and residential care providers.

Services to older youth in care are provided by OCFS Youth Transition Specialists, OCFS caseworkers, the

University of Southern Maine, Muskie School of Public Service, Jobs for Maine Graduates, therapeutic and non-therapeutic foster parents, group home staff, transitional living programs, adult developmental services, other contracted providers, and through community partnerships. Youth Transition Services are funded by a combination of federal and state funds. OCFS intends to continue this structure in FY 2018 and 2019

OCFS coordinates services with other Federal and State programs for youth, such as juvenile justice, adult mental health, developmental services, housing and homeless youth services, high school education, vocational training programs, post-secondary educational supports and services, substance abuse, children's mental health, and various community-based resource providers.

Youth Transition Specialists (YTS) provide expert consultation by partnering with youth, caseworker, and the youth's team. Their primary purpose is to ensure improved youth outcomes through a focus on the distinct needs of older youth, such as support in postsecondary education, and life skills development. By working with community-based public and private partners, YTS have worked to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care (V9) Agreements.

OCFS has continued to provide youth development and leadership opportunities to youth in and formerly in foster care through a contract with the University of Southern Maine, Muskie School of Public Service.

OCFS and the Office of Aging and Disability Services (OADS) continued statewide early referral meetings to improve the transition process for youth from children's services to adult services. The OCFS and OADS Transition Protocol allows a youth who is eligible for adult services to remain on a V9 Agreement and benefit from collaborative planning with OADS until the youth can enter the Section 21 Adult Waiver Program.

MaineCare provides youth who age out of Maine's foster care system to remain eligible for MaineCare coverage until the age of 26, as allowed through the Affordable Care Act. OCFS continues to partner with YLAT and other providers to get the word out to youth and young adults across the State who qualify.

Maine does not exceed the 30% limit for housing costs as specified in Chafee legislation. Due to limited Chafee funding, Maine continues to use a combination of state general funds and allowable ETV room and board funding to assist youth with their housing support while in extended care from age 18 to 21. We anticipate this to continue.

ELIGIBLE POPULATION (FFY2018):

Number of youth who were in care aged 15-21 on Oct 1, 2017:

Ages	Female	Male	Total
15	27	15	42
16	20	33	53
17	25	33	58
18	16	26	42
19	14	14	28
20	12	19	31
Total	114	140	254

Of youth age 15-21 the length of time in care on Oct 1, 2017:

Time in Care		
Months in Care	# Of Youth	% Of Total
< 6 months	31	12%
6 to 12 months	23	9%
1 to 2 years	33	13%
2 to 3 years	32	13%
3 to 4 years	29	11%
4 to 5 years	13	5%
5 to 6 years	24	9%
6 to 7 years	17	7%
7 to 8 years	15	6%
8 to 9 years	6	2%
9 to 10 years	5	2%
10 to 11 years	4	2%
11 to 12 years	4	2%
12 to 13 years	5	2%
13 to 14 years	8	3%
14 to 15 years	3	1%
15 to 16 years	1	0%
16 to 17 years	0	0%
17 to 18 years	0	0%
18 to 19 years	1	0%
19+ years	0	0%
Total	254	100%

Number of youth who were in care aged 14-21 on Feb 1, 2018:

Ages	Female	Male	Total
14	31	24	55
15	27	25	52
16	24	24	48
17	23	31	54
18	13	27	40
19	18	17	35
20	15	13	28
Total	151	161	312

As of 2/1/18, the number of youth placed in residential placements was 43 youth (representing 14% of the total youth, age 14-20 population). Residential placements include children's residential facilities in Maine and out-of-state.

Youth Leadership Development Activities:

Maine's Youth Leadership Advisory Team (YLAT) is nationally recognized as one of the most effective and active youth leadership boards in the country. Through a contract with the University of Southern Maine, Muskie School of Public Service (Muskie) to deliver YLAT services, Maine remains committed to enhancing youth skills, youth and adult partnerships, and in promoting effective systems change. Between January 2017 and December 2017, there were 175 youth and 80 adult partners (unduplicated) who participated in at least one (1) YLAT meeting. OCFS and Muskie continue to evaluate meeting locations, and adjust as needed to enhance youth participation.

YLAT members provided valuable feedback to OCFS regarding ideas to improve Maine's foster care system. Themes included: the importance of youth voice in areas that impact their lives, youth having access to important resources such as driver's licenses, and having resources and supports to help youth maintain important connections.

A Teen Conference planning committee including youth and adult partners met during 2017 to plan the 27th Annual Teen Conference for Maine's Youth in Care. Held on June 28th, 2017 at Thomas College, over 164 youth and adults came together. The conference theme was: "Together as One." Participants heard a message of encouragement, passion, and education from keynote speaker George Duvall, an Alumnus of the Kentucky foster care system. Youth also participated in team building activities and various workshops aimed at enhancing their life skills development, and overall well-being.

In 2017, YLAT members served on the Maine Youth Transition Collaborative (MYTC) Advisory Committee, the New England Youth Coalition (NEYC), Leaders United through Foster Youth in Action (FYA), the Jim Casey Fellows Program, the Southern Maine Transition Network (SMYTN), and the Alumni Transition Grant Advisory (ATGP) Committee.

Beginning in January of 2017, YLAT youth were part of a V9 workgroup. This group developed youth friendly informational flyers, made changes to the V9 Agreement, and hosted a panel discussion at the 27th Annual Teen Conference.

In April of 2017, YLAT staff and 3 youth leaders attended the HEROES Youth Leadership Project performance in Massachusetts. HEROES Youth Leadership Project then hosted a workshop at the 27th Annual Teen Conference in June 2017.

Also in April of 2017, twenty (20) youth and five (5) alumni participated in a Policy Summit at the State House, having the opportunity to tour the State House, meet with legislators, and participate in a discussion led by Maine Equal Justice Partners around how their stories and personal life experiences can influence advocacy and legislation. Eight (8) OCFS staff members and eight (8) legislators were also in attendance. The second Annual Policy Summit is planned for April of 2018.

From June to August of 2017, YLAT served as a host site for the Gateway to Opportunity program. This program engages youth from the 3 Portland high schools (in foster care and not) in a summer internship program. The youth interviewed YLAT members around their involvement with YLAT and created a recruitment video that has now been disseminated statewide, and is available at: <https://www.youtube.com/watch?v=ZLvqZ1sWd3E&t=59s>.

YLAT youth provided valuable training to various stakeholders in 2017:

- Two (2) Alumni were engaged in OCFS's policy group to develop a LGBTQ+ policy.
- One (1) young person worked with OCFS, Family Planning, Adoptive and Foster Families of Maine, and Muskie to deliver training on supporting healthy sexuality in teens for both foster parents and OCFS staff.

- YLAT Alumni provided training for OCFS staff in Biddeford, and for Sweetser staff in Southern Maine, regarding the benefits of YLAT.
- YLAT members co-facilitated two (2) workshops at the Adoptive and Foster Families of Maine's (AFFM) Annual Foster Parent Conference, focusing on how foster parents can support the youth voice in case planning.
- YLAT members spoke to the Court Appointed Special Advocates (CASA's) regarding how CASA's can best support youth in foster care.
- Three (3) YLAT youth provided Foster Parent Training to a local child placing agency. The focus of the training was the importance of connections with biological family, and how foster parents are key in supporting those relationships.

Youth received training focused on effective use of personal stories were provided with a prep tool and other information to increase their participation in case planning and decisions about their lives.

In September of 2017, there was a joint YLAT & Maine LEAP training in Southern Maine for youth focused on the power of stories. Two more trainings are scheduled elsewhere in the State in spring 2018.

Eight (8) YLAT Alumni Co-Facilitators continued to co-facilitate YLAT meetings in 2017. They participated in three (3) Trainings (February, August, and November) that provided the opportunity to practice their facilitation skills.

In October of 2017, three (3) YLAT members attended FYA's National Conference in Washington D.C. YLAT members participated in a rally at the Supreme Court and shared their stories with Congressman Poliquin's aide.

YLAT Alumni created a tree to donate to the Festival of Fostering Trees that highlighted the goals and dreams of older youth in the foster care system.

Consultation and Collaboration:

OCFS is strongly committed to collaboration with youth, parents, community service providers, and various community stakeholders. We believe this ensures a coordinated approach to meet the needs of older youth in care, and encourages public/private partnerships that maximize Maine's limited resources. Maine is involved in various collaborative efforts at the local, state, and regional levels, and intends to continue these collaborations. Some examples include:

- **Maine Tribes and Bands:** OCFS continued Chafee funded agreements with the Houlton Band of Maliseets, the Aroostook Band of Mic Macs, the two Passamaquoddy Tribes, and Penobscot Nation. Tribes and bands define their eligible youth population as well as the services and supports they provide utilizing Chafee funding. The eligible population is generally defined as youth between the ages of 14 and 21, although they may serve some younger youth, who are under tribal or band care and responsibility. Through this collaboration, bands and tribes are provided funding to meet the transitional needs of youth in their communities that they identify, while ensuring cultural connections and experiences are maintained.
- **Maine Youth Transition Collaborative:** The goal of MYTC is improve outcomes for youth transitioning from foster care to adulthood by establishing lasting partnerships with public and private organizations, and focusing on youth leadership, community engagement, and Opportunity Passport. Successes over the years have ensured on-going involvement and support from a variety of public and private entities, such as youth in care, service providers, post-secondary educators, employers, and others to address the needs of transitioning youth. Since 2004, this Collaborative has worked to reduce barriers identified by youth in the areas of housing, education, employment, and lifelong connections.
 - During 2017, with a grant to MYTC from the Aspen Foundation, the Southern Maine Youth

Transition Network (SMYTN) continued to focus on improved secondary education success in Southern Maine.

- In January of 2016, MYTC was awarded a Social Innovation Fund (SIF) Grant to create Maine's Learn and Earn Achieve Potential (LEAP) Initiative. The LEAP initiative reflects a commitment from all partners to integrate efforts to best support youth in foster care in their pathway from high school to college and career. Maine is entering its third year of this work in 2018.
- In 2017, the MYTC worked with youth Alumni to establish a Youth Policy Council, called IMPACT (Improving Maine's Policy As a Collective Team). IMPACT met with OCFS Executive Managers to talk about the long-term impact of trauma on youth development. IMPACT will continue to work with OCFS to make recommendations regarding Policy and practice needs.
- Homeless Youth Provider Committee: Comprised of providers of homeless youth shelters and outreach services. The primary goal of the Committee is to ensure a continuum of supports for youth who are experiencing homelessness, and to promote the prevention of youth homelessness. Members of the Committee attended Maine's Housing Conference aimed at improving outcomes and resources for youth experiencing homelessness.
- New England Youth Collaborative: This Collaborative is a youth driven, adult supported organization that aims to improve outcomes for older youth in care by supporting the regional implementation of innovative practices that strengthen the youth transition programs in New England. The NEYC has developed resources for New England, such as a Sibling Bill of Rights, Normalcy Bill of Rights, and a PSA encouraging youth to pursue higher education.
- Maine Housing: During 2017, OCFS continued to partner with Maine Housing (MSHA) to support youth transitioning from foster care. Since 2016, through a federal demonstration project, OCFS has partnered with MSHA and others to pilot a youth Family Unification Program (FUP-voucher) program for homeless youth in the Bangor area. This pilot continues to serve youth in Bangor through housing vouchers and case management focusing on life skills development.
- Maine Center for Disease Control and Prevention: In 2016, OCFS partnered with Maine's Centers for Disease Control and Prevention on their federal PREP (Personal Responsibility Education Program) Grant. One of the target goals for this program was to reduce unintended pregnancies for youth in foster care between the ages of 18 and 24. In 2017, Maine CDC provided training to OCFS foster care parents to help them talk effectively with youth about unintended pregnancy, healthy decision-making, improved communication and relationships, and ways to support youth to express their gender identity. In 2018, OCFS staff will receive training as well. OCFS believes this will be a valuable partnership to meet our strategic goals and policy requirements.

Program Goals:

Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.

Maine continued Permanency Review Teaming to review permanency outcomes for all children and youth in care for at least six months.

Youth Transition Specialists provided training to staff in the district offices to ensure youth and their supports are being included in all Family Team Meetings, and that permanency for older youth is considered in case planning.

The Recruitment Contract with the Department continues to focus, in part, on older youth in care. Through this contract, four (4) trained recruiters across the State are engaging in recruitment efforts to locate homes for older youth. As part of this contract, the agency will meet at least twice a year with Youth Leaders involved in Maine's Youth Leadership Advisory Team (YLAT).

OCFS and YLAT staff continued to support youth in care by training community professionals, prospective foster parents, and OCFS staff about the permanency needs of older youth in foster care.

Goal 2: Improve educational success for youth by improving post-secondary retention and graduation rates.

The Department continues to maintain 529 Next Gen College Savings Accounts for approximately 120 youth in foster care, ages 14-17, established through a private donation to the Maine Youth Transition Collaborative (MYTC). The Department intends to open additional accounts with remaining private funding. These are matched savings accounts that can be used for college and training expenses.

The Department continues to provide ETV funds to youth to support post-secondary education programs. For youth whose post-secondary education needs cannot be funded through ETV because of federal restrictions, (such as training programs through adult education), OCFS utilizes state funds to pay for these programs. Youth Transition Specialists and caseworkers meet monthly with youth on V9 Agreements to provide support and to connect youth to supportive resources at their post-secondary institution.

The Department continues to administer the Alumni Transition Grant Program (ATGP) which provides financial and navigator support to youth from foster care, ages 21-27, to complete their post-secondary education and training. Each year 25-30 unduplicated students (representing new and renewing ATGP recipients) are supported through the Alumni Transition Grant Program. OCFS Youth Transition Specialists continue to serve as ATGP Navigators to support ATGP Recipients.

Maine's Jobs for Maine's Graduates (JMG) received funding through legislation to establish Post-Secondary Navigators in several Maine Colleges and Universities.

Maine's Tuition Waiver program continues to provide 30 new waivers per year for tuition to any school in the University of Maine System. These waivers are awarded on a first come, first served basis to youth who are in foster care at the age of 18, and for youth whose guardian receives an adoption or permanent guardianship subsidy from DHHS. Once qualified, students have up to 5 years of waiver eligibility to complete their undergraduate degree.

The Department continues to partner with Jobs for Maine's Graduates, and Muskie to implement a new Social Innovation Fund Grant called Maine LEAP (Learning to Earn and Achieve Potential). In 2017, Maine LEAP supported over 50 students by providing navigator supports, competency based learning, and opportunities to develop leadership and career-ready skills. As part of the LEAP effort, OCFS expanded its contract with JMG to deliver competency based programming on a statewide basis, and to include both middle school and high school students. JMG works to ensure youth are high school graduation ready, and that they are supported to successfully transition to post-secondary education and training programs in the future.

Goal 3: Improve the quality of permanency hearings and better incorporate youth decision-making.

Maine continued to hold annual permanency hearings for youth on Voluntary Extended Care (V9) Agreements as required by Maine law. In the summer of 2017, and the winter of 2017-18, through YLAT, youth have received Strategic Sharing and Advocacy Training, to assist youth in developing skills they will need in permanency hearings, case planning, and decision-making. In 2017, Youth Transition Specialists provided training to OCFS caseworker staff regarding policy and practice expectations to support youth to attend court hearings and other case planning meetings. The Youth Transition Specialists will provide this training on an annual basis.

The Department established District Liaisons to provide call-in support to foster parents and relatives caring for children and youth in foster care. Additionally, Statewide clinical support and consultation will be established within the next few months to support caregivers caring for youth with externalizing behaviors, such as problematic sexual behaviors or other aggressive behaviors.

Goal 4: Expand availability of support and services to youth in all areas of the state.

OCFS continued to partner with the Maine Youth Transition Collaborative to increase resources for youth transitioning to adulthood.

OCFS continued a contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and a matched savings program to youth in, and from foster care, ages 14-25, across the State. Since 2003, around 600 youth have been served through this program.

Youth Transition Specialists and caseworkers continue to assist youth in care to access other State and community-based resources, such as Maine's Office of Aging and Disability Services, Career Centers, vocational rehabilitation, Goodwill Industries, alternative educational opportunities, and housing programs.

In 2017, OCFS further revised its Youth Transition Policy to better define Department expectations around supporting youth's sexual orientation and gender identities. Youth were provided with educational information and LGBTQ resources at this year's Teen Conference.

During the past year OCFS, youth, and key community partners convened a workgroup to review the OCFS Extended Care (V9) Agreement. To ensure greater statewide consistency, this group made some changes to the Policy and the V9 Agreement form. In addition, training was provided by Youth Transition Specialists in their district, and a youth-friendly V9 flier was developed to promote, and better inform youth of the V9 Program.

In 2017, The Department partnered with a private foundation to bring affordable dental care to youth formerly in foster care in the Portland area.

The Department continues to contract with Muskie to ensure youth in care have access to monthly YLAT meetings and other leadership activities. Youth report that participation in YLAT serves to help them gain valuable leadership and life skills, while providing them with a venue to connect with other youth in care, and to practice their skills. YLAT continues to employ Alumni to serve as YLAT Co-facilitators who serve as positive role models and mentors for youth in foster care.

The Department established District Interagency Youth Transition Teams that meet regularly to plan for a smooth transition between the children's system and the adult system, Office of Aging and Disability Services (OADS). The teams review youth in foster care, as well as youth in the community served by OCFS Behavioral Health Services. These teams review the transition needs of these youth, using the OCFS/OADS Transition Protocol, to ensure children's services and adult services work together to achieve a smooth transition for youth, with no disruption of behavioral and developmental services. In addition, a Statewide Advisory Committee also meets to identify solutions to transition barriers.

The Department continues to make available its Youth Transition Guidebook, designed to support young people with disabilities, and their supports with transition information and resources: [MSK.HDBK-update\(6.23.16\).pdf \(933 KB\)](#).

Goal 5: Increase housing options for older youth in care and youth transitioning from care.

OCFS continues to utilize state funds to pay for the housing needs of youth with a Voluntary Extended Care (V9) Agreement to prevent homelessness. In 2016, OCFS began meeting with young people and others involved in the MYTC community of practice to address improved consistency of practice and supports with Voluntary Extended Care Agreements. Because of this process OCFS has revised its V9 Agreement and identified training opportunities for staff and youth. OCFS will continue to meet with young people in 2018 and 2019 to improve youth transition services.

In 2017, The Department continued to partner with the Maine State Housing Authority, to implement a demonstration program to utilize 10 Family Unification Program (FUP) vouchers for youth experiencing homelessness in Penobscot County. These vouchers were fully utilized by eligible youth. Youth also receive case management support which helps teach them daily living skills, and assists youth to connect with community-based resources, such as employment supports.

In 2017, the Department continued partnering with homeless youth providers through the Homeless Youth Provider Coalition. The Coalition aims to improve service delivery to Maine's most vulnerable youth and increasing resources available to youth who are experiencing homelessness, including pregnant or parenting teens and those who were involved with child welfare.

In 2017, two (2) Youth Transition Specialists continued spending time at Preble Street Homeless Youth Shelter in Portland. This has allowed OCFS to have a presence for youth in need of OCFS services. Preble Street has said it is helpful to have someone on-site, and this has led to improved communication with OCFS, as well as collaborating in problem-solving, and in accessing resources for youth experiencing homelessness. OCFS anticipates that this will continue in 2018 and 2019.

Also in 2017, the Youth Transition Specialist covering Franklin County is working with the local homeless youth provider, youth, and other community providers on a 100-day challenge awarded to the homeless youth provider to improve housing placement and stability for homeless youth in Franklin County.

Goal 6: Improve the outcomes for youth placed in congregate and therapeutic foster care.

The Department's Intensive Temporary Residential Treatment (ITRT) process continues to provide reviews of the appropriateness of youth placements in congregate care. DHHS remains committed to placing youth in the least restrictive environment possible.

One of the target populations for Maine's recruitment contract is for youth who are ready for discharge from residential, but who do not have an identified family with whom they can be placed. OCFS continues the practice of allowing for a time-limited, enhanced rate to be provided to a caregiver, when all other usual forms of placements have not been successful. This allows a youth to leave residential placement for a less restrictive placement in a supportive home environment.

OCFS also compensates a caregiver who is actively participating in a youth's transition from residential care, so this caregiver can be involved in the transition process with the youth prior to discharge from residential placement. This allows the caregiver to become familiar with a youth's needs prior to discharge, and provides the youth a chance to become comfortable with a new family prior to placement.

National Youth Transition Database:

Maine implemented NYTD (the National Youth in Transition Database) and was fully operational on 10/1/10. Over the past year, OCFS continued outreach efforts to ensure compliance with NYTD requirements, and to look

at ways to use the data collected through NYTD to help improve youth outcomes related to permanency, safety, and well-being. OCFS is also completing 17-year-old NYTD plus surveys yearly, even on non-reporting years. In 2017, The Department used NYTD data in making programming and policy decisions.

Maine is scheduled to have its NYTD Review on June 19-22, 2018. Maine began preparing for this review in December of 2017, and had the preliminary planning call with the Children's Bureau, and others designated by ACF in February of 2018. Maine is in the process of identifying its State Team, and will begin monthly planning calls with ACF, and weekly technical calls with the federal Technical Team beginning in April of 2018. Maine has informed Department staff, and other key stakeholders of the upcoming NYTD Review, including youth. Maine has been reviewing the Guide to the NYTD Review, Version 1.1., Issued December 12, 2017, and is compiling all requested documentation. Maine intends to comply with all necessary components of the NYTD Review as outlined in this Guide.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

There are no identified statutory or administrative barriers that prevent DHHS from fully implementing the ETV program in Maine. Education and Training Voucher (ETV) program funds continue to provide "gap assistance" to eligible students to pursue post-secondary education and job training programs.

The Youth Transition Team Leader tracks student utilization of ETV funds to assure that the funds provided do not exceed \$5000 or the total cost of the program, considering all other financial aid assistance and awards. Youth who were receiving ETV funds at the age of 21, remain eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate or graduate degree.

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for post-secondary education.
- Youth who were reunified, adopted, or entered permanency guardianship (PG) at age 16 or older from Maine, or who were adopted or entered PG at age 16 or older from foster care in another state when the youth was placed in Maine on an Interstate Compact on the Placement of Children (ICPC) prior to the age of 18, and the sending state does not provide ETV funding.
- Students must maintain good academic standing or may be on academic probation, provided they are working towards regaining good academic standing.

Utilization of ETV funds:

Academic Year	New Participants	Continuing Participants	Total Participants
2014-2015	31	31	62
2015-2016	29	36	65
2016-2017	35	29	64
2017-2018	33	42	75

Youth apply for federal FAFSA funds and are also encouraged to apply for available scholarships and Maine's Tuition Waiver.

OCFS staff worked with students and post-secondary institutions to ensure that the amount of ETV assistance provided to a student in combination with any other federal assistance programs does not exceed the total cost of attendance or duplicate other benefits.

Youth in care and caregivers continue to be informed about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT, and other youth leadership events. Youth Transition Specialists coordinate post-secondary educational planning in district offices.

RESPONSIBLE STATE AGENCY

The State's Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Human Services is 1-01-600-0001A6. The Department of Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program. The Department of Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program's services.

ASSURANCES

The State assures that:

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services,
2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner,
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1),
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);
6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;
7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;
8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations,
9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A- 102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80) and;

CERTIFICATIONS

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child and Family Services Plan to be submitted before the end of June 2009.

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).
2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).
3. Department Certification (45 CFR, Part 76.500).

Attached to the CFSP are also the additional certifications required for the Chafee Foster Care Independence Program as signed by the Governor of the State of Maine.

STATE MATCH

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program. The State match for these funds includes the state's value of the Tuition Waiver Program.

Appendix B

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

	Total ETVs Awarded	Number of New ETVs
2016-2017 School Year (July 1, 2016 to June 30, 2017)	64	35
2017-2018 School Year (July 1, 2017 to June 30, 2018)	75	33

Comments:

ETV Eligibility Criteria:

Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for post-secondary education.

Youth who were reunified, adopted, or entered permanency guardianship (PG) at age 16 or older from Maine DHHS, or who were Adopted or entered PG at age 16 or older from foster care in another state when the youth was placed in Maine on an Interstate Compact on the Placement of Children (ICPC) prior to the age of 18, and the sending state does not provide ETV funding.

Appendix C

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act FFY 2017 Update

The Maine Department of Health and Human Services (“DHHS”), Office of Child and Family Services (OCFS) commitment to ongoing improvements in its work of increasing child safety and greater wellbeing is strongly supported by the Child Abuse Prevention Treatment Act (“CAPTA”) and the Children’s Justice Act (“CJA”) grant program requirements (CAPTA Section 106; CJA Section 107).

DHHS meets CAPTA Section 106 and CJA Section 107 grant requirements through a range of programs and supports in its agency child welfare work, and through ongoing, strengthened, and increased inter-agency, intra-agency, interstate, intrastate, and multidisciplinary team work within our communities. This work is supported by federal, state, and private resources, including parent partners and community members.

There were no substantive changes during 2017 to state law or regulations including laws and regulations relating to the prevention of child abuse and neglect that could affect the state’s eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA). While several pieces of legislation have been proposed, none were enacted during the report period.

There were no significant changes during 2017 from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

The requirements under the Maine Revised Statutes, Title 22 meet the CAPTA requirements of Section 106(b)(2)(B)(ii) and (iii), and support Maine’s interagency response efforts in ensuring infants born affected by illegal or legal substances are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (legal or illegal substances) are identified as “drug affected baby” reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications regarding Substance Exposed Newborns, in which allegations of child abuse and/or neglect are absent, are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106(b)(2)(B)(v)).

ANNUAL STATE DATA REPORT

Report and Findings Data

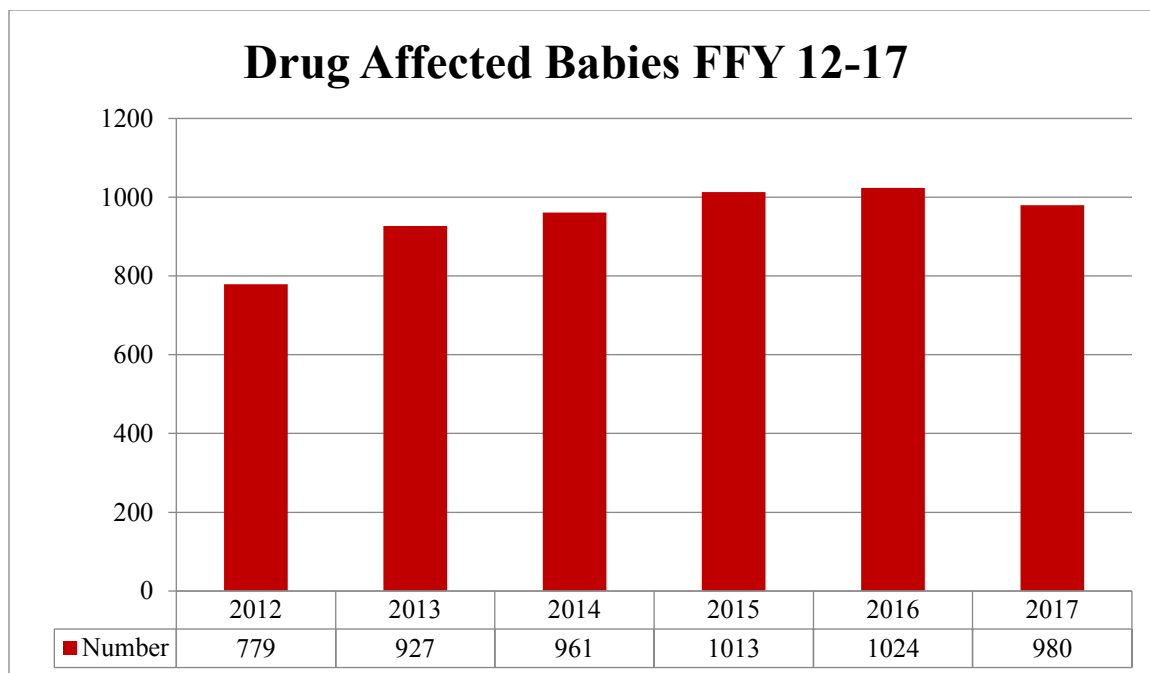
During the Federal Fiscal Year (FFY) 2017, OCFS received 19,567 child protective referrals. Of that number, 8,768 were screened out due to lack of allegations of child abuse or neglect. 7,288 reports were assigned for a child protection assessment. Reports assigned for assessment involved 10,116 children as alleged victims of child abuse or neglect. The 7,288 assigned reports resulted in 2,154 substantiated or indicated findings and 5,109 assessments resulted in no findings.

During FFY 2017, there were 2,185 reports of low to moderate severity abuse or neglect that were assigned to a Contract Agency for alternative response at the time of initial report. Referrals were also made to contracted alternative response programs after a child protective assessment or case with a family, when ongoing services and support were deemed necessary and such services and support could appropriately be delivered by the contract agencies. During FFY 2017, 838 children entered custody.

Substance-Exposed and/or Substance-Affected Infants

During FFY 2017, OCFS received 980 reports of substance-exposed and/or substance-affected infants, representing a slight downward trend from FFY 2016 (1,024) and FFY 2015 (1,013). The chart below indicates the disposition of the 980 reports received by OCFS in FFY 2017.

FFY 2017 (10/1/16 - 09/30/17)	# DAB
Final Decision	Reports
Assigned to a Contract Agency	41
Refer to PHN	108
DAB - Completed Assessment	146
DAB - Refer to Home Visitors	22
Assigned for Child Protection Assessment	330
Referred to Tribes	5
Refer to Bridging	328
Grand Total	980



Maine's Department of Health and Human Services, Office of Child and Family Services has a policy in place regarding substance exposed infants. Also within Maine's statutes there are two laws regarding substance exposed infants. Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, §4004-B, Infants Born Affected by Substance Abuse or After Prenatal Exposure to Drugs or with Fetal Alcohol Spectrum Disorder. And §4011-B, Notification of Prenatal Exposure to Drugs or Having Fetal Alcohol Spectrum Disorders. In addition, Paragraph 5 in §4004-B requires the development of a safe plan of care.

In 2017, Maine's Office of Child and Family Services received 980 substance-exposed and/or substance-affected infant reports. In 2016, OCFS initiated the Bridging Program to connect families with substance-exposed babies to support services including Home Visiting and Public Health Nursing. OCFS was exploring efficacy of this model when it was determined that Bridging did not meet the requirements for a Plan of Safe Care under changes made pursuant to the Comprehensive Addiction and Recovery Act (CARA) in July 2016. As a result, OCFS ended Bridging and pursued compliance with the Plan of Safe Care requirements of CARA.

In FFY 2017, Maine's Office of Child and Family Services received 980 substance-exposed and/or substance-affected infant reports. Due to this rising need, and in recognition of the often complicated, multi-layered, and unique needs of families with infants born substance-exposed/affected, OCFS continues to refine its response to these reports. This has been possible through the continued collaboration and partnerships with the Maine Center for Disease Control and Prevention, Maine Families Home Visiting Program, and Public and Community Health Nurses.

In May 2017, CradleME was launched statewide as the State of Maine's Maternal and Child Health referral program. The function of the program is to connect families to free home visiting services provided by Public or Community Health Nurses and/or Maine Families Home Visitors, with the goal of improving maternal and child health outcomes by:

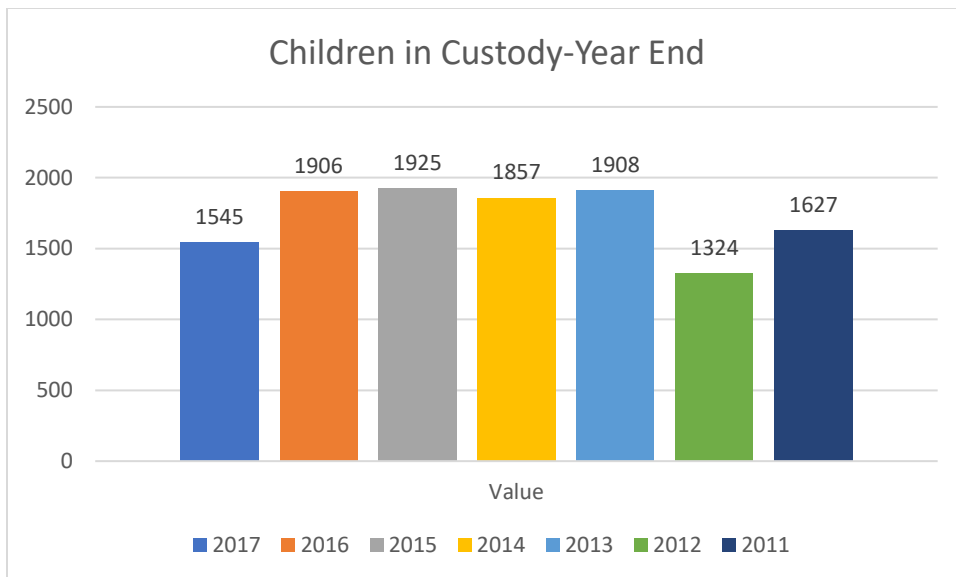
- Ensuring women and birthing families are encouraged to accept free, voluntary services available through CradleME;
- Making the referral process as easy as possible;
- Connecting families with the right services as quickly as possible;
- Increasing access to parenting education and health care for new families from all backgrounds; and
- Connecting families to services and/or support around topics such as mental health, substance use, trauma, crisis intervention, etc.

Public and Community Health Nurses are reserved for infants or caregivers who have specific needs for short-term or intermittent nursing assessment and care, which can include a variety of health specific referrals and supports. Maine Families Home Visitors provide concurrent and longer-term parenting support and education to the families, as well as providing support and education services to families who are not working with a Public or Community Health Nurse.

OCFS has completed its Plan of Safe Care policy. Pursuant to this policy, all reports regarding substance affected infants will be referred for an assessment by Child Welfare staff. To ensure we are reaching the substance affected infants and their caregivers, OCFS has hired a Registered Nurse as our Child and Family Clinical Nursing Consultant, whose responsibility is to manage the substance exposed/affected infant referrals received and the monitoring of Plans of Safe Care for the substance affected infant and his/her caregiver(s).

Children in State Custody Statistics

At the end of calendar year 2017, there were 1,545 children under the age of 18 in state custody, representing a notable reduction compared to recent years. At the end of calendar year 2016, there were 1,906; in 2015 there were 1,925; in 2014 there were 1,857; in 2013 there were 1,908; and in 2012 there were 1,324.



Child Protective Court Statistics

In FFY 2017 the number of new cases for whom individuals (Guardian ad Litem) were appointed by the court to represent the best interest of such children was 1,251, this represented 100% of the children involved in child protective court cases. Maine does not currently track the data on out-of-court contacts between such individuals and children. In 2017, of the 967 child protection cases filed in Maine District Courts, 505 cases were for emergency orders of protection ('C1' or Preliminary Protective Orders) and 462 cases were for jeopardy, but not immediate risk ('C2').

Child Death Statistics

In calendar year 2017 there were 13 child deaths reported to CPS. After investigation, caregivers for the deceased were substantiated for child abuse in 6 of the 13 deaths. One child died while in foster placement (of undetermined, but non-suspicious causes), while another died of accidental causes during a trial home placement.

Repeat Maltreatment Statistics

OCFS implemented a real-time review model, Eckerd Rapid Safety Feedback (ERSF), on 3/7/16 to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Manager. Based on a comprehensive review of 5 years of data in MACWIS and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, reduction in the probability of high severity child abuse was found. Those critical case practices include quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (ERSF Program Manager and the QA Specialist who reviewed the case), the caseworker, and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

In service of these goals the ERSF staffing uses a four-step process.

- Debrief any potential safety concerns and/or emerging dangers with the caseworker and caseworker supervisor;
- Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified;
- Identify who will be responsible for action tasks and assign timeframes for resolution; and
- Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

From implementation (3/7/16) through 2/21/18 there have been 781 cases assigned for review with 864 reviewed (these include quarterly reviews) and 648 staffings held.

One of the agreements made between OCFS and Florida *Eckerd Connects* to support successful implementation of this model, is that *Eckerd Connects* conducts quarterly site visits with the Maine RSF team to ensure that the team is implementing the tool to fidelity. One aspect of this process is for them to review the data that has been collected since implementation. The following table is the most recent collection and analysis of the data:

SAFETY CONSTRUCTS	First Quarter of Implementation (3/22/16-6/21/16)	Seventh Quarter of Implementation (9/22/17-12/21/17)	Percent Improvement
Question 1 - <i>Utilizing family history in decision making</i>	53.8%	72.1%	34.1%
Question 2 - <i>Assessing child vulnerability</i>	67.9%	65.1%	-4.1%
Question 3 - <i>Identifying and responding to present harm/danger and emerging danger</i>	53.8%	34.9%	-35.1%
Question 4 - <i>Identifying protective capacities and responding to deficits</i>	36.3%	38.4%	5.8%
Question 5 - <i>Stakeholder communication</i>	40.0%	44.2%	10.5%
Question 6 - <i>Identifying perpetrators and linking maltreatment to harm</i>	73.8%	77.9%	5.6%
Question 7 - <i>Sufficiency of safety planning</i>	45.0%	61.6%	37.0%
Question 8 - <i>Sufficiency of supervisory reviews</i>	60.5%	29.1%	-51.9%
Overall	53.9%	52.9%	-1.8%
Overall without Question 8	52.9%	56.3%	6.4%
Number of cases reviewed	81	86	

The data reflected overall improvements seen in five of the eight areas reviewed. It is believed that the decline in question 8 continues to result from guidance given by *Eckerd Connects* during the quarter one site visit (that this question should be answered within the context of the other question, and if gaps are identified by the review, which were not identified and addressed by the supervisor, this question should not be answered yes). *Eckerd Connects* has created new fidelity reports in partnership with Mindshare and reviewed data from the first year of implementation. “Maine maintained remarkable fidelity per these reports with near perfect adherence to reviewing cases identified for review” (*Eckerd Connects* Remote Fidelity Review).

OCFS Employee Statistics

OCFS experienced an upswing in turnover of child protective staff during the 2017 calendar year when compared to previous years. The child protective caseworker statewide turnover rate was approximately 27.57% in 2017 compared to 21.81% for 2016, 22.66% for 2015, 23.85% for 2014, 27.87% for 2013, and 27.3% for 2012. The turnover rate for supervisors in 2017 was 6.7%; comparable to the last three years.

Despite a rise in 2017, Maine’s overall turnover rate is slightly lower than the national average, which is estimated to be 30-40% annually nationwide. The average length of employment for child protective workers continues to be approximately 2 years (GAO, 2003)¹. Another study from the Annie E. Casey Foundation estimated the annual turnover rate at 20% for public agencies and 40% at private agencies. The average length of employment for public agencies is 7 years and for private agencies is 3 years (AECF, 2003)². Maine’s 2017 turnover rate of 27.3% is in line with the national averages based on these studies. OCFS continues to focus on quality recruitment and retention of caseworkers to further reduce the turnover rate.

During the first half of 2017 the Maine OCFS Recruitment and Retention position was vacant. As a result, recruitment activities were curtailed for the first 6 months of 2017. The effect of this curtailment could be seen in the drastic drop in panel interviews offered during 2017, as compared to panel interviews provided in 2014, 2015, and 2016. A lack of active recruitment meant fewer candidates in process and a longer timeframe of finding suitable candidates to hire.

In recent years, there had been a drop in the turnover rate in Maine, which suggested the establishment of Maine’s Recruitment and Retention Specialist position had resulted in a positive effect on recruiting and the hiring of new caseworkers. The Recruitment and Retention position was staffed full-time again as of July 2017 and efforts re-established to focus on developing personal, welcoming ties with new applicants as they navigate the application process. OCFS child protective caseworker and combined supervisor staffing levels are at 96% as of April 2, 2018. Caseworker applicants with relevant qualifications and skill sets continue to apply for open positions.

OCFS has a goal of reducing the caseworker turnover rate to 15%. With respect to recruitment, Maine’s Recruitment and Retention Specialist recruits throughout the State of Maine at Maine Colleges, Career Centers, and in neighboring New England states, including New Hampshire and Massachusetts. Additionally, the Recruitment and Retention Specialist collaborates with the Maine Department of Labor to increase the applicant pool. Recruitment methods include attending area and college job fairs, presentations in college classrooms to students majoring in fields which are compatible with Maine social work licensure requirements, and online recruitment through a variety of job boards including Indeed and those sponsored by colleges.

Applicants are provided information and assistance through the application process; the Recruitment and Retention Specialist becomes the first support a new applicant is exposed to when they begin the application

¹ The U.S. General Accounting Office (GAO). (2003). Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff. Retrieved on August 18, 2009, from: <http://www.cwla.org/programs/workforce/gaohhs.pdf>

² Annie E. Casey Foundation (AECF). (2003). *The unsolved challenge of system reform: The condition of frontline human services workforce*. Retrieved from <http://www.aecf.org/resources/the-unsolved-challenge-of-system-reform/>

process. The focus on personal, welcoming, and responsive contact with applicants is essential in making the applicant feel valued through the application process. The focus is providing applicants with a positive experience and modeling the competencies they will need as they begin to work with children and families through the Child Welfare process. The Recruitment and Retention Specialist values good customer service and consistency in the hiring process across all state offices, and is available to assist with interviews of applicants in all offices so that each interview is consistent.

With respect to retention of Maine's child welfare personnel, OCFS has taken the following steps:

1. OCFS continues its quarterly STAR awards. These awards recognize exemplary employees of any category within OCFS. STAR stands for Service, Teamwork, Attitude, and Respect.
2. OCFS reimburses all OCFS caseworkers and supervisors for the cost of the renewal of their professional Social Work license. OCFS began this practice on Jan 1, 2016.
3. Tuition reimbursement is now offered to all employees who have been with the agency one year or more. On-site MSW classes are offered in some locations.
4. Clarifications around Flexible Schedules have been provided to employees.
5. Quality Circles, run by front line district staff have been operating in each district. The QCs have addressed areas such as mentorship for new employees, staff safety, and case flow processes.
6. A new electronic mileage reimbursement system was launched recently to address timely mileage and personal expense reimbursements.
7. Entrance surveys are conducted and reviewed to determine how the recruitment process is functioning.
8. OCFS has increased supporting staff and the type of tasks assigned to support staff to decrease caseworker workload.
9. Supervisory training has been provided to all supervisors to increase awareness regarding the supervisory role in recruitment and retention, as well as to increase overall supervisory skills. New supervisors are introduced quickly to the Supervisor Academy and seasoned supervisors are encouraged to advance their skills through the Leadership Academy for Supervisors.

The average caseload for workers conducting assessment and investigation in FFY 2017 was approximately 60 cases per year. The median agency response time with regard to new report investigations was 30.72 hours in FFY 2017, a 12-hour improvement over FFY 2016. Maine's goal of completing assessments within 35 days was met in 69% of completed assessments during FFY 2017; this is a 7% decline in from FFY 2016.

OCFS had 322 child protective caseworker lines and 55 child protective supervisor lines to conduct the work of intake, screening, assessment, investigation, and permanency work, noted below by geographical district office as of April 4, 2018.

District	Number of Caseworkers	Number of Supervisors	Number of CPS Assessments	Number Vacant on 4/4/2018
1	44	7	1068	1
2	46	8	1076	1
3	45	8	1359	3
4	23	4	778	1
5	55	10	1330	0
6	42	7	1148	3
7	19	4	392	1
8	21	4	435	3
9				
(Intake)	27	3	5	1
Total	322	55	7591	14

** It should be understood that because turnover occurs at a random but continuous rate reporting on caseworker and supervisor numbers may or may not be the same tomorrow as they were today. These are simply point in time numbers derived on April 4, 2018.*

***Assessments completed are based on FFY 2017.*

Currently there are 27 child protective service personnel responsible for intake and screening; 127 child protective service personnel responsible for the assessment and investigation of reports; 132 child protective service personnel responsible for permanency of children in state custody; and 36 child protective service personnel responsible for adoption, foster home licensing, and resource services for children in state custody.

Based on point-in-time data as of April 4, 2018, OCFS employs 332 caseworkers, ranging in age from 21-66 years of age. All caseworkers are either conditionally or fully licensed by Maine's Board of Social Work Licensure. Caseworkers earn an average annual salary of \$44,776, with the starting wage of \$39,853 and a maximum wage of \$50,876. Annual caseworker salaries total nearly \$15 million. In addition to salary, all OCFS staff are offered health, dental, vision, and life insurance benefits. See chart below for a breakdown of caseworker demographics and ages:

Age range	Female	Male	Total CW	Total payroll	Average salary
21-29	95	10	105	\$4,477,299.84	\$42,640.95
30-39	90	9	99	\$4,389,433.88	\$44,337.72
40-49	62	11	73	\$3,332,617.60	\$45,652.30
50-59	38	3	41	\$1,983,259.20	\$48,372.18
60-69	10	3	13	\$638,352.00	\$49,104.00
Totals	295	36	331	\$14,820,962.52	\$46,021.43

Based on point-in-time data as of April 4, 2018, OCFS employs 66 casework supervisors, ranging in age from 29-63 years of age. All supervisors are, at a minimum, fully licensed by Maine's Board of Social Work Licensure as Social Workers, and many have advanced degrees. Supervisors earn an average annual salary of \$58,613, with the starting wage of \$51,501 and a maximum wage of \$61,838. Annual supervisor salaries total nearly \$3.9 million. See chart below for a breakdown of supervisor demographics and ages:

Age range	Female	Male	Total number	Total payroll	Average Salary
21-29	1	0	1	\$51,500.80	\$51,500.80
30-39	17	1	18	\$1,034,176.00	\$57,454.22
40-49	29	4	33	\$1,956,718.40	\$59,294.50
50-59	7	1	8	\$468,873.60	\$58,609.20
60-69	4	2	6	\$357,219.20	\$59,536.53
Totals	58	8	66	\$3,868,488.00	\$57,279.05

To qualify for a Human Services Caseworker position, applicants must have a Bachelor's Degree from an accredited institution in Social Work or a Bachelor's Degree in a related field, such as Behavioral Science, Childhood Development, Education and Human Development, Mental Health and Human Services, Psychology, Rehabilitation Services, or Sociology. Casework lines are generally exempt from hiring freezes and open for recruitment which can be found on the government website.

The state application process includes a numerical evaluation that considers the applicant's background, training, and experience. All selected applicants undergo a panel interview conducted by at least three management level staff.

Newly hired caseworkers are required to complete New Worker Foundations Training, conducted by OCFS, prior to assuming responsibility for a caseload or casework activities. New Worker Foundations Training provides a comprehensive curriculum and job shadowing components to ensure caseworkers have the competencies and skills to perform child protective work. New Worker Foundations Training components include, but are not limited to: Introduction to Public Child Welfare in Maine, Domestic Abuse and the Child Welfare System, Working with Families Affected by Substance Abuse, Medical Indicators of Child Abuse and Neglect, Introduction to Intake, Assessing Child Safety, Fact Finding Interviewing, Introduction to MACWIS, Family Teaming, Children's Advocacy Centers, Commercial Sexual Exploitation and Sex Trafficking in Maine, Placement, Permanency and Well-Being.

Within the first six months of hiring, new caseworkers are expected to participate in several core trainings which expand upon in the information contained in the New Worker Foundations Training. These core trainings include: Working within OCFS-Orientation, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, Psychosocial Assessment, and Facilitated Family Team Meetings for Caseworkers. Within the first year of hire new caseworkers participate in trainings on the following topics: Child Welfare Trauma Training Toolkit, Staff Safety, Children's Behavioral Health in Maine, and introduce/participate in onsite training with TANF, OFI, and other programs that assist the families caseworkers interact with. Staff are trained in the Family Teaming Process within their District by the District Teaming Specialist in accordance with the District Teaming training plan.

There are district financial allocations for staff to continue their professional development in accordance with licensing requirements, as well as to allow access to professional literature.

All supervisors hired in DHHS are required to participate in the training; *Managing in State Government*. The focus of this training is the role of the supervisor in an organization and how it differs from the task-based role of the employee. The training covers policies and procedures that are unique to supervision within state government including employee selection and performance evaluations.

To further supervisory training and development, Maine OCFS was approved to receive training assistance (TA) from the National Resource Center for Organizational Improvement (NRCOI). The TA aided in developing a

plan for supervisory training for staff that supervises front line child welfare caseworkers. The goal was to develop a robust training plan that will encompass a variety of training venues and extend to supervisory staff who supervise other OCFS programs. Key goals of this work were to provide trainings that encompass the “real” work that supervisors and their staff do on an everyday basis, topics that touch on the strengths and challenges supervisors and caseworkers bring to the work, training venues that allow for attendance and interaction, and trainings that morph into sustainable practice and integration of service that meets the needs of the children and families served by OCFS. The training was provided over the last year and will continue to be provided on a quarterly basis.

Supervisors also participate in the Supervisory Academy - Putting the Pieces Together. The training was developed by the Butler Institute. This is a 54-hour training which consists of three modules that are two days each. The training covers the three primary areas of effective supervision (Administrative, Educational, and Supportive Supervision) that while related, are also distinct. Each is a vital component or piece of the bigger picture of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor. This training was originally implemented across the State of Maine in 2015, with the training being delivered to all Child Welfare Supervisors (80 total). Since the initial roll-out all newly hired Child Welfare supervisors are required to participate in this training.

One to two supervisors per district, who have been supervising for at least a year and have completed the Supervisory Academy-Putting the Pieces Together, are selected by their Program Administrator to attend the Leadership Academy for Supervisors (LAS). The LAS provides a high quality, evidence-based training for experienced supervisors. The training is offered in an accessible format, with two-thirds of the training delivered in a self-directed approach to meet supervisor’s busy schedules. The LAS is a 9-month blended learning program. The LAS curriculum consists of six online modules corresponding with the NCWWI Leadership Model. Learning activities include pre-learning in preparation for each of the six modules as well as instructor led real-time discussion sessions, developing a Personal Learning Plan, and developing an Individual Change Initiative. Each supervisor does a presentation on their chosen Change Initiative at the end of the program.

All new state employees receive a three-month evaluation followed by annual performance evaluations. Casework supervisors are expected to conduct quarterly field observations focused on individual casework practice, as well as providing supervisory feedback on those observations. In terms of measurement, each district has a Quality Assurance Specialist who reviews district cases and provides feedback to staff related to practice. All supervisors have access to the Results Oriented Management data system that provides information related to meeting federal outcomes. Supervisors have access to an array of management reports to monitor the key components of practice and that can be used in individual supervision to help track caseworker workload, activities, and help set caseload priorities based on that information.

Child Protection and Juvenile Justice

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System if they become involved with the criminal justice system, but rather remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or guardian.

Child Protection and Department of Education

There were 917 unique victims under the age of 3 where abuse and/or neglect was indicated or substantiated. These children were referred to Children’s Development Services (CDS) for assessment to determine what services the child/children would benefit from. OCFS has maintained a 100% rate of referrals to CDS for children under the age of 3, since instituting a Central Office referral process in 2016. Referral data is sent directly to CDS automatically via a bi-weekly report generated by the Information Services Team.

Commercial Sexual Exploitation

After an active effort to improve staff and public knowledge of Commercial Sexual Exploitation of children (CSEC) in 2016, OCFS focus has turned to other initiatives as community providers have picked up the ongoing work. Information on Commercial Sexual Exploitation of children has been added to Maine's mandated reporter training. Community members now learn about red flags and risk factors and are instructed to report such information to the child protective intake hotline like any other suspected child abuse or neglect. Intake staff identify allegations of CSEC through a new allegation screen, and assessment staff can make findings specifically around CSEC. The MACWIS system tracks such allegations and findings.

On March 1, 2016, Maine law came into compliance with the Federal Preventing Sex Trafficking and Strengthening Families Act via L.D. 1497, which was included as an exhibit in Maine's 2017 CAPTA report.

The Office of Child and Family Services Human Trafficking and Commercial Sexual Exploitation policy that became effective April 7, 2016 was also attached as an exhibit in the 2017 CAPTA report.

With respect to the State of Maine's progress and planned activities to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, OCFS's community partners offer local trainings to cross train these disciplines. Staff are encouraged to attend to increase depth of knowledge beyond training on trafficking already delivered to staff as part of caseworker continuing education.

Since January 2017, there have been reports regarding 14 youth alleged to be the victim of sex trafficking. From April of 2016 to April 2017, OCFS AFCARS data notes that there were 5 instances where a child was an identified victim of sex trafficking prior to entry to state care, while 3 children in two separate cases were identified as victims while in foster care. In all cases, the trafficking may have occurred in the months or years before it's discovery.

Maine's Citizen Review Panel (CRP)

The Maine Child Welfare Advisory Panel (MCWAP) serves as the State of Maine's Citizen's Review Panel pursuant to CAPTA Sec. 106(c). MCWAP, in collaboration with the State of Maine's Judicial Branch Justice for Children Task Force serves as the State of Maine's Task Force pursuant to CAPTA Sec. 107(c).

As a result of MCWAP's Training Sub-Committee work in 2016, MCWAP, changed focus from providing training to a role of feedback and consultation with the Department on programs and initiatives. In conjunction with this change in function, the CJA funds previously allocated by MCWAP have been returned to the control and direction of the Department.

In 2017, MCWAP had planned to pilot a project of providing neutral facilitators for Family Team Meetings with the Department. This pilot project was tabled and eventually retired prior to its launch due to significant commitment and action within the Department to engage in training all staff in a new trauma-informed, resilience-based Family Teaming model that addressed the concerns of the Panel related to contentious Family Team Meetings that were not effective in moving cases forward. To date, the new Teaming model adopted by the Department is demonstrating positive effects on the tenor of meetings, useful outcomes of meetings, and more timely resolution of protective cases.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2017 Annual Report is attached as Exhibit A.

Maine's Child Death and Serious Injury Review Panel (CDSIRP)

The mission of the Child Death and Serious Injury Review Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries for the purpose of promoting prevention, to improve present systems, and to foster education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The Child Death and Serious Injury Review Panel follows the review protocol below to meet their statutory mandate (see Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004). The panel makes recommendations to state and local agencies regarding methods to improve the child protective system, including modifications of statutes, rules, policies, and procedures.

1. The Panel will conduct reviews of cases of children up to age eighteen, who were suspected to have suffered fatal child abuse and/or neglect or to have suffered serious injury resulting from child abuse/neglect.
2. The Panel will conduct comprehensive, multidisciplinary reviews of any specific case as requested by the Office of Child and Family Services, by the Commissioner of the Department of Health and Human Services, or by any member of the multidisciplinary review panel in consultation with and in deference to prosecutorial efforts.
3. The Panel will receive a monthly report from the Medical Examiner's Office that includes child deaths in the preceding month.
4. All relevant case materials will be accumulated by the Department of Human Services staff for dissemination to the members of the review panel.
5. After review of all confidential material, the review panel will provide a summary report of its observations and recommendations to the Commissioner of the Department of Health and Human Services.

6. The review panel may develop, in consultation with the Commissioner of the Department of Health and Human Services, periodic reports on child fatalities and major injuries, which are consistent with state and federal confidentiality requirements.

The Maine Child Death and Serious Injury Review Panel (CDSIRP), is comprised of representatives from many different disciplines. Its minimum membership, which is mandated by state law, shall include the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys, and criminal or civil assistant attorneys general.

Maine's Child Death and Serious Injury Review Panel (CDSIRP) completed 8 comprehensive reviews of fatalities and near fatalities in 2017. These reviews were comprised of the following themes and trends: abusive trauma, unsafe sleep, suicide by firearm, neglect, and failure to thrive. The CDSIRP also participated in two dual comprehensive reviews with Maine's Domestic Violence Homicide Review panel (DVHRP). The theme in the two dual reviews with DVHRP were homicide. One case was an infant that suffered abusive head trauma perpetrated by his father, while the other was the murder of a mother and her children by her intimate partner. Both panels benefit from the use of dual reviews, as these reviews allow members of both panels to look at the services provided to the families and how to improve those services, with the goal of avoiding tragic events in the future.

Maine's Maternal, Fetal and Infant Mortality Review Panel (MFIMR) has been reconvened. As the MFIMR formalizes process and procedures, there will be continued collaboration with CDSIRP regarding case selection criteria and the possibility of joint reviews.

The panel chair of the CDSIRP generally attends the annual meeting of Child Fatality Review Teams from all over New England. The 2017 New England meeting was held in Portsmouth, NH, June 22-23, 2017. The topic of the 2017 New England Regional Child Fatality Meeting was The Opioid Crisis: Babies born drug exposed, their care, the care of their parents, and the next steps in this crisis. The CDSIR panel chair was unable to attend this year but the panel coordinator attended and brought back information to the Panel. In addition to the opiate crisis and associated infant care questions, safe sleep and specifically 'baby boxes' were discussed.

The New England regional meeting will be held June 7th and 8th in Lowell, MA under the title: Suicide Prevention and Postvention in Schools and Communities.

In 2018, the new Panel coordinator will be working to make data collected regarding child death and serious injury as well as the Panel's activities more easily accessible and thorough. In addition to case review activities, the CDSIR Panel plans to formalize procedure and process through formally adopted by-laws during the 2018 calendar year.

Other Activities Funded by CAPTA

A portion of CAPTA funds was used to purchase Period of Purple Crying informational materials in a variety of formats. Period of Purple Crying information is given to child protective personnel who interact with families that have infants. All Maine families generally receive Period of Purple Crying information from hospital personnel when the family is in the hospital delivering the infant. The information presented from the child protective personnel reinforces the information the family received at the hospital. In the event the family did not receive the information in the hospital, preliminary information is provided by the caseworker.

In FFY 2017, a Department representative, with support of CAPTA funding, traveled to Florida to participate in the Safe Babies Court Team (SBCT) Conference. The purpose of this trip was to explore the possibility of bringing the SBCT model to Maine. What was learned at the two-day conference led to a recommendation not

to invest in the bringing the model to Maine, as many components were already in place within Maine's child welfare system. In addition to having a number of the key components of SBCT already in place, Maine's statewide District court system presented a barrier to achieving a satisfactory implementation of SBCT. Components of SBCT currently in use in Maine include the resilience-promoting, trauma-informed model of Family Teaming that Maine began rolling out to staff in FFY 2017, that will continue to be implemented throughout the FFY 2018 year. To the maximum extent possible, all families have the opportunity to have a pre-removal Facilitated Family Team Meeting. Family Share meetings encourage relationships between foster and birth parents. Maine also found that the cost of SBCT was too high when the real task of implementing SBCTs was to fill in smaller, missing pieces.

DHHS has also used a portion of the CAPTA funds to contract with Susan Righthand, PhD for consulting services. DHHS is working with Dr. Righthand to facilitate clinical consultations regarding youths with problematic sexual behavior or other aggressive behavior problems. Dr. Righthand has extensive experience working with youths and adults who sexually offend, as well as children and adults who experience or perpetrate child maltreatment and other forms of violence. Dr. Righthand participates in three monthly consults with OCFS staff regarding complex cases. These monthly consultation meetings are well attended by Children's Behavioral Health Service (CBHS) staff. Child Protective staff members attend, along with clinicians and on occasion, members of the Department of Corrections, Division of Juvenile Services. Dr. Righthand also provided consultation at several administrative meetings. Dr. Righthand conducts research and writes reports of findings on topics of interest to the Department, such as effective residential programming and facilitates a Program Enhancement Project (PEP) to provide consultation to residential treatment providers. Together with 4 CBHS staff, Dr. Righthand is reviewing the research literature on effective residential treatment programs to identify the core components of evidence supported programs. Dr. Righthand completed her reports and presented research findings with CBHS staff to residential providers.

Maine currently uses MACWIS (SACWIS) and information gathered from the state's vital statistics department, child death review panel, law enforcement agencies, and the medical examiners' office (the Chief Medical Examiner for Maine is also a member of the CDSIRP) when reporting child maltreatment fatality data to NCANDS.

State of Maine CAPTA Coordinator

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ATTACHMENTS:

Attachment A: Maine Child Welfare Advisory Panel FFY 2017 Annual Report

MAINE CHILD WELFARE ADVISORY PANEL

MAINE CITIZEN REVIEW PANEL

ANNUAL REPORT

ATTACHMENT A

2017

Maine's Citizen Review Panel examines the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which the state and local child protection system agencies are effectively discharging their child protection responsibilities. The Panel is mandated through the CAPTA Reauthorization Act of 2010 (P.L. 111-320)

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MAINE CHILD WELFARE ADVISORY PANEL MEMBERS

First	Last	Position	Organization
Christine	Alberi	Child Welfare Ombudsman	State of Maine
Stephanie	Barrett	Panel Coordinator	Department of Health and Human Services
Jamie	Brooks	Parent Partner	Parents as Partners
Kirsten	Capeless	Director, OCFS	Department of Health and Human Services
Adrienne	Carmack	Pediatrician	Penobscot Community Health Care, FQHC
Lyn	Carter	Rural Grant Program Coordinator	Maine Coalition to End Domestic Violence
Susan	Clardy		
Elaine	Clark	Family and Civil Process Manager	Maine Judicial Branch
Tracy	Cooley	Director	Safe Families-Safe Homes National Training Project
Kelly	Dell'Aquila	CPPC Parents as Partners Program Coordinator	The Opportunity Alliance
Debbie	Dembski	Citizen, LCSW	Grandparent whose family's Substantiation was overturned upon appeal
Debra	Dunlap	Southern Maine Senior Director	Community Partnership for Protecting Children
Lanelle	Freeman	Social Services Director	Kennebec Valley Community Action Program
Meg	Hatch	CAC Network Coordinator	Maine Coalition Against Sexual Assault
Jim	Hatch	Director of Operations	Adoptive and Foster Families of Maine
Destie	Hohman Sprague*	Associate Director	Maine Coalition Against Sexual Assault
Bette	Hoxie	Director	Adoptive and Foster Families of Maine, Inc.
Christine	Hufnagel	Director of Family Services	Community Concepts
Bobbi	Johnson*	Associate Director of Child Welfare Services	Department of Health and Human Services
Dulcey	Laberge	Youth Transition Specialist, OCFS	Department of Health and Human Services
Tracy	Leigh		State of Maine Judicial Branch, Family Courts
Dave	McCluskey	Executive Director	Community Care
Debra	McSweeney	Licensed Physical Therapist	Maine General Medical Center
Kate	Perkins	Executive Director	Maine Children's Trust
Nancy	Ponzetti-Dyer	Director of Psychology	Maine General Medical Center
MaryAnn	Ryan	Treatment Specialist, SAMHS	Department of Health and Human Services
Cindy	Seekins	Director	G.E.A.R. Parent Network
Nora	Sosnoff	Chief, Child Protection Division	Office of the Maine Attorney General
Briana	White	AAG, Child Protection	State of Maine, Attorney General's Office
Donna	Yellen	Associate Director	Preble Street
Jean	Youde	Programs Coordinator	Maine General Medical Center

*Panel Co-Chair

MISSION/VISION STATEMENT

Mission Statement:

To improve the experience of children and families involved with the State of Maine's public child welfare system. MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective/welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and any subsequent amendments.

Vision Statement:

Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, responsive and respectful to child and family needs, and provides an adequate framework for safe, thriving children having permanency with families and community.

Goal: To promote child safety through the provision of quality child welfare services to children and their families in Maine.

Objectives:

- Engage with community partners to review and provide feedback on the Child Welfare State Plan.
- Facilitate the interdisciplinary coordination of public and private partnerships as it relates to child welfare services.
- Promote the physical and emotional well-being of children and youth and families.
- Support the development of professionals working in and with the child welfare system to deliver high quality intervention services.

EXECUTIVE SUMMARY

The Maine Child Welfare Advisory Panel (MCWAP) first convened in December 2015 following the merger of several community advisory groups. MCWAP will serve as a State of Maine Citizen Review Panel pursuant to CAPTA Sec. 106(c).

MCWAP held nine Panel meetings in calendar year 2017. During the year, the Panel participated in Federal Child and Family Services Review focus groups in collaboration with the Department pursuant to the CFSR process. In February of 2018, MCWAP members attended the Federal Exit Meeting, where work on the Program Improvement Plan was begun. Throughout the year, the Panel heard and provided feedback to the Department on a variety of topics, such as the Domestic Violence Liaison Program, Structured Decision Making, and the Title IV-E Waiver program (the Maine Enhanced Parenting Program).

The Panel has identified goals of continuing to formalize their structure and role in the year to come, along with formalizing the communication and feedback process with the Department for the purposes of having a more transparent advisory role.

MAINE CITIZEN REVIEW PANEL

The CRP is comprised of 15-25 members representing providers, consumers of child protective services, child protective services staff, former foster children over the age of 18, resource parents, civic representatives, and members of the community at large. Membership of the CRP attempts to achieve a broad and diverse representation of the community including, but not limited to, law enforcement, biological parents, former youth in care, researchers, foster/adoptive/kinship parents, domestic violence professionals, mental health therapists, clergy, Court Appointed Special Advocates (CASA), disabilities specialists, teachers, and medical professionals. Membership recruitment also weighs diversity of age, race, ethnicity, gender, and class as critical to the makeup of the CRP. The DHHS, Office of Child and Family Services, Associate Director of Child Welfare serves as a liaison to the panel and is Co-Chair of the panel. The panel also recruits ad hoc members who have expertise in the areas of current panel focus.

TRAINING AND PANEL EDUCATION

In 2016, the Panel surveyed stakeholders to determine statewide training needs. Survey returns did not provide clear direction for the Panel in providing a single training opportunity. Given that other agencies were beginning to address identified training needs, funding was redirected to multidisciplinary trainings offered through the Children's Advocacy Centers to streamline efforts and maximize return on investment. Due to this change, MCWAP placed the Training Subcommittee on hold for the 2017 year, although MCWAP continues to use its platform to publicize and inform of the community trainings.

The Panel recognizes the value of learning more about programs of both the Department and the community, to identify areas of policy improvement and future collaboration, as well as to identify trends, recommendations, and topics for deeper exploration.

To that end, in 2017, the Panel heard presentations on the following topics:

January: Wabanaki Reach and the Maine Child Welfare Truth and Reconciliation Commission, regarding relationships between the Department and Tribes and the first-in-the-nation Truth and Reconciliation Commission aimed at healing past traumas experienced by the Tribes and their members resulting from engagement with the State Child Welfare system.

March: Family Team Meetings and the Department's plan to train and certify all casework staff and supervisors in a model of Family Teaming that is both trauma informed and resilience building and engages families to identify their challenges, strengths, and partners to resolve the challenges that have brought them to involvement with Child Welfare.

The new model of Family Teaming includes a new training modality, where a worker is exposed to content through a 3-hour classroom instruction, followed closely by observation of skills, and demonstration of skills- "see one, do one." The training is delivered in 3 Modules with the 'see one, do one' skills acquisition happening in Modules 2 and 3, followed by a demonstration of skills for certification and fidelity monitoring.

June: OCFS adoption of Structured Decision Making (SDM) at the Intake level was shared with the group, including the office goals of introducing SDM, how it may change Intake outcomes, and how the SDM tools were developed.

September: OCFS Domestic Violence Liaison Program and Children's Advocacy Centers were described, along with OCFS plans for continuance and expansion of these programs.

October: The Panel reviewed the OCFS Strategic Plan and the SDM tool in use at Intake.

November: The new format, policy, and process for OCFS Child Plans and Family Plans were presented for discussion and feedback.

December: The Panel heard a presentation on Maine's IV-E waiver program, the Maine Enhance Parenting Program (MEPP.) MEPP combines the evidence-based substance abuse Intensive Outpatient Program known as Matrix IOP with the evidence-based parenting education program Triple P. Both programs are delivered concurrently, rather than sequentially, with the intended goal of shortening timeframes and increasing likelihood of reunification.

REVIEW OF CHILD WELFARE POLICY AND PRACTICE

Child and Family Services Review

In April, the Panel prepared for participation in the CFSR focus group by learning more about the CFSR process and purpose, and participated in the CFSR focus group in May. In November, the Panel heard updates regarding the CFSR process and continued to follow the CFSR process through participation in the Federal Exit Meeting in February 2018.

OCFS Strategic Plan/Child Welfare Data Review

On an ongoing, regular, basis the panel has reviewed the OCFS strategic plan and child welfare data to both learn about outcomes related to child safety, permanency and well-being as well as to offer observations regarding child welfare practice. This will continue to be an agenda item in future meetings.

Family Teaming

The Panel heard a presentation on Family Teaming and the new training rollout early in the year and was offered an overview of progress, accomplishments, and successes during the March 2018 meeting.

Structured Decision Making

The Panel received information on Structured Decision Making with updates starting in the month following implementation of SDM.

Child Plans and Family Plans

The Panel received updates on the implementation process of the new Family Plan and development of a new Child Plan and provided feedback on changes-to-date at the November meeting.

OTHER ACTIVITIES

Legislative Tracking

The panel recognizes the value of keeping up to date on legislation that would impact child welfare practices and policies. A spreadsheet has been developed that is updated as new legislation is introduced and as current legislation makes its way through the legislative process.

RECOMMENDATIONS

From the Panel's work over the past reporting period, members continue to make the following recommendations:

- Enhance opportunities for meaningful input from the public and consumers, including Parents as Partners on FTM's; kinship care providers; and survivors. This might include a variety of models such as focus groups of existing meetings like CPPC, surveys or convening a dedicated group of participants.
- Increase awareness of OCFS core practices in the community and among partners through community trainings and engaging MCWAP in regular review of the OCFS Strategic Plan and child welfare data.

In addition to continuing the prior year's recommendations, the Panel has the following recommendations from their work in 2017:

- Provide regular CAC data updates on a quarterly basis to MCWAP to monitor efficacy,
- Collaborate with Children's Justice Task Force and CDSIRP to request and incorporate data sources that measure outcomes of investigation and prosecution across other agencies that handle child abuse cases.
- The Panel finds that representation of the Tribes is lacking on the Panel and will seek to bring Tribal representation to MCWAP in the coming year.

- The Panel will continue to define its role and structure in 2018. Pursuant to this work, the Panel finds that much of the discussion of OCFS policy and practice in 2017 was informative of decisions and events that had already happened. The Panel recommends that OCFS bring policy and practices to the Panel for feedback prior to adoption in a clear and transparent manner.

Appendix D

Effective February 2014

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide; copies should be with each employee, the Child Welfare Disaster Plan and addendum. The Child Welfare Disaster Plan is activated when ordered by the Director of the Office of Child and Family Services, or designee, and when Central or District Offices can no longer follow their usual procedures due to natural or man-made disasters. Complementing the Plan will be the sound judgment of Office of Child and Family Services (OCFS) leadership and staff, ongoing communication among affected parties, and improvisation as needed to meet the specific conditions of an actual disaster.

Child Welfare Disaster Plan

Leadership

The Director of the Office of Child and Family Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the OCFS Deputy Director, Associate Director of Intervention and Care, Associate Director of Policy and Prevention, Associate Director of Community Partnerships, Associate Director of Accountability and Information Services, Director of Mental Health Services, OCFS Medical Director, Child Protective Intake Manager, and Child Welfare Program Administrators of affected districts will assist the Director with the management of the emergency which includes ensuring that essential functions of the agency continue.

Emergency Management Team

The Emergency Management Team collaborates with the Director of the Office of Child and Family Services, Child Welfare Program Administrators, state agency authorities, and others to assist with managing Child Welfare Services response to disasters.

Responsibilities of Emergency Management Team members include:

- Initiate plan operation
- Deliver communications to staff, clients, and providers
- Communicate with Commissioner or designee, and with the Director of Public and Employee Communication
- Coordination with DHHS officials and other departments of state government as necessary
- Ensure Intake continues to function: receive reports, communications hub, if necessary
- Facilitate relocation if necessary
- Other responsibilities assigned by the Director of the Office of Child and Family Services

Continuing Essential Functions of Child Welfare Services

Essential Functions

Child safety is the highest priority to be attended to during and after a disaster. Knowing that staff, as well as families we work with will be affected during a disaster, each office may not be functioning at full capacity. To assure that essential functions are covered, staff may need to take on functions not normally part of their daily duties. All caseworkers, Quality Assurance staff, and other qualified staff could be called upon to perform any casework, or support function as needed. Essential functions include:

- Child Protective Intake: ensuring reports of CAN are received and assigned.

- Responding to reports of CAN. Includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home, an alternative plan must be developed, and/or court action initiated.
- Ensuring safety of children in state custody. Includes assessment of child safety as needed for children in DHHS custody or care, and determining that child(ren)'s and caregiver safety needs are met.
- Prompt family contact to share information on child/family situation related to the disaster.
- ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines.
- Court Hearings, unless otherwise determined by the court.

Communications Plan

Emergency Management Team, coordinating with the Director of Public and Employee Communication, develops messages for families, providers and staff. Message is communicated through a variety of means to ensure the broadest reach. Means to be used for families and providers include:

News releases to radio and television stations, cable tv, newspapers

Information on the state (maine.gov) and OCFS (<http://www.maine.gov/dhhs/ocfs/>) websites.

Intake

- Means used to communicate with staff include the above and the use of phone trees.
- Information could include office closures, status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, information for staff, status of MACWIS.

The Emergency Management Team is responsible for having on hand, a current list of newspapers, television stations, and radio stations with their contact information, and the OCFS website alert password.

Each district has a phone tree as determined by the Program Administrator.

Emergency Management Team is connected to District phone trees through the Program Administrator and designee.

Program Administrator and designee have the Emergency Management Team contact information Staff to contact caregivers and children.

Staff have programmed caregivers' and supervisor's contact numbers into their cell phones.

Supervisors have programmed staff and other essential contact numbers into their cell phones.

Intake to be hub for communication in the event that the District Office is down.

Intake to temporarily relocate to a district office, MEMA or Public Safety if necessary.

Information System Plan

- Develop MACWIS Disaster Recovery Plan: Contract to develop DRP that meets federal SACWIS requirement awarded to i-CST. Plan to be completed by 12/31/07.

- Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- Information Services Manager or designee to load the following reports onto the SMT folder weekly.
- Children in Care – Current Primary Open Placement Report.
- Worker Demographic Report.
- Listing of Assessments Report.
- Listing of Service Cases Report.
- Resource Capacity Availability: Foster Care-Regular Report.
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report.
- AAG and judges contact information.
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Back-up system off-site is in place.

Office Disaster Supply Kit

The Program Administrator or designee will have a thumb drive containing the following information:

- USB thumb drive with important documents loaded including: Calling Tree
- Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Each District Office will have a disaster supply kit consisting of the following:

- Supply of paper forms: Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Paper copies of: Calling Tree
- Employee and management contact information and their disaster plan contact information (Worker Demographic Report under development)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries

- First aid kit
- Agency vehicles with at least ¾ full gas tanks

Emergency Management Team and Central Office Disaster Supply Kit

The Emergency Management Team will have a disaster supply kit consisting of the following:

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner's Office and other state departments, federal liaison contact info, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of the Office of Child and Family Services will determine who will have access to the thumb drive.
- Employee and management contact information, including their emergency contact information (Worker Demographics Report under development)
- Children in Care – Current Primary Open Placement Report
- Supply of paper forms.
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit

Staff

Encourage staff to develop personal disaster kit.

Staff identify 2 contacts who would know where they are; at least one of them should be out of the area.

All employees will enter their name, address, home phone, work phone, work cell and both emergency contact numbers in MACWIS Worker Demographics

Staff will report to the next closest Child Welfare Services office in the event of office closure related to the disaster if directed by the Director of the Office of Child and Family Services, Program Administrator, or designee.

Staff must check in after a disaster with Intake or other entity as identified by the Emergency Management Team or Program Administrator

Recognizing that staff would also be affected by a disaster CWS supervisors will work with staff to ascertain their need for assistance so that they may be able to attend not only to their professional responsibilities, but also to their own safety issues.

Providers

Family caregivers will complete the Family Resource Disaster Plan as part of their Foster or Adoption Application and at their annual update and biennial renewal. Each district will designate a caseworker to assist relative and fictive kin caregivers to complete the plan if the caregivers will not apply to become a license/approved resource. Included in the plan are relocation and emergency contact information and agency contact requirements. Each family will have an Emergency Supply Kit consisting of:

- Water, one gallon per person per day for at least 3 days
- Food, 3-day supply of non-perishable food
- Battery powered or hand crank radio

- Flashlight and extra batteries
- First aid kit
- Whistle
- Moist towelettes, garbage bags
- Wrench or pliers
- Can opener
- Medications
- Medical equipment
- Wired phone

Resource Family Disaster Plan

Resource families will inform local first responders when a child with special medical needs is placed with them.

Residential facilities will follow emergency procedures as required by residential licensing regulations.

District staff will contact children in residential facilities to assess for safety as soon as possible.

MACWIS includes the resource family physical address, primary phone number and secondary phone number, and fields as well as relocation and emergency contact information.

Caseworkers with youth in independent living situations, children in trial home placements and in other unlicensed placements will acquire two emergency contact names and their phone numbers and addresses and record in MACWIS.

Coordination with Courts

The Director of the Office of Child and Family Services will inform the court administration of the development of the Child Welfare Emergency Response Plan. Program Administrators and district Assistant Attorneys General will coordinate with local courts during an emergency.

Liaison with Federal Partners and Neighboring States

Director of the Office of Child and Family Services or designee will initiate and maintain contact with federal partners to communicate about waivers and about what is happening on state and federal levels regarding the disaster.

Staff should document overtime and work done related to the disaster for possible reimbursement.

Director of the Office of Child and Family Services or designee will identify liaison in neighboring states, work with them to coordinate and share information when children and families cross state lines and will maintain complete contact information for those liaisons and their alternates.

Director of the Office of Child and Family Services or designee will ensure that federal partners and neighboring state liaisons have Emergency Management Team contact information.

Districts

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and inform Intake. Districts will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of MACWIS. District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

- Develop a plan for continuation of services to include:
 - Assessment of new reports within 72 hours of the report.
 - Service provision to Child Protection service cases within 5 days of the disaster.
 - Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible.
 - Contact with parents of children in custody to give them updates on child's situation, and to learn of parent's situation, service provision as soon as possible.
 - Coordinate with other agencies that have information about child and family location, needs.
 - In the event that a child needs to be moved due to the emergency, and another placement cannot be quickly located, with approval of the supervisor and PA the caseworker may take the child home with him/her.
 - Per the Director of the Office of Child and Family Services, Policy V. D-4 which restricts placement of children in state custody or care with employees will be temporarily abrogated.
 - Develop staff phone tree.
 - Maintain list of District Court judges and AAG's home phone number, cell phone, and address.
 - When youth are participating in off-grounds activities, the trip leader or other adult leader will have control of medications and emergency and first aid supplies.
- The Plan will need to be implemented incrementally to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

- **155B HOSTAGE TAKING**

- If a hostage situation occurs, staff on the scene should follow the following guidelines:

- 1) Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
- 2) Isolate the perpetrator from innocent bystanders or potential victims if possible.
- 3) Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
- 4) Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
- 5) Remain calm and attempt to keep others calm.
- 6) Dial 9-1-1 or attempt to have someone contact help.
- 7) Negotiate if possible if a rapport is existent. Do not be condescending or sarcastic – be bold, confident and calm.
- 8) Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
- 9) Think about potential escape plan for yourself and other.

136B Roles of Management in Hostage Taking

- 1) Notify local law enforcement immediately and provide them with any pertinent information necessary.
- 2) Utilize cellular phones between the safe and crisis zones.
- 3) Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)
- 4) If staff or clients are advised to stay put, stay away from windows, drop to the floor, take cover, and wait for a signal.
- 5) Stay in constant communication with law enforcement.
- 6) Have a designee secure the doors to avoid innocent bystanders from complicating the situation.
- 7) Meet law enforcement officials at a pre-designated location and provide them with good directions to and description of the site.
- 8) Identify a safe place away from the building for interviews.
- 9) Once the situation has been resolved, the "all clear" signal should be announced.
- 10) Make sure master keys are readily available to responding law enforcement.

Appendix E OCFS Training Plan					
Training	IV-E Eligibility	Venue	Trainers	Hours	Target Audience
<p>Foundations New Worker Training</p> <p>This training is for new Child Welfare Caseworkers prior to working with children and families. The topics in this training include assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance abuse, medical indicators of abuse, domestic violence, Family Team Meetings, and permanency.</p>	Yes	Held in Central Location (Augusta)	<p>Policy and Training Team</p> <p>Subject Matter Experts</p>	<p>96 Hours</p> <p>Held every other month</p> <p>5 times per year</p>	<p>New Child Welfare Staff</p> <p>New Alternative Response Program Staff</p>
<p>Indian Child Welfare Act (ICWA)</p> <p>This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases as well as the spirit behind the law. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; Native history regarding federal policies of forced assimilation; historical trauma; the TRC process; how to co-case manage ICWA cases; OCFS ICW policy; and the BIA guidelines.</p>	Yes	Held in Central Location (Augusta)	<p>Contracted Staff from Maine's Tribal Child Welfare</p> <p>OCFS Tribal liaison, Policy and Training Team</p>	<p>3 hours</p> <p>Held quarterly</p>	<p>Child Welfare Staff</p> <p>Alternative Response Program Staff</p>

Psychosocial Assessment Training This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiate's participants thinking in a more complete manner about what additional information may be needed regarding a caregiver. This process can assist caseworkers in developing key questions that would be asked of the mental health professional around caregiver functioning and capacity to change as it relates to child safety, permanence and well-being.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff	6 hours Held Quarterly	Child Welfare Staff who hold conditional Social Work Licensure
Legal Training The training begins by discussing substantiated, indicated and unsubstantiated findings. The training moves into case flow focusing on law and procedure during each part of a case. Petition writing is explained, preparing for court and discovery is reviewed. Factual documentation is stressed throughout the training. The various types of hearings are explained from initial court action to TPR and how to prepare for court.	Yes	Held in Central Location (Augusta)	David Hathaway, Assistant Attorney General Policy and Training Team Staff	6 hours Held quarterly	Child Welfare Staff
Advance Medical Indicators This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect, as well as failure to thrive diagnosis, treatment and family support. This training also includes information to help caseworkers understand when to seek further medical evaluations and tests, and how to give	Yes	Held in Central Location (Augusta)	Dr. Lawrence Ricci-medical expert on child abuse and neglect Policy and Training Team Staff	6 hours Once Per Year	Child Welfare Staff Resource Parents Community Partners. Alternative Response Teams

meaning to information obtained, considering what we know about the dynamics of child abuse and neglect.					
Child Welfare Trauma Training Tool Kit This training is conducted using the curriculum from the National Child Traumatic Stress Network (Child Welfare Trauma Training Toolkit). This training is to educate OCFS staff about the impact of trauma on children and families as well as how to recognize vicarious trauma and promote self-care for OCFS staff.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff Mental Health Program Coordinators Community Partners	12 hours Held Quarterly	Child Welfare Staff
Children's Behavioral Health Treatment in Maine Many youths in the state of Maine will access some sort of mental health treatment service at some point during their childhood. This training will increase one's understanding of the types of mental health services available for children in Maine. Participants will have an opportunity to learn about the various levels of care within the mental health system and how to access those. In addition, discussion will focus on the various treatment models that can be utilized within those services. The training will center on common childhood diagnosis and the most effective treatments for those. Participants will also have an opportunity to learn ways to assess effectiveness of treatment. The training will provide support tools to help guide practice. This training is appropriate for anyone who works closely with youth and who may be responsible for arranging mental health services for them.	No	Held in various locations throughout State	Jamie Bartlett and Lynn Witten, Children's Behavioral Health Services	12 hours Quarterly	OCFS Staff

Working within OCFS The OCFS New Employee Training is designed to inform new employees within OCFS of the various aspects of OCFS. The OCFS mission statement is reviewed as well as other major DHHS offices. The OCFS organizational charts and staff roles are reviewed stressing that OCFS is all one team working together for the children and families of Maine. Statistics of the populations served are reviewed as well as confidentiality, where to find policy and law, professionalism, and the work environment. Retention and recruitment efforts being done within OCFS.	No	Held in Central Location (Augusta)	Policy and Training Team Staff Recruitment & Retention Specialist	3 hours Held every other month	OCFS Staff
Mandated Reporter Training This training is to provide training for OCFS staff and Child Abuse, Neglect Council staff and Community Providers to become trainers for the community on mandated reporting. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS.	No	Held in various locations throughout State	Policy and Training Team Staff Community Partners	2 ½ hours held as needed	Mandated Reporters
On-Line Mandated Reporter Training This training provides easy access to an online Mandated Reporter training for mandated reporters in the state of Maine. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is maintained	No	On-Line Training	Policy and Training Team	30 Minutes	Mandated Reporters in the State of Maine

by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.					
In Person Mandated Reporter Training This training provides an alternative to the online training when there is a request to do an in-person group training. Topics covered are the same as the online training; what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is also maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.	No	Various Location Across State	Certified Mandated Reporter Trainers	2 Hours	Mandated Reporters in the State of Maine
Adoption Process This training focuses on the process of adoption from working with the child, birth family, adoptive families, and others involved. The history of adoption and where we are today and the paperwork process of legalization.	Yes	Held at the district offices	Policy and Training Team Staff	3 hours	Child Welfare staff
Supervisory Training – Putting the Pieces Together This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique	Yes (50%)	Held in Central Location (Augusta)	Policy and Training Team Staff	54 hours Three, 3 Day Modules Offered Over 9 Months	OCFS Supervisors

circumstances of each supervisor.					
Facilitated Family Team Meeting Training This training focuses on returning to the fidelity of the FFTM Model (Team Decision Making). It explains why this model works, what it looks like and how to best use this model when considering removal of the child(ren) from their homes using court action.	Yes	Held in various locations throughout State	3P (Outside Consultation group) Policy and Training Team Staff	6 hours	Child Welfare Staff
Rights of Recipients Training This training goes over the Rights of Recipients of Mental Health Services who are Children in Need of Service. The training provides rights violations examples staff may encounter and Disability Rights also talks about their role when they get involved. Also discusses what a grievance is and what will happen if a grievance is filed by anyone. Different situations around treatment are also discussed.	Yes	Held in various locations throughout State	Katrina Ringrose, Disability Rights Maine	2 hours	Child Welfare Staff
Leadership Academy for Supervisors The LAS provides a high quality, proven training experience for experienced supervisors in an accessible format, two-thirds in a self-directed approach to meet supervisor's busy schedule. The LAS is a 9-month blended learning program. The core curriculum for supervisors consists of the six on-line modules corresponding with the NCWWI Leadership Model. Learning activities include pre-learning in preparation for each of the six modules as well as instructor led real-time discussion	Yes (50 %)	Held in Central Location (Augusta) and some held through ADOBE	Policy and Training Team	36 hours over a 9-month period	Child Welfare Supervisors

sessions for graduates of each module.					
Mock Trial This training gives caseworkers the opportunity to practice testifying in regard to a mock case in court with legal interns acting in the roles of the attorneys.	No	Held in Central Location (Augusta)	David Hathaway, Assistant Attorney General Policy and Training Team Staff	3 hours	Child Welfare Staff
Social Work Ethics Training is offered to LSW's who are conditionally licensed from both OCFS and OADS. The training goes over in detail the Code of Ethics for Social Workers and work is done around Values and the Responsibility Standards. Ethical dilemmas are discussed as well as how to use a decision-making model for analyzing the dilemma and finally how to use a resolution model to assist in deciding how we determine the best course of action.	Yes (50% for the % of OCFS Participants)	Held in Central Location (Augusta)	Policy and Training Team Staff	6 hours	LSW's who are conditionally licensed from OCFS and OADS
Ethical Decision Making for Social Workers This training is offered to Social Workers from both OCFS and OADS and is a requirement for social work license renewal. The training goes over the Code of Ethics for Social Workers. Social Work Values are covered and different scenarios are worked through with a specific dilemma resolution model. Trainees also take a set of the standards from the Code of Ethics and summarize them for the group and give examples from their work.	Yes (50% for the % of OCFS Participants)	Held in Central Location (Augusta)	Policy and Training Team Staff	4 hours	Fully licensed LSW's from OCFS and OADS
Drug ID, Impairment Recognition	Yes	Held North, Central and Southern part of state	Thomas Reagan, MDEA Retired	6 hours	Child Welfare Staff

<p>This training gives an overview of drugs and paraphernalia recognition. It highlights key indicators of drug impairment and gives tips on how to document. It covers current drug trends and briefly facilitates a discussion about youth who may be under the influence. The presentation also includes discussion around worker safety when working with someone who may be under the influence</p>			Policy and Training Team Staff		Community Partners
<p>IMPACT (Maine's Immunization Information System)</p> <p>New users receive a brief training on the IMPACT system which is the ME CDC system that a child's immunizations are stored.</p>	Yes (50%)	Adobe Web Conferencing	Policy and Training Staff	2 hours Done as needed	Child Welfare Office Assistants and Case Aids
<p>Advanced Forensic Interviewing</p> <p>This training was a multi-day practice seminar where staff build on, and advanced their fact finding interviewing knowledge and skill by refreshing their knowledge of the 7-step interviewing protocol and then critiquing their own and their peers work. Each participant brought examples to share and engaged in a constructive feedback process.</p>	Yes	Held North, Central, and South Locations in Maine	National Children's Advocacy Center	2 days-4 different sessions	Child Welfare Frontline Assessment Workers, Permanency Workers and Supervisors
<p>MACWIS (Maine Automated Child Welfare Information System) Tech Overview</p> <p>In this training workers review contents of the MACWIS Training Library, how to use the Voice File Mover Software in order to properly store voice recordings on the network drive. How to create a voice profile in order to use</p>	Yes	Held in District Offices	Policy and Training Staff	6 hours	New Child Welfare Staff

Dragon Naturally Speaking for narrative documentation. As well as discuss how to move photos off the cell phone or camera onto the network drive.					
MACWIS Court History Participants learn about the importance of confidentiality and the importance of accuracy when court orders are entered into the MACWIS system. All documents found in the file are reviewed; petition, case management/pre-trial, paternity, judicial review, services to parties C1-PPO, C2, C3, and many other types of orders. All parts of the MACWIS court screens are reviewed. After review of the file, the MACWIS training database is used and a new worker practices entering the court order into the screens, choosing the correct hearing type, entering the appropriate dates; hearing date, petition date, order date and effective date.	Yes	Held in District Office	Policy and Training Team	2 hours	As needed for new OCFS Office Assistants and Case Aides
MACWIS Central Intake This training begins with a review of a real report in the MACWIS production database. Then the MACWIS training database is used and participants create a new 'fake' report. Other tasks covered in this training are how to find people in the Central Client Index, finding history of a person in MACWIS as well as reviewing all screens in the Report/Intake module. Training also includes how to screen a new person not previously known to MACWIS	Yes	Centrally (Augusta)	Policy and Training Team	2 hours	As needed for new Intake workers
Safe Sleep, Period of Purple Crying	Yes	Online		1 hour	New Child Welfare Staff

<p>This video present's information of what a safe sleep environment should look like, what are some of the hazards to babies while sleeping and how to converse with parents about their babies sleeping environment. It also introduces the period of purple crying shaken baby prevention program.</p>					
<p>Online Period of Purple</p> <p>This video presentation increases the viewer's insight into the period of purple crying, how to describe it to parents and how to talk with them about soothing their crying baby. It enables the viewer to deliver doses one and two of the period of purple crying prevention program.</p>	Yes	Online		1 hour	New Child Welfare Staff
<p>Beyond Mandated Reporting</p> <p>This training will give the participant an overview of the Child Welfare system in Maine. It is designed for individuals to gain a greater understanding of the laws, policy and practice that impact the Child Welfare System. We will discuss the flow of a case through intake, assessment, and permanency and different permanency options. We will also discuss aspects of safety, risk and danger throughout the day.</p>	No	Held in Central Location (Augusta)	Policy and Training Specialist Staff	6 hours 3 times a year	Community Members
<p>Child Safety Seat Training</p> <p>What type of car seats are there, which one is right for the child(ren) you are transporting, and what is the correct way to install them? This Bureau of Highway Safety endorsed training will answer these questions for you. You will also learn</p>	Yes (50%)	In Districts	Policy and Training Staff	3 hours	Child Welfare Staff and Resource Parents

about passenger safety restraint systems, injury prevention, and crash dynamics. The training provides for actual hands-on car seat installations in vehicles by all attendees. Participants are encouraged to bring the car seats they are currently using for a safety check and for answers to any questions they may have about the seat.					
Bridging Program, Infant Family Support Services Training The Bridging Program is a collaborative training to improve service delivery to families with a child born substance exposed, or as referred to in our system families with Drug Affected Baby (DAB) reports. The purpose of Bridging is to improve outcomes for infants and their families by increasing coping skills, removing barriers and building on strengths utilizing all the needed supports and services within the family's community.	Yes	Held in North and South areas of State	Marjorie Withers, Community Caring Collaborative Policy and Training Team	36 Hours- 5 Days	Community Health Nurses Maine Families Home Visiting Program Staff OCFS Staff
Methamphetamine Awareness The purpose of this class is to make participants aware of the dangers of methamphetamine, a highly addictive drug with potent central nervous system stimulant properties. At the completion of this class participants will be able to: -define the term "methamphetamine"; -recognize common over-the-counter products that are used in methamphetamine production; -recognize the short and long-term effects on users;	Yes	Online Training	Justice Planning and Management Associates	1 hour	Child Welfare Staff

-describe how meth is used and abused; -identify persons that may be meth users; and -describe unique vulnerabilities that children face within a methamphetamine environment.					
Responding to Methamphetamine Labs This class will provide participants with some basic terminology of meth labs, as well as equipment used in them and protocols to follow if you identify the location of a possible lab. Upon completion of this class, participants will be able to: -identify standard and improvised lab equipment used in methamphetamine production; -list the correct procedures for dealing with reported or discovered methamphetamine labs; -recognize common over-the-counter products that are used in methamphetamine production; identify the proper procedure for dealing with children endangered by methamphetamine labs.	Yes	Online Training	Justice Planning and Management Associates	1 hour	Child Welfare Staff
Awareness of Human Trafficking This class is an overview of the problem of human trafficking in the United States. Its emphasis is on understanding the scope of the problem and the legal framework in place to help address it. After completion of this class the learner will be able to: -Describe the problem of Human Trafficking. -Detail the scope of the problem.	Yes	Online Training	Justice Planning and Management Associates	1 hour	Child Welfare Staff

<ul style="list-style-type: none"> -Identify the characteristics of traffickers. -Detail the roles of various organizations in human trafficking investigations. -Discuss the relevant federal law in place to assist trafficking victims. 					
<p>Responding to Human Trafficking</p> <p>This class is an overview of the basics of human trafficking situations. Its emphasis is on adopting a victim centered approach to achieve successful conclusions in trafficking cases, to include victim rescue and care and trafficker prosecution. After completion of this class the learner will be able to:</p> <ul style="list-style-type: none"> -identify investigative considerations in a human trafficking case. -detail the information requirements for successful interventions and investigations. -detail the methods by which traffickers are identified. -discuss the victim issues that such cases entail. 	Yes	Online Training	Justice Planning and Management Associates	1 hour	Child Welfare Staff
<p>The Maine Face of Human Trafficking</p> <p>This brief class is designed to familiarize participants with the characteristics of human trafficking in Maine. It is recommended that this class be completed as the third in the Human Trafficking series of classes.</p> <p>Upon successful completion of this class, the participant will be able to:</p> <ul style="list-style-type: none"> -identify human trafficking trends in Maine. -reference laws in Maine that pertain to human trafficking. -recognize a victim-centered response and investigative 	Yes	Online Training	Justice Planning and Management Associates	30 minutes	Child Welfare Staff

<p>approach to human trafficking.</p> <p>-contact non-governmental organizations to assist with cases involving human trafficking.</p>					
<p>Awareness of Cultural Diversity</p> <p>The goal of this class is for officers to understand the positive personal, professional and community benefits that result from awareness of cultural diversity.</p>	Yes	Online Training	Justice Planning and Management Associates	1 hour	Child Welfare Staff
<p>FTM Teaming Training</p> <p>Teaming Specialists will be trained and certified as facilitators and subsequently as coaches for Family Team Meetings. Funded by Casey Family Programs, the FTM training and certification process will utilize “Just in Time” training on FTM preparation and facilitation.</p>	Yes	Held in districts over the course of the year with a certification process in which those certified are then able to train others in their district	Patricia Mosher, LCSW	3-3-hour modules trained over the course of a month with coaching components	Child Welfare Staff
<p>FFTM Facilitator Training</p> <p>The FFTM Facilitator Training is an introduction to the Facilitator’s role in the meeting. It is an overview of the steps and process with a focus on facilitation skills in different complicated situations that may arise. Facilitators will be able to recognize what pieces of FFTM’s are their responsibility and develop some initial skills around how to be neutral, how to manage difficult and emotional situations, and how to treat all parties in these meetings with respect. Facilitators leave with a structured plan of FFTM observations to complete.</p>	Yes	Varying locations in state	Policy and Training Team	6 hours	Child Welfare Staff

Role of the Frontline Child Welfare Professional in Facilitated Family Team Meetings This training teaches caseworkers their role in FFTMs. It explains the values behind using this model and the steps of the FFTM. Caseworkers learn what steps they are responsible for and what the facilitator's role in the meeting is. Special topics include when domestic violence is a dynamic of the family and the significant importance of involving youth in the process. Caseworkers have an opportunity to have a deeper understanding of harm and danger and to practice writing danger statements.	Yes	Held North, Central and Southern part of state	Bobbi Johnson, EMT/OCFS Lori Ryan, 3P Consulting Policy and Training Team	6 hours	Child Welfare Staff
Supervisor Mock Trial This is a higher-level training for supervisors only. Program Administrator for each district selects the supervisors to attend from their district. Supervisors testify in a mock trial in regard to PPO Petitions, Straight Petitions and TPR Petitions and receive feedback from the AAG's.	No	Held in Central Location (Augusta)	Assistant Attorney General's Office	1 time- 4 hours	Child Welfare Supervisors
Advanced Topics in Domestic Violence: In her shoes Experience In Her Shoes" is an interactive activity that will help participants understand the ups and downs a survivor of domestic violence experiences over the course of many years. The scenarios in "In Her Shoes" are based on true stories-the experiences of women with abusive partners as told to us by them. The stories reflected in the training typify the complex and dynamic	Yes	Held in Central Location (Augusta)	Mathew Perry and Patty Redlund, Maine Coalition to end Domestic Violence and Community based Domestic Abuse Resource Centers	6 hours	Child Welfare Staff (Pre-requisite-Must have been working for 6 Months for OCFS)

<p>nature of domestic violence while also calling out the more specific barriers that survivors face when poverty is part of their reality. The goals of this training are to increase awareness of the multifaceted issues and complicated dynamics experienced domestic violence survivors, highlight struggles and barriers survivors and their children are forced to deal with when they are confronted with economic issues and demonstrate that we all have a role to play and work to do in ensuring all community members are free from domestic violence. This training will encourage everyone to think creatively and act intentionally to assist victims and their children.</p>					
<p>Advanced Topics in Domestic Abuse: The Choice to be Violent: Mandel's Mapping Perpetrators Patterns</p> <p>Continuing the conversation from past Advanced Caseworker Training in DV, this full day presented by the will bring into focus the Domestic Abuse Offender's Choice to be Violent. We will explore the differences between men's and women's violence. We will hear from community leaders, working in this field, who will share their lessons learned. Participants will acquire an understanding of and an opportunity to practice with David Mandel's latest tool, Mapping Perpetrator's Patterns. Participants will learn to maintain their focus on abusive behavior. As well as, intervene with perpetrators through accountability to reduce risk and prevent further harm to children and adult survivors.</p>	Yes		<p>Maine Coalition to End Domestic Violence,</p> <p>Community based Domestic Violence and Abuse Resource Centers</p> <p>Policy and Training Team</p>	6 Hours	<p>Child Welfare Staff: (Pre-Requisite - Attendance at one full day of Advanced Caseworker Training in DV from 2013, 2014, 2015 or 4/25/17)</p>

Staff Safety Preparation and awareness are the two most important components of maintaining one's safety. Knowing how to assess a situation, plan ahead when an interaction has the potential for danger and paying attention once we are in a situation assists us in staying safe. While no training program can guarantee a risk-free world, this one-day program will provide a wide range of options available to staff who may encounter angry people or situations with potential risk. The program will address the need for boundaries, both physical and psychological; provide practical de-escalation techniques; address what to pay attention to when in a crisis; essential skills that assist us when interacting with angry or hostile people; gain awareness of those behaviors that are likely to "push buttons" and build skill in disengaging; and tips for staying safe in the office and in the field. It will also cover DHHS and OCFS related policy and protocol. This is not a self-defense course. This program will address safety both in the office and out in the field.	Yes	North, Central and South Location of State	Policy and Training Team	6 hours	Child Welfare Staff
Findings & Appeals Process Training The presentation focuses on the review process, why findings are appealable, when findings are appealable, what the appeals unit looks at when completing an appeal. This presentation also focuses on why the findings notice is so important, what the notice should contain; and what the appeals unit looks for in reference to findings types and severity, in order to	No	In Districts	General Counsel, OCFS	3 hours	Child Welfare Staff

uphold a finding. Participants are presented different appeal scenarios that they read and discuss as a group.					
Intake/Structured Decision Making (SDM) Process and Tool Training This training focused on the use of and understanding of the Intake SDM tool. This tool is used to assist staff in determining if the information reported rises to the level of an allegation appropriate for CPS assignment and if so, the timeframe in which OCFS should respond. The tool also provides guidance on referrals to community intervention/prevention services made by Intake.	Yes	Held in Central Location (Augusta)	National Council on Crime and Delinquency (NCCD)	6 hours	Intake Staff, Program Administrators, Assistant Program Administrators & Assessment Supervisors

2018 Trainings to be rolled out based on need and/or feedback from the districts:

- **Motivational Interviewing** (This training was postponed from 2017 to 2018)
- **Critical Thinking Skills**
- **Family Plan/Child Plan**
- **Assessment/Structured Decision Making**
- **Permanency/Structured Decision Making**