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Maine Child and Family Services Plan For FY 2010 – 2014



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

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I. Introduction

This Maine Child and Family Services Plan (CFSP) is a multi year strategic plan for Maine. It is based on important findings and recommendations from:

- 2009 Maine Statewide Assessment
- 2009 Child and Family Services Onsite Review
- Recommendations from a statewide Steering Committee of diverse stakeholders
- Priorities of Child Welfare Services Director
- Recommendations of Child Welfare Senior Management Team

Integrated within this larger CFSP, is Maine's proposed anticipated Program Improvement Plan (PIP), to be finalized after our receipt of Maine CFSR written findings. We are grateful to Melody Roe of the National Resource Center for Organizational Improvement for her guidance as we worked to meld these two plans into one.

This 11 point plan is designed to move Maine toward key goals in our Child and Family Services Practice Model.

II. 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 2009-2014 CFSP.

Child Welfare Services is one of four Divisions (Child Welfare Services, Children's Behavioral Health Services, Early Childhood Services, and Public Services Management), positioned within the Office of Child and Family Services housed within the Department of Health and Human Services.

The Office of Child and Family Services is working toward a system of care that is child-centered and family-focused, with the needs of the family and child dictating the mix of services.

The organizational unit responsible for programmatic implementation of the CFSP is the OCFS Child Welfare Services Division, directed by Daniel Despard. The organizational unit responsible for the administrative support of CFSP implementation is the OCFS Public Service Management Division, directed by Christa Elwell. The organizational unit responsible for the development and submission of the CFSP and Annual Progress and Services Reports (APSRs) is the OCFS Federal Plan and PQI Unit, managed by Theresa Dube.

III. Beliefs Statement and Practice Model

Articulated in our Beliefs Statement and our Practice Model is the philosophy of the OCFS, Child Welfare services in providing child and family services and developing a coordinated service delivery system.

Maine Bureau of Child and Family Services Beliefs Statement

Child Safety is Paramount

- We have the responsibility to intervene to protect children.
- Effectively intervening to keep kids safe depends on a thorough and timely assessment.

Parents Have the Right and Responsibility to Raise Their Own Children

- Parents have the right and responsibility to correct issues of abuse and neglect.
- Parents have the right and responsibility to develop a plan for the safety and care of their children.
- BCFS has the responsibility to support a family in the care and protection of their children.

Children Deserve to Live in a Safe and Nurturing Family

- Children have the right to be placed in the least restrictive setting.
- Placements need to support family and community connections.
- Siblings belong together.

All Children Deserve a Permanent Family

- Foster care is a temporary arrangement for children.
- Permanency for children begins from day one.
- Timeliness of case decisions will be made consistent with the urgency of the child's needs for permanency.

Principles of Public Service Will Guide Us in Our Work

- Our work with families is objective, unbiased, and based on good practice.
- Everyone deserves to be treated with courtesy and respect.
- Our staff is our most important asset.
- We have the responsibility to use our professional knowledge and skills to promote changes.

Child and Family Services joins with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides our work with children and their families.

CHILD SAFETY, FIRST AND FOREMOST

- Making children and families safe is a collaborative effort. We create a team for each family, consisting of family, staff, and community members to find safe solutions for children.
- In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We engage families with honesty and open minds. By exploring and listening, we help families use their strengths to meet safety needs of children.
- We value family perspectives, goals, and plans as critical to creating and maintaining child safety.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- When children are placed in foster care, we ensure ongoing safety through frequent, meaningful contact with children and their caregivers. We welcome foster parents as a vital part of the family team.
- In our work to place children in adoption, safety is the first priority.

PARENTS HAVE THE RIGHT AND RESPONSIBILITY TO RAISE THEIR OWN CHILDREN

- We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.
- Parents' voices are valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.
- We believe that people can change. Their past does not necessarily define their potential.
- Family teams develop and implement creative, individualized solutions that build on the strengths of families to meet their needs.

CHILDREN ARE ENTITLED TO LIVE IN A SAFE AND NURTURING FAMILY

- As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.
- We support caregivers in protecting children in their own homes whenever possible.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We believe that children's needs are best served in a family that is committed to the child. We support placements that promote family, sibling and community connections, and encourage healthy social development.
- We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety, well-being, and permanence.

ALL CHILDREN DESERVE A PERMANENT FAMILY

- Permanency planning for children begins at first contact with Child and Family Services. We proceed with a sense of urgency until permanency is achieved.
- All planning for children focuses on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.
- Permanency is best achieved through a legal relationship such as parental custody, guardianship, or adoption. 'Stability' is not permanency.
- Life-long family connections are critical for children. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

HOW WE DO OUR WORK IS AS IMPORTANT AS THE WORK WE DO

- Our organization is focused on providing high quality, timely, efficient, and effective services.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open communication and accountability at all levels.
- As we work with children, families, and their teams, we clearly share our purpose, role, concerns, decisions, and responsibility.
- Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist families.

IV. Integrating Child and Family Services Plan (5 years) and Anticipated CFSR Related Items (2 years) – Goals, Objectives, Measures of Progress

The following is Maine's 5-year CFSP with imbedded CFSR Related Items.

OCFS will measure the results, accomplishments, and annual progress towards meet the goals and strategic targets through data extracted from our SACWIS system including Management Reports and the Results Oriented Management (ROM) system, Performance & Quality Improvement data and data received from ACF.

Note: when printing this section requires legal sized paper.

Child and Family Services Plan (5 years)

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
I. Child Safety, first and foremost	1. OCFS responds to all appropriate CA/N reports and ensures that children are seen within a timeframe that assures their safety	SI Item 1	A. Use MACWIS and ROM to identify worker/ unit /district problems/ strengths; develop action plans; and monitor staff allocation	Dept. performance has not substantially improved since 120 hr. response was reduced to 72 hr. response.	Action plan training?	67% assigned to CPS (12/8 Mgmt. Report) 69% contacted w/in 72 hrs. (12/8 Mgmt. Report)	<p>A. i) Regular, periodic staff allocation among districts</p> <p>A. ii) Regular, periodic staff allocation within each district</p> <p>A. iii) Do LEAN review of caseworker and supervisor tasks/ activities, the time it takes to do them & the time actually available</p> <p>A. iv) District Action plans for timely response</p> <p>A. v).Revise OOH Protocol</p>	<p>R: Dan Despard</p> <p>R: Francis Sweeney & Martha Proulx r: Program Administrators</p> <p>R: Dan Despard</p> <p>R: Francis Sweeney & Martha Proulx r: Program Administrators</p> <p>Dan Despard or designee</p>	<p>*Staff allocation decisions</p> <p>*Completed Action Plans & reviews w/ incremental improvements</p> <p>*Revised OOH Protocol</p>	<p>FY 2010 & ongoing</p> <p>FFY 2010</p> <p>FFY 2010-FFY 2011</p>
			B. Monitor ARP response			ARP contact timeframes?	<p>B. i) Work w/ ARP: -response times -families who refuse ARP</p>	<p>R: Christine Merchant C: Dan Despard</p>		FFY 2011-FFY 2012

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
I. Child Safety, first and foremost (cont.)	<p>2. Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need</p> <p>Service Cases: "Family drives the bus", with staff monitoring where it goes. Foster Care Cases: "Court drives the bus" with staff recommending the direction that assures a safe journey.</p>	S1 Item 2, S2 Item 3, Item 4 WB1 Item 17, Item 18	A. Full implementation of FTM	FTMs not fully implemented in practice		Inclusive case planning based on assessment occurs 58% of time (PQI). FTM follows policy 60% of time (PQI).	<p>A.i) Review/revise FTM policy</p> <p>A ii) Training on FTMs</p> <p>A iii) FTM action plans</p>	<p>R: Ginny Marriner C: CWTI</p> <p>R: CWTI</p> <p>R: Francis Sweeney & Martha Proulx r: Program Administrators</p>	- - - *Completed training	<p>FFY 2010</p> <p>FFY 2010 & 2011</p> <p>FFY 2011</p>
			B. Full implementation of Practice Model				B.i) Recommit to Practice Model discussion at all levels of agency	R: Dan Despard r: Francis Sweeney & Martha Proulx r: Program Administrators		FFY 2010 & FFY 2011
			C. Review patterns of repeat maltreatment and improve service	Repeat maltreatment is too high		Repeat maltreatment rate	C i) Develop repeat maltreatment data report C ii) Tighter policy on maintaining open cases that have high risk of repeat maltreatment C iii) Review Breakthrough Series learning's re: - Repeat maltreatment cases - DV services - Sub. Abuse services - Safety Assessment in reunification process - CPPC	R: Bob B. or Robert P.? R: Francis Sweeney & Martha Proulx or designees	*Repeat maltreatment data report	<p>FFY 2010 & 2011</p> <p>FFY 2011</p>

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration	
I. Child Safety, first and foremost (cont.)	2. Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need (cont.)	S1 Item 2, S2 Item 3, Item 4 WB1 Item 17, Item 18 (cont.)	D. Review patterns of Death, Serious Injury & improve service				D i) Develop district repeat maltreatment action plans	R: Francis Sweeney & Martha Proulx? r: Program Administrators	*Completed action plans and reviews w/some incremental improvement	FFY 2010 & 2011	
			E. CAPTA Plan				E i) Update CAPTA plan	R: Ginny Marriner	Current CAPTA plan	FFY 2010-2014	
			F. Continued utilization of Family Preservation & Family Support								FFY 2010-2014
			G. Apply for Family Connection grant				G i) Assessment viability of applying for a specific Family Connection grant	R: Ginny Marriner or designee	Grant application submitted	FFY 2010-2014	
3. Efficient, effective casework (Engagement, Assessment, Teaming, Planning, & Implementation) is evident in case documentation	S2, WB1, Item 25	A. FTM training and monitoring		Safety is not well assessed throughout life of case Maine documentation needs to better demonstrate EATPI			A i) Consider an FTM specialist/ mentor/ monitor for each district	R: Dan Despard	*Implementation plan or memo/ minutes documenting decision not to implement	FFY 2011	
							A ii) As needed develop/implement casework supervisor training and tools for: -observation of caseworkers -coaching -obtaining client feedback -improving caseworker documentation -performance management A iii) Quarterly supervisory review of every service case.	R: Francis Sweeney & Martha Proulx r: r: CWTI R: Francis Sweeney & Martha Proulx r: Program Administrators	*Tools developed; training completed PQI measure	FFY 2010 FFY 2010-2014	

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
I. Child Safety, first and foremost (cont.)	3. Efficient, effective casework (Engagement, Assessment, Teaming, Planning, & Implementation) is evident in case documentation (cont.)	S2, WB1, Item 25 (cont.)	C. Improve key policy and procedures to increase their usefulness and actual utilization by caseworkers		CWTI – for policy summit process & follow-through?		<p>C i) Develop Safety Assessment Policy criteria for when to do new safety assessments in open cases (see I. Breakthrough Series)</p> <p>C ii) Policy Summit and revision/ reorg. of policies & procedures</p> <p>C iii) Review Dictation Policy-revise if it can be made more concise</p> <p>*C iv) Implement Narrative Review report or develop dictation measure</p> <p>C v) Regular PQI record reviews</p> <p>C vi) Develop verifiable policy implementation procedures</p>	<p>R: Ginny Marriner c: CWTI</p> <p>R: Ginny Marriner c: CWTI</p> <p>R: Ginny Marriner C: CWTI</p> <p>R: Theresa Dube C: CWTI C: Francis Sweeney & Martha Proulx</p> <p>R. Theresa Dube</p> <p>R: Francis Sweeney & Martha Proulx r: Program Administrators C: CWTI?</p>	<p>Policy</p> <p>Report of summit, improved policies</p> <p>Revised or reaffirmed dictation policy</p> <p>PQI Report</p> <p>To be determined</p>	<p>FFY 2010 & 2011</p> <p>FFY 2010 & 2011</p> <p>FFY 2010 & 2011</p> <p>FFY 2010 & 2011</p> <p>FFY 2010</p>
			D. IV-E Training Plan (Cooperative Agreement)				D i) Annual re-negotiation of agreement	R: Dan Despard (DHHS) r: Becky Harvey (USM)		

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
II. Parents have the right and responsibility to raise their own children	4. Improve OCFS sharing of responsibility with the community to help families protect and nurture their children	Service array (35, 36, 37) Agency responsiveness to the community (38)	A. Ensure that key services are available to meet the needs of CWS families. These should also be available and accessible to other Maine families served by OCFS		National Resource Center TA		<p>A i) Decide on key services that should be available and accessible to families receiving child welfare services.</p> <p>A ii) For each District, determine key service availability and need.</p> <p>A iii) Present findings to OCFS Management Team for decision-making and assignment of responsibility to develop needed services.</p> <p>A iv) Make decision on whether and how to expand CPPC to other sites and districts (see I. Breakthrough Series).</p>	<p>R: Dan Despard r: Program Administrators C: Christine Merchant A: Jim Beougher</p> <p>R: Program Administrators</p> <p>R: Dan Despard</p> <p>R: Dan Despard</p>	<p>Assessment, review, reports, & conclusion by OCFS SMT (report or minutes)</p> <p>Reports submitted to District Operation Managers</p> <p>Minutes</p> <p>Memo or minutes documenting decision</p>	<p>FFY 2011 & 2012</p> <p>FFY 2011 & 2012</p> <p>FFY 2011 & 2012</p> <p>FFY 2011 & 2012</p>
			B. Expand utilization of "Strengthening Families" in contracted services				B i) To be determined	R: Dan Despard (DHHS) r: Becky Harvey (USM)		FFY 2011
			C. Support ICWA Work Group				<p>A. i. Develop and train on ICWA Policy</p> <p>B. Identify ICWA Resource Person in each District</p>	<p>R: Martha Proulx</p> <p>R: Martha Proulx, Francis Sweeney, Program Administrators</p>	<p>Completed policy & training</p> <p>List of ICWA Resources in Maine</p>	<p>FFY 2010-2011</p> <p>FFY 2010</p>

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
							C. Case Review of all ICWA cases	R. Theresa Dube, PQI	Report	FFY 2010
III. Children are entitled to live in a safe and nurturing family	5. Increase stability of placements & permanency	P1 Item 6	A. FTMs Incorporate 'ice-breaker meeting' concept	Placement stability needs improvement FC re-entries w/in 12 months needs improvement		Data Profile	A i) See #2, #3	See #2, #3	See #2, #3	See #2, #3
			B. Improve AFFT Training Finalize & implement a respite care policy				B i) Revise AFFT curriculum	R: CWTI r: Ginny Marriner or designee		FFY 2011
			C. Implement new IV-E plan requirements for school attendance assurance, school stability, and sibling placement				C i) Revise policies and documentation procedures	R: Ginny M. arriner		FFY 2010 & 2011
	6. Increase safe and nurturing family relationships and family/community connections	P2 Item 11, Item 13, Item 14, Item 15, Item 16	A. FTMs					A i) Review/ revise FTM policy. A ii) FTM training, FTM monitoring, & FTM performance mgmt. (see Goal #1)	R: Ginny Marriner C: CWTI R: CWTI & PQI R: Program Administrators r: Supervisors	*Completion of training, PQI record reviews *Completed action plans and reviews w/ some incremental improvements
B. Increase in-district placements, utilizing proximate placement action plans				No more \$ for unlicensed placements		Identify demographic/ geographical needs for more	B i) District Action Plans to recruit, license and support relative placements and foster	R: Program Administrators A: District Operation Managers	*Implementation plan	FFY 2010

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III. Children are entitled to live in a safe and nurturing family (cont.)	6. Increase safe and nurturing family relationships and family/community connections (cont.)	P2 Item 11, Item 13, Item 14, Item 15, Item 16 (cont.)	F. Implement fostering connections statutory requirement that state exercise due diligence to notify all adult relatives when child enters FC.				F i) Develop policy and procedures/ documentation	R: Ginny Marriner		FFY 2010
IV. All children deserve a permanent family	7. Increase timely reunifications & timely achievement of alternative permanency goals when timely reunification cannot occur	P1 Item 7, Item 8, Item 9, Item 10	A. FTMs for reunification planning			PQI record review	A i) Review/Revise FTM policy	R: Ginny Marriner C: CWTI	Revised policy	FFY 2010
			B. FTMs for timely permanency decision Also, see strategy #4, #3 (supervisory reviews), strategy C. #5, & strategy #6			2006 Draft Concurrent Policy Title 22-4038, 4038-B, 4041	B i) FTM training (see #1) B ii) FTM monitoring (see #1) B iii) Finalize Concurrent Planning Policy B iv) Develop APPLA Policy B v) Enhance Permanency Policy & procedures B vi) 90 day supervisory reviews	R: CWTI? R: Program Administrators r: Supervisors Policy Summit process? (see Goal #1) Policy Summit process? (see Goal #1) Policy Summit process? (see Goal #1) R: Program Administrators r: Supervisors	Completion of training Completed action plans, PQI measure Policy Policy Policy District Operation Managers certification, and/or PQI review	FFY 2010 & 2011 Ongoing FFY 2010 FFY 2010 & 2011 FFY 2010 & 2011 FFY 2010 and ongoing

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration	
IV. All children deserve a permanent family (cont.)	7. Increase timely reunifications & timely achievement of alternative permanency goals when timely reunification cannot occur (cont.)	PI Item 7, Item 8, Item 9, Item 10 (cont.)	C. Study and strengthen use of Team Decision Making		* NRC TA- what do other states do?		C i) Request technical assistance to assess team decision-making efforts in Maine and to consult on best practices.			FFY 2011	
			D. Improve MACWIS data capacity to track progress towards permanency				D i) Develop MACWIS capacity to cross reference casework and court work towards permanency.	R: Bob Blanchard	MACWIS Enhancement	FFY 2011	
			E. Continued utilization of Time-Limited Family Reunification & Adoption Promotion Support Services					R: Francis Sweeny & Martha Proulx r: Program Administrators			
			F. Fostering Connection Act of 2008- Permanency Guardianship				F i) Training through district court forums on new federal requirements to access IV-E funds	R: Ginny Marriner	Completion of training ongoing	FFY 2010	
			G. Improve effective, timely utilization of ICPC					R: Ginny Marriner or designee		FFY 2010 & 2011	
			H. Review effectiveness of OCFS team decision-making on court petitions					R: Theresa Dube		FFY 2010 & 2011	
			I. Review effectiveness of "permanency team" process					R: Theresa Dube		FFY 2010 & 2011	

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
IV. All children deserve a permanent family	8. Increase timeliness & quality of independent living planning to better support permanency	P1 Item10, P2 Item14, 15, 16	A. Clarify and prioritize responsibilities of Youth Transition Workers with respect to permanency.	*Independent living planning is often not timely			A i) Improve policy & procedures	R: Dulcey Laberge r: Theresa Dube	Revised policy/ procedures	FFY 2010 & 2011
			B. Improve permanency outcomes for older youth in foster care, ages 15-18	*Maine transition planning policy & procedures need greater emphasis on permanent connections			B i.) Focus on established vision and goals from the 2009 Youth Permanency Summit, while engaging youth as partners. (see defined goals on page 43)	R: Dulcey Laberge		FY 2010-2014
						B. ii.) Fully implement & engage staff in the Permanency Policy	R: Francis Sweeney & Martha Proulx r. Program Administrators			
						B. iii.) Quarterly meetings of district permanency teams, developing quarterly goals of improved permanency outcomes	R: Dulcey Laberge			
						B. iv.) coordination of state efforts and provision of district support	R: Central Office Permanency Team			FFY 2010-2011
						B.v.) Revise policies related to youth transition services to focus on permanency and life long	R. Ginny Marriner r. Dulcey Laberge			

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IV. All children deserve a permanent family (cont.)	8. Increase timeliness & quality of independent living planning to better support permanency . (cont.)	P1 Item10, P2 Item14, 15, 16 (cont.)	C. Improve educational success for youth by improving post-secondary retention and graduation rates				C i) Work with youth to identify barriers to successful post-secondary education	R: Dulcey Laberge r: youth transition workers		FFY 2010
							C ii.) Establish system for Youth Transition workers and Caseworkers to connect youth to the available supports, services and community opportunities at their post-secondary institution	R: Dulcey Laberge r: youth transition workers		FFY 2010-2014
							C.iii.) Explore mentor opportunities for youth entering post-secondary education	R: Dulcey Laberge		FFY 2010 &2011
							C iv.) Work with Universities and Community Colleges to bolster the supportive services and housing options available to youth on V-9.	R: Dulcey Laberge		FFY 2010 &2011

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IV. All children deserve a permanent family (cont.)	8. Increase timeliness & quality of independent living planning to better support permanency . (cont.)	P1 Item10, P2 Item14, 15, 16 (cont.)	D. Improve the quality of permanency hearings and better incorporate youth decision-making				<p>D i) Use Court Forum meetings, which include the judicial system to focus on strengthening youth involvement and the hearings process.</p> <p>D. ii.) Address this need in follow-up meetings with the Permanency Convening Workgroup</p>	<p>R: Ginny Marriner r: Dulcey Laberge</p> <p>R: Dulcey Laberge</p>		<p>FFY 2010 & 2011</p> <p>FFY 2011-2012</p>

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
IV. All children deserve a permanent family (cont.)	8. Increase timeliness & quality of independent living planning to better support permanency. (cont.)	P1 Item10, P2 Item14, 15, 16 (cont.)	E. Expand availability of support and services to youth in all areas of the state.				E i) Transfer Youth Transition worker line to District 7 to cover need for full time worker in that district.	R: Dulcey Laberge		FFY 2010
							E.ii.) Continued work with the Maine Youth Collaborative to increase resources in life essential areas of education, employment, housing and life long connections	R: Dulcey Laberge		FFY 2010-2014
							E. iii.) Continue to focus on youth awareness of resources in the community at the Annual Teen Conference	R: Dulcey Laberge		FFY 2010-2014
							E.iv.) Revise Youth Transition Policies to clarify expectations around assessment of needs, provision of services, transition planning for youth in care.	R: Ginny Marriner r: Dulcey Laberge		FFY 2010-2011
							E. v.) Implement the National Youth Transition Database (NYTD) to track services provided as well as youth outcomes.	R: Bob Blanchard r: Dulcey Laberge		FFY 2010-2011

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
IV. All children deserve a permanent family (cont.)	8. Increase timeliness & quality of independent living planning to better support permanency . (cont.)	P1 Item10, P2 Item14, 15, 16 (cont.)	F. Increase housing options for older youth in care and youth transitioning from care.				<p>F i) Explore options for continual housing with colleges during their traditional school breaks.</p> <p>F.ii.) Participate in the National Governor's Association (NGA) technical assistance site visit in fall of 2009 to learn new ideas from a successful housing program.</p> <p>F. iii.) Work collaboratively with public and private stakeholders to explore possible new resource development.</p>	<p>R: Dulcey Laberge</p> <p>R: Dulcey Laberge</p> <p>R: Dulcey Laberge</p>		<p>FFY 2010</p> <p>FFY 2010</p> <p>FFY 2010-2014</p>
			G. Improve the outcomes for youth placed in congregate and therapeutic foster care				<p>G i) Establish performance based contracts with all group and residential care programs and treatment foster care programs.</p> <p>G.ii.) Ensure contracted therapeutic and congregate programs receive annual performance and quality improvement reviews.</p>	<p>R: Christa Ellwell r: Christine Merchant</p> <p>R: Christa Ellwell r: Christine Merchant</p>		<p>FFY 2010-2014</p> <p>FFY 2010-2014</p>

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
IV. All children deserve a permanent family (cont.)	8. Increase timeliness & quality of independent living planning to better support permanency . (cont.)	P1 Item10, P2 Item14, 15, 16 (cont.)					G.iii.) Continue to use the DHHS Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care as well as the level of care being received by placement treatment foster care.	R: Dan Despard		FFY 2010-2014
V. How we do our work is as important as the work we do	9. Improve health care oversight coordination & documentation for children in foster care		A. Coordinate with BMS to review C&FS health oversight policies in light of federal "Fostering Connections" Act		Maternal & child health		A i) Review applicable health care policies & revise as necessary	R: Ginny Marriner r: Francis Sweeney & Martha Proulx c: CWTI?	Revised policy & procedure	FFY 2010-2011
							A ii) Implement revised policies/ procedures (health screening at entry into FC; MH screening of all children in service cases; Portable health record regularly updated; current health info. and Family Health History in MACWIS	R: Francis Sweeney & Martha Proulx r: Program Administrators		FFY 2010-2011
							A iii) Study the Pediatric Rapid Evaluation Program (PREP) and any similar Maine models in order to assess viability to standardized statewide coverage.	R: Dan Despard or designee	Recommendation	FFY 2010-2012

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
V. How we do our work is as important as the work we do (cont.)	9. Improve health care oversight coordination & documentation for children in foster care (note: not identified in 1/09 CW SMT meeting) (cont.)		B. Continued Utilization of Child STEPs					R: Lindsey Tweed(CBHS) R: Ginny Marriner (CWS) R: Francis Sweeney & Martha Proulx r: Program Administrators		FFY 2010-2014
			C. Implement upcoming ACF requirements: -A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice -How health needs identified through screenings will be monitored and treated -How medical information will be updated and appropriately shared				C i) Review & implement new federal CFSP requirements for health care oversight and revised policy and procedures	R: Dan Despard or designee	Revised policy and procedure	FFY 2010-2011

Goal (Practice Model)	5-Year CFSP Strategic Target	CFSR Outcomes, Systemic Factors, Items	Primary Strategies	Key Concerns	TA Resources Needed	Baseline Performance	Action Steps	Person Responsible	Evidence of Completion	Year of Concentration
V. How we do our work is as important as the work we do (cont.)	9. Improve health care oversight coordination & documentation for children in foster care (note: not identified in 1/09 CW SMT meeting) (cont.)		D. Steps to ensure continuity of health care services, which may include -establishing a medical home for every child in care -The oversight of prescription medicines; and -How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children					R: Dan Despard or designee C: Lindsey Tweed		FFY 2010-2011
	10. Further strengthen performance & quality improvement to support CFSP & PIP		A. Evaluation research			Current PQI Plan	A i) Revise PQI Plan & measures to support CFSP/PIP	R: Theresa Dube	Revised PQI Plan	FFY 2010
			B. PQI committees	Find more ways to strengthen, nurture, evaluate						FFY 2010-2014

V. Consultation and Coordination

During the past year, efforts have continued in improving communication between the Maine District Courts and OCFS. Child Welfare is collaborating with the court system on the two grants they have received for technology and training. The Maine Justice for Children Task Force was established by Chief Justice Leigh Saufley as a collaborative, multidisciplinary Task Force to ensure safety, permanency, and well being for children in the State of Maine child welfare system.

The Task Force will:

1. adopt and monitor state-wide performance standards for the timely resolution of matters involving children and families in the child welfare system;
2. identify strengths which contribute to the safety, permanency and well-being of children in the State of Maine child welfare system;
3. identify systemic barriers which may negatively impact on the safety, permanency and well-being of children in the State of Maine child welfare system;
4. prioritize issues and develop joint solutions to remove identified barriers;
5. identify the training needs of stakeholders in child protective proceedings;
6. adopt a training curriculum for stakeholders in child protective proceedings;
7. monitor implementation of the CIPs and PIPs;
8. encourage widespread participation in CFSRs and Care Eligibility Reviews;
9. sponsor regular local meetings involving all stakeholders which will provide training, foster collaboration at the local level and identify issues which have statewide implications;
10. establish other goals for the Task Force, and establish timelines for steps toward each goal, and monitor and evaluate progress toward the established goals;
11. address other topics, identified by the Task Force, which impact on the safety, permanency and well-being of children in the State of Maine child welfare system.

The DHHS Commissioner and the Director of the Office of Child and Family Services attend these task force meetings.

The task force worked collaboratively to plan the 2008 two day, statewide conference with an expected 500 attendees, including judges, DHHS, parents' attorneys, AAG's, GAL's, Tribal representatives and other stakeholders. The focus of this conference being child development and developmental interruptions.

In the spring of 2007 a presentation on the effect of substance abuse on families and on HIPAA and 42 C.F.R regulations in child abuse cases was held in each District as part of the court forum initiative. The second forum occurred in the fall of 2007 and addressed how mental illness impacts parental capacity. Attendees at the forums included judges, attorney's, GALs, CASA volunteer guardians, caseworkers, Department administrators and substance abuse providers.

Monthly meetings will continue to occur between the CFSR Coordinator and the Court Improvement Program Coordinator, although there was a brief lag in these meetings due to position vacancy. These meetings will facilitate communication about relevant topics related to

the improvement of outcomes for children and families. These meetings facilitate the flow of information from child welfare management to District Court management.

The CFSR Steering Committee (formerly the PIP Steering Committee), was initiated in September, 2005, and comprises tribal representation, membership from child welfare, court improvement, treatment foster care, guardians-ad litem, community intervention, Attorney Generals Office, former and current youth in foster care, Maine Children's Trust, and University personnel. The purpose of the group is to inform and engage with community partners about the Child and Family Services Review process and to solicit input in efforts currently underway to improve outcomes for children and families.

During the past year this Committee had been meeting quarterly as the goals of the Program Improvement Plan were achieved in 8/06. Leading up to the 2009 Child and Family Services Review, the group committed to meeting on a monthly basis to collaborate on aspects of the review. This Committee was the "core" group for the Self Assessment in which their input is obtained in developing the State Self Assessment as well as through the expect PIP process following the site review. In addition, this group was also the consulting body around the OCFS 5- year Child and Family Services Family Plan.

The Community Partnerships for Protecting Children (CPPC) in Portland is a national initiative based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children. The pilot program has been successful in the Portland neighborhood. CPPC is a process that we are engaged in and committed to. Two communities that have the next highest reports of abuse and neglect, Westbrook and South Portland have been engaged in a conversation about expanding the partnership to their communities. We have ongoing dialogues with them and expect to be actively involved in collaborating services in those communities within the next couple of months.

In 2007 OCFS developed a site review process, modeled after the federal CFSR review process. Each review team consisted of an external stakeholder and an internal staff member. These site reviews occurred in all eight of the OCFS Districts and included focus groups with youth, caseworkers, supervisors and external stakeholders. Following each site review, review teams spoke of the value of this experience for them professionally and personally. This process also prepared District staff for the 2009 CFSR review in terms of steps in the review process as well as allowed for practice issues to be highlighted.

OCFS has not engaged in any initiatives around Health Marriage, Responsible Fatherhood, Youth Development, Rural, and Faith-based and Community Initiatives and have thus not used any title IV-B funding in this manner.

Maine is fortunate to have a diverse group of stakeholders on a statewide Steering Committee to oversee the CFSP. Having provided consultation on Maine's Statewide Assessment and CFSP development, Committee members have become very knowledgeable on Maine child and family problems, priorities, and progress in addition to each individual member's area(s) of expertise. This Steering Committee will meet quarterly to oversee implementation of the Maine CFSP and the Maine Program Improvement Plan. Due to the retirement of the tribal representative to the

CFSR Steering Committee, our Tribal Partners haven't been represented however the Penobscot Nation recently selected a member to represent them in the OCFS Steering Committee.

The ICWA Workgroup has been invited to participate, but has been unable due to the time demands of their Truth and Reconciliation Initiative.

CFSP Steering Committee

Name	Affiliation/Title
Theresa Dube	Office of Child and Family Services- Federal Plan and PQI Program Manager
Ellen Beerits	Office of Child and Family Services- Program Administrator
James Beougher	Office of Child and Family Services- Director
Bette Hoxie	Adoptive and Foster Families of Maine- Director and Foster Parent
Robert Blanchard	Office of Child and Family Services- Information Services Manager
Linda Brissette	Office of Child and Family Services- Children Services Program Specialist
Meg Callaway	Community Care Therapeutic Foster Care Program- Program Director
Joan Churchill	Community Concepts Alternative Response Program- Director of Family Services
Jan Clarkin	Maine Children's Trust- Executive Director
Nancy Connolly	Department of Education
Daniel Despard	Office of Child and Family Services- Child Welfare Director
Jane Drake	Department of Health and Human Services, Division of Licensing and Regulatory Services- Program Manager of Out of Home Investigations/ Customer Support Unit
Roxy Hennings	Department of Corrections- Director of Juvenile Programs
Jean Youde	Edmund N. Ervin Pediatric Center, Maine General Medical Center- Programs Coordinator
Dulcey Laberge	Office of Child and Family Services- Youth Transition Program Specialist

Name	Affiliation/Title
Virginia Marriner	Office of Child and Family Services- Director of Policy and Practice
Michelle O’Ryan	Office of Child and Family Services- Administrative Assistant
Pentheia Burns	University of Southern Maine, Muskie School of Public Service- YLAT Coordinator
Martha Proulx	Office of Child and Family Services- District Operations Manager
Gretchen Robbins	University of Southern Maine, Child Welfare Training Institute- Senior Policy Associate for Child Welfare Training
Janice Stuver	Attorney General’s Office, Assistant Attorney General- Chief of the Child Protective Division
Kara Sullivan	Administrative Office of the Courts- Court Improvement Plan Coordinator
Francis Sweeney	Office of Child and Family Services- District Operations Manager
Timothy Swift	Office of Child and Family Services- Adoption Program Specialist
Patti Woolley	Office of Child and Family Services, Division of Early Childhood- Director
Steven Chandler	GAL and Parent’s Attorney
Karen Grossman	Administrative Office of the Courts- Program Coordinator

VI. Child and Family Services Continuum

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

All reports of child abuse and neglect are received and screened by a Statewide Child Protection Intake Unit at OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in district offices for assignment. Supervisors assign moderate/high severity CA/N reports to DHHS child protective caseworkers. Supervisors assign low/moderate severity CA/N reports to contracted Alternative Response Programs (ARP).

In September 2007 the Department initiated an even timelier 72-hour response policy. On 12/31/07, these revised intake and assessment policies (Intake decision within 24 hours;

caseworker to see child within 72 hours of intake decision) were issued as final after a 4-month phase-in period.

In 2007, a Performance and Quality Improvement (PQI) Unit review of screened out child abuse/neglect reports validated stakeholder concerns regarding consistency and nature of reports designated as appropriate for CPS assignment. As a result, the Child Protective Intake Manager revised the assignment protocol. Intake supervisors now document the basis for their decision that a report is not appropriate for investigation and intake staff makes more collateral contacts to clarify information when reports lack specifics. In addition, policy was revised so that district supervisors could no longer make a “second level decision” to screen out a report found by the Intake Unit to be appropriate for assessment.

Child Welfare senior management directed the PQI Unit to conduct this review on an annual basis to assure that the needs of children and families are being met. The 2008 Intake review found improved documentation of decision-making when reports did not meet the criteria for Child Protective Assessment assignment.

The *Child Assessment Policy* was also revised in 2007 to include the expectation that, for in home service cases, the frequency and type of caseworker’s face to face visit with the child(ren) and family should be appropriate to the family’s needs and risk to the child and visits should occur at least once a month in the 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 serve delivery, and better enable the caseworker to measure and support the achievement of the agreed upon goals of the family. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department’s involvement should continue.

In July 2008 Alternative Response Program contracts were revised to include the expectation that children would be seen in three days, substantially the same response timeframe as a DHHS Child Protection Assessment.

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan
- Safety plan failure
- Findings of maltreatment with specific signs of risk that are likely to result in recurrence of maltreatment
- Findings of child abuse or neglect within previous 12 months
- Parental unwillingness to accept services or to change dangerous behaviors or conditions

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 increase child safety.

Maine DHHS Child Welfare Services directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services to implement the family plan.

Following the FTM, the caseworker makes referrals for services outlined in the agreed upon family plan. DHHS directly pays 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, from domestic violence, mental health, and substance use treatment specialists.

DHHS caseworkers petition Maine District Court to place children in DHHS custody when a safety assessment has been completed and efforts toward reducing severe 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 at immediate risk of serious harm. After 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 Department casework efforts focus on kinship options. Children can be immediately placed with kin if safe kinship placements can be identified. Kinship assessment begins at the Intake phase and continues throughout our involvement with the child and family. The search for kinship placement options does not stop at removal, if kinship placement cannot be made at that time. Fictive kin placements would be the next preferred placement for the children. For example, day care providers or friends of family can be considered for placement. The next option for placement would be foster care. If therapeutic foster care is needed, the application process is streamlined state-wide and all agencies receive a detailed application as to 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 supervision. There is a universal application process in place for residential programs and we utilize Children's Behavioral Health Utilization Review Nurses to ensure that residential care is the least restrictive placement needed to provide care 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 a Family Plan. From the time of assessment, and from the first Court Order, and throughout the period of subsequent court orders, there is dialogue, hearings and documentation in court orders about reunification objectives and times frames.

We consistently file petitions to terminate parental rights for children who 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 is entered into court paperwork.

As one of the dispositional alternatives available in foster care cases, District Courts can now appoint a permanency guardian. This option is beneficial to children who might otherwise grow

up in foster care, including older children who are unwilling to be adopted. The child must be in the legal custody of the Department or a Tribe; reunification must have been determined to no longer be an option for the child; the child must meet the definition of ‘special needs’; adoption must have been fully explored and ruled out; the 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.

Maine has no policy that defines “Other Planned Permanent Living Arrangement” as a goal or provides guidance as to when to select it. Maine’s Child and Family Services and Child Protective Act, Title 22, Chapter 1071, Section 4003 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 goals, are required at age 16 to have a life skills strengths/needs assessment and an independent living case plan as part of the Child Plan. The plan should have mandated education and training services as well as mandated “resource listing/training” services.

DHHS policy requires that the following be provided to the youth by the Children’s Services caseworker or by the Independent Living worker: linking with occupational and college prep high school classes; assistance with linking with other educational alternatives; provision of information about financial aid for post-secondary education; information about tutoring and special education services, if needed.

Maine DHHS Child Welfare Services 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, in order to accomplish the individual youth’s transition goals while still receiving the support of the Department. Individualized agreements are negotiated with the youth to assist in providing specific services to help the youth achieve educational or skills training needed for successful transition to adult self-sufficiency. If a youth will require assisted living beyond what can be provided through a V9 agreement, then when the youth is age 17 a referral is made to DHHS Adult Behavioral Health Services.

Independent 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 (Maine Medicaid) for health insurance.

Child Welfare continues its commitment to assist children and youth in out-of-home placement reside in the most normative setting warranted by the child’s safety and well being circumstances. Towards that effort, Child Welfare continues the residential permanency review process, which reviews the appropriateness of a child’s referral to and placement in a residential care setting. The residential reform workgroup in 2005 identified as a problem that too many

children were placed for too long a period of time in residential placements. Child Welfare began reform efforts to focus upon moving children into more normalized family settings and towards assisting children with achieving permanency outcomes. Efforts to achieve these goals are an on-going process.

Tracking of moves to and from residential care are monitored on a weekly basis. The tracking includes monitoring the number of moves out of residential placements each week which are made according to the plan for the child to live in a family/ community setting, as well as those which occur not according to plan and result in the child living in a more restrictive setting. Tracking of such data allows OCFS to show evidence of positive outcomes for children moving out of residential care programs.

Other states are taking notice of Maine's success in moving children from residential settings to home and community settings, and are seeking information from our state about how we initiated this process. The sharing of our experience is viewed as valuable to other states as they begin similar processes in their states.

Child Welfare continues to stress the importance of relative and kinship placement as the most desirable type of out-of- home placement when children cannot remain in the homes of their parents. Policy and procedure 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, Child Welfare is also committed to funding services to help support and maintain kinship placements.

While we have made significant improvements in the percentage of placements with relatives and kin, we continue to view opportunity to improve in this area. A frequent dialogue with our staff relates to the importance of children maintaining connections with kin and with fictive kin. Stability in a non-relative foster home does not equate with the benefits gained when a child lives and stays connected to his or her family of origin.

We heard this message clearly verbalized in March 2008 during the Permanency Summit. In 2007, youth attending the Youth in Care conference voiced a need to have a concentrated conversation about permanency. Too many had spent their time in multiple group homes, foster homes or a combination of placements. As they aged out of the foster care system, they were left without family, long-term connections and supports, and with a disjointed past. Not having permanency in their lives impacted their ability to form lasting relationships, having educational opportunities that led to higher educational attainment, and the connections that lead to finding jobs, housing, and financial help.

The Maine Department of Health and Human Services listened to this need and asked Muskie School for Public Service at the University of Southern Maine to convene a two-day summit on permanency that included youth in care, caseworkers, Child Welfare supervisors, managers, and others invested in youth achievement of permanency.

On April 24, 2008, during the Youth Summit, youth shared more of their experiences and views relating to their attempts to achieve permanency. It is the sharing of youth experiences such as this that the Department values and from which the Department learns and benefits. We are able

to take what we learn from youth and assist others, who may be well meaning and operating according to past practice, gain insight and sensitivity to issues affecting youth in care.

Child Welfare 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/participant responsibilities and the role of the foster parent or relative caregiver.

In early 2006, following issuance of this policy, Child Welfare staff joined staff from contracted visitation agencies to develop Visitation Guidelines to further assist those who will be supervising and /or facilitating visitation between a child and family member. These Guidelines, which were added as an Addendum to the Visitation Policy, reflect the new policy, in recognizing the level of supervision or facilitation provided is a fluid process which changes as a family's service needs progress toward more naturalized and normalized visitation conditions. Child welfare staff and contracted visitation agency staff in each District participated in joint training on the purpose and use of these Guidelines.

The Children's Services Program Specialist regularly attends quarterly meetings of contracted visitation agency staff in order to hear feed-back on progress made toward normalizing visitation conditions and using visitation as a means to enhance parental skills and to strengthen the parent-child relationship. Feedback from this meeting is shared with Child Welfare staff in an effort to continuously encourage visitation conditions progressing fluidly from supervised to facilitated to natural support settings, as soon as can be safely done.

We continue to see room for improvement in our efforts to fully implement the Visitation Policy. In 2008, while many more visits are being held in less restrictive community settings, we believe we can improve upon identifying and facilitating visits in the least restrictive and most normal settings possible. Too often visits are still held in supervised settings which surpass the family's needs for this level of supervision. While we have advocated for visits to be held in the home of the foster parent, as we believe these visitation conditions will enhance the relationship building amongst the foster parent, birth parent and the child, we still have barriers to overcome before this becomes the norm. Many foster parents have become accustomed to agency staff supervising visits between children and birth parents, and therefore cannot visualize filling the role of facilitator of visits. Many generalize about the level of danger a biological parent's presence in their home would present for their own family. We continue to take advantage of all opportunities when speaking with foster families to encourage and support their participation in visits between birth families and children, as we know when this occurs the barriers between the birth and foster families lessen, and the child benefits from the positive developing relationship. These efforts towards improvement will continue through 2009.

New statute, Section 4068 of Title 22, gives Courts greater power in Child Protection cases 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 his 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.

Appointment of a Permanency Guardian is now a dispositional alternative in Child Protection cases in Maine District Court. This alternative provides a viable permanency option to children who might otherwise remain in foster care through 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 Tribes; reunification must have been determined to be no longer a permanency option for the child; the child must meet the definition of "special needs"; the adoption option must have been fully explored and ruled out; the permanency guardianship must be determined to be in the best interests 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 with the cultural norms of the family. 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.

Youth who have been appointed a permanency guardian may apply for Federal Education and Training Voucher assistance to help meet post-secondary unmet financial need up to a cap of \$5000 assistance. Youth are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

Each year, there is increasing use of permanency guardianship as an alternative permanency option. In 2006, the number of permanency guardianships was 17; in 2007, the number was 50; in 2008, the number is currently 24, with 17 pending permanency guardianships.

The rights of Maine youth in care are defined in law, in policies, and in 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 will be a resource for youth in care, for their care providers, and for Child Welfare staff to identify and compile information about these rights, thereby ensuring the rights of youth are understood and upheld in the delivery of services to youth. A Draft of the Bill of Rights was reviewed at the Youth Summit in April 2008, and a few additional revisions were recommended by youth.

School Transfer Policy and Practice for Children in Care provides guidelines and strategies that support positive educational outcomes for children in the custody of the State of Maine. During 2006, staff from OCFS, from Keeping Maine's Children Connected, and from Department of Education joined together to train caseworkers in each of the District offices on implementation of this policy and to discuss effective strategies and successful outcomes. These on-site trainings were highly effectively in raising consciousness about the importance of helping children successfully transition from one school to a new school, if necessary. Staff is encouraged to help children say good-bye to friends and teachers, as well as help them gather addresses in order to maintain connections with those significant persons in their lives. The importance of helping them form initial connections with key people in the new school setting was also emphasized.

In 2008, and through 2009, with support from Child Welfare Services Division Management, the Department began collaborating with Keeping Maine Children Connected and with the Child Welfare Training Institute of the Muskie School of Public Service on development of a core training curriculum to be offered to caseworkers who will Ensure Successful School Outcomes for Children and Youth in foster care. Following several initial meetings to plan curriculum, the group was broadened to include in the training advisory group representation by youth, foster parent, teacher, special education instructor, special education directors, guidance counselor, Life Skills caseworker, and Children's Services Caseworker. The advisory committee was asked for their input into the curriculum development, and offered valuable content suggestions in the areas of causes and effects of educational disruption; overview of Special Education regulations and McKinney-Vento Act; ways in which key participants can through their various roles support positive educational programming to meet student's individualized needs; recognizing and valuing school culture; and awareness of bullying and harassment and ways in which to address this issue. Included in the training will be panel participation including a youth, a caseworker, a special education director, a guidance counselor, and a foster parent/surrogate parent. The curriculum will first be offered to caseworkers in the fall of 2008, and will be offered each year as training available to both new and experienced caseworkers.

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 foster care and adoption. OCFS has provided significant support for the development and implementation of CTBM by providing a contract to support the organization of the camp, paying camper fees for youth in care and youth who have been adopted from foster care, allowing OCFS staff to be volunteer counselors without having to use vacation time and coordinating camper referrals in their Districts. Anecdotal information and a first year evaluation showed that campers enjoy increased frequency of contact with one another after leaving camp. Some siblings have been reunified following camp. Since its inception, a total of 233 children have experienced this program with 54 participating in 2007. Further evaluation continues to examine how camp impacts siblings and case practice of those who refer youth to camp.

The Department is always looking for opportunities which broaden the variety of enriching life experiences available to children and youth in care. An example of such an opportunity is one offered by Windward Sail, a sail training program offered under the umbrella of the non-profit organization Maine Sail. Summer 2009 will be the fourth summer the organization has offered full scholarships to an increasing number of youth in care. The youth will spend five days as crew members working together with other youth and captain, learning to work together to hoist the 1000 square foot mainsail, tend the jib sheets, and perform other duties involved in sailing and living on board a traditional sailing vessel. This year, three of the participating youth are "repeaters" whose participation in former summer's schooner trips were so fulfilling and enriching, they were enthusiastically supported in their desire to participate this summer as well. Some of these young people may go on to gain employment on other sailing vessels as paid crew members. For some, it may be the start of a vocational endeavor. This program is one example of our receptivity to working with others in the state to offer enriching programs to our children.

A process is currently underway to review for duplication in what Child Welfare staff and Children's Behavioral Health staff provide, in order to avoid duplication of case management services. In 2008, we will transition to a single case manager role. If a family previously receiving Children's Behavioral Case Management services becomes involved with Child

Welfare, the child welfare case manager will assume the case management role. In June and July, a team of caseworker supervisors will participate in a train the trainer with Children's Behavioral Health Services staff. The supervisors will then train staff in their own districts in this new procedure. Child welfare caseworkers will use existing skills, as well as newly acquired skills to clearly identify child specific mental health needs and will identify services to address these needs. Implementation of the single case management procedure will closely follow the training of staff.

Child Welfare is also in the process of developing policy and procedure to ensure that within 72 hours of initial placement in foster care, each child is screened by a medical provider to identify any immediate needs for medical and mental health care. This prompt screening will allow us to identify suicidal ideation, aggressive, dangerous, self-destructive, or psychotic behavior, infectious and communicable diseases, as well as ensure that children with medical needs are getting the services they require. We will be collaborating with Public Health Nursing to supplement some of the medical provider screening in certain areas of the state to ensure statewide availability of the 72 hours screening.

Children's Services continues to emphasize the importance of urgent permanency planning for each child in the custody of the Department. One of the exciting things that is occurring now is the partnership of youth themselves in this effort. More and more anecdotal information is forthcoming about youth who have initiated their own actions to seek permanent families for themselves. This is just one more example of the Practice Model coming to life, as Child and Family Services joins with families and the community to promote long term safety, well being and permanent families for children.

Current Innovations in Maine Child Welfare Services

The Family Team Meeting has been a cornerstone of Maine Child Welfare practice since 2003. The Family Team Meeting is a process that brings together (a) family (b) interested people (such as friends, neighbors, and community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies). It functions to serve the child and family's achievement of safety, permanency, stability and well-being. The child and family team will bring together the wisdom/expertise of family and friends as well as the resources, experience and expertise of formal supports.

Single system of care for children's behavioral health services – This endeavor has included: analyzing the treatment/support/social services currently purchased by OCFS; deciding which treatment services to purchase or enhance, deciding how to measure outcomes and performance standards; and designing and implementing oversight and monitoring activities through utilization review, performance and quality improvement, outcome assessments, and stakeholder meetings. This integration has benefited children served by Child Welfare Services, as medication reviews and clinical guidance in specific child welfare cases is more readily available.

Future Search – Utilizing *Future Search*, OCFS Leadership has worked to engage community stakeholders in integrated work toward strategic goals. Future Search is a methodology grounded in evidence that action is best achieved when a diverse group of people come together to discover and act upon common ground. Future Search seeks to change the ways in which people, communities and organizations interact with each other. District OCFS administrators,

including Child Welfare Program Administrators; have been charged with continuing this work communicating information with their larger communities.

Managed behavioral health care – In the fall of 2007 a contract was awarded to APS, an Administrative Service Authorization Organization that will perform Prior Authorization and Utilization Review functions. This contract is designed to improve the cost-effective management of behavioral health services currently purchased through the State's Office of MaineCare Services and administered by the State's programs in Adult Mental Health Services, Children's Behavioral Health Services, and the Office of Substance Abuse.

Wraparound Maine – Wraparound Maine is a statewide, multi-site initiative for youth with complex needs which complements other collaborative service planning approaches in Maine (Child and Family Teams, Family Team Meetings and Family and Systems Teams). The target population includes school age children and youth with complex needs (and their families), who have multi-system involvement and are either in residential treatment or at high risk of such placement. Wraparound is a process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children and youth grow up in their homes and communities. With help from one or more facilitators, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's situation. Though it may look different across communities, Wraparound should always be driven by the same principles and should always follow the same basic phases and activities. Wraparound Maine was initially piloted in a few districts but has since been implemented statewide with the capacity to work with 200 families.

Family Reunification Program (FRP): In October 2006, Maine implemented the Family Reunification Program to return children home sooner by providing an intensive array of services to meet the family's individualized needs. The focus of services is to help the family internalize behaviors and skills that strengthen the family system and prevent further out-of-home placements for children. Maine has contracted with six agencies to provide this service in each of the State's eight districts.

Community Partnership for Protecting Children (CPPC), part of a nation wide initiative, began in two Portland neighborhoods in 2006. In this model, a team forms around the family to give the family support to protect their children and make necessary changes, allow for families to be strengthened, and children to be nurtured, and supported in a safe environment. Since the inception of the CPPC, two neighboring communities have expressed interest in developing such a program in their local areas.

Child STEPs - Evidence-based psychotherapy – In 2008 Maine begun to participate in the Child System and Treatment Enhancement Projects (STEPS) Implementation Model. This model combines clinical training and supervision in evidence based treatments (EBT) with an electronic information system to guide treatment, and adds interventions to address family and organizational factors that are key to success of EBTs. The Child STEPs Project has been implemented in three sites in southern and central Maine.

In 2008 Maine joined the other New England States in a Safety and Risk Assessment Breakthrough Series Collaborative sponsored by Casey Family Services. Five Maine teams receive consultation from Casey and work with national experts to address gaps in policy and

practice, with emphasis on engagement with the family. A system of monthly measures will monitor improvement in family engagement and satisfaction, in addition to child safety and well-being.

VII. Service Description

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

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

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

- Expansion of the Community Partnership for Protecting Children (CPPC) program.
- Each county Child Abuse and Neglect Council provides an average of 18 parenting classes/learning sessions per year.
- Continued use of funds for family preservation services provided by direct staff intervention with families who become known to DHHS, 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.

- Kinship Care Services-Through contract, information and support services will continue to be provided to relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- Funds will be used to support substance abuse professionals stationed in two OCFS District offices.

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

- Family Reunification Program- Implemented statewide, the purpose of this contracted private agency program is to achieve earlier and safer reunification. It is designed to serve families whose children have been in the Department custody for less than six months and for whom the familial bonds are still strong.

Adoption Promotion and Support Services: Approximately 20 % of funds will be used for Adoption Promotion and Support Services.

- Recruitment of foster/adoptive homes, support services for potential adoptive families and child specific adoption promotion efforts.

Other Service Related Activities: Approximately 10 % of funds will be used for Other Services Related Activities and 10% to administrative costs

- Other related activities will include continued utilization of research, inter-state communication and sharing of information and technology and training/planning activities, statewide, which are designed to advance the goals and activities set forth in this plan.

The annual Child Abuse Action Network and Child Death & Serious Injury Review Panel Yearly Report covers the period of October 1, 2006 to September 30, 2007 and documents the specific activities and composition of the two panels.

Children's Services (CS) supervisors and caseworkers work toward specific goals for each child. In some instances, this involves dual planning - working to reunify a child with family and exploring other permanent options if reunification is not possible. At all times, it is work that requires great coordination and professionalism. Children in care have experienced both loss and the trauma of abuse and neglect. The challenge is in meeting each child's needs with as much continuity of care as possible and focus on permanency goals.

Since 2002, DHHS has focused on increasing kinship care, as relative placements tend to provide better stability. Policy has been developed that requires exploration of all potential kin resources for children starting in the assessment phase and then when children are brought into care. Searching for kin connections is an on-going process throughout the child's involvement with the Child Welfare system. In our policy, the definition of kin includes those "fictive kin", individuals connected to the child through a significant emotional attachment. Our policy also allows caseworkers to assess and approve kinship placements prior to the kin becoming licensed resource providers, which enables us to avoid interim placements in foster homes. Policy expectation is that we assist unlicensed kinship providers to expedite their licensure.

Changes in practice since the 2003 CFSR include:

- Regular Family Team Meetings, which include foster parents
- Improved relative placement policy and steady increase in percentage of relative placements
- At the time of the 2003 CFSR, only 13% of foster children were placed with relatives. That percentage has steadily increased and is now 29.3% (Monthly Management Report – April 2009).
- Full implementation of level of care assessments
- More frequent, regular contact between caseworkers and children. Caseworkers now are seeing every child in foster care every month 87% of the time (Monthly Management Report – April 2009).

In 2008 OCFS revised its home study process to allow substantial improvement in the Office's ability to engage resource family applicants as partners in the process. The improved home study process actively engages the applicants and allows them more ability to describe their family's unique strengths, needs, and cultural attributes. In November 2008, the new home study process was incorporated into the revised policy, *Family Standards: Foster and Adoptive Care*. Training specific to the new home study process was provided in each District to staff whose job duties include completion of home studies.

In addition to emphasizing the need for relative and kinship resource searches and placement, Child Welfare Services is committed to supporting kin placements. In 2008, renewable funds were allotted to enhance kinship support services provided to children at high risk of entering foster care. As provision of service under this new program, skilled and experienced staff employed by the provider agency Maine Kids-Kin will provide face-to-face support to kinship parents who are taking children identified as at risk of abuse or neglect and entering DHHS custody.

- Workers will work with kinship caregivers to identify and understand risks and ways to reduce risk so that the children are safe. This will include helping the family identify their strengths and needs in taking on this task of keeping the children safe in their care, as well as helping them to consider potential physical, mental and emotional health issues for the children and themselves.
- The worker will explain the need for safety nets for children and options for legal relationships, and will help the caregiver plan how to build on his or her family's own resources and community resources to strengthen their safety net with additional resources and knowledge.
- The worker will support this effort with information, research, and assistance accessing the resources of the community.
- Workers will work with families during the first six months of placement of the children and provide phone and email support in addition to the face-to-face support.
- Workers will use a protocol to identify physical and emotional risks and identify resources to help the family meet these safety challenges. This will be an individualized, client-driven, strengths-based program.

After participating in this program, caregivers will have the option of continuing to receive services from the worker through Maine Kids-Kin's existing phone-based and support group services.

Expected short-term outcomes of this new service, which has a coverage area of within 25 miles of Bangor or Portland, is an expectation that caregivers will have reduced their isolation; increased their understanding of family strengths and/or needs; and/or increased their knowledge of available resources and/or options for legal relationship; and developed a plan to meet needs.

Expected long-term outcome is that more children will stay with family instead of entering DHHS custody.

While OCFS has made significant improvements in the percentage of placements of children in care with relatives and kin, there is still opportunity to improve in this area. A frequent dialogue with OCFS staff relates to the importance of children maintaining connections with kin, including fictive kin and community.

Increased recruitment efforts have been made to keep new-in-care children in their home communities. Since June 2008, an average of 69.9% of children in state care is placed in their home DHHS districts.

These changes have contributed to improved placement stability. In 2007, Maine achieved the incremental PIP data target for increased stability of placements for children in their first year of foster care.

In 2008, the *Selection of Placement Policy* was revised and highlighted the importance of placing children in care or custody in the home or facility best able to meet their needs and facilitate progress toward the case goal and objectives, using the philosophy of concurrent planning for all outcomes. This policy also highlights the need for careful consideration and assessment when making placement decisions and that the primary resources to be explored first are relative options.

In terms of permanency goals, Maine has made significant improvements in achieving permanency for children in a timely manner both in family reunification and adoptions. The first step in this process was to ensure that children have the appropriate permanency goals and on going assessment of these goals by OCFS staff. In most cases, when a child enters foster care, the Department appropriately determines the permanency goal. Basically, the initial goal must be family rehabilitation and reunification unless the court finds an “aggravating factor” with regard to the parent or finds parental abandonment. During 2006-2007 statewide training for supervisors occurred on the proper use of permanency goal and recognizing when the goals should change. In addition, conferences were held with key stakeholders to increase awareness of permanency goals and permanency issues for children. These included judges, foster parent agency staff, therapists and OCFS staff. In September 2007, the Maine State Legislature removed language from Maine Statute that refers to Long Term Foster Care.

The Maine Permanency Guardianship Program was developed over a period of two years through the efforts of a Workgroup of public and private, child welfare, legal, mental health, Tribal, and community members. Permanency Guardianship became law under Title 22 in 2005, allowing for the District Court, as a dispositional alternative in Child Protection cases, to appoint a Permanency Guardian. This program is intended to provide relatives and other individuals the opportunity to become the permanency guardians of children in the custody of the State or of Tribal authorities in the State of Maine. Permanency Guardianship provides a permanency option to children who might otherwise remain in foster care until the age of majority. This program became operational on April 3, 2006. Over 130 children now have a legally sanctioned permanent family through the Permanency Guardianship program. Although this program has been fully state funded, Maine OCFS will pursue federal funding for guardianship as identified in the 2008 Fostering Connections to Success federal legislation.

The Family Reunification Program (FRP) – Implemented statewide by Maine DHHS Child Welfare Services in 2006, the purpose of this contracted private agency program is to achieve earlier and safer reunification. The Maine Family Reunification program is based on a successful model developed in Michigan. It is designed to serve families whose children have been in Department custody for less than six months and for whom the familial bonds are still very strong. Families in which a serious injury has occurred to a non-verbal child, with no parent taking responsibility, or families in which active signs of danger are still evident would not be considered appropriate for this program.

Reunification of children with their parents is supported by a team of social workers who provide four to six months of intensive in-home service, during non-traditional hours if necessary. During this time, the team assists the family in using its own unique strengths to resolve any

continuing jeopardy issues. The team also helps the family to develop a sustaining, natural support system through extended family and community.

A barrier to prompt reunification can occur when families lose their housing because their children are placed in custody of the Department. In November 2008, the United States Department of Housing and Urban Development (HUD) issued notice of funding availability of voucher assistance to provide adequate housing as a means to promote family unification through the Family Unification Program.

In Maine, OCFS is collaborating with Maine State Housing Authority which serves eligible applicants statewide in seeking vouchers under the Family Unification Program. Child Welfare Services is additionally collaborating in the same endeavor with entering into *Memorandum of Understandings* with at least two municipal housing authorities who are applying separately for these vouchers to serve their specific municipal area. The target population for these vouchers is either reunifying families or families at risk of separation from their children previously due to homelessness or inadequate housing.

Youth Permanency Initiative – In 2007, youth attending the Youth in Care conference voiced a need to have a concentrated conversation about permanency. Not having permanency in their lives impacted their ability to form lasting relationships, having educational opportunities that led to higher educational attainment, and the connections that lead to finding jobs, housing, and financial help.

In 2009, new policy on Permanency was finalized. This policy clearly states the philosophy of Child Welfare Services that permanency is not just a process, plan of foster care placement, nor is it intended to be a family relationship that lasts only until the child turns age eighteen. Rather permanency is about locating and supporting lifelong family connections. For young people in the child welfare system, planning for permanency should begin with the family's first level of involvement with the Department from initial CPS intervention, and be youth driven, family focused, culturally competent, and continuous until the goal of permanency is achieved.

With the implementation of these programs, Maine has become much better able to reach permanency goals of reunification, guardianship, and permanent placement with relatives. In terms of meeting children's well being needs, Maine has also undergone changes that have positively impacted services as well as access to them.

The merger of Child Welfare Services and Children's Behavioral Health Services within the DHHS Office of Child and Family Services has increased the focus on evidence-based practices and improved management of some high cost services. This has resulted in the increased access to home-based clinical services, the establishment of high fidelity Wraparound programs, and the establishment of Intensive Family Reunification services. In the revised Service Authorization Policy, improved differential guidance is now available as to what type of clinical evaluation is needed in specific situations.

In the fall of 2007 a contract was awarded to APS, and Administrative Service Authorization Organization that will perform Prior Authorizations and Utilization Review functions. This contract is designed to improve the cost effective management of behavioral health services currently purchased through the State's Office of MaineCare Services and administered by the

State's program in Adult Mental Health Services, Children's Behavioral Health Services, and the Office of Substance Abuse.

Numerous data indicators point to successful changes in the organization's processes and outputs. The reduction of numbers of children in foster care and the increase in relative placements are indicators of trends toward increasing success. Changes vary by district but with an improved data management system, senior management will soon be able to easily track district performance in key areas and manage to improve results.

Recruitment of Foster and Adoptive Families

Each district in the state has formed recruitment/retention committees to focus on the local need for foster/adoptive homes. To capitalize on available resources, the Office has developed the Cross Agency Collaborative to address recruitment/retention issues. Participants representing the Office of Child and Family Services, Child Welfare Training Institute, and Adoptive and Foster Families of Maine meet monthly to discuss issues related to retention and recruitment, as well as training needs of resource families.

Maine has made substantial gains in placement of children with relatives. Although many of these begin as unlicensed placements, a concerted effort is made to encourage unlicensed caregivers to become licensed providers. Some of the steps undertaken to facilitate the move toward licensed status for these kin providers are the revision of the home study process to make it a more family-friendly engagement process; the ability to waive pre-service training for kinship families; and the provision of physical plant improvement funding to assist relatives with making necessary home repairs or improvements to bring the home into compliance with required standards for licensing.

Community recruitment of families locally is conducted in all districts to increase opportunities for children to be placed in their home communities. Each district office has used a variety of contacts to make the community more aware of the need, such as appreciation events for foster, adoptive, kinship families on a regular basis. Practice is now consistent statewide in the utilization of a preliminary informational meeting, of a single initial application; joint education/training sessions and there is consistency in the screening process to determine eligibility standards. A single format is used both by agency caseworkers and contracted staff to produce an in-depth home study that gathers consistent and valuable information on family history, background, relationships and values and motivation to adopt, provide permanency guardianship, kinship care or foster. Changes have been made to streamline the home study to make it more consumer-friendly and indicative of family's strengths, needs and culture.

Child and Family Services, continues its contract with International Adoption Services Centre, Inc. (IASC) and its recruitment entity, A Family For ME. The Office of Child and Family Services has placed more emphasis on an outcome based relationship with this agency since having begun contracting for home study services in 1996. Due to budget constraints home studies are now completed by the state agency staff. Maine DHHS continues to contract for specific services with IASC and A Family For ME:

- Recruitment of foster, kinship, permanency guardianship, and adoptive families: An effort to develop foster/adoptive and kinship families who reflect the racial, ethnic,

national origin and cultural composition of the children in our care. A Family for ME has developed a comprehensive recruitment campaign that includes providing an informative standard packet of information for adoptive and foster families, Thursday's Child bi-weekly TV recruitment, radio and newspaper ads, visibility in all regional districts, Teen Meet and Greets, adoption parties that bring families and children together in a relaxed and friendly atmosphere and informational booths at a variety of community events.

A Family For Me is the identified *Recruitment Response Team for Maine* for the national AdoptUSKids campaign and has been an active partner in regional and national work sessions sponsored by AdoptUSKids.

IASC and AFFME have developed a cooperative agreement with a professional photographer and have over the past 4 years photographed waiting children both for photo listing purposes and for the "Heart Gallery" project. This has been a successful project placing children in adoptive homes as a direct result of their exposure in this tasteful venue. A Family for Me has also produced a televised campaign targeting older youth in care that was produced with Maine foster youth as participants, that has continued to be televised.

Maine, through the efforts of A Family For ME, was successful in an application for a *Wendy's Wonderful Kids* Recruitment Grant. This is a signature program of the Dave Thomas Foundation for Adoption, which is designed to meet the most significant need of agencies across the country – more resources to adequately and aggressively recruit adoptive families. This project funded a recruiter to engage in child specific recruitment efforts.

The OFCS Adoption Services program and AFFM have begun collaboration on a project to develop an adoptive and foster care recruitment and retention program with Maine's faith based organizations.

In compliance with the Multi-Ethnic Placement Act, Child and Family Services supports and promotes interstate placement of children and supports those placements through entering into Purchase of Service Agreements with private agencies both in state and out to provide the supports and supervision to facilitate safe and stable adoptive placements.

OCFS works within the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA) to assure adoptive families are appropriately assessed and are provided the adoption assistance and medical coverage required meeting their needs.

In terms of accessibility of services, given Maine's geography (remote areas, islands) some services are more limited in different areas of the states. This includes: inpatient psychiatric facilities, inpatient and outpatient substance abuse treatment, CANEP evaluators, treatment for youth sexual offenders dentists who will accept MaineCare. OCFS will pay for dental and orthodontic care for children in custody to be seen by non-Medicaid dentists if there are no providers within 50 miles willing to accept Medicaid. Distance and transportation issues frequently present problems for families seeking services. Caseworkers transport or arrange transportation of case members to locations in the State where the services is available; however, this adds cost and sometimes results in service delays.

VIII. Decision Making Process for Funding of Community Based Family Support Services

The Maine Department of Health and Human Services also contains a centralized contracts division. This division is responsible for the integrity of the State's purchased services rules. This division is responsible for all contracts between any office within DHHS and any provider of services. 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. As part of the contracting service the Department of Health and Human Services has moved to a centralized rate setting office for all contracted services. Service providers for DHHS Child Welfare Services must adhere to the CONTRACT/GRANT/PURCHASE GUIDELINES overseen by the Division of Purchases. The DHHS Contract Services Division 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 Child Welfare Service recipients.

Contract agencies report and are reviewed on a regular basis by the DHHS Contract Services Division based on the terms of the contract and this analysis is reported to OCFS and to Child Welfare Management. It is the Child Welfare Division's responsibility to approve scope and definitions of service, performance measures, payment schedules, approval of the continuation of ongoing contracts as well as to authorize the funding amount and fund source.

Among new initiatives implemented in Child Welfare Services to promote safety, well being and permanency for children in care is the Family Reunification Program (FRP). The FRP was initiated statewide for the purpose of achieving reunification earlier and safer than would otherwise be possible. The earlier reunification is achieved through provision of intensive in-home services provided by a team comprised of a master's level social worker and a bachelor's level social worker who are involved with the family for a four to six month period of time. During this time, the team works with the family on helping them resolve any remaining jeopardy issues, as well as assisting them in making connections to family and community supports which can help sustain the family in the future. A focus is given to identifying and utilizing family members' strengths to assist the family complete the reunification process. During the period of Family Reunification Program involvement, the Children's Services caseworker continues to make monthly contacts with the children and families, in order to monitor safety and well-being.

The Family Reunification Program is primarily used to serve families who have had children in custody for less than six months and for whom the familial bonds are still strongly attached.

In 2007, the Family Reunification Program went through a competitive bidding process. As a result of this process, there were changes in service providers in several districts. In some districts, provision of this service was interrupted to allow the appeal process to determine final outcome of contract awards. The Child Welfare Training Institute provided training in the Family Reunification Program model to new service providers in April 2008. There has been variance in how fully various districts utilize this program with some districts filling their capacity for service through the program, and other districts having more difficulty, for varying reasons, in fully utilizing the service. Now that contracts are in place and the service is once

again uniformly delivered statewide, it is hoped there will be increasing use of the program in all districts and will continue through 2014.

High Fidelity Wraparound is a new model program and is based upon research and standards established by the National Wraparound Initiative which supports provision of more supports and services in the child's own community and home and is a safe, cost-effective way to prevent unnecessarily restrictive residential placements. The target population served is multi-agency-involved children and youth, age 5-18 years, who have serious behavioral or emotional needs which place them either at risk of placement or current placement in a residential care facility. Funds for this program were made available as a result of reduced use of residential treatment for youth connected to Child Welfare. Flexible funding is available for purchasing individualized wrap-around services to help each youth and youth's family support connections in the home and community. This is planned to continue through 2014

In 2008, one of the beneficial offshoots of delivery of the community wrap-around program is the use of an interview model used by that program for prospective use also in the foster and adoptive resource home study. The Director of Child Welfare Services Division of OCFS conceived of the possibility of using the John Vandenberg "Strengths, Needs, and Culture Discovery" interview model to help craft a new home study process to be used in studying prospective foster and adoptive resource parents. The new home study process has greatly improved the Department's collaboration with resource parents as we partner with them in learning more about their unique family strengths and cultural diversity, as well as hearing from them what they perceive as needs in successfully filling the role of caregivers. The process has greatly increased our ability to engage families as active participants in the process. The approach is one of "What can we do to make this happen." The home study is much more focused upon the demonstrated strengths the family can lend to providing children with safety and well being, and has moved beyond the past reliance upon the former home study model which was often far too intrusive and aggressive in identifying deficits of the family, and did not focus sufficiently upon identifying and appreciating family strengths. These efforts will continue through 2014.

In 2008 Maine begun to participate in the Child System and Treatment Enhancement Projects (STEPs) Implementation Model. This model combines clinical training and supervision in evidence based treatments (EBT) with an electronic information system to guide treatment, and adds interventions to address family and organizational factors that are key to success of EBTS. The Child STEPs Project has been implemented in three sites in southern and central Maine.

IX. Coordination with Tribes

The Department has an agreement with the Penobscot Indian Nation 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 to assure that they have maximum participation in determining the disposition of cases involving the Tribe's children.

A Department liaison meets periodically with the Maine ICWA Work Group. The workgroup includes DHHS staff, Muskie School of Public Service staff and all four Maine Tribal child

welfare directors. Attendance varies depending on tribal staffing. Annual ICWA Summits have been held to improve education and collaboration between tribal and State child welfare agencies. Currently, State and Tribal Child Welfare staff presently are working on a Truth and Reconciliation Project with grant funding from the Andrus Foundation.

The Penobscot Nation (Indian Island, Penobscot County in District 6), the Passamaquoddy Tribe (Indian Township and Pleasant Point, Washington County in District 7), the Houlton Band of Maliseets (Aroostook County, District 8), and the Aroostook Band of MicMacs (Aroostook County, District 8) are federally recognized Tribes and Bands. The Penobscot Nation and the Passamaquoddy Tribe at Pleasant Point receive federal Title IV-B Part 1 and Part 2 funds. The Aroostook Band of Maliseets receives federal Title IV-B Part 1 funds. The Houlton Band of Maliseets received federal Title IV-B funds until 2008, but did not apply for FY 2008 funding. The Passamaquoddy Tribe of Indian Township has not applied for federal Title IV-B funding for several years. None of the tribes have a Title IV-E agreement with the State.

DHHS caseworkers receive ICWA training and as part of the initial CPS assessment they ask the family if they have any Native American heritage. The District Court Judges also ask questions regarding Native American heritage at court proceedings. The tribes are notified if there is Native American heritage and invited to participate in the assessment. In addition, prior to going out on an assessment, if there is known Native American heritage the identified tribe is invited to participate in the initial visit as well.

DHHS recognizes homes that have been licensed/approved by the Tribe as a fully licensed foster home. If the family is a relative or unlicensed placement, the family is considered for possible placement option, as is the case with all children entering DHHS custody. DHHS will work with the Tribe and the family to help them become a licensed resource. We will accept a home study conducted by the Tribe and will coordinate with them as the family moves through the DHHS licensing application and approval process.

DHHS 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 ICWA cases the caseworkers also involve the tribe in planning for the family. The Tribe is not only considered a “third parent” in ICWA cases but they offer a distinct set of services and supports for families.

The Penobscot Nation and the Passamaquoddy Tribe have a Tribal Court and are therefore able to take custody of Tribal children 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 may be coming into care. The Aroostook Band of MicMacs and the Houlton Band of Maliseets do not have a Tribal Court; they utilize the State of Maine District Court system.

Maine has four federally recognized tribes with five locations: the Penobscot Nation, the Aroostook Band of Micmacs, the Houlton Band of Maliseets, the Passamaquoddy Tribe at Pleasant Point and the Passamaquoddy Tribe at Indian Township. Historically the tribal child welfare representatives have met with the DHHS, OCFS - ICWA liaison at least every other month and monthly if needed or requested. These meetings center on ICWA compliance in regard to both specific cases and broader policy issues. Strengths and areas needing

improvement are discussed and steps are formulated to resolve issues. This committee, called the ICWA Workgroup is staffed by the University of Southern Maine - Muskie School of Public Service. The needs the tribes may have and new policy/practice changes within OCFS are also discussed. This forum is one of the ways OCFS guarantees ICWA compliance.

OCFS caseworkers receive ICWA training at pre-service; this training is provided by tribal social workers. In addition we are now scheduling training in each district as reinforcement for staff, this training is also provided by tribal social workers. Caseworkers are required to ask families of children entering state custody if they have any Native American heritage. The District Court Judges also ask questions regarding Native heritage at initial court hearings and it is included in the court orders. Tribes are notified in writing and in addition, often times are called directly. Only two of the four tribes have a tribal court and are therefore able to take custody of tribal children without the need to have the child enter the custody of the state of Maine. These two tribes are the Penobscot Nation and the Passamaquoddy Tribe. The Aroostook Band of Micmacs and the Houlton Band of Maliseets utilize the State of Maine's District Court system. Compliance with ICWA is monitored through the Performance and Quality Improvement Unit.

OCFS works with Native families, as we work with all families, to prevent the removal of a child from the home. We do realize that separate federal laws apply to ICWA cases and this and cultural needs are taken into consideration. This includes an assessment of the situation and providing services to lower the potential risk of child abuse/neglect. In ICWA cases the caseworker should also involve the tribe in planning for the family. The tribe is not only being considered "a third parent" in ICWA cases but they offer a distinct set of services and supports for families. The services/supports the tribes may be able to offer families does 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 is not limited to: 1) Wrap Around Maine services for high needs families whose children are involved with multiple systems and their children and at risk of entering an out of home placement; and 2) the family reunification program which offers intensive in-home supports to families whose children are being reunified. We also direct staff to include the tribal child protective worker with them when they are investigating a new referral of a known ICWA case so the tribe can be involved from day one. This practice was incorporated into policy within the last two years.

OCFS also tracks the status, demographics, characteristics, location and goals for the placement of all children in foster care as well as provides appropriate services to prevent removal and promote family reunification if children enter state custody. This tracking is done for all children served including Native children.

OCFS recognizes homes that have been licensed/approved by the tribe as a fully licensed foster home. If the family is a relative or unlicensed placement, the family is considered for possible placement option, as is the case with all children in state custody. OCFS will pay the unlicensed placement rate and work with the tribe and the family to help them become a licensed resource. We will accept a home study conducted by the tribe and will coordinate with the tribes as the family moves through the OCFS licensing application and approval process or through the tribal approval process.

OCFS has continued its practice of sharing developing policy with the tribal child welfare personnel for comment. The finalized policies are also distributed and discussed in the meetings of the ICWA Workgroup. Tribal child welfare representatives continue to participate in the trainings provided for CASA's and GAL's by the court. OCFS also has had a tribal representative on the PIP steering committee. OCFS recognizes that each tribe is a separate entity and has invited a representative of each tribe to participate, but the tribes have decided to send one person to represent all the tribes. This representative was chosen from the Wabanaki Coalition, which is a tribal child welfare coalition to which all Maine tribes are invited. OCFS is not a member of this coalition.

In addition to the ongoing collaborations and policy issues cited stated above, OCFS will continue to work collaboratively with the tribes on many issues/initiatives. It is recognized that OCFS needs to update its agreements with each of the tribes; however due to staff commitments and some changes in tribal staffing, this has not yet occurred.

Many of the above cited activities are ongoing and will continue through 2014. This includes regular meeting with the DHHS, OCFS – ICWA liaison to ensure compliance with ICWA policy and to allow any strengths and challenges to be discussed, training for both new staff and experienced staff, CASA and GAL training and the steering committee.

As of June 2009 none of the Maine federally recognized tribes have applied for direct Title IV-E funding.

X. Health Care Services

OCFS Management, which includes Child Welfare Services and Children's Behavioral Health Services, has been working collaboratively with the Maine Center for Disease Control, and the Office of Medical Service and providers to address the coordination of health care services for children in foster care. The goal is that every child in foster care will have a medical home.

In 2007 the Director of Child Welfare Services collaborated with Steve Meister, MD and the Division of Public Health Nursing regarding health screening of foster children within 72 hours of entry into care. The Department is now working with Dr. Meister to develop a statewide network of providers to meet this need, as this currently occurs more frequently in certain geographical areas depending on the resources. In those areas without an established network in place, caseworkers are working with each child's pediatrician/medical provider to ensure children are seen for health screenings once they enter care.

Collaboration between DHHS and Maine General Medical Center resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Plans are underway to expand this program in the southern and northern areas of the state which will allow for health screenings as well as monitoring of the follow up when needs are identified through these screenings.

Maine's Rules Providing for the Licensing of Family Foster Homes and Rules Providing for the Licensing of Specialized Children's Foster Homes requires the following from foster parents:

- Foster children receive preventative and ongoing medical, dental and psychological care in accordance with the directions from the physician and the Department;
- Foster parents shall request a medical history of child at the time of placements;
- Foster parents shall maintain a health record for each foster child, including medical history, examinations, medical and dental treatments, prescribed drugs and immunization records with the record accompanying the child if she/she moves from the home;
- No prescription medication will be administered to a foster child without an order from a licensed physician. Foster parents administering psychotropic medications must have received instructions regarding the administering and possible side effects in writing from either the prescribing physician or the pharmacist. Prescription medication must be kept in the original container labeled with the child's name, date, instructions, and physician's name.

For children in foster care, the foster parents and caseworkers work collaboratively with the child's medical team in terms of providing oversight on prescribed medication foster children are placed on, with the foster parents bearing much responsibility in terms of dispensing medications. However, in general Maine recognized the concern around the high number of Maine children being prescribed psychotropic medication, including foster children. A workgroup was developed which included Maine's Office of Medical Services, Center for Disease Control, Children's Behavioral Health Services and Child Welfare Services representative to assess this issue and obtain data as to the extent of the issue. The goal of this group will be to review the costs, the utilization of medication and safety issues related to children receiving these medications.

HEALTH CARE SERVICES PLAN

1. Initial and follow-up health screenings will meet reasonable standards of medical practice
In coordination with the health care community all children entering foster care will receive a health screening within 72 hours, with follow up with their established "medical home" within 60 days and a complete follow up at 8 months.
2. Health needs identified through screenings will be monitored and treated
The Health Screening will provide immunization record, growth chart, and immunization schedule, list of other known providers (dentist), immediate treatment needs for identification of monitoring and treatment needs.
3. Medical information will be updated and appropriately shared.
Routine medical care will be completed in the "medical home" with routine updates provided to the caseworker.
4. Development and implementation of an electronic health record
Maine OCFS and CDC are actively engaged in a medical surveillance process and will explore methods of electronic health record documentation.
5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care
Efforts are currently underway to establish a medical home for every child in care and this is being done collaboratively with Center for Disease Control (CDC)

6. Oversight of prescription medicines

A workgroup which includes Maine's Office of Medical Services, Center for Disease Control, Children's Behavioral Health Services and Child Welfare Services representative will assess the appropriate and problematic use of medications. The goal of this group will be to review the costs, the utilization of medication and safety issues related to children receiving these medications.

7. 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 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Plans are underway to expand this program in the southern and northern areas of the state which will allow for health screenings as well as monitoring of the follow up when needs are identified through these screenings. This project is with full consultation of other medical and non-medical personnel in the state.

XI. Disaster Plan

The Departments Disaster plan is contained in C&FS Policy XV H. Emergency Response. This policy is hereby included in its entirety. See Appendix A.

XII. Monthly Caseworker Visits

Maine has a fully implemented SACWIS system (MACWIS) which stores all of the data required to track monthly caseworker visits. This data is provided to management and district Program Administrators through the Monthly Management Report. District Operations Managers meet regularly with District Program Administrators to review the data and support full compliance. The requirement for monthly contact is clearly stated in policy revised in 2008: Child and Family Services Policy Manual; V.D.-1 Child Assessment and Plan.

In order to track compliance around the ACF caseworker monthly contact expectations, Maine built a MACWIS report that automatically generates data around caseworker compliance with face to face monthly contact with at least the majority of visits occurring in the child's place of residence. This will provide the statewide average as well as broken down by district.

Based on Maine's baseline data, which included runaways, the following target percentages have been established in order for the goal of 90% compliance by October 2011 be achieved:

- Baseline 2007: 47%
- FFY 2008: 60%- **This was exceeded at 73% with 67% occurring in the child's residence.**
- FFY 2009: 70%
- FFY 2010: 80%
- FFY 2011: 90%

Maine exceeded its FFY 2008 target by 13% with the total of children seen every month at 73%. As of April, 2009, Maine has already exceeded its FFY 2009 target by 17% with 87% of children seen every month and 83% of those seen in the home.

XIII. Training Plan

Maine's Staff Development and Training Plan is revised and documented annually in the Child and Family Services Agreement between the University of Southern Maine, Muskie School of Public Service and the Maine Department of Health and Human Services, Office of Child and Family Services. Attached is a copy of this Cooperative Agreement for July 1, 2009 – June 30, 2010. Training activities are also noted within Maine's CFSP. See Appendix B.

Cost and funding streams:

In establishing our cost allocation methods the OCFS and DHHS Division of Public Administration examined the goals and objectives of each training program to match those goals and objectives to the various federal and state funding sources eligibility criteria. Criteria from Title IV-E and Medicaid are utilized to accomplish this.

The resulting cost allocation plan distributes the expenses between the above mentioned Federal programs and State general funds based upon the benefiting programs. That is, if a training contract meets the Title IV-E criteria, DHHS applies the Title IV-E penetration rate and charges Title IV-E the appropriate amount. The agency then examines other benefiting Federal programs and distributes the remaining Federal portion between those programs based upon how much of that training program addressed the Federal funding sources' criteria. If a particular training program does not meet any federal criteria those costs are allocated to 100% State general funds.

In the current year, Title IV-E funds provided for approximately 37.1% of the total costs for OCFS training initiatives during SFY 2010. Inclusive of all state and federal funds, including partner matches, the total estimated costs for training for SFY 2010 is \$3,037,888.

Court Related Short Term Training

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.

XIV. Evaluation and Technical Assistance

The USM Muskie School is currently conducting a data analysis of the high stakes testing in the Caseworker Pre-service Training Program. The purpose of this analysis is to validate the reliability of the test prior to full implementation.

For Wraparound Maine, the USM Muskie School is conducting evaluation research. This research is coordinated with the National Wraparound Initiative. It includes implementation by USM of a web based database to facilitate data entry by contract agency providers and USM analysis of that data.

During the coming fiscal year, the USM Muskie School will be gathering data from DHHS District Offices on Child Welfare Cases that have substance abuse as a contributing factor. Through data analysis, USM will develop recommendations on best practices to increase engagement and improve treatment outcomes to facilitate family reunification.

To evaluate new web based supervisory training modules, the USM Muskie School will administer and analyze data from post training surveys administered to trainees.

During the coming contract year, the USM Muskie School will conduct evaluation research on the effectiveness of transfer of learning in training provided to Maine foster and adoptive parents. The content and scope of this research will be determined in coming months.

OCFS is currently receiving technical assistance from the National Resource Center for Organizational Improvement in our development of a CFSP that incorporates our anticipated PIP. Melody Roe of the NRCOI has provided invaluable assistance to Maine in this work.. In June, Peter Watson will review the new Maine CFSP with OCFS and provide consultation or possible sources of technical assistance. Other technical assistance from the USM Muskie School is noted in the Cooperative Agreement between USM and DHHS OCFS. **See Appendix B.**

XV. Adoption Incentive Payments

Maine will use its adoptive incentive payments for recruitment and placement for older youth, 12 plus years of age. Maine would work closely with contract agencies, AFFME and Maine Kin Kids, to ensure timely expenditure of the funds. This will allow further support services post placement for general foster home population as well as kinship family resources.

XVI. Performance and Quality Improvement System

Historically, the Office of Child and Family Services has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. These activities have included monthly case reviews, reviews of client recipients appealing substantiated findings of child abuse and neglect as well as special projects as requested by management. OCFS has recognized the need to strengthen its QA/QI process and the decision was made to redefine the role of its staff currently assigned to those duties, as well as develop a program whereby staff at all levels own the performance and quality improvement duties whereby it becomes a process vs. a unit of people. This process included supervisory peer reviews, District site reviews modeled after the Child and Family Services Reviews, and the development of District and State Performance & Quality Improvement (PQI) Committees as well as maintaining the unit of staff assigned to PQI activities.

In order to be successful in creating change within the organization, OCFS recognized the value of engaging staff at all levels. This new focus invites all levels of staff that do the work to be involved in creative solutions to an identified issue. The venue that was developed to facilitate this is the District PQI Committees. The District committees are comprised of a representative of each office unit as well as management who can either approve ideas/solutions or push them to the next level, which is the State level team. The State level team is comprised of the facilitators of each District team as well as the Senior Management Team. This is a process that is worker driven with the feedback loop being a critical element in order for this process to be successful. It is expected that each committee will, at a minimum, meet quarterly. Overall this process has been successful in terms of engaging with staff and creating solutions to barriers that impact District practice. PQI Committee minutes are generated at each meeting, both at the District and State Level. Those minutes are submitted to the Federal Plan & PQI Program Manager and are posted on the OCFS PQI Shared Drive, which allows for the sharing of creative solutions as well as those that were not successful. These committees were included in the

development of the CFSR Statewide Assessment as several survey's were disseminated to the groups for specific information that was believed to be in their prevue.

OCFS maintains its unit of staff dedicated to Performance and Quality Improvement, with a PQI Specialist housed in each District but supervised by a Central Office Program Manager. This unit continued to review randomly selected cases on a monthly basis, review and provide feedback to the supervisory group on their reviews, and act as PQI coordinators in the PQI Committees. In the spring of 2009, after careful consideration of the data being provided from the monthly case review, the decision was made to discontinue those reviews as the data was inconsistent with other data measures. The PQI staff will be available to provide more District specific consultation through working on special reviews that could provide the District more relevant information for that district in its efforts to improve outcomes. In addition, this unit will be the core team as OCFS resumes the site review process that was conducting in 2007. The unit will also continue to conduct an array of statewide special projects in order to provide senior management with qualitative data on areas of concern. The PQI unit conducted several of these projects in order to provide qualitative data in the CFSR Statewide Assessment. This group will also continue to gather data that is communicated to the District measuring identified indicators that are developed, particularly as the Program Improvement Plan is developed and quarterly updated required.

XVII. Consolidation of CAPTA Plan with CFSP

Please see [Appendix C](#).

XVIII. Chafee Foster Care Independence and the Education and Training Voucher Programs

The Maine Department of Health and Human Services submits this application and state plan for Federal Fiscal Years 2010 - 2014 under 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, and the Education and Training Voucher Fund Program in order to carry out programs designed to assist adolescents in care to make a successful transition from foster care to adulthood, specifically adolescents 16 and older.

The Maine Department of Health and Human Services, Office of Child and Family Services, will administer and oversee the Youth Transition Program funded by the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program. Additionally, the State of Maine plans to cooperate in national evaluations of the effects of the programs in achieving the purposes of CFCIP.

In keeping with the intent of the Chafee Foster Care Independence Program requirements, youth currently in care and youth formerly in care are consulted regularly throughout the year. Their comments and feedback of program strengths and needs, make up the provisions of this State plan.

Section I covers the programs, services, and activities for which Title IV-E, Section 477 and Title I, Improved Independent Living Program, Public Law 106-109, Chafee Foster Care Independence Act of 1999, amending section 477 of the Social Security Act, funds will be expended between October 1, 2010 and September 30, 2014.

Section II contains information regarding the administration of the Education and Training Voucher fund program between October 1, 2010 and September 30, 2014.

SECTION I:

Eligible Population:

The Department of Health and Human Services elects for eligibility for programs under the Chafee Foster Care Independence Program, all youth regardless of Title IV-E eligibility, including:

- Youth in foster care who are age 15 and older.
- Youth in foster care who are at least 14 years of age may participate in Youth Leadership Advisory Team (YLAT) events, and attend the annual Teen Conference.
- Youth, aged 16 and older, who were adopted from Maine DHHS are eligible for Education and Training Voucher (ETV) post-secondary education funds.
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS are eligible for Education and Training Voucher (ETV) post-secondary education funds.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.
- Youth who are between the ages of 14 and 24, and who spent one day or more in foster care, may participate in the Opportunity Passport Program.
- Youth, otherwise eligible, but who are temporarily living out-of-state and who are under the care or custody of the Department.

The Department does not discriminate with regard to Chafee youth transition services or ETV services 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. The goal is to provide every older youth in care, particularly those youth after age 18 and up to age 21, every opportunity to take advantages of the services available through the state’s Chafee Youth Transition Program.

Estimated Eligible Population for 2010-2014 (as of 6/09-currently in care):

Age	11	12	13	14	15	16	17	18	19	20
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Total Youth	72	54	69	83	101	134	163	95	58	30
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* The above includes 11-14 year olds to show the drop in the number of youth that could be expected.

Purposes for Which Funds will be Spent:

Chafee Foster Care Independence Program funds will be expended to:

- Help youth explore and find their permanency options and connections before they leave care.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- Improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- Increase the knowledge and practical functioning of older youth in care by helping them learn daily living skills, effective problem solving and informed decision making skills to compliment their own efforts to achieve self-sufficiency.
- Expand the resources available to youth in their community.
- Work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- Promote open communication between older youth in care and adults and encourage a partnering relationship that offers mentoring opportunities for youth in care, which may lead to permanent lifelong connections for youth with a caring adult.
- Provide supplemental post-secondary education financial support using federal Education and Training Voucher program funds.
- Increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.
- Encourage and promote meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- Seek youth input in developing Departmental policies, programs, and practice to prepare older youth in care to transition to adulthood.

Overview of Strategies to Meet the Needs of the Eligible Population:

The goal of Maine’s Chafee Independent Living Program is to ensure that every youth referred to its Youth Transition Program has the opportunity to receive assistance to prepare for a healthy, productive life in order to transition successfully to adulthood. We are committed to assuring youth have life long and permanent connections to caring adults, they are provided with a broad range of services and supports, and they are provided with skill development opportunities to prepare to live interdependently in the community as young adults.

We are committed to transition planning with young people that reflects a comprehensive assessment of their strengths and needs, a planning process that demonstrates active participation of young people and their supports, and a transition plan that meets the individualized needs of youth as well as assures they have life long connections with a caring adult.

Maine will continue to serve those youth eligible for Youth Transition Services primarily

through seven (7) Youth Transition Workers, through a contract with the University of Southern Maine's Muskie School, through a contract with Jobs for Maine Graduates, and through contracts with therapeutic and congregate care providers.

Youth Transition Workers are assigned to DHHS district offices statewide and work directly with Child Welfare casework and supervisory staff in their respective offices. Referrals to Youth Transition Workers are received directly from caseworkers for youth beginning around the age of 16. Additionally, since 2008, Youth Transition Workers are responsible for assuring all youth over the age of 15 have a completed life skills assessment in accordance with federal requirements.

For 2010-2014, regionally assigned Youth Transition Workers will continue to be supervised by the Youth Transition Specialist in Central Office. We believe this structure allows for increased standardization of services provided and staff expectations across the State.

With the impending retirement of the Youth Transition Worker located in Central Office, it is anticipated that this position will be moved into a district that does not currently have a full-time Youth Transition Worker.

A broad range of services and learning opportunities for older youth in care, including on-going efforts toward helping youth enter permanent families, will continue to be provided by Department Caseworkers, Youth Transition Workers, by agencies with contracts with the Department, by therapeutic and non-therapeutic foster home parents, group home staff, transitional living programs, DHHS caseworker staff, and other providers who are work with older youth in foster care. These services are funded by a combination of federal and state funds.

Maine will continue to meet the needs of our older youth between the ages of 18 and 21, through Maine's Voluntary Extended Care (V-9) Agreement. The V-9 will continue to be offered to all youth who remain in foster care until the age of 18. With this agreement, youth continue to receive the support of the Department, both financial and otherwise, up to the age of 21.

The Department's V-9 Agreement was revised over five years ago. We intend to revise these policies again. Some of the areas we plan to address in the future revision is to consolidate the multiple current policies related to youth transition, expansion of the definition of eligible youth, and changes to the "grace period" that would allow youth to return to V-9 status. In additionally, we are exploring new options for extended care afforded through the Fostering Connections Act.

The Cooperative Agreement with the University of Southern Maine (USM) Muskie School of Public Service provides for the coordination of our Youth Leadership Advisory Team, and staffing to assist with planning and conducting the annual Teen Conference, Youth Summit, Camp to Belong Maine, and Youth Permanency Efforts. During the next five years, DHHS and USM, through its Cooperative Agreement, will continue to increase collaborative efforts in the community to promote permanency for youth, to enhance youth and adult partnerships, and to improve outcomes for older youth transitioning from foster care.

In 2010 – 2014, Maine Youth Transition Staff will meet with all contracted agency providers (therapeutic foster care and residential care) to review Maine's Chafee Youth Transition Program, provider expectations, college resource information, individualized transitional

planning for youth, and the delivering of life skills education to meet each youth's transitional goals.

For youth needing on-going mental health services as an adult, we plan to continue to follow the recently revised Transition Protocol. First developed following the merger of the former Department of Human Services and the former Department of Behavioral and Developmental Services in 2005, this protocol strives to ensure that older youth who have been in foster care have a timely and smooth transition to adult mental health and mental retardation services when needed. For 2010 – 2014, we will look for additional ways to work collaboratively with involved systems to improve the process of transitioning youth to the adult system.

The Chafee Foster Care Independence Program continues to provide varying levels of financial support each year to around 100 older youth participating in a post-secondary education program. This number has remained fairly consistent over the past few years.

In addition to the Chafee and ETV programs, Maine plans to provide support for post-secondary education through the State's tuition waiver program. Eligibility for one of the 30 yearly slots includes youth who are in foster care at the age of 18, youth who were adopted through DHHS, and youth who were under Maine's Permanency Guardianship program.

Youth Transition Workers and Children's Services Caseworkers will continue to assist youth in foster care at the age of 18 to apply for MaineCare medical coverage. From working with youth, we know that most of our older youth in voluntary care continue to qualify for Medicaid coverage from age 18-21, under the federally established poverty income guidelines used by MaineCare.

Maine anticipates a continued use of state funds, rather than Chafee funds, for housing support for our older youth in care. Given the limited availability of Chafee funds, Maine does not exceed the 30% limit for housing, because we support the room and board costs of older youth in care from age 18 and up to age 21 using state funds. Maine has been providing this kind of support for many years for older youth who continue in voluntary extended care.

In accordance with Education and Training Voucher Program (ETV) regulations, we will continue to support the room and board needs of youth, age 21-23, within available resources. Given the needs, Maine typically provides this support to one or two youth each year.

Beginning July 1, 2009, Maine can no longer continue to support independent living programs and scattered site apartment programs. This is due to changes to the Medicaid PNMI rules, as well as significant budgetary shortfalls with regard to state funding. DHHS—Office of Child and Family Services—rather than private providers, will assume the supervision and support of youth ages 18-21, who transition from a residential program to an apartment. We plan to continue to explore possible additional options for housing and will do this in collaboration with other systems, providers, and community stakeholders.

Youth Leadership Development Activities:

Maine's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as being one of the most effective and active youth leadership boards in the country. Youth,

beginning at age 14, are encouraged to participate in YLAT to the extent they are comfortable. Maine is focused on enhancing youth and adult partnerships through YLAT. In addition to increasing the numbers of DHHS staff who are actively supporting the work of YLAT, several former youth in care are now serving as adult partners on YLAT boards.

A unique opportunity for YLAT boards in Maine has been the ability to oversee grant dollars provided by the Jim Casey Youth Opportunities Initiative. A former youth in care developed a grant process and youth in YLAT decide how to allocate these dollars. Youth are also joining various community collaborative efforts across the state and they continue to educate the community about the needs of youth in foster care.

Youth also participate in a variety of panels and trainings for foster parents, child welfare caseworkers and supervisors, various care providers, the courts, and school systems. We will continue to enlist the help of youth for trainings in order to benefit from their expertise and passion around the issues facing youth in foster care. During 2010 – 2014, we will continue to partner with youth to explore expanded youth leadership opportunities.

Maine plans to continue holding its annual *Teen Conference* for youth in foster care. Each year the conference hosts 150-175 youth and offers them learning opportunities involving fun and informational workshops. Workshop topics typically offered include: resiliency, financial aid, personal finance, choosing a college, employment readiness, achieving balanced, learning how to start a business, learning frugal choices for living on your own, and permanency. Also at this event, the Brad Levesque youth leadership award is awarded to a youth in care who exemplifies the spirit of youth leadership.

DHHS is working with USM and other stakeholders on sustainability planning for *Camp to Belong Maine* (CTBM). *Camp to Belong Maine* began in August 2004, and has been held every summer since then. CTBM provides children and youth separated by out-of-home care with an opportunity to reunite for a week to bond and enjoy a typical camp experience together. Plans are currently underway for the 6th annual camp to take place in August 2009.

Youth in care and former youth in care continue *The Maine Youth Transition Collaborative* monthly Executive Board meetings and quarterly Advisory Board meetings which had been co-facilitated by a former youth in care. Due to scheduling conflicts with this person, we are strategizing how to meet this current gap. Additionally, several youth in care sit on the Advisory Board, which provides an opportunity for the MYTC to incorporate the voice, ideas, and wishes of youth in its on-going work and to continue to enhance Maine's commitment to youth and adult partnership as a vehicle for enhancing youth leadership as well as offer feedback to Maine's child welfare system.

YLAT members will continue to be instrumental in Child Welfare policy development and practice improvements. Maine has a longstanding practice of engaging youth. A former youth in care has been part of *Maine's PIP Committee* and we are already planning to involve youth and former youth in care in the 2009 CFSR process. Plans for continuing with meaningful youth inclusion in the CFSR include youth and/or former youth in care participation on the *CFSR Steering Committee* and having youth focus groups co-led by young people. It should be noted that in 2007, in all eight districts across the State, youth were involved in focus groups as part of internal Program and Quality Improvement site reviews. Youth will also be asked to participate in future PIP planning.

Consultation and Collaboration:

Maine is involved in a number of collaborative efforts at the state and local levels:

Maine Tribes and Bands: Tribes and Bands have defined their service population as being youth between the ages of 14 and 21 and are youth who are under tribal or band care and responsibility. Tribes and Bands and made aware that funds of \$8,000 per each tribe and \$4,500 per each band are available. For 2010-2014, it is anticipated that the money for these agreements will come from state child welfare funds due to the on-going limited availability of Chafee funds in Maine.

Over the past several years, the Houlton Band of Maliseets has submitted renewal agreements for the provision of life skills services for their youth. They have also provided annual reports summarizing their expenditure of the funds. Historically, the Aroostook Band of Mic Macs, the Passamaquoddy and Penobscot Tribes have not returned signed agreements.

However, to further collaboration between the Tribes, Bands, and DHHS, the DHHS ICWA liaison has been meeting with the Tribes and Bands as part of Maine's ICWA Workgroup. Beginning in 2008, the Youth Transition Specialist joined these meetings as a way to improve collaboration efforts between the Tribes, Bands, and DHHS. While meetings have not occurred recently, it is anticipated that these will resume during 2010 – 2014. In collaboration with the Tribes and Bands, we plan to look for opportunities to further enhance our communication, planning, and service delivery to meet the needs of tribal youth.

Additionally, Tribal youth and Tribal professional representatives continue to participate in the Maine Youth Transition Collaborative (MYTC) Advisory Board.

Maine Youth Transition Collaborative. Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. The Department will continue to collaborate with the MYTC during 2010 to 2014 to further develop community partners and to meet the goals of the MYTC sustainability plan.

This initiative allows youth currently in care and youth formally in care between the ages of 14-24 to establish a matched savings account, called Opportunity Passport, now administered through a contract with Jobs for Maine Graduates (JMG). Youth can earn up to \$1,000 a year and have that amount matched. As of March 2007, nearly 200 youth had enrolled in the matched saving program Opportunity Passport (OP). Currently there are approximately 130 youth actively enrolled in OP.

Youth enrolled in the Opportunity Passport participate in a financial literacy training in order to be eligible for matched savings. JMG coordinators are located across the state. This initiative continues to be very successful in Maine.

A Memorandum of Agreement between the DHHS Office of Child and Family Services, the Department of Labor, Bureau of Employment Services, and the Program Manager for the Maine Youth Opportunities Initiative was signed in February 2005. The intent of the agreement was to work more collaboratively and closely to ensure that teens and young adults in care were receiving the full benefit of the services offered. The Department of Labor had developed

increasing opportunities for older youth in care to participate in apprenticeship programs. A representative from Department of Labor participates on the Maine Youth Transition Collaborative Advisory Board as well.

Shared Youth Vision: This is a collaboration of many youth serving agencies and various community stakeholders from around the state that are an advisory group to the Governor's Children's Cabinet. The goal of the Committee is to develop strategic plans and coordinate initiatives at all levels to better serve the neediest youth and is focused on improving educational success for youth. There are also three subcommittees: Economic Security; Systems of Integration and Systems of Care; and Preparation for Citizenship, Education and Work.

Homeless Youth Provider Committee is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee has been to pass legislation to clearly define homeless youth and to establish a comprehensive system of services to meet the needs of homeless youth as defined. Legislation was passed and signed by the Governor in June 2009.

The Interdepartmental Committee on Transition (ICOT) is an Interagency Committee established by the Legislature that supports Maine youth with disabilities transition to adult life. This organization oversees special education and transition services programming and issues and provides transition trainings in schools, statewide data collecting, and works closely with the Department of Education. The current Youth Transition Specialist will continue to work with this committee in 2008 and 2009.

The Maine Reentry Network Steering Committee is a Department of Corrections grant project to assist youth and young adults with reentry into the community from juvenile and adult facilities. The current Youth Transition Specialist will continue to work with this committee in 2008 and 2009.

Juvenile Justice Advisory Group (JJAG)-meets monthly to oversee several federal juvenile justice grant program and to serve as advisors to the Governor and State Legislature related to juvenile justice issues and proposed laws. Some members also review grant proposals and oversee numerous Department of Corrections contracts for prevention and intervention programs. Dan Despard, Director of Child Welfare Services was appointed by the Governor to serve on this committee following the retirement of the previous Chafee Independent Living Program Manager.

First Jobs Academy Guide Team: To provide a comprehensive, supported design to maximize the success of youth served through the foster care system entering early employment.

New England Youth Collaborative is made up of staff, youth in care, and former youth in care, from all of the New England states first met in January 2008. Plans are currently underway to meet again in July 2008. This Collaborative aims to improve outcomes for older youth in care by looking at ways New England States can collaborate and learn from each other in order to implement innovative and best practices that strengthen the youth transition programs in all of the New England States.

Program Goals:

Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.

Strategy 1: Focus on established vision and goals from the 2009 Youth Permanency Summit, while engaging youth as partners in the process:

Vision of Youth Permanence:

We believe that together—anything is possible. We can realize the vision that every youth can have a family, and that by 2013, 50% of youth aged 15-18 will leave foster care with a permanent family connection.

Goals

1. *Achieve greater permanence for youth than we did last year.*
2. *Achieve greater permanence for youth who have been in care for long periods of time.*
3. *Reduce the use of APPLA (Another Planned Permanent Living Arrangement) as a permanency goal.*
4. *Increase utilization of known permanence strategies.*

Strategy 2: During 2010-2014, we will work to fully implement and engage staff in the Permanency Policy, written by former youth in foster care.

Strategy 3: Following the second annual Permanency Summit in 2009, each district permanency team will continue to meet quarterly, and develop strategies to meet the goals of improved permanency outcomes for older youth.

Strategy 4: The Central Office Permanency will also continue to meet to coordinate state efforts and provide district support.

Strategy 5: Revise policies related to youth transition services to include a focus on permanency, and life long family and sibling connections.

Goal 2: Improve educational success for youth by improving post-secondary retention and graduation rates.

Strategy 1: Work with youth to identify barriers to successful post-secondary program completion.

Strategy 2: Establish a system for Youth Transition Workers and Caseworkers to connect youth to the available supports, services, and community opportunities at their post-secondary institution.

Strategy 3: Explore mentor opportunities for youth entering post-secondary education.

Strategy 4: Work with Universities and Community Colleges to bolster the supportive services and housing options available to youth on V-9.

Goal 3: Improve the quality of permanency hearings and better incorporate youth decision-making.

Strategy 1: Use Court Forum meetings, which include the judicial system, to focus on strengthening youth involvement and the hearings process.

Strategy 2: Address this need in follow-up meetings with the Permanency Convening Workgroup.

Goal 4: Expand availability of support and services to youth in all areas of the state.

Strategy 1: When the Youth Transition Worker in Central Office, whose primary role is quality assurance, retires, transfer this line to a district office to provide full-time, rather than part-time Youth Transition coverage.

Strategy 2: Continue work with the Maine Youth Transition Collaborative to increase resources in the life essentials areas of: education; employment; housing; and life long connections.

Strategy 3: Continue to focus on youth awareness of resources in the community at the Annual Teen Conference.

Strategy 4: Revise Youth Transition Policies to clarify expectations around assessment of needs, provision of services, and transition planning for youth in care.

Strategy 5: Implement the National Youth in Transition Database (NYTD) to track services provided as well as youth outcomes.

Goal 5: Increase housing options for older youth in care and youth transitioning from care.

Strategy 1: Explore options for continual housing with colleges during their traditional school breaks.

Strategy 2: Participate in the National Governor's Association (NGA) technical assistance site visit in fall 2009 to learn new ideas from a successful housing program.

Strategy 3: Work collaboratively with public and private stakeholders to explore possible new resource development.

Goal 6: Improve the outcomes for youth placed in congregate and therapeutic foster care.

Strategy 1: Establish performance based contracts with all group and residential care programs and treatment foster care programs.

Strategy 2: Ensure contracted therapeutic and congregate programs receive annual performance and quality improvement reviews.

Strategy 3: Continue to use the DHHS Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care as well as the level of care being received by placement treatment foster care.

National Youth Transition Database Compliance:

Plans are currently underway for the implementation of the National Youth in Transition Database requirements. We have reviewed the information provided to date and have developed strategies to collect all data being required. This will most likely be some combination of child welfare staff and outside contractors. The information will be contained in our MACWIS system.

We have been informally talking with some youth about NYTD, but intend to present a formal display at the upcoming Teen Conference (June 2009). This display will be staffed by the Youth Transition Specialist and youth will be able to ask questions as well as be asked about how they would like to help with implementation. We intend to develop a survey workgroup comprised of Youth Transition staff, caseworker staff, and youth.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

Older youth in care are well supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs.

Maine plans to continue its tuition waiver program for youth who are in foster care at the age of 18, for youth who were adopted from foster care and for youth under permanency guardianship. A total of 30 tuition waivers are available to freshman students per academic year to attend one of the state university system schools or one of the state community colleges. This waiver is supported by state funds as these post-secondary schools systems have agreed to absorb the cost of the waiver within their operating budgets. There are more than 15 college campus locations for youth to choose from among these schools.

Once a freshman student has qualified for the waiver, they have up to 5 years of waiver eligibility to complete their undergraduate degree provided they remain in good academic standing.

Our plan for the Education and Training Voucher (ETV) program funds continues to be providing “gap assistance” to students who may be attending post-secondary educational institutions out-of-state or in-state, students who are attending a tuition waiver institution, or students who are attending an accredited specialized job skills training program. Youth Transition Workers work with youth to assure that the amount of ETV funds provided to students will not exceed the total cost of the program or more than \$5000 per regulation.

The Youth Transition Specialist will continue to track the utilization of ETV funds to assure that the funds provided do not exceed \$5000 or the total cost of the program, taking into account all other financial aid assistance and awards.

Eligible Population to Receive ETV funds:

- Youth eligible for Chafee Services who are age 15 and older.
- Youth who were in the custody of DHHS at the age of 18, and who remain in Voluntary

Extended Care with DHHS through a V-9 (Voluntary Extended Care) Agreement.

- Youth, aged 16 and older, who were adopted from Maine DHHS
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.
- Youth who are otherwise eligible, who is temporarily living out-of-state.

There are no identified statutory or administrative barriers that prevent DHHS from fully implementing the ETV program in Maine.

In consultation with the Youth Transition Worker and district staff who know the young person well, the Chafee Independent Living Program Manager (Youth Transition Program Specialist) approves the youth's eligibility for ETV funds and makes the final determination of their ETV allocation under the guidelines of the ETV program. These expenditures are tracked separately from other expenditures under the CFCIP.

Youth Transition Workers will continue to provide assistance to the youth for completion of required college applications, tests, and how to complete the various financial aid forms. They also help the youth locate housing, child-care, and tutoring, if needed.

We plan to continue to prepare youth for post-secondary education by partnering with them around their goals and to meet often with youth to help them plan for post-secondary education. We recognize the importance of spending a considerable amount of time in planning with the youth before they enter a post-secondary education program and in providing guidance and support particularly during the first year of their post-secondary education program. Youth Transition Workers will continue to provide this type of assistance to all youth who are, or will be attending, a post-secondary education program.

Maine's eight (8) district offices (managers and caseworkers) are routinely informed about the availability of ETV funds and the criteria for eligibility. We inform youth in care about post-secondary educational opportunities through face-to-face meetings, Family Team Meetings, transition planning, YLAT and other youth leadership events.

The determination for ETV eligibility for funds will follow the same process being used currently for our older youth in care for determining their eligibility for Chafee funds for their post-secondary education program:

- All youth in care are expected to apply for federal FAFSA funds and for the Tuition Waiver, if applicable.
- They must apply for various scholarships as well. Once any of these non-loan forms of financial assistance have been determined to be available for the student, the remaining level of non-loan financial assistance needed is determined.
- A determination of the amount of ETV funds to be awarded to each student is made by the Youth Transition Specialist based on the number of students needing assistance that academic year.

- Students are informed that they must maintain good academic standing. This is based on a GPA of at least 2.0, or what is considered a satisfactory level of academic performance at their specific institution, in order to remain eligible for ETV funds.

By maintaining this type of eligibility and award system, we are able to assure that the total amount of educational assistance to a youth provided by ETV funds, in combination with any other federal assistance programs, does not exceed the total cost of attendance. It also avoids duplication of benefits under the ETV program and any other federal assistance program.

We plan to continue to issue letters each summer to post-secondary education institutions and financial aid offices to identify students in voluntary extended care (V-9) status and to explain the billing process for those students to assure a smooth process for young people.

Each year approximately 100 youth enter a post-secondary education program. This number has remained fairly constant since the establishment of the ETV program.

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. Debarment 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, in-kind and third party contributions, and state funds which are not being used as match for other federal funding sources.

XIX. Required Statistical and Supporting Information

Juvenile Justice Transfer:

In Maine children in custody of the Child Welfare System (DHHS) are not transferred into custody of the State Juvenile Justice System, but remain in the custody of the Department of Health and Human Services unless custody is returned to a parent or to some other guardian.

Children in State Custody from Failed Inter-country Adoptions:

The state takes responsibility where needed for children adopted from other countries, including activities intended to serve children entering state custody as a result of the disruption of placement for adoption. The DHHS Office of Vital Statistics reports that the number of children adopted from other countries by Maine families in 2007 was 166.

During FFY 2007-08, there was 66 children who was previously adopted from a foreign country and subsequently entered DHHS custody. In two of the cases the adoptive parents were unable to manage the behavior of the child; the third case the adoptive mother failed to attach/bond with the child in addition to the child's behavioral issues made it unsafe for the child to remain in the home. In terms of plans for each child, one child has since been adopted by another family; a second child is currently in placement with a goal of APPLA due to age and behavior; the plan for the third child is termination of parental rights and adoption. Now that Children's Behavioral Health Services (CBHS) is under the Office of Child and Family Services there is much greater communication and collaboration to assist families who have adopted children from other countries and are experiencing difficulty. CBHS is able to provide case management services that are designed to prevent disruption/dissolution in those cases.

Maine's private adoption agencies make every effort to replace a child from a disrupted or dissolved adoption into another family within the agency or with another private agency so that the child does not have to enter DHHS custody.

The Office of Child and Family Services (OCFS) contracts with Adoptive and Foster Families of Maine (AFFM) to provide support services to foster, kinship, permanency guardianship and adoptive families. Families that have adopted from out of the country are treated the same as other families and are eligible for all the supports services provided by AFFM. Support services include: support groups, resource library, business discounts and periodic newsletters.

Maine OCFS publishes a brochure, A GUIDE TO ADOPTION SERVICES IN MAINE; annually that provides information on all licensed private adoption agencies as well as OCFS District Offices. This brochure provides information on selecting an agency for adoption and post adoption services

Efforts continue to support and promote adoption, kinship placement and permanency guardianship to enhance permanency options for children and to assure that no child leaves foster care without a lasting, permanent adult relationship. Our Practice Model states: "All Children deserve a permanent family".

Number of Youth Who Received ETV Awards in FY2008 and FY2009 Year-to-Date:

In FFY 2008 there were 39 new and 49 on-going (returning) for a total of 88.

In FFY 2009, there were 30 new and 40 on-going for a total of 79.

Timely Homes Studies Reporting and Data:

For FFY 2007 and FFY 2008 there were a total of 331 home studies requested through ICPC. Of that number 188 were extended beyond the 60-day timeframe. In 80 cases, the extensions were due to reasons within the control of OCFS such as the delay in processing the home study at the central level. Of the 188 cases, 108 were extended for reasons beyond the control of the agency such as allegations against the placement resource that required assessment, difficulty in obtaining information from the receiving state in order to complete the home study and difficulty in locating the placement resource to finalize the study. OCFS will be improving its database in order to provide more detailed information in the future regarding the need for the extension as well as tracking the extent to which the extended compliance period resulted in resolution of the circumstances that necessitated the extension.

XX. Financial Information

States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in FFY 2010 than the than the State expended for those purposes in FFY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FFY 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 FFY 2010 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 FFY 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

For (e) 2 During FY 2007 \$ _____ 0 _____ IV-B Part 1 dollars were spent for foster care maintenance payments, adoption assistance, or child care related to employment or training. Therefore no expenditures in these areas exceeded the 1979 levels of \$376,946

For (e) 1 DHHS assures that the state funds expended for FFY 2007 for purposes of Title IV-B, subpart 2 is \$ 17,839,511 . 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 Plan.

XXI. Certifications and Assurances

See Appendix E.

Appendix A: Child and Family Services Policy - XV. H. Emergency Response

Effective May 1, 2008

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 Child Welfare 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 Child Welfare Services (CWS) 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 Child Welfare Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the Director of Child Welfare Services, both District Operations Managers, Director of Child Welfare Policy and Practice, Child Protective Intake Manager, Information Services 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 Child Welfare 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 Child Welfare Services or 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, Performance and Quality Improvement staff, Life Skills staff and others 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. Assessment of child safety as needed for children in DHHS custody or care. 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 (maine.gov/dhhs/bcfs) websites.
- Intake

Means used to communicate with staff include the above and the use of phone trees.

Information could include office closures, current 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 Child Welfare 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 identifies 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 using the specific fields and the text box pending MACWIS changes that will create field boxes for all required information. 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 Child Welfare Director, 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.

Family Resource staff will enter each resource family's emergency contact and relocation information on an Excel spreadsheet stored on each district's common drive and will send that information to the Information Services Manager monthly. This is a temporary work-around until the MACWIS Children in Care – Current Primary Open Placement Report can be altered to include the resource family physical address, primary phone number and secondary phone number and until fields in MACWIS can be created to capture 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 that information on an Excel spreadsheet which is stored on each district's common drive. This spreadsheet will be forwarded to the Information Services Manager monthly. This is a temporary work around until the Community Resources module can be altered to include fields to capture emergency contact information for unlicensed placements.

Coordination with Courts

The Director of Policy and Practice 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 Child Welfare or designee will initiate and maintain contact with federal partners to communicate about waivers and about what is happening on state and federal levels in regard to the disaster.

Staff should document overtime and work done related to the disaster for possible reimbursement.

Director of Child Welfare 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 Child Welfare 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 aide supplies.

The Plan will need to be implemented incrementally in order to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

Addendum

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 B: Child and Family Services Agreement Between USM Muskie School and DHHS OCFS

Child and Family Services Agreement

Between

**University of Southern Maine
Muskie School of Public Service**

and

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

**University Agreement Lead: Sally Ward, 626-5211,
sward@usm.maine.edu**

Department Agreement Lead: Jim Beougher, 624-7900, james.beougher@maine.gov

July 1, 2009 – June 30, 2010

Introduction

• This Cooperative Agreement is a continuation project under the auspices of the Memorandum of Understanding between the Department of Health and Human Services and the University of Southern Maine. In accordance with the General Policy Agreement for the State/University Cooperative Projects, to qualify for exemption from competitive bidding, individual activities must include benefits and responsibilities on the part of the State and University. Following is an outline of the Outcomes (benefits) and Responsibilities under this agreement.

Benefits to the State:

Ongoing consultation, resources and support that facilitates increased knowledge and skills of Child Welfare Services (CWS) staff, Children's Behavioral Health Services (CBHS) staff, foster and adoptive parents and providers

Concrete deliverables in the areas of staff training, organizational development, and planning

Evaluation integrated into training programs to strengthen content and delivery of training

Increased access to training for foster and adoptive parents, OCFS staff and contracted providers through development of web-based and other readily available training methods

Research and consultation to promote retention of excellent staff and adoptive/foster families in Maine's Child Welfare System

Analysis and presentation of key data related to the experiences of Maine kinship families involved in the child welfare system and Maine wraparound families

Research, analysis, facilitation, and technical assistance to support OCFS in its efforts to review and revise key Child Welfare policies

Research, analysis, and technical assistance to partner with OCFS in its efforts to become a model state for comprehensive testing procedures in child welfare

Access to research and technical assistance to implement systems improvement and strategic initiatives that result in improved outcomes for children and families involved in the children's behavioral health system of care

Technical assistance and support in implementing activities related to the Child and Family Services Plan (CFSP) and Program Improvement Plan (PIP)

Support for Maine's efforts to become the first state in the country to establish a statewide network of substance abuse professionals who are specifically trained in child welfare issues.

Benefits to the University:

Access to state administrative and program data to conduct research and evaluation studies

Resources and support for university staff and faculty to stay current in field of expertise.

Opportunities for Muskie staff to contribute to the field of knowledge including support for travel to present at national conferences and time to write reports and journal articles for dissemination

Gateway to contribute to increased efficiency and cost-effectiveness of state government and furthering the public service mission of the University

Opportunities to strengthen the link between academic programs, research, and child welfare practice

Openings for Internships, assistantships and capstone projects for university students

Expansion of the University of Southern Maine's educational continuum to non-credit and certificate programs

Opportunity to bring together the School of Social Work and the Office of Child and Family Services to discuss/enhance connections between child welfare professionals and the School

Promotion of access to state-of-the-art learning technology including interactive video and Web Based Courses

Professional contacts in DHHS and other State Departments and agencies related to child welfare service delivery

Responsibilities of the State:

Commit DHHS staff time to work collaboratively with Muskie staff on all products and projects.

Activities include: participation on project design, planning and oversight work groups; curriculum review and development; co-training; providing subject matter expertise for competitive grant proposals, reports and other products; collaboration in the development of national presentations and journal articles; etc.

Provide access to the Department of Health and Human Services (DHHS) data, policies, procedures, and technology required for project design and implementation, research, and preparation of reports as needed for initiatives included in this agreement

Make available support for Muskie dissemination activities, including paid time for Muskie staff to prepare dissemination materials as well as support for DHHS and Muskie staff to travel for national presentations

Contribute to the direct cost of the activities in this agreement

Support active participation of agency staff involved with collection of data for initiatives included in this agreement

Grant space in state offices for meetings, training, and project administration

Offer timely feedback on drafts of products

Participate in joint hiring of staff, where appropriate

Make DHHS staff time available to participate in routine meetings with Muskie staff regarding progress on initiatives in the cooperative agreement and provide regular feedback regarding satisfaction with all aspects of work

Responsibilities of the University:

Contribute a percentage of assessed indirect as match to project budget

Provide space in Augusta and Portland for project staff meetings and training

Manage organizational, logistical and fiscal aspects of project

Provide human resources management for project staff

Give access to university resources (library, computer services, telecommunications, etc.)

Certify to the best of its knowledge and belief, that all employees associated with this agreement are not presently debarred, suspended, proposed for debarment, or declared ineligible from participation by any federal department or agency

Maintain data on training, certification, tuition reimbursement, and staff development activities completed through Muskie School

Provide training and project evaluations, as appropriate

1. Adoptive and Foster Family Introductory Training

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: The goal of Introductory Training is to give prospective foster parents, adoptive parents, and kinship providers, including Native American resource families, the foundational knowledge needed to work effectively with children, their families and other professionals with whom they will interact as caregivers. Training assists OCFS and resource families to meet state mandates and outcomes expected by the Federal government, within the context of Maine's practice model.

Abstract/Scope of Work: Introductory training is designed as a competency-based curriculum that encourages participants to explore their motivations for becoming a resource family, how it will impact their family system, supports necessary, and areas needing further development. Knowledge of the systems with which they will interact, impact of abuse and neglect, understanding of birth-family connections and impact of separation are some of the many areas covered. Resource families will enhance their understanding and ability to support the primary goals and objectives of OCFS in the areas of safety, permanency and well-being for children. Participants are encouraged to consider others' views, values, cultures, orientation, etc. as essential ingredients in forming constructive working relationships within these systems. Efforts are continuing to ensure that training is accessible to all resource families; delivery method options are expanding to include piloting some training rounds with Interactive Television (ITV) and/or Video Conferencing, and piloting some with mixed modalities (including web-based training). A web-based training exists and will be augmented as an option to classroom based training.

Objective 1: To deliver regionalized training for resource families providing care and to provide ongoing consultation and feedback to the staff of the Child Welfare Services to support their work in promoting safe placement and effective care of children.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Delivery of pre-service training, "Fundamentals of Foster and Adoptive Parenting and Kinship Care"; up to 40 rounds of training offered statewide, piloting/evaluating some with ITV/mixed modalities</p> <p>B. Build upon existing web-based Fundamentals series modules-enhance content</p>	7/1/09 - 6/30/10	<p>6.53 FTE's for all project activities</p> <p>OCFS Project Liaison: Virginia Marriner</p>	<p>A- Up to 40 rounds of pre-service training offered in mixed modalities</p> <p>B- Ongoing collaboration with District staff, Sr. Management and Central Office- and other stakeholders as determined- to integrate OCFS priorities, policy and practice into the introductory</p>	<ul style="list-style-type: none"> Participants will gain knowledge of OCFS Policy and Practice, systems with which they may interface, impact of abuse and neglect on children, importance of birth family and the impact of separation Schedule and mixed modalities of training activities/events will assist in addressing barriers to attendance therefore, increasing numbers of resource families who participate in training opportunities.

and activities to support increased uses as alternative/replace ment for classroom-based trainings			educational experience	<ul style="list-style-type: none"> Regular meetings between OCFS (District, Sr. Management and Central Office) and Muskie provide collaboration and consultation that ensure that policy and practice issues specific to Foster Parents, Adoptive Parents and Kinship Providers are reflected in the educational experience.
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Objective 2: To maintain the relevance and currency of the Introductory Curriculum for resource families providing care, decrease barriers that interfere with permanency, and ensure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Comprehensive review/ redesign of the Introductory Curriculum to reduce barriers to attendance, and increase convenience, accessibility, relevance and consistency with OCFS priorities, policies and practices.</p> <p>B. Organize focus groups of stakeholders to provide specific input regarding Curriculum revisions, to include DHHS Staff, University Staff, Foster and Adoptive Parents and Kinship Providers</p> <p>C. To support the unique needs of kinship providers, research and analyze current and historical data specific to Kinship Providers Statewide and Nationally;</p> <p>D. Provide updated training for agencies training this Curriculum</p> <p>E. Provide additional data collection, analysis and comprehensive</p>	7/1/09 - 6/30/10	See above	<p>A- Research/literature review/focus groups/ad hoc committees, survey/needs assessment- of topic areas, training modalities, access, barriers, etc.</p> <p>B- Revised, evidence-based Curriculum incorporating legislation, national trends and data that is aligned with OCFS Policies and Practice.</p> <p>C- A needs assessment and analysis of data related to Kinship Care.</p> <p>D. Training of Trainers.</p>	<ul style="list-style-type: none"> Unified practice between resource families and caseworkers. Increased knowledge of the barriers and unique needs of Kinship Providers in Maine. Improving outcomes for children and families Participating Agencies and OCFS receive a current, relevant, research-based Introductory Curriculum supported by comprehensive input of stakeholders, best practice and OCFS policy and practice.

information dissemination regarding trends specific to foster care, adoption and kinship care.			E- Results of data collection, analysis and trends.	
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Budgeted amount for this project: \$703,239

Funding sources: Foster Care Title IV-E and Adoption Assistance

State share: \$333,973

Federal Share: Foster Care IV-E: \$93,315 Adoption Assistance \$275,951

CFDA#: 93.658, 93.659

2. Adoptive and Foster Family In-Service Training

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: The goal of Adoptive and Foster Family In-Service Training is to provide educational opportunities and support to foster and adoptive parents and kinship providers to assist them in their professional development, enhance their understanding and ability to support the primary goals and objectives of OCFS, and to contribute to the retention of effective and committed caregivers.

Abstract/Scope of Work: Development and presentation of curricula, conferences, and other tools that are responsive to the changing needs of foster and adoptive parents, kinship providers and staff as directed by primary goals and objectives of OCFS' Child and Family Services Plan and CFSR/Program Improvement Plan. Muskie continues to collaborate with District Staff, Central Office Staff, and community based agencies providing support to foster and adoptive parents and kinship providers to identify educational needs and create meaningful and effective professional development experiences.

Objective 1: To deliver a diverse range of In-Service training that responds to professional development needs of foster and adoptive parents as well as the objectives, policies and practices of OCFS.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Offer a series of training events and activities, in a variety of modalities, targeted to statewide participation, directly focused on the primary objectives of Permanency, Visitation, Kinship, Family Team Meeting Process and Supporting Teens	7/1/09 - 6/30/10	2.20 FTEs for all project activities OCFS Project Liaisons: Virginia Marriner, Martha Proulx, and Francis Sweeney	Four to six training events/activities, focused on identified needs of providers, determined in partnership with OCFS.	Foster and adoptive parents and kinship providers will have increased knowledge, skills and abilities in the targeted subject areas to work more effectively with the children they are caring for; to more fully support reunification and connections with birth family members; and to improve their understanding and effectiveness in the systems in which they work, including judicial, child welfare, educational, and mental health systems.
Objective 2: To Increase Access to Training by providing a variety of formats and delivery methods				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Develop, coordinate, and administer a variety of topics available through distance learning to	7/1/09 - 6/30/10	See above	A1- Correspondence courses covering 25 topics A2- Access and information about available web-based learning	Foster and adoptive parents and kinship providers can gain increased

<p>maximize availability of training opportunities.</p> <p>B. Administer a contract with Foster Care and Adoptive Community so that Maine foster parents may use web-based courses developed through that organization and available on www.fosterparents.com.</p>			<p>opportunities</p> <p>A3- A current schedule of training and other resources available through the Institute and as available, from agencies across the state.</p> <p>B- Links to agencies delivering web-based training/on-line support to resource families</p>	<p>knowledge, skills and abilities in a variety of Competency Areas as well as additional opportunities to obtain training hours to enable them to renew their licenses through continuing education units and contact hours.</p>
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Objective 3: To provide oversight and support to OCFS staff for Professional Development allocations and activities available to resource families.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>\$12,000 is provided to Program Administrators to support requests of resource families to attend training sponsored by other agencies, to purchase training materials, or to develop training programs within their districts.</p>	7/1/09 - 6/30/10	<p>Muskie staff: see Objective 1</p> <p>OCFS Project Liaisons: Martha Proulx, Francis Sweeney</p>	<ul style="list-style-type: none"> Registration fees covered for specialized trainings approved by District staff. Maintain database and provide upon request a listing of all training hours acquired through Muskie. 	<p>Foster and adoptive parents and kinship providers will have access to training opportunities from a diverse array of providers in a variety of Competency areas to enable them to enhance their skills and fulfill educational requirements for re-licensure.</p>

Objective 4: In partnership with Staff Ongoing activities, support OCFS efforts to pilot an established process of building relationships and communication between birth parents and foster parents involved in a child's life, or between foster and adoptive families, with the goal of supporting family reunification or another permanency plan.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>Pilot Bridging the Gap/'Icebreaker Meetings' model- an icebreaker meeting is a facilitated, child-focused, brief, well-planned meeting held shortly after a child is placed (or re-placed) in out of home care, to provide an opportunity for birth parents and foster</p>	7/1/09 - 6/30/10	<p>Muskie staff: see Objective 1;</p> <p>OCFS Project Liaison: Virginia Marriner</p>	<ul style="list-style-type: none"> Training/coaching on the Bridging the Gap/Icebreaker Meeting model Data collection, immediately following Icebreaker Meeting, and at 6 month intervals thereafter. 	<ul style="list-style-type: none"> OCFS staff will have the opportunity to strengthen approaches to building relationships and communication among birth parents and caregivers, thus supporting an

<p>parents to meet each other and to share information about the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.</p>			<p>*Parent Participant Evaluation (birth and foster); *Social Worker Evaluation</p>	<p>effective reunification team, and thus improving outcomes for children and families.</p> <ul style="list-style-type: none"> Foster parents and birth parents will have well-planned, supported opportunities to forge on-going positive relationships.
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Budgeted amount for this project: \$262,584

Funding sources: Foster Care Title IV-E

State Share: \$156,998

Federal Share: \$105,586

CFDA#: 93.658

3. Children's Transportation

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: The activities under this project ensure that drivers transporting children in the custody of DHHS to appointments for medical and behavioral health services have information on early childhood development and communication, the dynamics of child abuse, transportation safety, and OCFS policies regarding transportation. Transportation services are covered under Ch. II, Section 113 of the MaineCare Benefits Manual.

Abstract/Scope of Work: Projects under this goal area encompass activities that include mandatory training for all drivers transporting children in the care and custody of DHHS, as well as mandatory training and refresher training for the trainers of those drivers.

Objective 1: To provide initial training in the Children's Transportation Curriculum to all new drivers who transport children via OCFS contracted agencies and to provide refresher training every three years to current drivers. This work pertains to activities that improve the competence of staff that provide services outlined in Ch. II Section 113 of the MaineCare Benefits Manual.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Review and update existing curriculum	7/1/09 - 6/30/10	.06 FTE's for all project activities OCFS Project Liaison: Christine Merchant	<ul style="list-style-type: none"> Facilitate an annual workgroup to review the existing curriculum. Coordinate with OCFS staff to ensure that all aspects of Department Policy are reflected in curriculum. Update and maintain the on-line version of the curriculum for all delivery to Trainers. Create and maintain a database for tracking delivery of training to trainers. Assist contracted agencies with coordinating training of drivers, both initial and refresher. Six (6) hours of Children's Transportation Training of Trainers will be delivered to an 	<ul style="list-style-type: none"> All drivers who transport children will have a basic understanding of OCFS policy related to transporting children in DHHS Custody. Drivers will gain an awareness of early childhood development and communication, the dynamics of child abuse, including signs and symptoms of abuse as well as their role as mandated reporters, and transportation safety. Trainers who have been previously trained will receive necessary updates and policy information in a way that will minimize their time away from the office and job and maximize their productivity. New trainers will be able to understand the dynamics of adult education and training techniques, as well as receive information on the curriculum content, in a way that will minimize their time away from

			estimated 150 new and current drivers.	the office and job and maximize their productivity.
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Budgeted amount for this project: \$13,487

Funding sources: Medicaid

State Share: \$4,604

Federal Share: \$8,883

CFDA#: 93.779

4. IV-E Administration

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: Support the effective and efficient administration of foster care and adoption program through the provision of research and technical assistance to the Office of Child and Family Services staff on projects and initiatives.

Abstract/Scope of Work: Projects under this goal area are broad and encompass activities that include program design/development and processes to more efficiently respond to state and federal mandates, take action related to the CFSR Program Improvement Plan and integrate the OCFS Practice Model.

Objective 1: Assist OCFS staff in designing and facilitating a process for review of policy.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Assist in the development of a policy review process, integration of the OCFS practice model and implementation of a plan to revise and organize policy.</p> <p>B. Inventory policy and determine whether key policies exist, their state of currency, whether each incorporates the OCFS Practice model, whether policy or procedure.</p> <p>C. Research models for organization and formatting of policy and procedures</p> <p>D. Design and facilitation of policy</p>	7/1/09 - 6/30/10	.90 FTE's for all project activities OCFS Project Liaison: Virginia Marriner	<ul style="list-style-type: none"> • Inventory of current policies. • Comparative review of models for organization and formatting of policies and procedures • Process to review and update policy • Facilitation of Policy Summit • Technical Assitance with re-writing identified policies 	<ul style="list-style-type: none"> • Policy will be clear, concise and organized. • Policy will reflect the Practice Model

summit E. Revision of existing policy as directed by OCFS Central Office management				
Objective 2: As requested, provide support related to the Child and Family Services Plan and CF SR/Program Improvement Plan.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
As requested, assist OCFS to research and plan effective responses to identified needs related to the Child and Family Services Plan and CF SR/Program Improvement Plan.	7/1/09 - 6/30/10	See above OCFS Project Liaison: Theresa Dube	<ul style="list-style-type: none"> To be determined after finalization of CFSP and PIP (Fall 2009) 	To be determined
Objective 3 Respond to emerging issues/practice as identified by OCFS				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Conduct research/literature reviews, facilitate focus groups, convene ad hoc groups, participate on committees, provide consultation/support as requested	7/1/09 - 6/30/10	See above OCFS Project Liaison: Dan Despard	<ul style="list-style-type: none"> Results of research/literature reviews Facilitation of focus groups Convene ad hoc groups Consultation/support 	Information and data regarding emerging issues/practice as identified by OCFS
Objective 4: To conduct research and evaluation activities for the statewide community-based wraparound program				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Coordinate evaluation activities with the National Wraparound Initiative (NWI) B. Administer contract for integrated web-based evaluation database C. Conduct quality assurance of NWI instruments and administrative data D. Provide program	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> User agreements with NWI Quarterly Progress reports Presentations for discussion groups/Governing councils Process report and power point presentation Outcome report and power point presentation Report on Family/youth 	<ul style="list-style-type: none"> An integrated data management system providing 1) real-time data to OCFS for contract management, Real-time QA feedback to program staff, Integrated datasets for evaluation outcome and process reporting. A detailed analysis and report of the experiences of Maine's wraparound

<p>staff with ongoing training on data collection</p> <p>E. Conduct statewide annual process and outcome report</p> <p>F. Conduct focus group with wraparound families and team members</p>			<p>perspectives and power point presentations</p>	<p>families. First-hand accounts detailing whether the program is meeting needs. Dissemination may help refine and broaden understanding of the program.</p>
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Budgeted amount for this project: \$135,641
Funding sources: Foster Care Title IV-E Administration
State Share: \$94,547
Federal share: \$41,094
CFDA#: 93.658

5. Caseworker Pre-Service

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: The goal of Caseworker Pre-Service training is to deliver a holistic, competency-based training for new child welfare professionals, including Native American Child Welfare professionals and those working with other specialized populations in order to acclimate them to the work they will be undertaking. The plan is to provide basic foundational knowledge of national and statewide child welfare practice standards, the legal basis for the work, the parameters for intervention, and current social work and casework ethical standards.

Abstract/Scope of Work: Caseworker Pre-Service Staff Training is an eight-week (12-week cycle) competency-based curriculum training that provides the foundational underpinnings for the delivery of Public Child Welfare services in the State of Maine. This program incorporates work with supervisors and new staff to prepare the new staff for training and their career. It also includes delivery of: a 5-week in-class curriculum, 3 on-line learning modules, a 3 week field practice experience, and on-going communication among the trainers, new workers and new worker's supervisors. Finally it includes post-training consultation with supervisors and new staff, as well as ongoing coaching and support, representing a continuum of training and learning events for the new caseworker's professional development. The full curriculum is aligned with the OCFS Practice Model and the Department's Mission and Vision.

The web-based portion of the training allows for local delivery of key topics: the legal framework for practice, understanding the documentation responsibility of casework staff and the importance of informed and responsible decision making. The Pre-Service curriculum will continue to be revised and updated in conjunction with Child Welfare Services Pre-Service Review Work Group and senior management of OCFS.

Objective 1: To deliver comprehensive Pre-Service training to new OCFS caseworkers				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Deliver Pre-Service Training to new casework staff</p> <p>B. Provide three weeks of field practice for new caseworkers directed by the new caseworker's supervisor using an established</p>	7/1/09 - 6/30/10	<p>2.90 FTE's for all project activities</p> <p>OCFS Project Liaisons: Martha Proulx, Francis Sweeney</p>	<p>A- 4 Rounds of Pre-Service training. Each round is comprised of 8 weeks of sessions- within a 12-week training cycle</p> <p>B- Field Practice Manual will be made available to all new caseworkers and supervisors in an on-line version</p>	<ul style="list-style-type: none"> • In concert with the Practice Model, participants will understand the philosophy and role of delivering public child welfare services in the State of Maine to meet outcomes of Safety, Permanency and Well-Being for families and children • Participants will gain knowledge of the laws, policies and practice governing the delivery of public child welfare services. • Participants will gain knowledge of the systems with which they will interact in the delivery of public child

<p>Field Practice Manual.</p> <p>C. Provide ongoing training of supervisors in use of the Field Practice Manual</p> <p>D. Deliver web-based learning opportunities as part of the Pre-Service training experience</p>			<p>C- Trainers are available to train/consult with supervisors on use of field manual and behavioral indicator tool</p> <p>D1- Existing web-based modules revised as needed</p> <p>D2- Develop one new web-based module on the fundamentals of the child welfare legal system</p>	<p>welfare services.</p> <ul style="list-style-type: none"> • Participants will understand the impact of Child Abuse and Neglect on children and families and the dynamics that surround the issues. • Field Practice promotes transfer of learning from the classroom to the office. • Web-based training modules give new caseworkers opportunity to participate in training at their own pace and their own direction.
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Objective 2: Provide coaching, assessment, and ongoing support for new workers and their supervisors before, during and after the delivery of Caseworker Pre-Service Training in order to assure the best fit for each new caseworker in the field and to identify caseworkers' strengths and challenges. Support supervisors through providing them with information regarding the growth of new caseworkers through the Pre-Service process.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Pre-training work with new caseworkers and their supervisors.</p> <p>B. Collaboration during training among trainers, new caseworkers, and supervisors to discuss training process, progress needs.</p> <p>C. Post-training meeting including trainer, new caseworker and supervisor reflecting on the Pre-Service experience, assisting with transfer of learning, and</p>	<p>7/1/09 - 6/30/10</p>	<p>See above</p>	<p>A- A training contract for each new caseworker.</p> <p>B- Trainer feedback regarding reflective activities, field practice, and fit related to the work done during Pre-Service; meeting with each new caseworker during Pre-Service.</p> <p>C- Post-training meeting with each new caseworker and their supervisors following Pre-Service.</p> <p>D- Trainers are available to meet with district management and supervisors following Pre-Service to discuss</p>	<ul style="list-style-type: none"> • New caseworkers, supervisors, and trainers have mutual understanding of the training process, roles and responsibilities. • New caseworkers will increase their understanding of their strengths, challenges and needs in relation to the caseworker job requirements. • Supervisors have information they need to effectively manage their new employees. • Supervisors are aware of issues related to job fit so they can plan how to manage them. Ultimately new caseworkers will

<p>identifying the new caseworker's professional development needs.</p> <p>D. On-going consultation with supervisors and senior management related to training process and new caseworker progress and needs.</p>			<p>specific problems</p>	<p>experience more job satisfaction as a result</p> <ul style="list-style-type: none"> • Communication with new caseworker and supervisor promotes a smooth transition from Pre-Service to the job. • Trainers provide information that helps district management to plan for ongoing supervision of a new worker experiencing problems
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Objective 3: To administer, review, and update curriculum, enhance regional support for the Pre-Service training, and plan for expanded delivery modalities for the training program.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Manage all logistical processes related to Pre-Service training, including notification, registration, preparation of materials, and record keeping.</p> <p>B. Review other state's Pre-Service training practices and research relevant literature to inform ongoing updating of the curriculum.</p> <p>C. Use information gained through research, changes in policy, and/or legislative initiatives to update the Pre-Service curriculum and all trainee materials.</p> <p>D. Identify areas trained in Pre-Service where content can be augmented/converted to other modalities.</p> <p>E. Support the development of further Pre-Service web-based materials</p> <p>F. Maintain and improve the web-based platform for delivery of Pre-Service products</p>	7/1/09 - 6/30/10	See above	<p>A1- Notification of upcoming rounds of Pre-Service</p> <p>A2- Registration of Pre-Service participants</p> <p>B1- Continuously updated curriculum</p> <p>B2- Pre-Service curricula that represents current practice locally and in the field generally</p> <p>C1-Updated program manual for new caseworkers</p> <p>C2- Provide other necessary material to new caseworkers (e.g. Child Welfare law)</p> <p>D-Delivery of some topics in alternative formats.</p> <p>F- A state of the art on-line learning platform for new OCFS caseworkers</p>	<ul style="list-style-type: none"> Supervisors and new employees receive notification about training in time for adequate preparation. Training received by new Caseworkers in Maine reflects current research and best practice in the field. Organization of ongoing plan to move curricula on-line when appropriate. Review by educational and information technology staff New caseworkers are satisfied that they are working with a delivery platform of the full Pre-Service product that evidences an ease of accessibility and generally successful connection
Objective 4: To administer and maintain a high-stakes testing program for the Caseworker Pre-Service Training Program that will inform OCFS staff about new caseworkers' readiness to perform job responsibilities.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Administer the high stakes testing components for each pre-service round</p> <p>B. Administer the pre-service entrance survey and analyze</p>	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> An updated test blueprint A technical manual that provides test diagnostic measures and 	<ul style="list-style-type: none"> Managers will have access to a reliable and valid testing tool that will provide credible evidence of a new caseworker's readiness to assume

<p>data</p> <p>C. Develop a reporting system of test results to trainees, supervisors, and trainers</p> <p>D. Disseminate test results with appropriate stakeholders</p> <p>E. Maintain and continually update the test components</p> <p>F. Maintain and continually update a "technical manual" to substantiate the use of test materials in high-stakes situations</p> <p>G. QA and data entry of skills assessments, and supervisor ratings</p> <p>H. Conduct data analysis of test performance</p> <p>I. Create training materials for raters and users of testing materials</p>			<p>testing policies</p> <ul style="list-style-type: none"> • An updated test bank of multiple choice items, set of skills assessment tools, and field practice manual • An electronic database maintaining test results • Progress reports on test results • A user guide for test raters/users • Procedures and forms for the dissemination of test results 	<p>the duties of the job</p> <ul style="list-style-type: none"> • Results can be used for professional development planning with new caseworkers. • Maine will become a model state for comprehensive testing procedures in child welfare
<p>Objective 5: Incorporate evaluation methods into the pre-service training program to support and strengthen content and delivery of training.</p>				
<p>Activities</p>	<p>Time Frame</p>	<p>Staff</p>	<p>Deliverables</p>	<p>Results/Outcomes</p>

<p>A. Use Competency self-evaluations to evaluate Pre-Service</p> <p>B. Transfer of learning evaluation will be developed and implemented during this fiscal year</p> <p>C. Revised trainee feedback surveys for the evaluation of outside speakers and pre-service trainers</p> <p>D. Provide evaluation feedback to pre-service trainers to assist in the refinement of pre-service materials</p>	<p>7/1/09 - 6/30/10</p>	<p>See above</p>	<ul style="list-style-type: none"> • Revised trainee competency evaluation forms • Development of transfer of learning evaluation tools • District-level report outlining the extent of transfer of learning observed • Revised trainee evaluation surveys • Structured feedback to trainers 	<ul style="list-style-type: none"> • Current evaluation system will be revamped to make the process more user friendly, decisive and useful
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Budgeted amount for this project: \$383,498
Funding sources: Foster Care Title IV-E
State Share: \$126,177
Federal share: \$257,321
CFDA#: 93.658

6. Ongoing

University Project Administrator: Rebecca Harvey, 626-5266, bharvey@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@maine.gov

Goal: The goal of Ongoing Training is to deliver training for all child welfare professionals, including new and experienced OCFS Staff, Tribal representatives and other specialized populations/contracted agency staff that responds to child welfare issues within their communities. Training includes national and statewide practice standards, legal basis and parameters for intervention, current social work precepts, the OCFS practice model and policies which govern the delivery of public child welfare services to meet outcomes of Safety, Permanency and Well-Being for families and children.

Abstract/Scope of Work: Ongoing Training responds to the intermediate and advanced training needs of new and experienced OCFS staff and contracted agency staff. All staffs have the opportunity to stay current with research and practice, and continue their professional development. New Caseworkers continue to develop through ten mandatory Core training topics that are offered on an alternating schedule over a two-year period. Additional in-service programs will be offered, in partnership with the Adoptive and Foster Family Training Program, on a variety of topics in mixed modalities, to address key topics identified through the Child and Family Services Plan and CFSR/Program Improvement Plan. Topics that are suitable for this training format are identified in collaboration with the OCFS Management. Professional development opportunities outside of the formal training system promote interaction with community providers and the University system, and enhance the academic and professional credentials of OCFS staff. The promotion of post-baccalaureate education for OCFS staff both increases the knowledge resident in OCFS but also acknowledges and promotes the legitimacy of the social work profession in child welfare. Specialized training programs are delivered to contracted agency staff - for Alternative Response Program (ARP) staff and Family Reunification Program (FRP) staff - to enhance the development of skills and ensure services reflect current OCFS policy and practice expectations. Contract Agency Supervisors and OCFS staff specialists will be involved in delivering the training to the contracted agency staff.

Ongoing Training for OCFS Staff

Objective 1: To deliver centralized in-service training for staff, supervisors, and managers				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Core Trainings for all OCFS staff in areas of key practice issues; new casework staff will be expected to attend these Core Training programs. Topics requested by Sr. Management include: 1. Medical Indicators of Child Abuse and Neglect (1 day, 1 offering) 2. Dynamics of	7/1/09 - 6/30/10	2.39 FTE's for all project activities OCFS Project Liaisons: Martha Proulx, Francis Sweeney	A. Trainings on six Core topics identified as priorities for the project year. B. Four to six training events/activities, focused on identified needs of providers,	<ul style="list-style-type: none"> Participants will gain knowledge and stay current with research, and practice and continue their professional development Participants will gain knowledge of the systems with which they will interact in the delivery of public child welfare services, the impact of Child Abuse

<p>Substance Abuse (1 day, 1 offering)</p> <p>3. Domestic Violence and Batterer Intervention (1 day, 1 offering)</p> <p>4. Motivational Interviewing (2 days, 3 offerings)</p> <p>5. Either: Case mining/Home Finding and working with 'found' family members (Kevin Campbell) or Placement Disruption: Impact of Removal/placement changes on Children (1 day, 1 offering)</p> <p>6. Youth Suicide Prevention (1 day, 3 offerings).</p> <p>B. In partnership with AFFT activities, offer a series of training events and activities, in a variety of modalities, targeted to statewide participation, directly focused on the primary objectives of Permanency, Visitation, Kinship, Family Team Meeting Process and Supporting Teens.</p> <p>C. Indian Child Welfare Act (ICWA) training</p> <p>D. Multi-Ethnic Placement Act (MEPA)- explore/evaluate alternative delivery modes</p> <p>E. Training on the Family Team Meeting process for Stakeholder Agencies.</p> <p>F. Training for OCFS staff on the Americans with</p>			<p>determined in partnership with OCFS</p> <p>C. Three trainings on the Indian Child Welfare Act (ICWA) for up to 150 participants each</p> <p>D. Training on the Multi Ethnic Placement Act (MEPA) for all staff</p> <p>E. Family Team Meeting training for up to 30 participants each to include participants from stakeholder agencies</p> <p>F. Web-based training on the American with Disabilities Act</p> <p>G. Current information about available trainings is posted on the CWTI and SETU web sites</p>	<p>and Neglect on children and families, enhance understanding of the concepts and skills of interviewing, enhance understanding of group dynamics and development of family teams to meet outcomes of Safety, Permanency and Well-Being for families and children and youth.</p> <ul style="list-style-type: none"> • OCFS staff will have increased knowledge, skills and abilities in the targeted subject areas to work more effectively with children and their caregivers; to more fully support reunification and connections with birth family members; and to improve their understanding and effectiveness in the systems in which they work, including judicial, child welfare, educational, and mental health systems. • Participants will have access to a variety of training topics in a variety of modalities to enhance learning. • Participants will come to understand current issues affecting Indian Child Welfare • Participants will be reminded of OCFS responsibility in working with families with other cultural heritage or connection • Participants will learn best practice in leading Family Team meetings
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<p>Disabilities Act (ADA) G. Maintenance of www.cwti.org web site and insuring the SETU web site is up-to-date as to CWTI activities</p>				<p>and will have the opportunity to practice facilitation skills</p> <ul style="list-style-type: none"> • Participants will learn about ADA requirements and OCFS responsibilities with respect to families with whom they work. • OCFS staff will be able to find information about training opportunities on the web.
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Objective 2: To build Muskie / OCFS training partnerships through discussing and developing training programs with OCFS Senior Management for staff, supervisors and managers.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Participation in OCFS Central Office Management, Senior Management Meetings, Statewide Supervisory Meetings, Caseworker Advisory Committee Meetings including supporting web-based meetings	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> Participation in standing meetings and committees on a monthly basis Ongoing support for senior management learning circles, informal learning workgroups, etc. will be provided including facilitation, resource provision and development, as well as support for travel. 	<ul style="list-style-type: none"> Alignment of training with the Practice Model and the philosophy of delivering public child welfare services in the State of Maine to meet outcomes of Safety, Permanency and Well-Being for families and children Discussion and development of an informed training agenda for OCFS Staff to support OCFS efforts
Objective 3: In partnership with AFFT activities, to support OCFS efforts to pilot an established process of building relationships and communication between birth parents and foster parents involved in a child's life, or between foster and adoptive families, with the goal of supporting family reunification or another permanency plan.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Pilot 'Bridging the Gap'/'Icebreaker Meetings' model- an icebreaker meeting is a facilitated, child-focused, brief, well-planned meeting held shortly after a child is placed (or replaced) in out of home care, to provide an opportunity for birth parents and foster parents to meet each other and to share information about the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> Training/ coaching on the Bridging the Gap/Icebreaker Meeting model Data collection, immediately following Icebreaker Meeting, and at 6 month intervals thereafter Parent Participant Evaluation (birth and foster); Social Worker 	OCFS staff will learn an established model for organizing an icebreaker meeting, preparing the parties, facilitating the icebreaker meeting, and supporting the beginning communication between birth and foster families.

			Evaluation	
Objective 4: To administer, plan for and evaluate ongoing staff and stakeholder training				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Develop an evaluation method for Core/Ongoing programs that incorporates a learning evaluation</p> <p>B. Manage the administration of the ongoing staff training process including the production of needed materials, the advertising of programs, registering participants, ensuring participants have needed information to attend, providing for the needs of the days of training including staffing, collating evaluative material and paying the expenses of the training.</p> <p>C. Utilize the high stakes process to inform training and professional development needs following Pre-service</p>	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> Each core offered will be managed by Muskie The high-stakes data will be used for reviewing areas of need and proficiency in relation to altering the possible cores to be offered Two core trainings will include evaluations of learning 	<ul style="list-style-type: none"> Participant attendance will be completed successfully Evaluative and training staff will review data together with OCFS designated staff to determine needed changes in curricula or programs Participants will succeed in an evaluation of learning where success is measured at 75%

Professional Development for OCFS Staff

Objective 1: To provide resources for staff to pursue graduate education and improve professional development.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Coordinate tuition reimbursement program for OCFS staff</p> <p>B. Provide a district funding pool for Workshop allocations for staff to maintain licenses/professional</p>	7/1/09-6/30/10	<p>See above</p> <p>OCFS Project Liaison: Martha Proulx</p>	A. Support and administer the Tuition Reimbursement program for all OCFS staff with funds provided by OCFS for higher education	<ul style="list-style-type: none"> Enhanced knowledge and skills within the core staff of OCFS due to ongoing educational advancement A ready pool of staff with higher education degrees and

<p>development and unique learning opportunities</p> <p>C. Provide for the purchase of Professional journals and books for staff with a district allocation</p>			<p>B1. Provide placement and MSW level supervision for OCFS staff for graduate degree programs</p> <p>B2. Administer district Workshop allocations for staff to maintain licenses or for unique professional development opportunities</p> <p>C. Administer district fund allocations used to purchase Professional journals and books for OCFS staff</p>	<p>concomitant new learning available to move into key leadership positions</p> <ul style="list-style-type: none"> • Enhanced commitment of OCFS staff to the fields of social work • An enhanced commitment of the field of social work to child welfare practice • An enhanced view of child welfare staff as a professional social work staff engaged in best social work practice in the areas in which they work • A renewed emphasis on child welfare as a legitimate social work profession within local schools of higher education • A renewed emphasis on teaching child welfare practice in the social work field in local schools of higher education • A highly educated staff incorporating the latest accepted techniques and methods, supported by evidence based research, delivering child welfare services and impacting the OCFS culture • Improved staff retention based on the ability of staff to further their education • Staff will return from unique learning opportunities with new ideas that will positively impact child welfare practice and the OCFS culture
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				<ul style="list-style-type: none"> Other social work professionals will be affected positively through contact with child welfare professionals
Objective 2: To provide guidance and oversight for Muskie sponsored Professional Development activities and promote the child welfare profession as a legitimate goal of higher social work education				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<ul style="list-style-type: none"> Promote child welfare as a legitimate professional field of social work endeavor Increase the understanding of the conduct of child welfare within the social work community Bring schools of social work and key OCFS staff together to discuss and enhance the connections between the child welfare profession and the institutions of higher learning Coordinate strategies with OCFS staff and schools of social work for better linkages between academic programs, research findings and practice Develop strategies to allow OCFS staff to complete graduate degree requirements while maintaining their work responsibility Coordinate and track expenditures on all PD components 	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> Three meetings per year including key USM, UMO and UNE Schools of Social Work and OCFS leadership Plan for more integrated delivery of social work practice and theoretical knowledge between schools of social work and Child Welfare Services Meetings to include discussion of placement options, opportunities and strategies Coordinated, current record of expenditures and collaboration with OCFS decision makers regarding 	<ul style="list-style-type: none"> Increased respect within the field of social work for the child welfare professional Increased understanding of child welfare within the social work profession Increased satisfaction of staff with opportunities for professional development Increased opportunities for financial and tangible supports for OCFS staff attending graduate education Greater retention of quality staff Generation of ideas to allow for successful completion of graduation requirements for an MSW while maintaining job responsibilities The consistent ability for OCFS management to decide who will receive funds, track who is involved in graduate education and follow graduation rates and pay-back periods OCFS caseworkers receive timely reimbursement of costs for successfully completed classes approved for repayment

			expenditure of PD funds	
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Ongoing Training for Contracted Agency Staff

Objective 1: To deliver a comprehensive curriculum to contracted Alternative Response Program (ARP) staff to develop/strengthen skills in assessing families for safety, risk and danger; identify/provide services aimed at ameliorating identified risks; improve understanding of how the OCFS Practice Model drives the work with families; and clarify OCFS practice expectations as spelled out in policy and contracts.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all ARP case managers in key areas of OCFS practice required by contract and policy; tenets of the Practice Model, current ARP policy especially including the OCFS' expectations of the agencies	7/1/09-6/30/10	See above OCFS Project Liaison: Christine Merchant	<ul style="list-style-type: none"> • Five days of training delivered in each of two sites. Training to focus on interviewing, facilitating, family team meetings and assessing families for signs of safety, risk or danger. • One day training delivered in three different sites focusing on the history, the current Practice Model tenets, how it infuses all the work OCFS does and how it can help the ARP agency's work • Two day training delivered in three sites aimed at helping ARP case managers understand the current ARP policy and contract expectations 	<ul style="list-style-type: none"> • Participants will be able to use legally sound interviewing skills with children and adults they are assessing • Participants will be able to facilitate family team meetings following best practice • Participants will correctly identify signs of safety, risk and danger in family situations and be able to develop plans based on their assessment • Participants will demonstrate the tenets of the OCFS Practice model in their work with ARP families • Participants will understand what is expected of them and how to accomplish their responsibilities in a manner that follows policy and best practice

Objective 2: To deliver a comprehensive Family Reunification Program (FRP) core curriculum to contracted staff who will be working with families intensively in return home situations

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all FRP staff in key areas of practice related to working	7/1/09-6/30/10	See above OCFS Project	Four days of training, delivered centrally, focusing on FRP policy and	<ul style="list-style-type: none"> • Participants will understand and be to able operationalize the FRP policy in their work

<p>within the FRP policy, fulfilling OCFS performance expectations and utilizing the spirit (and letter) of the OCFS Practice Model in their work</p>		<p>Liaison: Christine Merchant</p>	<p>practice, OCFS practice and performance expectations and good practice standards</p>	<ul style="list-style-type: none"> • Participants will evidence best practice standards in their work with families consistent with a strengths based approach • Participants will understand the OCFS expectations related to their FRP roles • Participants will correctly identify signs of safety, risk and danger in family situations and be able to develop plans based on their assessment
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Objective 3: To deliver Family Team Meeting (FTM) training to contracted FRP staff				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all new FRP staff in the FTM model	7/1/09-6/30/10	See Above	Three days of training delivered centrally three times throughout the year to new FRP staff or as a refresher to previously trained staff	<ul style="list-style-type: none"> • Participants will be able to facilitate FTMs following best practice. • Participants will evidence best practice in the FTMs they facilitate
Objective 4: To deliver the parenting curriculum, Strengthening Families Program (SFP), to all new contracted FRP staff. Special emphasis will be placed on delivering this in an in-home setting and with culturally disparate populations. Emphasis will also be on getting local staff certified to train this engendering an eventual cost savings to the state.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Training of all FRP staff in the SFP model and in using the SFP material</p> <p>B. Certification of Muskie staff to deliver SFP training under the auspices of the SFP Directors</p>	7/1/09-6/30/10	See above	<p>A. Two day training delivered centrally aimed at helping FRP staff use the SFP program in an in-home setting</p> <p>B. Certification of a Muskie staff person in the formal delivery of SFP training</p>	<ul style="list-style-type: none"> • Participants will understand what is expected of them and how to accomplish their responsibilities in a manner that follows policy and best practice • FRP agency staff will have the opportunity to be trained by local certified trainers including a Muskie staff and an agency staff in an approach more closely approximating their work in Maine

Budgeted amount for this project: \$377,217

Funding sources: Foster Care Title IV-E

State Share: \$225,536

Federal share: \$151,681

CFDA#: 93.658

7. Supervisory Practices in Child Welfare

University Project Administrator: Gretchen M. Robbins, 626-5224, Robbins@usm.maine.edu
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

Goal: This goal supports ongoing initiatives that are designed to fundamentally enhance the quality of supervisory practice in order to achieve state and federal outcomes within the context of Maine's Practice Model.

Abstract/Scope of Work: Family Team Process: The scope of the work focuses on the primary goals and objectives of the OCFS Child and Family Services Plan and the CFSSR/Program Improvement Plan. Work under this initiative concentrates on increasing supervisory skill and performance to meet the outcomes of safety, permanency, and well being for children and families and incorporates the OCFS practice model. A key area will be enhancing supervisory skill and performance in observation, feedback and coaching for improved casework outcomes utilizing the Family Team Meeting (FTM) process. The FTM process encompasses the skills needed for the effective preparation of participants prior to the meeting, organization and facilitation of the meetings and the follow-up needed to implement the resulting plan. Implementation of sustainable practice change will require a multi year effort that will allow concentrated work within each District. Efforts will continue to develop and pilot both synchronous and asynchronous web based training to augment classroom-based training for Supervisors. In subsequent years the work can build on and expand this foundation.

Objective 1: To deliver training, follow up and consultation services in support of increasing supervisory skill and performance in coaching for casework outcomes utilizing the Family Team Meeting (FTM) process.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Conduct a system assessment to determine the strengths and barriers to full implementation of Maine's FTM process.</p> <p>B. Facilitate a process to develop, communicate and monitor implementation expectations for CW Supervisors surrounding observing staff utilizing the FTM process in the field.</p> <p>C. Develop a supervisory observation/feedback tool for FTM process.</p> <p>D. Introduce the tool</p> <p>E. Deliver skills based training for supervisors on how to</p>	7/1/09 - 6/30/10	<p>1.85 FTE's for all projects</p> <p>OCFS Project Liaisons: Martha Proulx, Francis Sweeney</p>	<p>A. Results of the assessment</p> <p>B1. Specific implementation expectations are developed for supervisors.</p> <p>B2. Methods of measuring supervisory performance in relation to increasing staff FTM performance</p> <p>C. A tool for observation and feedback</p> <p>D. & E. Deliver training through a variety of modalities</p>	<ul style="list-style-type: none"> Using the system assessment results a comprehensive training package and implementation plan will be developed and delivered. Utilizing the implementation plan Supervisors and Managers will have an enhanced ability to meet expectations surrounding observing casework staff, coaching toward improved skills and providing specific feedback toward enhanced child/family outcomes relative to the FTM process. Supervisors will have a

utilize this tool to observe, formulate feedback and coach casework staff F. Provide follow-up consultation for performance and implementation G. Evaluate the extent supervisory practice improves utilizing the methods introduced through training.			including face to face and web based technology. G. Presentation of analysis of collected data.	strong foundation on which to build observation/coaching/ feedback of staff performing many other casework activities.
Objective 2: To research, develop and deliver additional supervisory training to meet needs focused on safety, permanency, and well being as determined in partnership with OCFS management. Activities are consistent with the state plan and focus on interpretation and application of critical OCFS policy.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Develop and deliver two selected policy web-based trainings. B. Evaluate the web-based training sessions for effectiveness	7/1/09 - 6/30/10	See above	A1- Two web-based training modules made available to all CW Supervisors A2- Policy review & updates if needed B. Results of the evaluation of the web-based training sessions	Supervisors will increase their knowledge about the selected policies, skills or practices, be better prepared to convey policy requirements and skillfully work with their staff toward child and family outcomes.

Budgeted amount for this project: \$230,051

Funding sources: Foster Care Title IV-E

State Share: \$137,547

Federal share: \$92,504

CFDA#: 93.658

8. Children’s Behavioral Health Services Projects

University Project Administrator: Amy Beaulieu, (207) 626.5217, abeaulieu@usm.maine.edu
Department Lead: Joan Smyrski, (207) 624.7958, joan.smyrski@maine.gov

Goal: The goal of these projects is to enhance the efficiency and effectiveness of Children’s Behavioral Health services included in the state MaineCare plan by increasing the systemic capacity of the Children’s Behavioral Health Services (CBHS) program to improve behavioral health outcomes for children and families through provision of applied research, technical assistance, policy analysis, and workforce development.

Abstract/Scope of Work: The Muskie School of Public Service will provide technical assistance and applied research in the areas of organizational effectiveness, service system and program improvement, policy development, and workforce development to a range of strategic initiatives that support the system to improve outcomes for children and families. The work to be addressed in this section of the agreement pertains to initiatives that improve MaineCare Services outlined in Chapter II of the MaineCare Benefits Manual, Sections 24, 41, 65, and 97.

Objective 1: Develop strategies, policy and practices based on research to effectively implement and disseminate evidence-based practice (EBP) in Maine’s system of care as outlined in Section 65.02.17 of the MaineCare Benefits Manual.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Coordinate OCFS Children’s Services Evidence-Based Practice Advisory Committee, including facilitation of stakeholder involvement and research.</p> <p>B. In conjunction with DHHS Office of Quality Improvement, develop a web-based registry of EBPs available through contracted providers.</p> <p>C. Develop a dissemination and social marketing strategy for</p>	7/1/09-6/30/10	1.35 FTE’s for all projects	<ul style="list-style-type: none"> • Monthly meetings of EBP Advisory Committee. • Literature searches and summaries of peer-reviewed articles on treatment for autism/PDD for Advisory Committee. • Coordination and technical assistance for collaborative stakeholder reviews of empirical articles by Advisory Committee members. • Published report on evidence-based treatments for autism/PDD based on findings of the Advisory Committee. • Creation of a web-based registry of behavioral health EBPs for children and youth 	<ul style="list-style-type: none"> • OCFS staff and contracted providers will be provided with a comprehensive report on evidence-based treatments for the core symptoms of autism. • OCFS staff and contracted providers will increase their understanding of the definition of evidence-based practice and treatment based on empirically derived principles endorsed by the EBP Advisory Committee. • Maine will develop a strategy to

<p>Advisory Committee's reports and findings on evidence-based treatments for Disruptive Behavior Disorders and Autism/PDD.</p> <p>D. Research and identify models of dissemination and implementation for EBPs and best practices in other states/mental health public systems.</p> <p>E. Begin preliminary steps to formulate a strategic plan for statewide EBP dissemination based on DHHS policy, research analysis, and stakeholder input.</p>			<p>available in Maine.</p> <ul style="list-style-type: none"> • Dissemination and social marketing of Advisory Committee findings, including report distribution, presentations at state and national conferences, and trainings for CBHS staff and provider community. • Literature review and analysis regarding effective models of implementation and dissemination of EBP across state systems of care. • A mixed method needs assessment of providers' level of common understanding of EBP and readiness for uptake of EBP according to clinical practice standards and principles of organizational culture and climate. 	<p>increase the availability and variety of evidence-based treatments for children and families.</p> <ul style="list-style-type: none"> • Consumers and families will have access to information on EBPs available in Maine.
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Objective 2: Support Child STEPS-Maine through technical assistance to the Advisory Board and evaluation of implementation process through the perspective of child mental health clinics, as outlined in Section 65 of the MaineCare Benefits Manual.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Technical assistance on facilitation, process, and structure of Advisory Board meetings.</p> <p>B. Identify data to collect and develop data collection method(s).</p> <p>C. Meet with clinic staff to obtain agreements for participation in the data collection.</p> <p>D. Obtain IRB waiver or approval for data collection.</p> <p>E. Data collection, analysis, and synthesis.</p>	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> Quarterly meetings with Advisory Board Chair(s). Obtain technical assistance on Advisory Board process from Tony Hemmelgarn, PhD of the Univ. of Tenn. and report recommendations to OCFS project leads. Using analysis of qualitative data, a narrative report will be produced for funders (Casey Family Programs, MacArthur Foundation, Annie E. Casey Foundation) on lessons learned in implementation of project. 	<ul style="list-style-type: none"> Quarterly Advisory Board meetings will be productive and result in constructive recommendations for project sustainability. Maine will inform other states on barriers, challenges, and needs for successful implementation of the Child STEPS model.

Objective 3: Inform OCFS quality assurance and improvement activities in services for children with developmental disabilities through identification of best practices and technical assistance in the development of a continuous quality improvement system for MaineCare Section 24 services.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Research best practices in public systems of care for children with developmental disabilities.</p> <p>B. Technical Assistance to the Section 24- Revised Process Workgroup.</p>	7/1/09 - 6/30/10	See above	<ul style="list-style-type: none"> Literature review of best practices in public systems of care for children with developmental disabilities and their families. Attendance at meetings and technical assistance for the Revised Process Workgroup, resulting in enhanced CQI processes and 	<ul style="list-style-type: none"> CBHS will be informed on best practices in this population in order to move toward systems improvement. CBHS will build capacity to monitor and improve the quality of Section 24 services, thereby improving outcomes for children receiving

			procedures for Section 24 prior authorization and treatment review activities conducted by CBHS staff.	this service.
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Objective 4: Plan, coordinate, and provide professional development activities that build the capacity and knowledge base of OCFS staff and contracted providers in relevant and advanced children's behavioral health topics. This work pertains to initiatives that improve the competence of staff who provide services outlined in Sections 13.12, 24, 65, and 97 of the MaineCare Benefits Manual.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Administer workshop allocation fund for CBHS staff attending approved trainings outside of DHHS and the Center for Learning.</p> <p>B. Administer OQMHP-PNMI certifications for contracted providers.</p> <p>C. Develop three or four specialized one-day workshops for CBHS staff based on identified needs.</p>	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> • Comprehensive needs assessment of CBHS staff training needs congruent with current and future strategic priorities, tasks, and roles. • Process and allocate up to \$5900 in workshop fees and associated registrations for CBHS staff statewide. • Three or four (depending on needs and budget) specialized one-day workshops for CBHS staff on topics to be determined. • Curricula development and facilitation for CBHS staff workshops in areas of content and clinical expertise. • Logistical support to specialized staff trainings, including contracting presenters, securing site, developing budgets, issuing certificates of attendance, and processing workshop evaluations. • Process OQMHP-PNMI applications and issue certificates and denials. • Development of standards and quality assurance process for OQMHP-PNMI certification. OR • Develop plan to transition OQMHP-PNMI 	<ul style="list-style-type: none"> • CBHS management team will identify long- and short-term staff professional development needs that reflect strategic priorities. • CBHS staff will increase their knowledge and skills in specialized content areas relevant to their roles in the system of care. • Contracted providers in children's PNMI facilities will receive OQMHP certification. • OQMHP-PNMI certification will have articulated standards and a quality assurance process which ensures statewide consistency in required training for these providers.

			certification activity to another provider. <ul style="list-style-type: none"> • Monthly reports to CBHS Quality and Training Manager on workshop allocation fund usage. 	
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Budgeted amount for this project: \$148,283
Funding sources: Medicaid
State Share: \$57,457
Federal share: \$90,826
CFDA#: 93.779

9. Child Welfare and Substance Abuse Committee

University Project Administration: Michael Brennan: 780-5873: mbrennan@usm.maine.
Department Lead: Daniel R. Despard, 624-7950, Daniel.R.Despard@maine.gov

Goal: To increase DHHS’s systemic capacity to improve permanency outcomes for children whose primary caregiver is affected by drugs or alcohol by creating an effective array of appropriate services that are child welfare specific.

Abstract/Scope of Work: Between fifty (50) percent and eighty (80) percent of child abuse and neglect cases involve substance abuse. The purpose of this project is to establish a clear set of protocols for screening, assessment, and treatment for child welfare cases involving substance abuse. A statewide network of substance abuse providers will be established that is focused on evidence based practices and staff development.

Objective 1: For the Substance Abuse and Child Welfare Committee to monitor the implementation of the “Families Affected by Substance Abuse” (FASA) network and make recommendations to the Office of Substance Abuse and the Office of Child and Family Services regarding its development and operation.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
The Committee will meet at least six times over the next year and will receive regular reports on the network’s operation and outcomes.	On-going	.40 FTE’s for all project activities	Written reports and recommendations to the Office of Substance Abuse and the Office of Child and Family Services.	By June 30, 2010, there will be at least 100 persons referred for a substance abuse assessment that will be completed by certified providers.

Objective 2: To coordinate staff development trainings for substance abuse providers. Trainings will also be conducted for judges, attorneys, and guardians.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Develop a schedule of training opportunities for	On-going	See above	A schedule of trainings for fiscal	That the number of substance abuse

substance abuse providers working with AdCare.			year 2009/10	professionals being certified will increase by 25 individuals.
Objective 3: Conduct an analysis of child welfare cases that are specifically related to substance abuse and determine the level of treatment and the amount of time in treatment.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Gather data from all the DHHS regional offices and review the current status of substance abuse related cases.	On-going	See above	Recommendations on best practices to increase engagement and improve treatment outcomes for the purpose of increasing family reunification.	That family reunifications involving substance abuse will increase by 10%

Objective 4: To develop written referral and confidentiality release forms for the network as well as a letter of agreement for agencies that participate in FASA.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Establish a subcommittee to develop the criteria and make recommendations to the full Committee and the Office of Substance Abuse and the Office of Child and Family Services.	July 1, 2009	See above	Recommendations and referral and release forms and a letter of agreement.	The FASA network will have a clear set of responsibilities that will promote accountability in the system.
Objective 5: Ensure that an on-going DHHS staff development component for best practices in substance abuse is implemented.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Work with DHHS and CWTI to develop a substance abuse training component.	By December 31, 2009	See above	The development of a training component.	That new DHHS staff will receive training on best practices in substance abuse.
Objective 6: Complete a case study of the process that was used to create the FASA network.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Develop a plan for disseminating "lesson learned" about the FASA network.	By June 30, 2010	See above	A case study for publication and a list of potential work shop presentations at state and national conferences.	Other states and national organizations will become aware of Maine's efforts.
Objective 7: Continue to work in conjunction with the Family Drug Court and the Department's new child welfare mental health initiative.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
On-going reports at meetings.	On-going	See above	TBA	

Budgeted amount for this project: \$52,250
Funding sources: Foster Care Title IV-E
State Share: \$26,124 (OSA) \$15,621 (OCFS)
Federal share: \$10,505
CFDA#: 93.658

Appendix C

CHILD ABUSE PREVENTION TREATMENT ACT (CAPTA)

The CAPTA State Grant Program exists to improve each states response to abuse and neglected children by providing funds to enhance the state agencies' child protective activities.

Legislative Update

The 2008-09 Legislative session passed several bills that will enhance the state's capacity to protect children and families in keeping with the intent of CAPTA. School bus drivers have been added to the list of mandated reporters, confidentiality guidelines have been revised to be more aligned with CAPTA, and several bills addressed substance abuse and domestic violence concerns to better protect families.

Areas of Concentration for 2010-2014:

Timeframes for the areas of concentration that relate to our Program Improvement Plan will be the primarily focus during the PIP period.

Maine will continue to concentrate on the following areas:

- Assessment of child abuse and neglect;
- Creating and improving the use of multidisciplinary teams and interagency protocol to enhance investigations;
- Improving the procedures for appealing and responding to appeals of substantiated reports of child abuse and neglect;
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Developing, strengthening and facilitating training regarding research-based strategies to promote collaboration with the families;
- Improvements in the recruitment and retention of caseworkers
- Developing and enhancing the capacity of community-based programs to integrate leadership strategies between parents and professions to prevent and treat child abuse and neglect at the neighborhood level;
- Support and enhance interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment;
- Support and enhance collaboration among public health agencies, the child protective system, and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goals and Strategic Targets

Goal I. Child Safety, First and Foremost

Strategic Targets:

1. OCFS responds to all appropriate CA/N reports and ensures that children are seen within a timeframe that assures their safety.
2. Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need.

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

Strategic Targets:

1. Improve OCFS sharing of responsibility with the community to help families protect and nurture their children.

Activities Maine intends to implement with its CAPTA State grant funds

Maine will continue using CAPTA state grant funds to support the Child Abuse Action Network and Child Death and Serious Injury Review Panel. The Report of the State of Maine Child Fatality and Serious Injury Review Panel published in January 2008 covers the period of 2006 as the Panel does not compile recommendations until the fall of each year. An annual report is completed; however the data is for the prior year. The state does respond to recommendations of the panel as they are developed throughout the year where immediate policy or practice change is identified.

The Child Death and Serious Injury Review Panel has also begun reviewing cases in clusters, by abuse type, which has provided an opportunity for more reviews each year, but also more focused reviews with more concise recommendations.

In collaboration with Casey Family Services, the University of Maine, the DHHS, local Clergy, Adoptive and Foster Families of Maine, the Bangor Police Department, private service providers, and Domestic Violence advocates, the Network formed a development committee to form the Citizen Review Panel. The Panel had its orientation meeting in October 2008 and is currently developing long and short term goals for the next year. The development group met for one year to develop bi-laws and establish a membership plan.

The Citizen Review Panel, established in October 2008, has met monthly to establish long and short term goals. The CRP is currently looking at educational issues for children in foster care and the impact of Fostering Connections to Success and Increasing Adoptions Act of 2008. The Citizen Review Panel meets in northern Maine rather than Central Maine to be as representative of the entire state as possible. Technical Assistance from the National Resource Center will

facilitate a Retreat in Sept. 2009 to identify priority areas and timeframes from the following goals:

1. Survey of consumers on top concerns - Focus group feedback via town hall meetings
2. Development of recommendations regarding respite care providers, license/not license, payment, etc.
3. Legal representation for parents throughout the TPR process
4. Juvenile justice and child protective services.
5. Budget cuts-what does this mean for CPS? What can panels do? What are other states doing?
6. Educational stability-Where does this fit with the new law, etc.
7. Are children in Child Welfare system getting early screenings, example CDS referrals for children under 4.
8. Sustainability of the CRP
9. Disrupted adoptions and foster care placements; how well are people prepared for high needs children? Sustainable adoptions, trauma treatment, resources...
10. Foster care recruitment
11. Nationwide issues for panels & CPS
12. Guardian ad litem involvement in CPS cases. Training, services to families, best interests of the children, not always objective or informed about case
13. Incident based practice and substantiating maltreatment: Appeal process for identified maltreaters

Services and training to be provided under the CAPTA State grant as required by Section 106 (b) (2) (c) of CAPTA.

CAPTA activities have included diversified trainings, public awareness campaigns and research projects. These include statewide interdisciplinary conferences, a study of juvenile sex offenders, public awareness of safe sleeping, establishment of a statewide training system to identify the incidence of young sex offenders. The May 2007 conference tied ACEs, (Adverse Childhood Experiences) and Resiliency into the research on resiliency to apply the work across all disciplines such as public health, corrections, law enforcement, psychology and casework. 2008 - 2011 focus will be on abusive head trauma, which has lead to a number of severe injuries and deaths of very young children, and contributing factors such as maternal depression and substance abuse.

The Child Death and Serious Injury Review Panel is developing a data system to keep track of all deaths and serious injuries coming into the child protective system. Maine will join the national *Child Death Review Case Reporting System* In conjunction with the Medical

Examiner's Office, Maine CDC and Public health records, the Panel will through 2009-2011 review more cases with a focus on particular areas of concern.

The Maine Child Abuse and Neglect Councils are supported by CAPTA funds and continue to provide community based services that address preventing the occurrence of child abuse and neglect. In addition, Maine has made a recent policy change to allow for the provision of services to families assessed by Child Protective Services and found at risk for child maltreatment, although no abuse and neglect was found. This service is voluntary and provided through the Alternative Response Programs.

Through the Child Abuse Action Network Maine has developed the Abusive Head Trauma Workgroup. The Workgroup is made up of several members of the Child Abuse Action Network in addition to other critical members of the community. The Workgroup adopted the Period of Purple Crying program, and educational and evidenced-based program for parents aimed at reducing incidents of abusive head trauma. To date all home visitors and public health nurses have been trained in the program and Maine hospitals are in the process of being trained to provide the Period of Purple Crying program to all new parents. Two of Maine's largest hospitals have implemented the program. Since training Maine's public health nurses, home visitors and hospitals, the Workgroup has begun working on a public awareness campaign meant to reduce the incidents of abusive head trauma. A subcommittee met monthly beginning May 2008 to develop a conference *Common Elements in Serious Child Abuse: The Intersection of Domestic Violence, Substance Abuse and Maternal Depression*. The conference, held in June 2009, brought together multidisciplinary group, which will explore reasons for the increase in abusive head trauma and other serious child abuse and strategies for collaborating effectively on these trainings.

The Network also provided a networking reception for professionals at the Annual Spurwink Child Abuse Conference in September 2008 where information was disseminated about safe sleeping, abusive head trauma, and information about membership in the Network was provided.

The Network has provided an online publication of *Child Abuse and Neglect: The Maine Health Perspective* to educate professionals who work with children abuse issues pertaining to child welfare. This newsletter will be published online at least bi-annually. Child Protective Intake staff continues to provide training to those mandated to report child abuse and neglect through both onsite training and our new online curriculum, accessed through our Office of Child and Family Services web page. OCFS Intake staff have been collaborating with the sixteen county Child Abuse and Neglect Councils to coordinate this reporter training so there is a balanced perspective in the presentation. An average of 7 trainings per county are conducted annually.

In compliance with CAPTA regulations OCFS is an active partner of the legislatively established Child Welfare/Substance Abuse Advisory Committee and has actively been looking at the issues of infants born affected by substances. Active work was done with the legislature to ensure that the mandated reporting of all infants affected by substances was not altered.

The state continues to work collaboratively with the Maine State Police Bureau of Investigation to ensure that all applicants for foster or adoptive care are fingerprinted and have comprehensive background checks completed to ensure safety of children.

OCFS works closely with the state Attorney General's office to review statute related to substantiation of abuse and neglect and maintain an appeal process for individuals that is fair, thorough, and just.

OCFS works collaboratively within its divisions of Child Welfare, Children's Behavioral Health, Public Service Management, and Early Childhood to develop a Strategic Plan with goals and objectives for a continuum of care that enhances the child protection system in a strength-based, community oriented and family driven manner.

Attachment: CJA Grant

Appendix D

**Maine Department of Health and Human
Services**

The Office of Child and Family Services

**2009 Children's Justice Act Grant
Application**

Maine Department of Health and Human Services
State House Station 11
Augusta, ME 04333
Fax: (207) 287-5282

Virginia Marriner, Director
Child Welfare Policy & Practice
Office of Child & Family Services
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Introduction: The Child Abuse Action Network

The Maine Department of Health and Human Services (the Department) is the state agency designated by the governor to apply for Children's Justice Act (CJA) grant funding. The Department's Division of Child Welfare (the Division) is the administrative agent for Children's Justice Act grants. The Division is also the designated state entity, for the Department, for the Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant - a prerequisite for CJA grant eligibility.

In compliance with eligibility requirements, the Department established a multidisciplinary Task Force to plan for the use of the CJA funds. The Task Force is called the Child Abuse Action Network. Since 1989 (except from 1994 to 1995), the Department has contracted with the University of Southern Maine's Edmund S. Muskie School of Public Service to administer the CJA grant, which also funds the staff position and administrative support to carry out the Network's mission and goals. In 2008, this contract moved to the University of Maine in Orono to fund a Child Welfare Coordinator position.

The Network's singular mission and responsibility is to focus primarily on the needs of multidisciplinary professionals who intervene in child abuse and neglect in order to improve the investigation and prosecution of these cases in a manner which mitigates further victim trauma. To that end, the Network continually undertakes a variety of activities, which support and enhance the expertise and interdisciplinary collaboration of these professionals. This multidisciplinary approach, in a sparsely populated state such as Maine where professionals have the unique opportunity to interact, has created a more effective child protection system on behalf of Maine's children.

The Network's activities have included diversified trainings, public awareness campaigns and research projects. These include statewide interdisciplinary conferences, a study of juvenile sex offenders, public awareness of safe sleeping, establishment of a statewide training system to identify the incidence of young sex offenders, publication of the newsletter: *Child Abuse and Neglect: The Maine Health Perspective*, an up-to-date website, and publication of a manual developed by Maine professionals entitled *Assessing and Treating Complex Children*. We began to focus on Adverse Childhood Experiences (ACE) and Resiliency beginning in May 2005. That resulted in ACEs being a priority for the Maine Children's Cabinet and a focus for the Center for Disease Control (CDC) in Maine. The May 2007 conference tied ACEs into the research on resiliency to apply the work across all disciplines such as public health, corrections, law enforcement, psychology and casework. This completed the three-year ACEs focus. CAAN has restructured its meetings and membership and in 2008/09 the focus has been on abusive head trauma, which has led to a number of severe injuries and deaths of very young children, and contributing factors such as maternal depression and substance abuse.

The CJA grant also provides staff support for the Department's multidisciplinary Child Death & Serious Injury Review Panel (the Panel), which conducts monthly retrospective case reviews. The Panel is established in statute, reports directly to the Department's commissioner and publishes periodic public reports of its findings and recommendations. These findings and recommendations are reviewed by the Child Abuse Action Network, which historically acted as the Citizen's Review Panel and made further recommendations and planned activities and projects that meet the needs of children and families in the State of Maine. This year, the Child Death & Serious Injury Review Panel was re-structured to include a mission and a framework for reviews, findings and recommendations. In collaboration with the Department of Health and Human Services, the Panel developed a data system to keep track of all deaths and serious injuries coming into the child protective system. In conjunction with the Medical Examiner's Office and Public health records, the Panel began reviewing more cases with a focus on particular areas of concern.

The CJA grant also funded the development of the Citizen Review Panel. The Citizen Review Panel was established in October 2008 and has met monthly to establish long and short term goals. The CRP is currently looking at educational issues for children in foster care and the impact of Fostering Connections to Success and Increasing Adoptions Act of 2008. The Citizen Review Panel meets in northern Maine rather than Central Maine to be as representative of the entire state as possible.

Staff support to the Child Abuse Action Network, The Child Death and Serious Injury Review Panel and The Citizen Review Panel continues to include: a) broadening multidisciplinary participation, b) coordinating projects and goals, c) developing frameworks for future activities, d) writing/publishing periodic reports of activities and recommendations, e) planning, coordinating and facilitating a periodic Network retreat in order to complete its review/reassessment and planning process, f) planning, coordinating and facilitating a semi-annual multidisciplinary conference on a topic relevant to child abuse and neglect, g) planning, coordinating and facilitating a semi-annual cops/caseworker conference, h) coordinating the Citizen Review Panel that meets the needs of the people of Maine and i) to participate in new projects including research projects that any of the three boards deems appropriate.

**Maine Child Abuse Action Network
Program Performance Report**

May 2008 – April 2009

A. Investigative, Administrative and Judicial

Recommendations

- 1. CAAN will support the efforts for forensic interviewing and better collaboration within both the Department of Health and Human Services and law enforcement offices. CAAN will work towards a model protocol for all areas of the State to follow.**
- 2. There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments are recommended.**
- 3. CAAN will educate professionals who work with children about issues pertaining to child welfare through the online publication of Child Abuse and Neglect: The Maine Health Perspective. This newsletter will be published online at least bi-annually.**
- 4. CAAN and the CDSIR Panel will develop a focused, working Citizens' Review Panel.**

Activities to Meet Each Recommendation

Number A.1.

Recommendation

CAAN will support the efforts for forensic interviewing and better collaboration within both the Department of Health and Human Services and law enforcement offices. CAAN will work towards a model protocol for all areas of the State to follow.

Activities and Outcomes for 2008-2009

Law Enforcement, the Medical Examiners Office and the Department of Health and Human Services (DHHS) collaborated on developing a protocol for investigating Maine's cases of Sudden Infant Unexplained Deaths (SUID) using the national SUIDI protocol; developed by the US Department of Health and Human Services and the Center for Disease Control. Lt. Brian McDonough, from the Maine State Police, Margurite Dewitt, M.D. from the Maine Medical Examiners Office and Virginia Marriner, Director of Child Welfare Policy and Practice at the Maine DHHS attended training on the national protocol in Boston, MA in 2008. Subsequent trainings have been presented in Maine utilizing this protocol.

Number A.2.

Recommendation

There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments are recommended.

Activities and Outcomes for 2008-2009

In 2008, the Department of Health and Human Services developed a plan for each of its eight districts to conduct multi-disciplinary reviews of cases immediately following a child death or serious injury. These reviews have started in some districts, and will expand statewide in 2009. These reviews allow for immediate responses to practice issues and facilitate real time learning experiences.

Number A.3.

Recommendation

CAAN will educate professionals who work with children about issues pertaining to child welfare through the online publication of Child Abuse and Neglect: The Maine Health Perspective. This newsletter will be published online at least bi-annually.

Activities and Outcomes for 2008-2009

The Child Abuse Action Network provided an online publication of Child Abuse and Neglect: The Maine Health Perspective to educate professionals who work with children about issues pertaining to child welfare.

The Network supported the development of the Abusive Head Trauma Workgroup. The Workgroup is made up of several members of the Child Abuse Action Network in addition to other critical members of the community. The Workgroup adopted the Period of Purple Crying program, an

educational and evidenced-based program for parents aimed at reducing incidents of abusive head trauma. To date all home visitors and public health nurses have been trained in the program and Maine hospitals are in the process of being trained to provide the Period of Purple Crying program to all new parents. Two of Maine's largest hospitals have implemented the program.

The Network provided a networking reception for professionals at the Annual Spurwink Child Abuse Conference in September where information was disseminated about safe sleeping, abusive head trauma, and information about membership in the Network was provided.

Number A.4.

Recommendation

CAAN and the CDSIR Panel will develop a focused, working Citizens' Review Panel.

Activities and Outcomes for 2008-2009

In collaboration with Casey Family Services, the University of Maine, the DHHS, local Clergy, Adoptive and Foster Families of Maine, the Bangor Police Department, private service providers, and Domestic Violence advocates, the Network formed a development committee to form the Citizen Review Panel. The Panel had its orientation meeting in October 2008 and is currently developing long and short term goals for the next year. The development group met for one year to develop bi-laws and establish a membership plan.

B. Experimental, Model and Demonstration Programs

Recommendations

- 1. CAAN will develop an initiative that explores Abusive Head Trauma and its increase in Maine.*
- 2. The Citizen Review Panel will consider reasons why children in Maine stay in foster care for long periods of time. Recommendations will come from this review.*
- 3. The Child Death and Serious Injury Review Panel will develop a new structure that will enable them to have more focused reviews and to review a larger percentage of child deaths in Maine. They will look at patterns of abuse and neglect, among other concerns.*

Number B.1.

Recommendation

CAAN will develop an initiative that explores Abusive Head Trauma and its increase in Maine.

Activity and Outcome for 2008-2009

The Child Abuse Action Network has supported the development of the Abusive Head Trauma Workgroup, which was the driving force in getting the Period of Purple Crying Program introduced in Maine. Since training Maine's public health nurses, home visitors and hospitals, the Workgroup has begun working on a public awareness campaign meant to reduce the incidents of abusive head trauma.

A subcommittee met monthly beginning May 2008 to develop a conference **Common Elements in Serious Child Abuse: The Intersection of Domestic Violence, Substance Abuse and Maternal Depression.** The conference will be held on June 4th, 2009 and bring together a multidisciplinary group, which will explore reasons for the increase in abusive head trauma and other serious child abuse and strategies for collaborating effectively on in these cases.

Number B.2.

Recommendation

The Citizen Review Panel will consider reasons why children in Maine stay in foster care for long periods of time. Recommendations will come from this review.

Activities and Outcomes 2008-2009

The Citizen Review Panel began to meet monthly in October 2008. Since that time, the committee has reviewed the DHHS policies on children obtaining permanency, and the impact of multiple moves on the child's educational stability, as an avenue to reduce additional trauma to the child victim. A subcommittee was formed to develop a survey of local school personnel, research current policies and practices, do a review of the relevant literature on the subject and report back to the Panel. The Panel is inviting guests with expert knowledge of the issue, including the Youth Leadership Advisory Team, a group of current and former foster children, to inform the Panel.

Number B.3.

Recommendation

The Child Death and Serious Injury Review Panel will develop a new structure that will enable them to have more focused reviews and to review a larger percentage of child deaths in Maine.

Activities and Outcomes for 2008-2009

The Panel has begun reviewing cases in clusters, by abuse type, which has provided an opportunity for more reviews each year, but also more focused reviews with more concise recommendations

C. Legal and Procedural Reform

Recommendations

1. *The Citizen Review Panel will consider the question, "Is there anything the system could have done to prevent a child from entering foster care?"*
2. CAAN recommends that the Department use its 2006 Child Death Report to inform legislative action, influence state agencies' policies and procedures, and inform collaborative multidisciplinary work.
3. **CAAN will use the report for the legislature on preventing sexual abuse, an approach to looking at potential offenders to help agencies develop needed programs in Maine. CAAN will collaborate with many multi-disciplinary groups to prevent overlap.**

Number C.1.

Recommendation

The Citizen Review Panel will consider the question, “Is there anything the system could have done to prevent a child from entering foster care?”

Activities and Outcomes for 2008-2009

The Citizen Review Panel identified the emphasis on keeping children in their home communities and home schools as way to meet the needs of children in the foster care system and reduce disruption. Recommendations will be made to the child welfare system once this work is completed. The panel will coordinate with the state task force, Keeping Maine Children Connected that has established a system to facilitate connection when a youth changes schools.

Number C.2.

Recommendation

CAAN recommends that the Department use its 2006 Child Death Report to inform legislative action, influence state agencies' policies and procedures, and inform collaborative multidisciplinary work.

Activities and Outcomes for 2008-2009

The 2006 report was used at the Spurwink Conference on September 6 and 7, 2008. A networking reception was held on the evening of September 6. The report was highlighted there. It was also sent to the Governor, the Commissioner, the Ombudsman, law enforcement and other state officials.

Examples of changes that resulted from the review of the 2006 report:

1. The DHHS made a change in the Family Visitation Policy that supported more effective communication and open disclosure of observed parenting patterns and feedback to parents participating in supervised visitation.
2. The Abusive Head Trauma Workgroup was formed to research evidenced based models to address and reduce the incidents of abusive head trauma.
3. There is an active revision of the DHHS's assessment policy to address the recommendations of the Child Death and Serious Injury Review Panel to have an improved investigation and assessment protocol which will reduce the harm to child victims and family members, and ensure fairness to the accused perpetrator.

4. CAAN supported the enhanced mandated reporter training between the Child Abuse and Neglect Councils and the Department's Central Intake. In addition, the Child Death and Serious Injury Review Panel developed a response to mandated reporters who fail to make a mandated report in cases of abuse and neglect.
5. The Pediatric Symptom Checklist was adopted by the Department as a psychosocial screening instrument to reduce additional trauma to child victims by more appropriately identifying symptoms that interfere with healthy development.

Number C.3.

Recommendation

CAAN will use the report for the legislature on preventing sexual abuse, an approach to looking at potential offenders to help agencies develop needed programs in Maine. CAAN will collaborate with many multi-disciplinary groups to prevent overlap.

Activities and Outcomes for 2008-2009

A copy of the 2006 report was sent to the Health & Human Services Committee of the 123rd Maine State Legislature. The CAAN multidisciplinary subcommittee has previously provided information to area agencies on its findings through the CAAN Website. The Committee will continue to work collaboratively to look at this issue and develop an approach as we reexamine the need.

The Director of Child Welfare Policy and Practice, a member of all three panels, monitors legislative activities, reports to, and receives feedback from the Panel members.

**Maine Child Abuse Action Network
Proposed Activities and Outcomes**

June 2009 – May 2010

A. Investigative, Administrative and Judicial

Recommendations

- 1. CAAN recognizes that well informed forensic interviewing ensures procedural fairness to the victim and the accused. In collaboration with the Northeast & Caribbean Implementation Center of the Children's Bureau, CAAN will coordinate with the DHHS to continue to work on enhancing caseworker forensic interviewing skills.**
- 2. In May 2009, the Maine DHHS will participate in the Federal Child and Family Services Review. DHHS will be required to develop a Program Improvement Plan (PIP). The Child Abuse Action Network will support the DHHS in its implementation of the PIP.**
- 3. CAAN will educate professionals who work with children about issues regarding how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals will be provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.**

Number A.1

Recommendation

CAAN recognizes that well informed forensic interviewing ensures procedural fairness to the victim and the accused. In collaboration with the Northeast & Caribbean Implementation Center of the Children's Bureau, CAAN will coordinate with the DHHS to continue to work on enhancing caseworker forensic interviewing skills.

Proposed Activity and Outcome for 2009-2010:

A meeting will be held in May 2009 to develop a work plan for implementation. The plan will include way in which CAAN, the DHHS and Law enforcement can collaborate with the outcome being improved forensic interviewing practice in Maine cases that reduces additional trauma to the child victim and victim's family and also ensures fairness to the accused.

Number A.2.

Recommendation

In May 2009, the Maine DHHS will participate in the Federal Child and Family Services Review. DHHS will be required to develop a Program Improvement Plan (PIP). The Child Abuse Action Network will support the DHHS in its implementation of the PIP, and its 5 year Strategic Targets.

Proposed Activities and Outcomes for 2009-2010

The CAAN will review the PIP and in collaboration with the DHHS develop a plan to support the implementation of the PIP, in areas where the plan reduces additional trauma to child victims and family members and ensures fairness to the accused.

Draft 5 Year Strategic Targets

1. Office of Children and Family Services (OCFS) will report to all child abuse and neglect reports within 72 hours.
2. Families will increase the safety of their children by through the collaborative development and implementation of agreed upon plans, and will be supported by the services they need.
3. Efficient and effective casework (Engagement, Assessment, Teaming, Planning and Implementation) will be reflected in cases documentation.
4. OCFS will increase timely reunifications and alternative permanency goal setting.
5. Increase safe and nurturing family relationships and connections.

Number A.3.

Recommendation

CAAN will educate professionals who work with children about issues pertaining to child welfare regarding how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals will be provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.

Proposed Activities and Outcomes 2009-2010

CAAN will host a multi-disciplinary conference: Common Elements in Serious Child Abuse: the Intersection of Domestic Violence, Substance Abuse and Maternal Depression, on June 4, 2009. Participants will be able to identify how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals will be provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.

B. Experimental, Model and Demonstration Programs

Recommendations

- 1. The Child Death and Serious Injury Review Panel (CDSIRP) will conduct more focused reviews of patterns of deaths and serious injuries with more concise and systematic recommendations, rather than individual and case specific reviews. These reviews will also focus on ensuring fairness to the accused.**
- 2. The Child Welfare Coordinator, acting as a liaison between the National Center on Child Death Review and the local and State review teams to develop a new model for review, data collection and reporting.**
- 3. The Child Welfare Coordinator in her role as coordinator of the CAAN, CDSIRP and the CRP will utilize the resources of all three committees to develop and implement a plan for the dissemination of recommendations for improved practice in child welfare.**

Activities to Meet Each Recommendation

Number B.1.

Recommendation

The Child Death and Serious Injury Review Panel will conduct more focused reviews of patterns of deaths and serious injuries with more concise and systematic recommendations, rather than individual and case specific reviews. These reviews will also focus on ensuring fairness to the accused

Proposed Activity and Outcome for 2009-2010

Child deaths and serious injuries will be categorized by abuse type or manner/cause of death or serious injury for review. This will enable to the Child Death and Serious Injury Review Team to make more concise findings and recommendations to Maine's Child Protective System.

Number B.2.

Recommendation

The Child Welfare Coordinator, acting as a liaison between the National Center on Child Death Review and the local and State review teams to develop a new model for review, data collection and reporting.

Proposed Activities and Outcomes for 2009-2010

The Child Welfare Coordinator will act as a liaison between the National Center on Child Death Review and the local and state review teams by 1.) Attending the National Center meeting in Washington DC on May 20-22, 2009 2.) Learning to use the National Child Death Database 3.) Developing a subcommittee to plan the implementation of the use of the National Database to collect information on all child deaths and serious injury reviews in Maine. The outcome will be the development of a new model for the review, collection and reporting in abuse related deaths and serious injuries in Maine, leading to more concise and measurable recommendations to the DHHS, child protective system.

Number B.3.

Recommendation

The Child Welfare Coordinator, in her role as coordinator of the CAAN, the CDSIRP and the CRP, will utilize the resources of all three committees to develop and implement a plan for the dissemination of CDSIRP recommendations for improved practice in child welfare.

Proposed Activities and Outcomes for 2009-2010

The Coordinator will provide all three committees with a final report on the findings and recommendations of the CDSIRP to enable to the committees to develop a plan for implementing the recommendations

C. Legal and Procedural Reform

Recommendations

- 1. The Director of Child Welfare Policy and Practice will act as liaison between the legislature and the Panels.**
- 2. Members of the three panels will participate in the Child and Family Services Review process and the Program Improvement Plan process.**
- 3. The CDSIRP will publish and distribute the 2007-2008 report on Child Deaths and Serious Injuries. The report will be used to inform policies and procedures.**

Activities to Meet Each Recommendation

Number C.1.

Recommendation

The Director of Child Welfare Policy and Practice, who is also a member of the all three panels, will act as liaison between the legislature and the committees.

Proposed Activities and Outcomes for 2009-2010

The Director of Child Welfare Policy and Practice, who is also a member of the three panels, will act as liaison between the legislature and the committees. In her role, she will consistently report to the committees any proposed legislation impacting the child welfare system, and obtain feedback and recommendations from the committees. The Director will forward any legislative proposals that may impact the comprehensive protection of children. The outcome will be the improved utilization of the findings made by the committees.

Number C.2.

Recommendation

Members of the three panels will participate in the Child and Family Services Review process and the Program Improvement Plan process.

Proposed Activities and Outcomes for 2009-2010

Members of the three panels will participate in the Child and Family Services Review process and the Program Improvement Plan process, increasing communication and collaboration. The participants are:
Tracie Adamson, Family Division Manager, CRP member
Bette Hoxie, Adoptive & Foster Families of Maine, CRP member
Jan Clarkin, Maine Children's Trust, CAAN member

Number C.3.

Recommendation

The CDSIRP will publish and distribute the 2007-2008 report on Child Deaths and Serious Injuries. The report will be used to inform policies and procedures.

Proposed Activities and Outcomes for 2009-2010

The 2007/2008 will be published in the summer of 2009. This report summarizes the findings and recommendations of the panel's work. Data for the 2009 report will be collected early in 2010 and the 2009 report will be completed by December 2010. The reports will make recommendations to professionals who intervene on behalf of children at risk of, or who have suffered fatal child abuse, neglect or serious injuries. The Department, the Legislature, Law Enforcement and many Maine professionals will use the recommendations to improve practices in the State of Maine.

<u>Budget: Includes Citizen Review Panel, The Child Abuse Action Network and The Child Death and Serious Injury Review Panel</u>		<u>Budget Amount</u>
Personnel		
Coordinator @ 100% FTE		\$45,150
Administration		\$4,000
Other Professional (Research Consultant)		\$3,514
Total Salary & Wages		\$52,664
Employee Benefits & Fringe @ .484		\$25,489
Total Personnel		\$78,153
Other Costs		
Publications		\$2000
Postage		\$1000
Printing and Copying		\$1500
Materials and Supplies		\$2000
UMO employee travel—in state		\$2500

<u>Budget: Includes Citizen Review Panel, The Child Abuse Action Network and The Child Death and Serious Injury Review Panel</u>	<u>Budget Amount</u>
UMO employee travel—out of state Telephone & Conferencing Expenses	\$3000 \$500
Total Other Indirect Costs	\$24295
Total Direct Costs	\$90653
University Contribution	-\$12182
Total All Costs	\$102,766

**Maine Child Abuse Action Network
STEERING COMMITTEE MEMBERS**

Name	Organization	Summary
<p>Kelly Goulette 83 Western Ave. Augusta, Maine 207-623-3569</p>	<p>Family Violence Project</p>	<p>7 + years with the Family Violence Family Violence Project, currently as a liaison to the Department and Health and Human Services, Child Protective Services unit.</p>
<p>Ellen Bridge, R.N. Key Plaza, 7th Floor SHS #11 Augusta, ME 04333 207-287-6185 Ellen.Bridge@maine.gov</p>	<p>Public Health Nursing Consultant</p>	<p>35 years providing and supervising public health nursing services to families where child abuse and neglect is or may be an issue – helped draft the written agreements between Public Health Nursing and Child Protective Services</p>
<p>Vincent Carrier, LCPC, LADC Crisis and Counseling 32 Winthrop Street Augusta, Maine 04330 vcarrier@crisisandcounseling.org</p>	<p>Clinical Supervisor Crisis and Counseling</p>	<p>20 years substance abuse and 15 years mental health experience. Clinical Supervision at C&C for all paraprofessional staff.</p> <p>Working with all populations in Lewiston area private practice.</p>
<p>Jan Clarkin Maine Children’s Trust 24 Stone St., Suite 1 Augusta, ME 04330 207-623-5120 www.mainechildrenstrust.org</p>	<p>Executive Director Maine Children’s Trust</p>	<p>9 years as executive director of the Maine Children's Trust and leadership of several Maine family support coalitions, including Home Visitation.</p>

<p>Dean Crocker 303 State Street Augusta, ME 04330 dcrocker@mekids.org</p>	<p>Maine Children's Alliance</p>	<p>38 years of experience in the public and private child welfare, mental health and developmental disabilities system. Career emphasis on public policy development and federal finance. Ombudsman for CW and Vice President for Programs at MCA</p>
<p>Kimberly Day, LSW 5770 Social Work Building Orono, Maine 04469 207-581-3586</p>	<p>Child Welfare Coordinator University of Maine School of Social Work.</p>	<p>12 years experience in both private and public child welfare and/or working with the child welfare system through collaborative grants. Previous experience in early childhood, and in domestic violence Youth Services Coordinator. Coordinator of Child Death Serious Injury Review Panel, Child Abuse Action Network & Citizen Review Panel.</p>
<p>Renna Hegg 111 State House Station Augusta, ME 04333 207-287-4810</p>	<p>Director of Juvenile Programs Maine Department of Corrections</p>	<p>Over 30 years experience in adult and community corrections, as Probation Officer, Juvenile Community Corrections Officer and Regional Resource Coordinator, Experience in administrating the Correctional Program Assessment Inventory</p>
<p>Sgt. Anna Love (alternate) Maine State Police Stone Street Augusta, Maine 04330 Anna.H.Love@maine.gov</p>	<p>Sergeant, Maine State Police</p>	<p>BA in Criminology from the University of Southern Maine, ten years law enforcement experience (Maine State Police), seven of which have been with the criminal division. Investigations of crimes against people, suspicious deaths and homicides.</p>
<p>Virginia Marriner, LSW Director Child Welfare Policy and Practice, DHHS, OCFS 2 Anthony Avenue Augusta, Maine 04333 207-624-7931 Virginia.S.Marriner@maine.gov</p>	<p>Director Child Welfare Policy and Practice Department of Health and Human Services, Office of Children and Families</p>	<p>Over 25 years experience in public child welfare and has presented nationally on best practice models in post adoptive services and subsidized guardianship programs and has worked collaboratively with other national public and private entities to bring training and new approaches to Maine to enhance the child welfare system's ability to encourage improved outcomes for children and families.</p>

<p>Barbara Piotti, LCSW Kennebec Behavioral Health 66 Stone Street Augusta ME 04330 bpriotti@kvmhc.org 207-626-3455</p>	<p>Outpatient Services Director Kennebec Valley Mental Health Center</p>	<p>Over 20 years experience at Kennebec Valley Health Clinic as a clinical social worker in the mental health field</p>
<p>Mark Rains, PhD P.O.Box 302 W. Farmington, ME 04992 firemarks@pivot.net</p>	<p>Psychologist Private Practice</p>	<p>28 years experience including: child abuse and neglect, infant mental health, family systems, child traumatic stress, foster care triage assessment and interagency consultation. Pediatric Rapid Evaluation Program, collaborative project with Maine Department of Human Services, providing triage physical and psychosocial assessment and 8-month follow-up of children entering foster care due to abuse or neglect; Mid-Maine Trauma Network</p>
<p>Lawrence Ricci, MD 17 Bishop Street Portland, ME 04103 207-879-6160 riccil@aol.com</p>	<p>Pediatrician and Director Spurwink Child Abuse Program</p>	<p>27 years as a pediatric child abuse and neglect specialist. Director of the Child Abuse and Neglect Diagnostic Program, Chair of the Child Death and Serious Injury Review Panel; expert witness, nationally recognized expert in diagnosis and photo documentation of child abuse and neglect; adjunct faculty, University of Vermont College of Medicine</p>
<p>Cindy Seekins 32 Winthrop St. Augusta, Maine 04330 207-223-9993</p>	<p>Program Staff Supervisor and Regional Parent Support Coordinator G.E.A.R Parent Network</p>	<p>19 years in social service agencies. 12 years in the GEAR parent network.</p>
<p>Joan Smyrski Director Children's Behavioral Health Department of Health & Human Services 2 Anthony Avenue Augusta, Maine. 04333 207-624-7958 Joan.Smyrski@maine.gov</p>	<p>DHHS/Office of Child & Family Services; Director of Children's Behavioral Health Services</p>	<p>Over 30 years of experience in program & policy development, quality improvement, and management of child and adult mental health and developmental disabilities service systems. Principal Investigator of the nation's first Trauma-Informed Children's System of Care Initiative.</p>

<p>Debbie Mattson, MSW 11 King St. Augusta, ME 04330 622-1429 debbie@mediateresources.com</p> <p>Guardian Ad Litem</p>	<p>Mediation & Facilitation Resources</p>	<p>30+ years working with families and children- advocate for children with special needs, coordinated and provided services for children in battered women shelter, and currently serves as a court appointed guardian ad litem in parental rights and divorce proceedings.</p>
<p>Nora Sosnoff 6 State House Station Augusta, ME 04333 nora.sosnof@maine.gov</p>	<p>Assistant Attorney General Maine Office of the Attorney General</p>	<p>Maine lawyer since 1989; career dedicated to public service in Maine for 13+ years; 8 years as an Assistant Attorney General in the field of child welfare(1994-2002); 5+ years as Deputy Bar Counsel, overseeing professional responsibility compliance and educating Maine lawyers in legal ethics (2002-2008). In 2008, returned to practice at the AG's Office and the field of child welfare.</p>
<p>Destie Hoffman Sprague 83 Western Avenue, Suite 2 Augusta, Maine 04330</p>	<p>Maine Coalition Against Sexual Assault</p>	<p>Extensive experience as an advocate for child and family public policy issues, with a focus on abuse and neglect, public health, and family economic security. Currently supporting sexual assault service providers through public policy advocacy and program research, development, and <i>coordination</i>.</p>

<p>Heather Washburn, LSW 1 Alden Ave. Augusta, ME 04330 (207) 626-3497, ext. 253 hwashburn@thechildrenscenter.ws</p>	<p>The Children's Center, Case Management Supervisor</p>	<p>15 years in social services, primarily in relation to children with special needs. Foster care, group home, child protective, and case management experience. Four years as a Healthy Families home visitor, focusing on child abuse prevention, health and the parent/child relationship. Currently case management supervisor, primarily working with children birth to five with special needs or at-risk for special needs because of biological, medical or environmental factors. Serving both Somerset and Kennebec counties.</p>
<p>Lt. Gary Wright Maine State Police Criminal Investigation Division II 36 Hospital Street Augusta, Maine 04333 207-624-7141 Gary.W.Wright@maine.gov</p>	<p>Lieutenant, Maine State Police, CID II</p>	<p>24 years Law Enforcement Experience, 20 years with Maine State Police, 4 years as a Child Abuse/Homicide investigator. Currently overseeing a Criminal Investigation Division of the Maine State Police</p>
<p>Luc Nya EPSDT Coordinator Office of MaineCare Services State of Maine DHHS 11 SHS, 442 Civic Center Drive, Augusta, ME 04333 -0011 Luc.nya@maine.gov</p>	<p>DHHS</p>	<p>Coordinator of the Maine Early Prevention and Screening Program.</p>
<p>Robin Whitney DHHS 396 Griffin Road Bangor, Maine 04401 Robin.whitney@maine.gov</p>	<p>DHHS</p>	<p>Assistant Program Administrator for the Office of Child and Family Services for District 6 -Penobscot and Piscataquis counties. worked as a child protective caseworker and permanency supervisor for 6 years.</p>

Child Death and Serious Injury Review Panel Members

Name	Organization	Summary
<p>Richard Allan Aronson, MD, MPH Center for Humane Worlds for Child and Youth Health 19 Maple St. Hallowell, ME 04347</p>	<p>Director Center for Humane Worlds for Child and Youth Health A New Program of the future Search Network www.futuresearch.net Physician Consultant in Public Health</p>	<p>31 years experience as a pediatrician and maternal and child health (MCH) and public health leader, including 10 years of direct care. MCH Medical Director in Vermont, Wisconsin, and Maine.</p>
<p>Lou Ann Clifford Assistant Attorney General 6 State House Station Augusta, ME 04333 207-626-8484</p>	<p>Office of the Attorney General</p>	<p>20 years experience as an AAG, all but three handling child protective matters in Cumberland county for 12 years, and in Franklin and Oxford Counties for the past 5 years.</p>
<p>Luanne Crinion, RN, MS Supervisor, Public health Nursing ME Department of Health and Human Services ME CDC-P 200 Main St. Lewiston, ME 04240 Luanne.Crinion@maine.gov</p>	<p>Supervisor, Public Health Nursing Maine Department of health and Human Services ME CDC-P</p>	<p>20 years experience as Supervisor of Public health Nursing program. Masters Degree in Nursing</p>

<p>Virginia Marriner, LSW 2 Anthony Ave. Augusta, ME 04333 207-624-7931</p>	<p>Director of Child Welfare Policy & Practice Department of Health & Human Services, Office of Children & Families</p>	<p>25+ years experience in public child welfare & has presented nationally on best practice models in post adoption services & has subsidized guardianship programs - has worked collaboratively with other national public & private entities to bring training & new approaches to Maine to enhance the child welfare system's ability to encourage improved outcomes for children & families</p>
<p>Marguerite DeWitt, MD, JD (alternate) Medical Examiner's Office 34-A Hospital St. Augusta, ME 04330</p>	<p>Deputy Chief Medical Examiner Medical Examiner's Office</p>	<p>Practiced clinical, autopsy and surgical pathology for 11 years. In 2000, completed a fellowship in Forensic pathology. American Board of Pathology certified in anatomic and clinical pathology as well as forensic pathology. Chaired the committee to establish, as a clinical specialty for a 500-bed hospital in Texas, the Child and Adult Abuse Response Team. Founded and chaired the committee that plans a yearly conference concerning the investigation, intervention and prevention of child abuse.</p>
<p>Kimberly Day, LSW 5770 Social Work Building Orono, Maine 04469 207-581-3586</p>	<p>Child Welfare Coordinator University of Maine School of Social Work.</p>	<p>12 years experience in both private and public child welfare and/or working with the child welfare system through collaborative grants. Previous experience in early childhood, and in domestic violence Youth Services Coordinator. Coordinator of Child Death Serious Injury Review Panel, Child Abuse Action Network & Citizen Review Panel.</p>
<p>Judge Rae Ann French Maine District Court 145 State St. Augusta, ME 04330-7495 RaeAnn.French@maine.gov</p>	<p>Judge Maine District Court</p>	<p>Served for the past 16 years as a Judge hearing criminal, juvenile, and civil matters and scheduling and presiding over the protective custody trials, primarily Waterville and Augusta District Court.</p>
<p>Margaret Greenwald, MD, Chief Medical Examiner's Office 34-A Hospital St. Augusta, ME 04333 207-624-7162 Margaret.Greenwald@maine.gov</p>	<p>Chief Medical Examiner Medical Examiner's Office</p>	<p>23 years experience as a forensic pathologist 10 years as Chief Medical Examiner in Maine</p>

<p>Alan P. Kelley Deputy District Attorney Prosecutorial District IV Kennebec County Courthouse 95 State Street Augusta, ME 04330</p>	<p>Office of the District Attorney Prosecutorial District IV Kennebec & Somerset Counties 95 State Street Augusta, ME 04330</p>	<p>29 years of experience as a prosecuting attorney. 27 years, as Deputy District Attorney, with primary responsibility for the prosecution of cases involving sexual abuse, or serious bodily injury, to children in Kennebec County.</p>
<p>Marie Kelly, MSW Office of Child and Family Services Department of Health and Human Services 17 Eastward Lane Ellsworth, ME 04605 207-667-1600</p>	<p>Program Administrator, District 7, DHHS, OCFS</p>	<p>22 years experience with the Department of Health and Human Services.</p>
<p>Ann LeBlanc, Ph.D. Director, State Forensic Service State House Station # 11 Augusta, Maine 04330 207-624-4648</p>	<p>Director, State Forensic Services</p>	<p>Psychologist and administrator for State of Maine Department of health and Human Services since 1984, including Chief of Psychology and Chief Operating Officer at the Augusta Mental Health Institute, prior to appointment as Director, State Forensic Service in 1997</p>
<p>Sgt. Anna Love (alternate) Maine State Police Stone Street Augusta, Maine 04330 Anna.H.Love@maine.gov</p>	<p>Sergeant, Maine State Police</p>	<p>BA in Criminology from the University of Southern Maine, ten years law enforcement experience (Maine State Police), seven of which have been with the criminal division. Investigations of crimes against people, suspicious deaths and homicides.</p>
<p>Mark Moran Eastern ME Medical Center Grant 8 Pediatrics 489 State St. Bangor, ME 04401 207-973-7855 Mmoran@emh.org</p>	<p>Family Service and Support Team Coordinator; Pediatric Forensic Clinic Coordinator</p>	<p>BSW/MSW from University of Maine; 5 yrs Child Protective Caseworker for Maine DHHS; 3+ yrs medical social work with Women's and Children's Services at EMMC.</p>

<p>Stephen Meister, MD, FAAP, Chair Edmund Ervin Pediatric Center Pediatric Rapid Evaluation Program 271 Water St. Augusta, Maine 04330 207-621-2304 Meistermcn2@aol.com</p>	<p>Medical Director, PREP Edmund Ervin Pediatric Center Pediatric Rapid Evaluation Program</p>	<p>23 years experience in pediatrics 10 years as Medical Director for PREP Prior experience on the Child Death Review Committee in San Diego County Member of the National Child Traumatic Stress Network</p>
<p>Karen Mosher, Ph.D., Co-Chair 66 Stone Street Augusta, Maine 04330 207-626-3455 kmosher@kbhmaine.org</p>	<p>Clinical Director Kennebec Behavioral Health</p>	<p>28 years experience in public mental health including experience with child welfare, persons with severe mental illness, personality disorders, program development, and agency administration. Doctorate of Philosophy in clinical Psychology. Licensed as a psychologist in Maine.</p>
<p>Lawrence Ricci, MD 17 Bishop Street Portland, ME 04103 207-879-6160 riccil@aol.com</p>	<p>Pediatrician and Director Spurwink Child Abuse Program</p>	<p>Over 27 years as a pediatric child abuse and neglect specialist. Director of the Child Abuse and Neglect Diagnostic Program, Chair of the Child Death and Serious Injury Review Panel; expert witness, nationally recognized expert in diagnosis and photo documentation of child abuse and neglect; adjunct faculty, University of Vermont College of Medicine</p>
<p>Valerie J. Ricker, MSN, MS Director, Division of Family Health Key Bank Plaza, 7th floor State House Station # 11 Augusta, Maine 04333-0011 207-287-5396</p>	<p>Director of the Division of Family Health, Maine Center for Disease Control and Prevention, Department of Health and Human Services</p>	<p>29 years experience working in maternal child health services in acute care and primary care clinical settings and administration of MCH public health services. 16 years in non-profit health systems and 12 years with Maine's Public Health agency, Maine Center for Disease Control and Prevention (Maine CDC)</p>

<p>William Stokes, AAG Office of the Attorney General's Office 6 State House Station Augusta, ME 04333</p>	<p>Deputy Attorney General and Chief, Criminal Division Attorney General's Office</p>	<p>BA from University of Massachusetts in History in 1973. Law Degree (J.D.) from Suffolk University Law School in Boston. Law Clerk to Maine Supreme Court Associate Justice James P. Archibald, 1976-1977. Assistant Attorney General of Maine since 1977. Currently Deputy. Attorney General and Chief of the Criminal Division. Tried approximately 100 homicide cases and supervised hundreds more. Recipient of the Professional of the Year Award for 1999 from the Maine Child Abuse Action Network.</p>
<p>Lt. Gary Wright 45 Commerce Drive, Suite 1 Augusta, ME 04330 207-624-7141 Gary.W.Wright@maine.gov</p>	<p>Lieutenant, Maine State Police, CID II</p>	<p>20 years experience. Specializes in investigations of child abuse cases; supervises nine detectives and two Detective Sergeants; member of the Child Death and Serious Injury Review Panel</p>

Citizen Review Panel Development Committee Members

Name	Organization	Summary
Det. Brent Beaulieu 240 Main St. Bangor, ME 04401	Bangor Police Department	13 years experience in the criminal investigation of suspected child abuse
Cathy Brown 516 Day Road Brewer, ME 04412	Parent	Parent (with husband Bruce) 27 years Biological and Adoptive Parent Registered Nurse 14 years ANCC Certification: generalist in psychiatric and mental health
Erika Coles University of Maine Psychology Department Orono, ME	University Of Maine, Orono Psychology Department	8 years experience in treatment of children with ADHD and other behavioral disorders, research focus on dissemination of evidence based treatments for ADHD.
Christy Davis DHHS 17 Eastward Lane Ellsworth, ME 04605	DHHS, Office of child and Family Services Child Protective Supervisor	7.5 years in child welfare
Wayne Doane	Guardian-ad-litem	
Bonny Dodsen Casey Family Services 30 Summer St., Suite 5 Bangor, ME 04401	Casey Family Services	24 years experience in children's mental health treatment: family therapy, trauma treatment, attachment, child welfare, kinship families and foster care Nursing and Child Protective Services

<p>Vickie Fisher, USM, Muskie School 45 Commerce Drive, Suite 11 Augusta, ME 04330 vfisher@usm.maine.edu</p>	<p>University of Southern Maine, Muskie School Coordinator</p>	<p>18 years in social services</p>
<p>Bette Hoxie 294 Center St., Suite 1 Old Town, ME 04401</p>	<p>Adoptive and Foster Families of Maine</p>	<p>20 years support of foster/adoptive parents 10 years kinship 37 years foster/adoptive care</p>
<p>Bobbi Johnson, LMSW Child Welfare Program Administrator, DHHS, OCFS 396 Griffin Road Bangor, Maine 04401 Bobbi.Johnson@maine.gov</p>	<p>Department of Health and Human Services, Office of Child and Family Services Child Welfare Program Administrator</p>	<p>13 years experience in public child welfare and has presented nationally on Motivational Interviewing and Family Team Meetings, and locally on various topics</p>
<p>Virginia Marriner, LSW Director Child Welfare Policy and Practice, DHHS, OCFS 2 Anthony Avenue Augusta, Maine 04333 207-624-7931 Virginia.S.Marriner@maine.gov</p>	<p>Department of Health and Human Services, Office of Children and Families Director child Welfare Policy and Practice</p>	<p>Over 25 years experience in public child welfare and has presented nationally on best practice models in post adoptive services and subsidized guardianship programs and has worked collaboratively with other national public and private entities to bring training and new approaches to Maine to enhance the child welfare system's ability to encourage improved outcomes for children and families.</p>
<p>Julie McClaire</p>	<p>Parent</p>	
<p>Trish Niedorowski Wings for Children and Families Hammond Street, Suite 915 Bangor, ME 04401 207-941-2988</p>	<p>Executive Director Wings for Children and Families</p>	<p>8 years as a Certified Special Education Teacher in a day treatment center for children with emotional and behavioral disorders 4 years as a social worker providing case management utilizing the Wraparound Planning process 2 years as a trainer for Wraparound 7 years as the Executive Director of a Children's mental Health agency.</p>

<p>Erlene Paul, LMSW Human Services Director 207-817-7492 epaul@penobscotnation.org</p>	<p>Penobscot Indian Nation Department of Human Services 9 Sarah's Spring Drive Indian Island, ME 04468</p>	<p>Administered a variety of tribal social services for over 18 years, including child welfare services; current child welfare efforts include incorporating customary adoption as a permanency option for Penobscot tribal children; active member of the Maine Wabanaki Indian Child Welfare Coalition</p>
<p>Robin Russel University of Maine 5770 Social Work Building Orono, Maine 04469-5770</p>	<p>Director, School of Social Work University of Maine</p>	<p>25 years teaching social work as child welfare researcher, administrator of graduate social work programs. Former children's attorney</p>
<p>Carl Schreiber pastorcarl@eoccmaine.com</p>	<p>East Orrington Congregational Church</p>	<p>Education: University of Maine; Excelsior College;(undergraduate) Bangor Theological Seminary (Master's in Pastoral care/ Pastoral Counseling) Twenty-five years in business, the last five years in ministry: Currently Sr. Pastor for a moderate size church (400-500 member).</p>

**Citizen Review Panel
Committee Members**

Name	Organization
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<p>Carl Schreiber, Pastor Vice Chair & Executive Committee Member 38 Johnson Mill Rd. Orrington, ME 04474 207-825-3404 pastorcarl@eoccmaine.com</p>	<p>East Orrington Congregational Church</p>
<p>Laura Minoty Executive Committee Member 515 Wings Mills Rd. Mt. Vernon, ME 04352 Laura.minoty@yahoo.net TEL:207-293-4920</p>	<p>Parent</p>
<p>Robin Russel Executive Committee Member University of Maine 5770 Social Work Building Orono, Maine 04469-5770</p>	<p>Director, School of Social Work University of Maine</p>

<p>Virginia Marriner, LSW Executive Committee Member Director Child Welfare Policy and Practice, DHHS, OCFS 2 Anthony Avenue Augusta, Maine 04333 207-624-7931 Virginia.S.Marriner@maine.gov</p>	<p>Department of Health and Human Services, Office of Children and Families Director Child Welfare Policy and Practice</p>
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<p>Bette Hoxie 294 Center St., Suite 1 Old Town, ME 04401</p>	<p>Adoptive and Foster Families of Maine</p>
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<p>James McGonagle James.Mcgonagle@umit.maine.edu</p>	Former Youth in Care

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Appendix E: Assurances