

MAINE STATE LEGISLATURE

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114th MAINE LEGISLATURE

SECOND REGULAR SESSION - 1990

Legislative Document

No. 2415

H.P. 1752

House of Representatives, March 8, 1990

Reported by Representative ROLDE for the Joint Standing Committee on Audit and Program Review pursuant to the Maine Revised Statutes, Title 3, chapter 33.

Reference to the Joint Standing Committee on Audit and Program Review suggested and printing ordered under Joint Rule 18.

Ed Pert

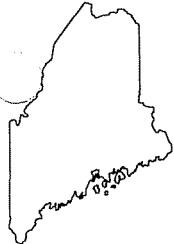
EDWIN H. PERT, Clerk

STATE OF MAINE

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY

Resolve, to Establish a Model Coordinated Response System for Child Abuse Referrals in Penobscot and Piscataquis Counties.

(EMERGENCY)



Emergency preamble. Whereas, Acts and resolves of the
2 Legislature do not become effective until 90 days after
adjournment unless enacted as emergencies; and

4
6 Whereas, the 90-day period will terminate before the
beginning of the next fiscal year; and

8 Whereas, the need to establish a coordinated team response
to child abuse referrals is critical; and

10
12 Whereas, in the judgment of the Legislature, these facts
create an emergency within the meaning of the Constitution of
14 Maine and require the following legislation as immediately
necessary for the preservation of the public peace, health and
16 safety; now, therefore, be it

18 **Sec. 1. Coordinated Response System established. Resolved:** That
the Coordinated Response System for child abuse referrals is
20 established as a model project in Department of Human Services'
Region IV, Penobscot and Piscataquis counties. The Coordinated
22 Response System consists of the Child Abuse Assessment System;
services for initial intervention, treatment and support of
24 children and families; training; an advisory committee; an
operational planning committee; and an evaluation component; and
26 be it further

28 **Sec. 2. The Child Abuse Assessment System. Resolved:** That the
Child Abuse Assessment System consists of 3 coordinated teams:
30 the initial assessment team, the diagnostic team and the
dispositional team.

32 1. The initial assessment team has 2 components. One
component consists of caseworkers and law enforcement personnel,
34 working in partnership, to assess referrals of alleged crimes
against children. The other component consists of caseworkers to
36 assess the referrals alleging statutory abuse and neglect that
are not crimes. The initial assessment team has no ongoing
38 social service delivery responsibilities.

40 2. The diagnostic team shall, as necessary, provide
medical, psychological, social or developmental data to augment
42 the initial assessment of the referral.

44 3. The dispositional team, composed of experienced
professionals from relevant disciplines, shall analyze the data
46 presented to it by the initial assessment team or diagnostic team
or both, decide the most appropriate disposition of the case to
48 protect the child from harm and support the family, and determine
the need to pursue prosecution; and be it further

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Sec. 3. Initial intervention, treatment and support services.

2 **Resolved:** That within the limits of funds allocated by this
3 resolve, the Coordinated Response System includes, but is not
4 limited to, such initial intervention, treatment and support
5 services as:

6
7 1. Crisis mental health services consisting of mental
8 health assessments and crisis intervention for a family member in
9 immediate need and victim trauma assessment;

10
11 2. Case planning mediation in which families negotiate the
12 components of the family's case plan with the caseworker; and

13
14 3. A family shelter option to provide a safe environment
15 for the child and nonoffending parent and an opportunity for the
16 nonoffending parent to learn parenting and life skills; and be it
17 further

18
19 **Sec. 4. Training. Resolved:** That specific child abuse
20 investigative training must be provided to the law enforcement
21 personnel and caseworkers of the initial assessment team to
22 ensure the most comprehensive assessment of referrals possible;
23 and be it further

24
25 **Sec. 5. Advisory committee. Resolved:** That an advisory
26 committee, limited to no more than 10 members, is created
27 consisting of the following members:

28
29 1. The Child Welfare Services Ombudsman, to serve as
30 the cochair;

31
32 2. The Director of the Division of Child Welfare within the
33 Department of Human Services, to serve as cochair;

34
35 3. One Senator and one member of the House of
36 Representatives appointed by the President of the Senate and the
37 Speaker of the House of Representatives, respectively, from the
38 Joint Standing Committee on Audit and Program Review;

39
40 4. One mental health care provider;

41
42 5. One physician;

43
44 6. One representative of the Court Appointed Special
45 Advocate Program;

46
47 7. One representative of the Maine Foster Parents
48 Association;

49
50 8. One member from a victims or survivors advocacy group;
and

2 9. One member from a citizens advocacy group.

4 The cochairs of the advisory committee shall appoint the
6 members set out in subsections 4 to 9.

8 The purpose of the advisory committee is to guide the
10 development and implementation of the Coordinated Response System
12 by working with the operational planning committee to solve
14 problems and to adjust the operation of the team to conform with
16 legislative intent. The advisory committee shall also consider
the feasibility of expanding the model to other areas of the
State. The cochairs of the advisory committee shall seek to fill
the nonlegislative membership positions with members who will
work harmoniously and in good faith to fulfill the committee's
purpose.

18 The staff of the Coordinated Response System shall submit a
20 status report to the cochairs of the advisory committee each
22 month and refine the reporting mechanism at the direction of the
advisory committee, as needed.

24 Meetings of the advisory committee are held at the
26 discretion of the cochairs. Legislative members are entitled to
28 receive the legislative per diem and expenses as defined in the
Maine Revised Statutes, Title 3, section 2, for attendance at
advisory committee meetings called by the cochairs.

30 Staff needed to carry out legislative intent must be
32 provided to the advisory committee by the Department of Human
Services; and be it further

34 **Sec. 6. Operational planning committee. Resolved:** That an
operational planning committee is created to plan for the
36 practical implementation of the Coordinated Response System. The
following are permanent members of the committee: the Department
38 of Human Services Region IV Program Manager, who serves as chair;
the Director of the Child Protective Services Unit of the
Department of Human Services; and the district attorney for
40 Prosecutorial District Number 5 or the district attorney's
designee. Membership on the committee includes not more than 4
42 others as chosen by the permanent members of the committee; and
be it further

44 **Sec. 7. Evaluation. Resolved:** That with the approval of the
46 advisory committee, staff to the Coordinated Response System
shall submit an evaluation of the effectiveness of the
48 Coordinated Response System to the Joint Standing Committee on
Audit and Program Review, the Joint Standing Committee on Human
50 Resources and the Office of the Executive Director of the
Legislative Council at the end of the first 2 years of full

2 operation. The report must contain statistical data and relevant
information to guide future decision making in the legislative
4 and executive branches regarding replicating the system in other
areas of the State; and be it further

6 **Sec. 8. Law enforcement. Resolved:** That within funds allocated
by this resolve, the Department of Human Services is authorized
8 to contract with the district attorney for Prosecutorial District
Number 5, who shall work in cooperation with state, county and
10 local law enforcement agencies to provide up to 5 law enforcement
officers for the initial assessment team of the Coordinated
12 Response System; and be it further

14 **Sec. 9. Allocation. Resolved:** That the following funds are
allocated from the Federal Expenditure Fund to carry out the
16 purposes of this resolve.

18 1990-91

20 **HUMAN SERVICES, DEPARTMENT OF**
22 **Coordinated Response System**

24	Positions	(18)
	Personal Services	\$430,174
26	All Other	240,918
	Capital Expenditures	22,380

28 Provides funds to establish the Coordinated
30 Response System including personnel,
training, evaluation, support services and
32 legislative per diem costs. Positions
funded to create an initial assessment team,
34 as one of 6 components of the Coordinated
Response System, are as follows: one
36 Response System Coordinator; 2 Casework
Supervisors; 12 Caseworkers; one Paralegal
38 Assistant; and 2 Clerk Stenographer III
positions. All positions are funded
40 effective October 1, 1990, except for one
Clerk Stenographer III and the Response
42 System Coordinator which are funded
effective July 1, 1990. \$119,921 is to be
44 used by the Department of Human Services to
contract with the district attorney in
46 Prosecutorial District Number 5, Penobscot
and Piscataquis counties, who shall work in
48 cooperation with state, county and local law
enforcement agencies to provide up to 5 law
50 enforcement officers starting October 1,
1990, for the initial assessment team of the
52 Coordinated Response System.

2 DEPARTMENT OF HUMAN SERVICES
TOTAL

\$693,472

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Sec. 10. Effective date. Sections 1 to 8 of this resolve take effect October 1, 1990.

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Emergency clause. In view of the emergency cited in the preamble, section 9 of this resolve takes effect July 1, 1990, unless otherwise indicated.

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STATEMENT OF FACT

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This bill establishes the Coordinated Response System for child abuse referrals as a model project in Department of Human Services' Region IV, Penobscot and Piscataquis counties. The Coordinated Response System will ensure comprehensive and accurate assessments of referrals, increase the availability of diagnostic data, and include relevant professional disciplines in the decision-making process to reduce the trauma to families involved in the child protective system, provide additional support services to children and families to support family unity, and highlight the importance of protecting children from abuse and neglect.