

MAINE STATE LEGISLATURE

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MAINE GOVERNOR'S CHILDREN'S CABINET



CHILDREN'S CABINET
NETWORK

Managed by the Forum for Youth Investment

Maine Governor's Children's Cabinet



"Working Together for Maine Children and Families"

When budgets are tight, families count on leaders to make smart decisions that are more efficient while also improving outcomes for kids. By coordinating across systems, the Children's Cabinet works to share limited resources among state agencies while identifying new funding streams from federal grants to the private sector. The Children's Cabinet has generated a net of over \$40 million in new money for kids in Maine, including federal and private dollars.

About the Children's Cabinet:

Established in 1995, and legislated in 2001, the Maine Governor's Children's Cabinet has as its members the commissioners of the five child-serving state agencies: Education, Health and Human Services, Corrections, Public Safety, and Labor, and the Governor's policy advisors. The Children's Cabinet promotes collaboration between child and youth serving state agencies and helps them to work more efficiently and effectively in partnership with local collaboratives for kids in Maine.

Vision:

The vision of the Maine Children's Cabinet is comprehensive and focuses on:

- Children succeeding in school
- Youth preparing to enter the workforce
- Families living safe and healthy lives
- Communities keeping children and families at the heart of all decisions



"A strong and effective Children's Cabinet can improve coordination and efficiency across state departments and local levels of government; mobilize resources around the governor's priorities for children; facilitate a holistic approach to serving children; and strengthen partnerships with the non-profit and private sectors."

— NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES



The Maine Children's Cabinet has:

- Identified barriers to effective services and improved the decision-making process across state agencies, especially for young children as well as youth in transition.
- Created the Maine Marks Trend data website to track and communicate child-well-being changes over time and strengthen accountability for public decision-makers.
- Aligned workforce-ready programs (run by the Department of Labor) and Career and Technical Centers (run by the Department of Education) so that more young people will be educated and prepared to enter Maine's workforce.
- Led the development of Maine's first Educare Center, a statewide demonstration site for the highest quality early childhood instruction, family supports, and professional development, to improve school-readiness and reduce special education costs.

Children's Cabinet Keeps Maine Children Connected

The Children's Cabinet has leveraged over \$5 million to keep high risk youth in Maine connected and on the path to educational success. To help kids stay on track, the Children's Cabinet established the Keeping Maine's Children Connected Initiative (KMCC), so that students who experience a disruption in their education can get re-connected as soon as possible. When a student ends up in the juvenile justice system or simply experiences a change in foster home and adoption placement, or residential treatment, his/her education is easily knocked off track. Research has shown that it takes 4 to 6 months for students who move around a lot to recover academically from a transfer.

The Maine Governor's Children's Cabinet is a member of the Children's Cabinet Network, which represents a bi-partisan group of over twenty states.

Learn more about the Maine Governor's Children's Cabinet at
WWW.MAINE.GOV/CABINET

MAINE GOVERNOR'S CHILDREN'S CABINET:

smart decisions for kids



CONTACT:

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The Children's Cabinet Network is managed by the Forum for Youth Investment. Across the country, Children's Cabinets are systematically changing the fragmented and ineffective ways that states typically do business for children and youth. The Forum for Youth Investment is a nonprofit, nonpartisan "action tank" dedicated to helping states and communities make sure all young people are Ready by 21®: ready for college, work and life. **For more information contact Elizabeth Gaines, Director of the Children's Cabinet Network, at elizabeth@forumfyi.org.**

Maine Governor's Children's Cabinet

John Elias Baldacci
Governor, State of
Maine

Karen Baldacci
First Lady

Chair, Maine Governor's Children's
Cabinet



"Working Together for Maine Children and Families"

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November 6, 2010

CABINET MEMBERS:

Susan Gendron, Commissioner,
Dept. of Education
Brenda M. Harvey,
Commissioner, Dept. of Health
& Human Services
Anne H. Jordan, Commissioner,
Dept. of Public Safety
Martin Magnusson,
Commissioner, Dept. of
Corrections
Laura Fortman, Commissioner,
Dept. of Labor
Patrick Ende, Karla Black,
Deborah Friedman, Senior
Policy Advisors, Office of the
Governor

EXECUTIVE STAFF:

James Beougher, DHHS
Valerie Seaberg, Education
Barry Stoodley, Corrections
Denise Lord, Corrections
Janet D. Joyeux, Public Safety
Ned McCann, Labor

SENIOR STAFF:

Bobbi Johnson, Holly Stover,
Ansley Newton, Chairs,
Regional Children's Cabinets
Guy Cousins, Office of
Substance Abuse
Joan Smyrski, DHHS
Children's Behavioral Health
Services
Melanie Arsenault, Labor
Mary Lucia, Public Safety
Renna Hegg, Corrections
David Stockford, Education
Dan Despard, DHHS
Office of Child/Family Services
Child Protection
Patti Woolley, DHHS
Early Childhood

CHILDREN'S CABINET STAFF:

Susan Savell, Communities for
Children and Youth
Lauren Sterling, Office of the
Governor
Erin Frati, Support Staff

Dear Governor LePage Transition Team Members:

It is my honor to provide the enclosed information, as a helpful tool in guiding the new administration's leadership relating to establishing efficiencies and improved coordination across the child and youth-serving agencies known in Maine as the Governor's Children's Cabinet.

My colleague Susan Savell and I are privileged to have worked across two administrations beginning with Angus King and more recently the Baldacci administration guiding and staffing the very complex nature of this national model for executive level systems and policy coordination towards improved child and youth outcomes.

As noted in the enclosed report, this cross-systems work has leveraged or saved Maine tax-payers over \$40 million in the past ten years, while producing significant improved outcomes in education, health, prevention, and work-ready areas for Maine's neediest children, youth and families.

You will find in this report and related materials, *highlights* of Children's Cabinet successes, measurable trend data outcomes, areas still in need of improvement, the authorizing statute, and **three key recommendations** for where and how the LePage Administration could lead in creating greater change and at the same time maintain efficiencies, quality, and effective coordination across services and systems prenatal to age 24.

We stand ready to assist your team in moving forward with this important executive leadership structure.

Sincerely,

Lauren Sterling
Maine Governor's Children's Cabinet

Maine Governor's Children's Cabinet Transition Report and Recommendations

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Maine Governor's Children's Cabinet Facts

History and Development:

- Established in 1995 and formalized by an executive order by Governor Angus King in 1996.
- Adopted by the Maine State Legislature in statute in 2000.
- Composition: 5 Commissioners of child and youth serving state agencies, including: Health and Human Services, Education, Labor, Corrections (Juvenile Services), Public Safety and Governor's Education and HHS policy directors.
- Chief Justice attends as regular partner.
- Meets once a month as a Sub-Cabinet after the Governor's full Cabinet meeting.
- Legislative mandate expanded focus to include interagency coordination and pooling funds to maximize resources (Title 5: Chapter 439: CHILDREN'S CABINET HEADING: PL 1999, C. 785, §3). (See enclosed statute).

Children's Cabinet Mission: To provide cross-agency coordination, and program and policy development with a common mission -- to measurably improve the well being of Maine's children, youth, and families through evidence-based practices and strength-based approaches to positive child and youth development.

Vision: Based upon the belief that *children's needs are best met within the context of relationships in the family and community*, our vision for children is focused in three parts:

The value we place on children and youth...

- Children respected, safe and nurtured in their communities;
- Children succeeding in school and schools succeeding for children; and
- Youth prepared to enter the work force.

The value we place on families...

- Families having opportunities to work and play;
- Families recognizing the rewards and responsibilities of raising children; and
- Families living safe and healthy lives.

The value we place on communities...

- Communities capable of meeting the needs of children and families in all of their diversity;
- Communities creating collaborative partnerships;
- Communities promoting and modeling clear standards of behavior; and
- Communities keeping children and families at the heart of all decisions.

PUBLIC VALUE: What We Do: The Children's Cabinet is charged to:

- Coordinate approaches to the delivery of services, creating greater efficiency;
- Establish administrative priorities across departments/agencies/bureaus;
- Distribute through its Senior Staff and the regional inter-agency collaboratives, Pooled Flexible Funds (whenever possible) to improve local delivery of services and/or to fill one-time youth/family needs where there is no other eligibility-related service available to keep a child or teen safely in the home and connected to school;
- Leverage resources both human (staff) and financial, that maximizes funding by collaborative grants and best use of private and federal funding streams, as mandates allow.
- Operationalize the Governor's commitment to creating better outcomes for children and youth in Maine.

2002-2010 Membership
Karen M. Baldacci, *First Lady* - Chair

CABINET MEMBERS:

Sue Gendron and Angela Faherty, *Commissioner, Dept. of Education*
Brenda Harvey, *Commissioner, Dept. of Health & Human Services*
Anne H. Jordan, *Commissioner, Dept. of Public Safety*
Martin Magnusson or Denise Lord, *Commissioner, Dept. of Corrections*
Laura Fortman, *Commissioner, Dept. of Labor*
Patrick Ende, Karla Black, and Deb Friedman *Senior Policy Advisors, Governor's Office*
Susan Savell, *Full-Time Communities for Children and Youth Initiative*
Lauren Sterling, *Part-time Children's Cabinet Staff*

Formal Guest Partner: *Chief Justice Leigh Sausley*

CHILDREN'S CABINET EXECUTIVE STAFF:

Jane Gilbert and Garret Oswald, *Labor*
Valerie Seaberg, *Education*
Denise Lord and Barry Stoodley, *Corrections*
Jim Beougher, *Health and Human Services*
Janet Joyeux, *Public Safety*

SENIOR STAFF:

Joan Smyrski, *DHHS/Children's Behavioral Health*
Melanie Arsenault, *Labor*
Roxy Hennings and Renna Hegg, *Corrections*
David Stockford, *Education*
Mary Lucia, *Public Safety*
Patti Woolley, *DHHS, Early Childhood*
Susan Savell, *Full-Time Communities for Children and Youth*
Lauren Sterling, *Part-time Children's Cabinet Staff*
Erin Frati, *Part-time Administrative Assistant*

Advisory and Workgroups:

- Citizen and stakeholder advisory groups serve in an advisory role to explore and form recommendations for policy or service systems improvements:
 - Task Force on Early Childhood, which evolved into the Children's Growth Council in 2008;
 - Shared Youth Vision Council;
 - Juvenile Justice Implementation Advisory Group.

Senior and Executive Cabinet Staff:

- Cabinet agency deputy commissioners and program management staff are divided into an executive team and a senior team to manage the following tasks on an as-needed basis:
 - Review issues relating to local and regional stakeholders, policies that address systems gaps and emerging needs, and cross system policies to organize communication with commissioners
 - Serve as a resource and review of needed action from the executive and cabinet meetings, provide research, and develop recommendations for systems change for Cabinet consideration.

Administrative Home:

- Administratively housed in the Department of Corrections at 25 Tyson Drive, 3rd Floor, SHS 111, Augusta, Me 04333-0111.

Staffing: One full-time and two part-time staff (See enclosed staff job descriptions and bios)

- **Lauren Sterling** manages overall Children's Cabinet coordination and reporting tasks funded by federal grant administrative funds, as a part-time position within the Department of Education. Lauren also manages the federal afterschool 21st CCLC grant part-time for the Department of Education, but hopes to shift that 50% position effective January 1, 2011 to a job-share with qualified staff in order to expand the focus on required Children's Cabinet duties emerging from LD 1658 and LD 1703 among other important cross-systems initiatives.
- **Susan Savell** manages the Children's Cabinet's statewide Communities for Children and Youth Initiative and is housed within the Department of Health and Human Services with funding through the Fund for Healthy Maine.
- **Erin Frati** serves as part-time administrative staff support and project staff for three Communities for Children and Youth grant-funded projects. Erin's position is funded and contracted through grants managed by the Children's Cabinet private non-profit partner, Maine Children's Trust.

Current Staff Funding:

- Office space and equipment provided by the Department of Corrections as in-kind contributions totaling \$18,000 annually.
- Federal or private grants support both part-time positions (Lauren and Erin) and the Fund for Healthy Maine's Prevention funding through DHHS supports the full-time work of Susan Savell.

Maine Governor's Children's Cabinet
2000-2010 Transition Report
www.maine.gov/cabinet

CROSS-SYSTEMS SUCCESSES

- From 2002 to 2010 the Maine Governor's Children's Cabinet *leveraged* over \$64 million— with a net of \$40 million-- in new private and federal funding to support priority initiatives.
- The Maine Children's Cabinet was named a *national model* for best practices in highest level cross-systems leadership towards improved child and youth outcomes, across all ages and stages of development, by the National Governor's Association and the national Forum for Youth Investment, with the purpose of ensuring that every child in Maine is "Safe, Healthy, Well-educated, and Productive by age 21."
- Children's Cabinet members have identified and tracked *critical trend data* on child well-being via Maine Marks (www.mainemarks.org).
- Children's Cabinet staff engaged 72 local communities in the *Communities for Children and Youth initiative*, a "public/private partnership for Maine's future" (www.maine.gov/cfc).
- The Communities for Children and Youth initiative has placed 340 full-time *AmeriCorps*VISTA Members* in over 200 different community organizations, schools, and agencies. Since 2006 these VISTA members have leveraged \$4,316,092 in grant funding for their local communities and recruited and managed over 6,000 volunteers, who in turn have contributed 86,670 hours of service in support of local early child and youth development initiatives.
- The Children's Cabinet has identified and committed to three core **PRIORITIES**.

Early Childhood: To create coordinated and humane systems and policies at the state and local level and to ensure quality early childhood services to all young children. Visit the Maine Humane Early Childhood Systems page (www.maine.eccs.org) for more about what's new in early childhood policy in Maine.

Youth in Transition: To ensure that EVERY youth and young adult, especially those with few assets and high risks, is connected to a permanent home, family, and community through collaborative wrap-around planning partnerships between the Children's Cabinet agencies, families and communities. Learn more about the Shared Youth Vision Council at www.maine.gov/cabinet/syv.

Adverse Childhood Experiences (ACE): To share research that links adverse experiences in childhood - such as abuse, alcoholism in the family, mental illness, etc. - to adverse health outcomes as the child becomes an adult.

In understanding the research behind ACE, the Children's Cabinet seeks to foster conditions that:

- a. Prevent, to the extent possible, such trauma in childhood;
- b. Minimize the impact of traumatic experiences and events; and
- c. Strengthen the resiliency of children, families, and communities in dealing with trauma

TURNING THE CURVE ON CHILD AND YOUTH OUTCOMES

EARLY CHILDHOOD PRIORITY:

- *Facilitated the development and implementation of state and local systems-change partnerships to include:*
 - **Educare Maine Demonstration Site:** Established a private/public partnership to fund and develop the first Educare program in New England.
 - Review Educare Replication Guide and history of program development at Educare Maine, www.maine.gov/cabinet/educare
 - Educare Central Maine Demonstration site and related policy changes are found at: www.educarecentralmaine.org
 - Program/site goal is to demonstrate for replication the highest quality comprehensive, cross-systems public Pre-K and Head Start combined service delivery systems for children birth to age 5 and their parents, as well as to expand and track professional development and early childhood degreed teachers in Maine
 - Desired outcome: To improve school-readiness and reduce special education and other remedial costs (leveraged \$9.8 million public/private funds).
 - **Led and Transitioned the Task Force on Early Childhood:** Formed, staffed, and led the 10-year research and planning to develop Maine's Early Childhood Systems State Plan and transitioned the Task Force to standing legislative committee to implement the State Plan (Leveraged \$1.3 million private/federal).
 - **Universal Home Visiting** is prioritized, sustained and evaluated, resulting in the reduction of child abuse and neglect and chronic diseases. From 18,000 home visits/data in 2008:
 - 95% of their children were enrolled in primary medical care (compared to 86% statewide rate)
 - 98.9% maintained well-child visit schedules
 - 96.5% were immunized by age 2
 - 98.6% were insured (2/3 Medicaid)
 - 30% of enrolled parents reported exposure to second-hand smoke, and 70% of these parents changed their habit or quit smoking as a result of the home visiting support.
 - **Prenatal Care** is supported and prioritized, resulting in lowered costs for child and maternal health care and chronic diseases. Results include:
 - Immunization rates: 94% of all children covered (2006)
 - Immunization Rate: 87% (2006)
 - Births for Which Pre Natal Care Began in First Trimester: 87% (2007)
 - Low-Birth Weight: 6% in 2007
 - Smoking while pregnant: 17% down from 20% in 2004 to 2006 alone
 - Pre-term births: 9% in 2007, down from 13% in 2005.
 - **Universal Pre-K Expanded** with cross-systems standards alignment, resulting in lower special education costs:
 - 10% of schools with Pre-K in 1998 up to 62% in 2006
 - Number of kids entering kindergarten who exited special education to a regular classroom, 814 in 2005 down to 471 in 2007

YOUTH IN TRANSITION PRIORITY:

- *Reduced barriers to effective service delivery and ensured high-risk youth stay connected to school and diverted from expensive juvenile corrections programs through interventions for high-need, multi-systems children, youth and their caregivers (leveraged over \$10 million).*
- **Wraparound Maine:** Service planning for multi-systems, high-need youth is accomplished through “wrapping” individual services and natural supports around the child and family, based on their individual needs. In 2009/2010:
 - 16 % decrease of youth in expensive residential treatment
 - 79% of youth discharged from Wraparound Maine were supported by natural community settings
 - The percentage of youth with agency involvement from Juvenile Justice, Child Welfare or Children’s Behavioral Health decreased considerably between the time of enrollment and discharge from Wraparound Maine.
 - Juvenile Justice- 12% decrease
 - Children’s Behavioral Health- 29% decrease
 - Child Welfare- 20% decrease
 - Overall school performance improves during Wraparound, as compared to the year prior to enrollment.
 - School attendance increases
 - Suspensions and expulsions decrease
 - The frequency of contact from schools over academic or behavioral concerns decrease.
- **DHHS/DOC Girls Wraparound Initiative,** starting 4-1-2010:
 - 11 committed girls released from expensive incarceration and referred to lower-cost community-based Wraparound Services
 - 45% of remaining committed girls are currently receiving Wraparound Services in order to prepare them for release
 - 10 detained girls released from the Longcreek Youth Development Center and referred to community-based Wraparound Services
 - Wraparound Services now available in all counties.
- **Keeping Maine Children Connected:** Improved school and residential facility staff coordination to ensure students’ successful transition to and from educational facilities.
 - The KMCC liaison network is the first in the nation and was created without a federal mandate, state mandate or additional funding. Numerous states have requested information on developing a similar model
 - Trained over 3, 000 people on the topic of educational stability in FY 10
 - 30 youth are actively involved in the Get Connected Youth Advisory Committee
 - 177 Keeping Maine’s Children Connected Liaisons representing each regional state agency office, school administrative unit, juvenile correctional facility, and in-patient psychiatric hospital
 - 90% stated that having a single contact for schools, agencies and facilities assists in creating a more effective transition for youth.
 - Three 3 mobile mental health crisis programs in southern counties piloted program (York, Cumberland and Sagadahoc).
 - 100% of the crisis workers in Cumberland and Sagadahoc are now communicating to families about connections with schools to avoid families and mental health services working in isolation. This is a 56% increase from the beginning of the project in spring, 2009.

- Inter Agency Data Tracking System between in-patient psychiatric hospitals and schools:
 - Between the first and second quarter of tracking data, there was a 13% increase in number of contacts between in-patient psychiatric staff at Spring Harbor Hospital and school staff
 - Acadia Hospital in Bangor has agreed to implement a similar system to track contact between clinical staff and schools as of October, 2010.
- **Diversion to Assets:** Data is based on 54 youth involved in the program in five different sites in Maine. Youth are diverted from expensive court and juvenile corrections contact to lower-cost community interventions:
 - 70% of youth completed program
 - 93% of youth met all program goals
 - Recidivism rates have reduced (between 0-5%: with 0% recidivism at 6 months)
 - 57% of youth reported they no longer have friends who are under the supervision of the Division of Juvenile Services
 - 20% of youth reported progress in academic areas such as staying in school, being on the honor role, finishing high school, earning a GED, taking courses at community colleges, or going to college
 - 55% reported increases in self-esteem, reduction in substance use, association with a more positive peer group, staying out of trouble, more harmony at home, and more responsible behavior at work and in volunteer placements.
 - **Permanency Initiative:** Children and youth in state custody reduced by 32% from 2001 to 2008.
 - **Implementation and Expansion of Evidence Based Practice (EBP) models** across systems to include:
 - Wraparound Maine
 - Trauma Focused CBT (also under THRIVE)
 - Child Steps
 - Collaborative Problem-solving
 - Functional Family Therapy
 - Multi-systemic Therapy
 - Multidimensional Treatment Foster Care.
 - **THRIVE: Trauma Informed Systems of Care Initiative:** after six months of care in a trauma-informed treatment service:
 - Trauma symptoms in children decreased for depression (18%), anxiety (6%) and anger (19%)
 - 84% of families, caregivers and youth were satisfied with the services their child received by providers who were “easy to understand, respectful and sensitive”
 - Families felt they were actively involved in choosing their child’s treatment goals (93%) and services (84%)
 - 58% of youth over the age of 11 reported getting along better with friends; 64% were more satisfied with family life; and 64% were doing better in school or work.

- **Healthy Transitions Grant Project:** (Measured against baseline characteristics of 30 youth served per year):
 - Increase employment by 15%
 - Increase high school graduation or GED attainment by 25% for youth over 18
 - Increase initiation of higher education (including community college) by 25% for youth who complete high school
 - Reduce juvenile justice involvement by 25%
 - Increase satisfactory living arrangements by 25%
 - Increase use of community and informal supports by 50%
 - Increase positive perception of personal well being by young people whose functioning has been impaired by substance use or mental illness by 25%.
- **Youth Homelessness Coordination and Collaboration:** # of youth under 18 staying in homeless shelters or emergency beds was 425 in 2001 and 137 in 2008. From our 2008/2009 outcome data of the 4,000 homeless youth served through the collaborative:
 - 100% placed in safe home or shelter
 - 75% employed
 - 46% started or completed an educational program
 - 98% linked to a medical home
 - 100% accessed food stamps and medical insurance where necessary
 - 100% received recommended mental health treatment and substance abuse treatment
- **Juvenile Fire-Setters Prevention** collaboratives were established through grants to train school and community providers about red flags and to implement immediate response interventions statewide to reduce repeated offenses (recidivism) in addition to early screenings to prevent dangerous fire-setting behaviors.
 - In the last 10 years, with most of the work accomplished in the past three years, the Juvenile Fire Setters Collaborative (JFSC) have received 326 reports involving 517 juveniles
 - 43% of the youth are in the middle school age group (6th, 7th and 8th grade)
 - 2.7% were Pre-K
 - 12.3% were early elementary (K-3rd grade)
 - 17.8% older elementary (4 and 5th grade)
 - Of the youth screened:
 - 22.9% were already receiving mental health services at the time of the fire
 - 15.6% were already involved in the juvenile justice system
 - 18.4% were already receiving some sort of social service assistance.
- **Dropout Prevention and High school Graduation Partnerships and Legislation accomplished** (leveraged over \$7.5 million).
 - The Children's Cabinet's Shared Youth Vision Council led in the passage of LD 1658 and LD 1703: development and oversight of **Eight Shared Youth Vision District Councils** to address barriers to school completion and higher education and workforce readiness
 - Supported proposal led by the Search Institute to include two Maine schools in successful "Investing in Innovation" federal grant to prevent school dropout among most vulnerable 9th grade populations through the "Building Assets-Reducing Risks" (BARR) Program

- Led and facilitated the development of the Maine's Best Practice in Bullying/Harassment Prevention (LD 564) at www.maine.gov/education/bullyingprevention and:
 - Led the best practice design team of experts across public/private sectors
 - Developed recommendations for school climate change
 - Developed and distributed sample policy
 - Produced and conducted best practice trainings
 - Imbedded the best practice training within the DOE/DHHS Coordinated School Health Program for sustained distribution
 - Designed the content for a school-friendly website with no-cost tools for educators
 - Awarded a RAND and Search Institute Research grant from the National Institute of Health: "Assets Getting to Outcomes Project" to support 12 local coalitions towards improved school connectedness and reduced substance abuse.
- **The Communities for Children and Youth College/Community Mentoring Project** developed and funded through national juvenile justice grants, that replicates the *Colby Cares About Kids* mentoring program in six additional college/community partnerships:
 - 707 youth were mentored by college students across six higher education institutions in Maine. Grades and attendance data were obtained for a subset of 307 youth:
 - 37.8% of these youth displayed improved academic performance, and another 21.6% maintained consistent academic performance across the school year
 - 25.7% increased their attendance from first term to last term marking periods, and an additional 11.4% maintained consistent attendance across the school year.
 - Increase in Developmental Assets as a result of the program:
 - Youth reported an increase in External Assets (support, empowerment, boundaries and expectations, constructive use of time)
 - College mentors reported changes in the developmental assets of their mentees: 70.75% of youth experienced an increase in support; 49.2% had increases in positive values; 48.5% had increases in positive identity; 47.2% had increases in boundaries and expectations; 35% had increases in social competencies; 32.1% had increases in empowerment; 28.05% had increases in constructive use of time; and 25.45% had increases in their commitment to learning.
 - **Youth Development Institute:** Children's Cabinet staff led and supported the design of this event, hosting over 250 K-12 educators and leaders, higher education faculty and community providers to learn from national researchers and experts about effective strategies of youth development towards dropout prevention and school success.
 - **Cross-systems Prevention:** Ensured cross-systems coordinated prevention initiatives among and between agency programs towards improved child and youth health outcomes through: One ME, Healthy Maine Partnerships, Communities for Children and Youth's RAND Research – "Assets Getting To Outcomes" Project, and Maine Youth Suicide Prevention. Results include:
 - 39% of high school aged youth in Maine had at least one alcoholic drink on one or more of the past 30 days. This is lower than the national average of

just under 45%. Since 1995, alcohol use has steadily declined, reaching an all time low in 2007.

- 14% of high school aged juveniles reporting smoking at least one cigarette in the last 30 days in 2007, down from 16% in 2005.
 - Reported smoking has decreased 63% since 1995;
 - Since 1995, the percentage of youth who report past 30 day marijuana usage has decreased from a high of 30.4% in 1997.
 - In 2007, 5% of Maine students reporting suicide attempts down from 11% in 1993.
 - 11% of high school students in 2007 reporting they “seriously considered suicide” down from 25% in 1995;
 - 7% of the total injury deaths in 2006 were self-inflicted representing the lowest it has been since 1999 when it was 13%.
-
- **Longitudinal Data Systems** collaboration that links quality data to service delivery and outcomes in education, health/welfare, labor, and juvenile corrections with plans to improve data links with public safety. (leveraged over \$13 million)
 - **Maine Integrated Youth Health Survey:** A national model for a joint survey tool that was developed and approved by all related federal agencies to reduce duplication of school surveys that gather critical health, asset, and prohibitive risk behavior data as required by state and federal mandates.

AREAS IN NEED OF IMPROVEMENT FOR MAINE CHILDREN AND YOUTH

Educational success and workforce readiness:

- Six (6%) percent of Maine youth, ages 16 to 19, are not in school and are not working. (2007)
- 5.2% of high school students dropped out in 2007, and 21 students in grades 9-12 drop out of school daily during the academic year
- Only sixty-two percent (62%) of Maine schools offer Pre-K, leaving 38% of schools and thousands of children without access to quality Pre-K programs
- 67.5% of Head Start eligible children are not enrolled.

Health status:

- Fifteen (27.1%) percent of Maine infants, ages 19 to 35 months, were not immunized (2007)
- Over fifteen percent (15.4%) of youth report drinking alcohol before age 13 (2007)
- 14% of high school students reported smoking a whole cigarette in past 30 days and 12.3% smoking 10 plus per day (2007)
- 8.5% (1,467) children ages 10-19 are using alcohol and drug treatment service providers (2007).

Safety:

- 3.7% of youth ages 10 to 19 (648 kids) visited hospital out-patient services for suicide attempts (2006)
- The age group with the greatest proportion of distracted drivers was the under-20 age group: 16% of all drivers younger than 20 involved in fatal crashes were reported to have been distracted while driving.

Maine Governor's Children's Cabinet Youth in Transition Leadership Plan Worksheet

| Cabinet Transition Plan Outcomes | Action/Activity | Benchmarks | Accomplished / Timeline (Relates to Benchmark) | Related Maine Marks Trend Data |
|--|--|--|---|--|
| <p>Cabinet Priority: Early Childhood Systems Change</p> <p>#1 Public/Private commitment exists to support long-term investments in comprehensive, quality early childhood care and education targeted to high risk populations in Maine.</p> | <p><u>Education</u> Maine's first center is up and running through an effective public/private partnership as well as a start-up endowment to support sustained quality program operations.</p> | <p><u>Replication Guide</u> is available at www.maine.gov/cabinet</p> | ✓ | <p><u>Teen Pregnancy</u> - New Family Stability, Mother's Education Attainment (6.8%)</p> |
| | <p><u>Business and philanthropic leaders</u> are educated about the importance of investing in quality early care and learning.</p> | <p>100% of capital and endowment raised</p> | 90% | <p><u>Child Abuse and Neglect</u> 80% (include children birth to age 5)</p> |
| | <p><u>Maine Rounds</u> as a quality rating system is available to all providers seeking to raise their program's quality rating and professional development against quality practice standards</p> | <p>Growth Council's Finance Committee Early Childhood Investment Fund established</p> | ✓ | <p><u>Health Care Coverage</u> - Immunization; Children with Coverage (94% covered)</p> |
| | <p><u>Quality Child Care Investment Credits</u> continue for Providers providing quality child care services, which allows a credit for corporations of up to 30% of \$30,000 expenditures for individual taxpayers a credit of \$1,000 for \$10,000 expenditures during the tax year</p> | <p>Statewide messaging campaign to invest early yields greater philanthropic and corporate investments in early childhood systems and supports</p> | in progress | <p><u>Prenatal Care</u> - Low Birth Weight Infants, Smoking During Pregnancy; Payment Source at Birth; Pre-Term Delivery (87.4% case in first trimester)</p> |
| | <p><u>Employer-Assisted Child Care Tax Credit</u> continues to be available to employers who provide or pay for child care services for their employees with young children allowing them to collect an income tax credit of up to \$5,000, 20% of the costs incurred, or \$100 for each child of an employee enrolled on a full-time basis in care</p> | <p>Increase # providers & programs enrolled in QRS; Develop related quality assurance procedures</p> | In progress: Level 1: 58.6%; Level 2: 12.1%; Level 3: 10.6%; Level 4: 18.8% | <p><u>Children With Special Education Needs</u> Entering School (604)</p> |
| | <p><u>Double Child Care Tax Credit</u> for parents whose children are enrolled in programs with "quality certificates" allowing for up to an additional \$500 refund above the 25% credit against the tax due of the federal tax credit allowable for dependent care. Child care resources managed through vouchers with family control are imbedded and working effectively</p> | <p>Increase # of providers engaged in training and moving up Registry Career lattice</p> | 78.50% | <p><u>Early Childhood Educational Opportunities</u> - Opportunities for Expanded Day Kindergarten; Availability of Quality Childcare; Teachers With Early Childhood Certification</p> |
| | <p><u>Period of Pivotal Learning</u> Education and Awareness Program expanded</p> | <p>Increase # of children entering Kindergarten meeting school-readiness measures</p> | TBA | <p><u>Crime - Domestic Violence</u></p> |
| | <p><u>Maine Home Visiting</u> joining the QRS Registry; ensure quality practice through the consistent implementation of Standards of Practice; increasing service capacity through collaboration among all home-based early childhood service delivery systems</p> | <p>Increase mental/behavioral health consultations</p> | in progress | <p>Access to Childcare On Site Quality Before and After School Programs; Certified Quality Childcare</p> |
| | <p><u>Healthy Maine/Healthy Families</u> - Healthy Maine Partnerships will continue to promote Healthy Maine Works with businesses. This is a comprehensive worksite wellness inventory and work plan program. Continued are opportunities for parent education to implementation materials including education on monitoring and modeling for parents to prevent underage drinking and youth substance abuse, i.e. <i>Find out More, Do More</i> media campaign and materials</p> | <p>Reduce daycare expulsions</p> | ✓ | <p><u>Leaving Welfare for Livable Wages</u></p> |
| | <p><u>Maineparents.net</u>-Integration and dissemination of www.mainechildren.net materials with other parenting education programs. Further expansion of the Table Talk program throughout the state</p> | <p>Babies exposed to narcotics reduced</p> | in progress | <p><u>Children and Youth in Poverty</u> Those under 18 in Poverty (0-4, 5-17); Children Living Below Poverty in Female-Headed Households</p> |
| | | <p>Maine hospitals implement this evidence based model</p> | | <p><u>Universal Home Visiting Program Indicators</u></p> |
| | | <p>Shaken Baby and early head trauma reduced</p> | | <p>Enrolled children with primary care provider; Enrolled children up-to-date on well-child checkups; Enrolled children up-to-date on immunizations at age two; Enrolled children with health insurance; Enrolled families improved home safety; Enrolled families improved rate of breastfeeding; Enrolled children screened for developmental milestones; Enrolled families addressing secondhand smoke issues</p> |
| | | <p>Increase the number of employees participating in Healthy Maine Works</p> | in progress | <p>Health Maine Works Reports</p> |

Maine Governor's Children's Cabinet Youth in Transition Leadership Plan Worksheet

| Cabinet Transition Plan Outcomes | Action/Activity | Benchmarks | Accomplished / Timeline (Relates to Benchmark) | Related Maine Marks Trend Data |
|---|--|--|---|---|
| <p>#2: Sustained integrated state, regional and local approaches to ensure more Maine youth in transition become successful adults.</p> <p><i>Guiding Principles:</i></p> <p>Principles of trauma-informed systems of care are incorporated in Maine practices across agencies and services.</p> <p>Every attempt should be made to keep youth out of the "system".</p> <p>Strengths-based plans incorporating the principles of Wrap-Around Case Management will demonstrate sound correctional intervention principles.</p> <p>Intervention or support plans are child/youth-centered and family-focused with maximum family involvement.</p> <p>Schools, the courts, and community providers are partners in addressing the needs of our highest need youngsters.</p> | Shared Youth Vision Council's establishment of eight District Councils with unanimous support for HPL204, LD 1703, item 1, 124th Maine State Legislature' Resolve. To implement the Recommendations of the Juvenile Justice Task Force | Increase the high school graduation rate from 77% to 90%; Increase the total college completion rate from 48% to 56% | 80% by 2013 | Reduced 9-12 grade dropout rates <u>Children and Youth in Foster Care</u> |
| | Adoption of: LD 1658, item 1, 124th Maine State Legislature' An Act To Increase Maine's High School Graduation Rates | Reduced dropout rates | Ongoing | Youth Not in School and Not Working - High School Completions; High School Dropouts; |
| | Diversion to Assets pilot expanded to new communities | Juvenile repeat offender rate reduced | | Apprenticeships/Internships; Labor Force Participants and Unemployment rate (ages 16-19) Ages 18-24 Not Attending School; Not Working, Without Degree |
| | Implementation of the DOE's Multiple Pathways work with local school units | Increase #/% pre-adjudicated youth in diversion or prevention or early intervention programs; increase in developmental assets | 100% did not recidivate after 6 months | Beyond High School; Children Living in Low-Income Families Where No Parent has Full Time, Year Round Work |
| | | Reduced formal detention; Reduced length of time in court | 2016 | |
| | College Transition Program collaboration success | Increase community college completion rates from 31% to 56% | 2020 | |
| | Keeping ME Children: Number of School, Clinical, and State Liaisons Trained in Coordinated School Transition; Number of Participants Within State Who Attended Regional Trainings and Meetings | Increase completion of educational program for youth transitioning to and from residential facilities | | <u>Youth Completing Degree in College/University</u> - Youth Planning to Attend College; Bachelor's Degree Attainment |
| | | Decrease # of homeless youth | | <u>Keeping Maine's Children Connected Indicators</u> - Promotion Rates of Disrupted Students to Next Higher Grades |
| | Evidence-based Wraparound Maine is sustained | | | <u>Maine Children in Out-of-State Hospitals or Residential Treatment Programs</u> |
| | Sustained support for Jobs for Maine Grads (JMG) | | | <u>Youth Arrests</u> - Crime Rate; Youth Success Leaving Juvenile Justice |
| | Career and Technical Centers' capacity to reach more students | # of completed work-ready certified programs completed | | <u>Maine Re-Entry Program Indicators</u> - Participants Returning to School or Enrolled in Training Programs; Juvenile Re-Entry Program Participants Employed After Release; Juvenile Re-Entry Program Recidivism; Youth Re-Entry Program; Recidivism |
| | Labor's Workforce Investment Act (WIA) program outreach to local programs for youth employment and skills development | | | |
| | Sustained support for and expansion of quality afterschool and summer learning programs for low performing students in highest-need schools | 107 schools and programs funded through 21 st CCLC programs | | |
| | | Decrease 30 day alcohol use and Binge Drinking prevalence rates of 6 - 12 graders as measured by the MYHS. | | |
| | Continued evaluation of Strategic Intervention and Reintegration Program (SIRP) in Maine Communities providing for alcohol education as an early intervention. SIRP may be an alternative to suspension for schools and a diversion program from law enforcement | Treatment Data System (TDS) to track increase in substance abuse treatment for juveniles | | <u>Youth Substance Use</u> - Alcohol; Tobacco; Marijuana; Prescription Drugs |
| | | # of evidence-based early intervention programs | Ongoing | |
| | Healthy Maine Partnerships and Coordinated School Healthy staff implement community-wide environmental and targeted prevention strategies | Integrated Student Health Survey Data | Ongoing | <u>Prohibited Behavior in Schools</u> |

Maine Governor's Children's Cabinet Youth in Transition Leadership Plan Worksheet

| Cabinet Transition Plan Outcomes | Action/Activity | Benchmarks | Accomplished / Timeline (Relates to Benchmarks) | Related Maine Marks/Trend Data |
|--|--|--|--|---|
| #3: Achieving permanency keeps children safe and thriving. | Residential Foster care stays continue to be reduced. | Increase #/% of youth in care supported in permanent families | Reduced from 252 to 150 during FY 2009 | Children and Youth in Foster Care |
| | Permanency achieved for all kids within 24 months in care | Reduce rate of child abuse/neglect | Total reports 17,256 Assigned to CPS 6,141 Children involved 5,204 | Reports on Child Abuse/Neglect in Maine |
| | Substance Abuse training and collaboration between OSA staff and Office of Child and Family Services staff. OSA to continue to collaborate and partner with the Child and Welfare Substance Abuse Committee. | Increase awareness and integration of evidence based Substance Abuse Prevention, Interventions and Treatment strategies, tools, and resources for OCFs. | Maine is now 7 th in Nation for adoptions completed in 24 months. | |
| #4: Childhood poverty is reduced in Maine. | Collaborations are in place to plan for and address poverty. Increase family-sustained skill-building and wages Sustain Parents as Scholars Program to ensure parent self-sufficiency Expand youth-centered career development | TBA | TBA | Children and Youth in Poverty: Those under 18 in Poverty (0-4, 5-17); Children Living Below Poverty in Female-Headed Households; Homeless Youth |
| #5: Data drives policy decisions. | Longitudinal data system designed, funded, and in place as data warehouse via legislative action Grants to fund systems awarded Design of Cost benefit of investments established Expand to include stronger links among and between law-enforcement, juvenile corrections and the courts | MOUs between DOE and Labor Integrated data systems operational Agencies share and analyze data to inform service effectiveness | ✓ Awarded \$7.3 M | |
| #6: Maine schools have effective and coordinated policy and staff training approaches to ensure schools are safe, fair, healthy and responsive for <u>all</u> students | Best Practices in Bullying/Harassment Policy and Prevention imbedded into Coordinated School Health and Student Assistant Team Work | Increase #/% of school teams trained | In Progress | Hate Crime- Bullying/Harassment Based on Perceived Sexual Orientation, Race, Gender, Disability, Religion, Youth Suicide Attempts - Suicide Mortality, Suicide Ideation |
| | Website Revised with free tools for schools and community | All schools adopt best practice policies | In Progress (Requires More attention) | Youth Feeling Safe At and To/From School |
| | Collect and Analyze data on school climate | Schools' Substance abuse policies adhere to OSA model policies | | Prohibited Behavior in Schools |
| | Conducting Restorative Discipline Conferences and ongoing trainings: Collaborating with at least eight schools or districts to integrate restorative practices in a whole-school approach. | # of educators and # students trained in restorative practices to reduce violence | 3,510 Staff; 2,500 Students | |
| | Maine Youth Suicide Prevention Program (MYSPP) Gatekeeper Trainings and Evaluation | Gatekeeper in Maine | 5,000 | |
| | A Suicide Prevention Conference is held each year in April | Federal Substance Abuse and Mental Health Services (SAMHSA) added Maine's Lifelines Program to National Registry of Evidence-based Programs and Practices | | Maine Integrated Youth Health Survey |
| | Expand and promote school based health | | | |
| | Healthy Maine Partnership Public Health and Prevention Systems Developed and sustained, Healthy Maine Partnerships' Coordinated School Health statewide to ensure coordination for best practice school climate approach to reducing bullying and harassment. | # of School Health Coordinators staffed in schools | | |
| | Annual Influenza for K-12 | Integrated Student Health Survey Data; # of evidence-based early intervention programs | | |
| | Maine schools review and update, or develop and implement a school substance abuse policy using the Maine School Substance Abuse Policy Guide | Reduction in flu-related incidence | | |
| | Brokared Search Institute Federal 13 Innovation BARR grant | Reduce 30 alcohol use and binge drinking by 6-12 graders as measured by the MIYHS reduce academic failure, increase student attendance, decrease disciplinary incidents; and decrease alcohol, tobacco and other drug use | | |
| | Submitted Safe, Healthy Climate federal grant to assist schools with self-assessment and intervention/training | # of self-assessments with intervention plans | | |

Maine Governor's Children's Cabinet Youth in Transition Leadership Plan Worksheet

| Cabinet Transition Plan Outcomes | Action/Activity | Benchmark/s | Accomplished Timeline (Relative to Benchmark) | Related Maine Marks/Trend Data |
|--|---|--|--|---|
| #7: The research and principles of Positive Youth Development are incorporated into Maine's child and youth services and educational practices. | Maine Ready By 21 framework for positive youth development established based on best practices | Maine's First PYD Summer Institute Hosted July 26-28 2010 | ✓ | Youth Assets - Caring School Climate ; Service to Others; Caring Neighborhood; Constructive Use of Time; Family Communication |
| | Framework influences how data is gathered: Maine Integrated Health Survey includes risk and protective factors and asset data | Day-time and afterschool instructors, law enforcement, case managers, etc., understand how to put PYD theory into practice in serving youth. | ✓ | |
| | Assets Getting to Outcomes NIH/NIDA research project assesses the impact of PYD on substance abuse reduction and asset development | Phase 1 completed | In Progress | |
| | Assets approaches are highlighted in how findings are used. | | In Progress | |
| | Asset-building approaches integrated in approaches with kids in trouble; leading edge successes used to expand positive results | Increase in # of developmental assets among youth participants; reduced substance abuse | In Progress | |
| | Asset framework attracts national resources for community-based projects in Maine. | Increase in # of improved coalitions and programs | ✓ | |
| | C4CY College Community Mentoring Project expanded | Increase in # of mentors available to children and youth; increase in developmental assets of youth mentored | ✓ | |
| | | Legislative Youth Advisory Committee established to create policy through youth perspective | ✓ | |
| | Youth Developmental Credential is currently being developed through Maine Roads to Quality (MRTQ) | TBD | | |
| | Expanded Youth Leadership and Youth Voice Opportunities | # of youth involved in Maine Youth Action Network | ✓ | |
| #8: A strong, effective Children's Cabinet continues in new administration | Continue assessment of substance abuse prevalence rates, consequences data, risk factors, protective factors and assets to determine areas of need, focus, and positive improvement | Use of county substance abuse profiles and CESN reports | ✓ | |
| | | Use of Public Health District Profiles | | |
| | Transition plan is developed for incoming administration | Senior Staff provide input | Aug-10 | |
| | Prepare and share the successes, challenges and opportunities for improvement with the incoming governor. | Draft Plan reviewed | | |
| | Increased active participation of all programs and offices that directly support the outcomes of the Children's Cabinet | Cabinet members provide meaningful input into plan | Sept. 2010 | |
| | | Final Plan published | Nov-Dec 2010 | |

The Maine Shared Youth Vision Council

A COLLABORATIVE APPROACH TO PREPARE YOUTH FOR
SUCCESS IN A GLOBAL, DEMAND-DRIVEN ECONOMY



The **Shared Youth Vision Council** brings together state and local partners to advise the Maine Governor's Children's Cabinet in the steps to refine policies and systems that support the educational, social, emotional and workforce capacity of all Maine children and youth.

Who is involved in our Mission:

- Maine Governor's Children's Cabinet
- Shared Youth Vision Council in collaboration with the Juvenile Justice Implementation Committee
- **Eight District Councils** representing and working at a local level. These district councils are comprised of local representatives from state agencies, school administrations, the justice department and nonprofits.

THE MISSION of the Shared Youth Vision Council

is to serve as a catalyst to strengthen coordination, communication, and collaboration among youth-serving agencies to support the neediest youth and their healthy transition to successful adult roles and responsibilities.



Working together for Maine children and families



While the SYVC operates at a state-wide level, it is the work of local school administrators, teachers, justices, juvenile defenders, social workers, and interested community members that impacts youth positively. The SYVC seeks to improve communication and involvement between these entities to better serve the youth in our local communities.

Consistent with the goals identified in LD 1703 of the 124th Legislature, the purpose of these **District Councils** will be to:

- ✓ Increase graduation rates to 90% by 2016
- ✓ Reduce school dropout rates
- ✓ Reduce formal detention and Incarceration by 50%
- ✓ Increase college and work-ready skills

If you are interested in the work that the **Shared Youth Vision Council** is doing please visit our website:
<http://www.maine.gov/cabinet/syv/> or email
alisha.targonski@maine.gov for more information



By implementing a Shared Youth Vision, all youth service organizations and the youth and communities benefit through:

-Better use of resources -Better outcomes for programs -Better futures for our youth and our economy

Maine Governor's Children's Cabinet

Transformational Priority Recommendations for Consideration

Context: The current Children's Cabinet has detailed **eight top policy priorities** in the enclosed Leadership Plan (matrix). From this detailed Plan, a broader ad hoc, public/private stakeholder group came together to provide their feedback and insights for the key priorities on which the new administration could lead and make essential changes for enhanced and innovative improvements towards better child and youth outcomes.

Administrative Function Recommendations:

- ✓ Children's Cabinet Chair: Appoint the most effective, well-respected leader to Chair Children's Cabinet. NOTE: Preference is that the Governor Chair the Cabinet, but in lieu of this, the First Spouse (if qualified or passionate about systems change for all children and youth), Chief of Staff or other central appointee to the Governor's inner policy circle. It is **not** recommended that the Cabinet be chaired by one of the agency commissioners who function in a peer capacity with the other commissioners.
- ✓ State of Maine Children's Budget: Consider the development of a budget to be presented to the Governor in advance of completing the full Governor's Budget Proposal to the Legislature each year. (Successful models have been developed and can be replicated from New Mexico's web-based system, which pairs outcomes with budget tracking). **Purpose:** To evaluate the investment in child and youth supports against actual results.
 - Caution: It would be critical to set parameters to avoid inflation of expenditures going to support children. Total allocations relative to the population/costs ratio in the state might be misinterpreted *unless leaders and budget analysts* present a full set of facts related to cost-analysis that includes federal and state funding as well as related costs such as Maine Care, etc.
- ✓ Formalize Relationships to Stakeholders Groups such as the Children's Growth Council, Shared Youth Vision/District Councils, Juvenile Justice Implementation Advisory Group, and emerging Youth Move, Youth Voice partner, etc. through Memoranda of Understandings that include accountability measures. (Iowa and Maryland have effective accountability models between Children's Cabinet and local or District Council partners).
- ✓ Full-time Staff: Increase primary Children's Cabinet staff position from half-time to three-quarter or full-time status with additional agency administrative grant funds.

Improved Service Delivery Recommendations:

- ✓ **LEAD to ENSURE FULL IMPLEMENTATION OF 8 Shared Youth Vision District Councils to:**

Reduce dropout and increase graduation rates and reduce detention/incarceration.

WHY:

- Each point on a recidivism scale has a significant cost impact to taxpayers of up to \$2.4 million per person

- The number of younger first time offenders (10-15 years old) declined by 36% between 2000 and 2005 and the number of older first time offenders (16-18 years old) increased by 28%
- 54% of incarcerated people in Maine were high-school dropouts
- Maine ranked 9th with greatest food insecurity by USDA
- 21 students grade 9 to 12 drop out of school every day during the academic year
- Less than 5% of youth who age out of care *without* being connected to a permanent, caring family or caregiver, complete college. These young people are more likely to drop out of the workforce, use drugs or end up in the adult correctional system.

a. What can you do in January 2011?

Support the District Councils' roll out to engage their regional education, corrections, public safety, welfare and child protection managers as well as non-state government organizations and community leaders to reduce barriers to successful school completion and reduced dropout.

b. What you can do by June 2011?

Support the development of Pooled Flexible Funds managed through the Children's Cabinet and a related accountability process to support the strategic plans developed by all District Councils related to LD 1703 and 1658.

Support amending the Children's Cabinet Statute to include a standing Youth Move Advisory Council to provide ongoing and regular input to the Children's Cabinet and its Shared Youth Vision Council on matters impacting the lives of our highest need youth and young adults.

c. What can you do in Nov 2011?

Host a Shared Youth Vision and Juvenile Justice Advisory Summit and invite all District Councils to present their plans for reducing school dropout and incarceration, and increasing graduation rates in Maine.

✓ **LEAD IN EXPANDING Quality and Accessible Early Care and Education.**

WHY:

- 46 percent of ALL Maine kindergarten students enter school NOT meeting school-readiness standards
- Maine taxpayers spend \$300 million annually on special education costs to support students who enter school already behind in their learning development and spend more than \$800 million annually on child abuse and neglect cases, 80 percent of which involve children under age five
- Public dollars supporting early childhood programs and supports is less than 4 percent of spending when the yield on investment is greatest at 17 to 1
- More than 65 percent of children in Maine under age six have all parents in the workforce. In 2010, 85 percent of parents with young children were working
- Quality, affordable child care is necessary for the economic security of our families Without it, parents – particularly mothers – are often unable to pursue education or quality employment opportunities

- According to Maine Kids Count 2009, 17 percent of Maine children under age 5 lived in poverty, and 37 percent of Maine children under age 18 live in low-income families with family income below 200 percent of the federal poverty level - \$20,650 for a family of four
- 32 of New England states' Top 50 list of highest poverty rates were Maine towns.
- The greatest determinant of quality outcomes for children is the quality of adults working with those children, yet in Maine:
 1. 25% of childcare teachers leave their jobs every year
 2. Only 31% have a Bachelor's degree
 3. Only 22% have a two-year Associate's degree
 4. Only 50% have a high school diploma
 5. 64 percent of "family childcare workers" (non-center-based) have only a GED or high school diploma
 6. Childcare providers are poorly paid with few if any benefits - annual salary ranges between \$18,862 and \$26,836.
- Children are born learning – 85 percent of brain development occurs by age 3 and 90 percent of development – both in size and synapses - occurs by age 5

a. What can you do in January 2011?

Charge Children's Cabinet to assist Educare Central Maine's Governance Board in the replication of collaborative operations and quality standards emerging in other Public School/Head Start partnerships across the state.

Ensure effective and engaged leadership on the Children's Growth Council.

b. What you can do in June 2011?

Ensure DOE and DHHS policies and funding streams are aligned and in place to support the sustainability of Educare Central Maine's operating budget with special attention to funding for zero to three-year-olds.

Support and sustain the "continuity of care" pilot through Federal DHHS Early Head Start that maintains the early childhood and care services to Head Start moms/dads, as they leave welfare for the workforce so their child's quality care is not interrupted or dropped causing the parent to stop working.

c. What can you do in Nov 2011?

Co-Host a follow-up Early Childhood Economic Summit with the Children's Growth Council to share updates on the status of the Early Childhood State Plan and emerging Early Childhood Public/Private Investment efforts.

Maine Governor's Children's Cabinet Staff Bios

Lauren Sterling is "general staff" to the Maine Governor's Children's Cabinet and also currently manages the Maine Department of Education's 21st Century Community Learning Center federal afterschool program. Lauren currently provides cross-systems facilitation and direction to various initiatives to include: Maine Best Practices in Bullying and Harassment Prevention; Shared Youth Vision Council ; SYV District Council development; Educare Maine

Lauren also represents the Children's Cabinet on the legislated Juvenile Justice Implementation Committee (JJIC) and other committee listed below.

Prior to 2000, Lauren directed the Kennebec County Child Abuse and Neglect Prevention Council and served as Chair of the Maine Association of Child Abuse and Neglect Councils (MACAN). Lauren serves on the following boards and planning teams as Children's Cabinet staff:

- Maine Children's Trust Statewide Board of Directors
- Interagency Coordinating Committee for Coordinated School Health
- Shared Youth Vision Council and related committees
- Juvenile Justice Implementation Committee
- District Council #5 (Kennebec/Somerset)
- Multi-Cultural Committee
- Maine Afterschool Network
- Substance Abuse and Violence Prevention in Schools Planning Team (SAVPS)

At the local level, Lauren is the volunteer co-chair for the Greater Waterville Communities for Children Coalition, which began in 1996, as the flagship initiative of the Children's Cabinet created under former Governor Angus King and First Lady Mary Herman. The Coalition membership of child/youth-serving organizations, schools, law enforcement, youth and community members identify gaps in services for children and youth, and develop needed programs based on ongoing assessment and evaluation. Under Lauren's voluntary leadership over \$5.5 million in positive youth development and prevention funds was awarded to the GWC4CY through grants since 1999. Lauren serves on the Colby Cares About Kids Mentoring Program Advisory Board and presents workshops statewide and nationally on community collaboration and on the Colby Cares About Kids Mentoring Program through which over 400 high-needs children are matched with a Colby student for up to four years. This program is being replicated now in seven other college/community partnerships in Maine through the Children's Cabinet's Communities for Children and Youth Initiative. Lauren serves on the Planned Approach to Community Health (PATCH) board, which is the Northern Kennebec County Health Maine Partnership Collaborative. Lauren consults with the Forum for Youth Investment, a national nonprofit policy "think and action tank" in Washington, DC focused on child and youth development research, policy, and practice.

Lauren graduated summa cum laude from the University of Maine with a University Studies Bachelor's in child and youth development and policy and also has a certificate of completion from the Pacific Conservatory of Performing Arts in Santa Maria, CA.

Susan Savell was hired by the Governor's Children's Cabinet in January, 1997, to create a statewide, cross-systems prevention and positive youth development initiative called "Communities for Children and Youth." C4CY is now a network of local communities working on a variety of *interdisciplinary* prevention programs, including juvenile delinquency, school failure, substance abuse, teen pregnancy and child abuse. This initiative was, and remains, a collaborative effort of all five of the Children's Cabinet member agencies: Susan's position is considered part of the Commissioner's office in DHHS, currently supported by the Fund for Healthy Maine; The Department of Corrections has provided fiscal agency, office space and technology support; and The Department of Education funded the Administrative Support position.

Susan's role encompasses communication with the 51 partner communities who have participated in the initiative over the last 14 years, as well as project management support for in-depth work with 15 of these communities over the last five years. She has written grants that currently fund three innovative projects:

--"Enhancing Prevention Capacity Through Developmental Assets and Getting to Outcomes," a 5-year research partnership with the RAND Corporation and the Search Institute, working with 12 C4CY coalitions;

--"C4CY College Community Mentoring Project," a 3-year grant from the US Office of Juvenile Justice and Delinquency Prevention to support the replication of mentoring programs for at-risk students in six college communities (in addition to Colby College);

--"Diversion to Assets," a strength-based juvenile diversion project with the Department of Corrections and the Juvenile Justice Advisory Group in five communities.

In addition to project management for C4CY communities, Susan also supports the Children's Cabinet by taking on special assignments, such as staffing the LGBTQ Youth Commission; working with the District 3 Shared Youth Vision Council and the statewide Planning Team; and representing the Cabinet on the Office of Substance Abuse's Advisory Council.

Prior to working for the Governor's Children's Cabinet, Susan served as the Executive Director of the Maine Association of Child Abuse and Neglect Prevention Councils, creating the Healthy Families Maine initiative to provide first time parents with the support of a home visitor.

Susan holds a bachelor's degree from Scripps College; a Master's Degree from Columbia University; and a Master of Divinity Degree from Union Theological Seminary in New York City.

Erin Frati provides administrative support to the Children's Cabinet Staff and the Project Leadership Teams of the Diversion to Assets, Assets Getting to Outcomes, and College Community Mentoring grants. Erin previously worked in the Waterville C4CY community coalition as Administrative Coordinator. She also served with the Communities for Children and Youth Americorps VISTA project in 2005 in the Greater Waterville area.

Erin holds a bachelor's degree in Consumer Resources from the University of Maine, Orono.

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5 §19131. CHILDREN'S CABINET

5 §19131. CHILDREN'S CABINET

1. Establishment. The Children's Cabinet, referred to in this chapter as the "cabinet," is established to promote interdepartmental collaboration on children's policy development and program implementation and to support the provision of services for Maine families and children that are planned, managed and delivered in a holistic and integrated manner to improve their self-sufficiency, safety, economic stability, health and quality of life.

[1999, c. 785, §3 (NEW) .]

2. Membership. The cabinet consists of the following members:

A. The Commissioner of Corrections; [1999, c. 785, §3 (NEW) .]

B. The Commissioner of Education; [1999, c. 785, §3 (NEW) .]

C. The Commissioner of Health and Human Services; [2005, c. 397, Pt. A, §7 (AMD) .]

D. [2005, c. 397, Pt. A, §8 (RP) .]

E. The Commissioner of Public Safety; [2003, c. 576, §2 (AMD) .]

F. The Commissioner of Labor; and [2003, c. 576, §3 (NEW) .]

G. At the discretion of the Governor, a member of the public, appointed by the Governor. [2003, c. 576, §3 (NEW) .]

[2005, c. 397, Pt. A, §§7, 8 (AMD) .]

3. Chair. The Governor shall appoint one of the members to serve as chair of the cabinet. The term of the chair is 2 years.

[1999, c. 785, §3 (NEW) .]

SECTION HISTORY

1999, c. 785, §3 (NEW). 2001, c. 354, §3 (AMD). 2003, c. 576, §§1-3 (AMD). 2005, c. 397, §§A7, 8 (AMD) .

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5 §19132. DUTIES OF THE CABINET

5 §19132. DUTIES OF THE CABINET

The cabinet shall collaborate to create, manage and promote coordinated policies, programs and service delivery systems that support children, families and communities consistent with the purposes of this chapter. To accomplish these purposes, the cabinet shall carry out the following duties: [1999, c. 785, §3 (NEW) .]

1. Regional children's cabinets. Appoint regional children's cabinets to ensure that the purposes of this chapter are implemented at the regional and local levels;

[1999, c. 785, §3 (NEW) .]

2. Subcommittees. Appoint subcommittees, which may include members from any public or private agency, advisory committee or any citizen, who has appropriate interest and expertise, as may be necessary to carry out the work of the cabinet;

[1999, c. 785, §3 (NEW) .]

3. Coordinate funding; collaboration. Coordinate funding and budgets among the departments of the cabinet related to child and family services in order to carry out the purpose of this chapter, collaborate to share resources, remove barriers and support initiatives that prevent health and behavioral problems in children;

[1999, c. 785, §3 (NEW) .]

4. Planning and policy development. Conduct long-range planning and policy development leading to a more effective public and private service delivery system;

[1999, c. 785, §3 (NEW) .]

5. Coordinated service delivery. Coordinate the delivery of residential and community-based children's services among the departments;

[1999, c. 785, §3 (NEW) .]

6. Assessment. Assess resource capacity and allocations;

[1999, c. 785, §3 (NEW) .]

7. Policy and program review. Improve policies and programs through the review of specific case examples; and

[1999, c. 785, §3 (NEW) .]

8. Communication. Broadly communicate the work of the cabinet.

[1999, c. 785, §3 (NEW) .]

SECTION HISTORY

1999, c. 785, §3 (NEW) .

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5 §19133. PROGRAM IMPLEMENTATION AND OVERSIGHT

5 §19133. PROGRAM IMPLEMENTATION AND OVERSIGHT

The cabinet shall initiate, implement and oversee programs, policies and services consistent with the purposes of this chapter, which may include but are not limited to: [1999, c. 785, §3 (NEW) .]

1. Communities for Children. Supporting a collaborative effort between communities and State Government, known as Communities for Children, to effectively address problems facing the State's children and families by mobilizing the resources of State Government with resources and leadership at the community level;

[1999, c. 785, §3 (NEW) .]

2. Effectiveness indicators. Identifying indicators to measure child well-being to be used by Maine policy makers;

[1999, c. 785, §3 (NEW) .]

3. Safe homes. Working to ensure that all children have a safe and permanent home;

[1999, c. 785, §3 (NEW) .]

4. Civil and caring school environments. Providing civil and caring school environments in which violence is eliminated and the health needs of students are provided for;

[1999, c. 785, §3 (NEW) .]

5. Supportive communities. Focusing community members and resources to support goal-setting, counseling and mentoring for every child;

[1999, c. 785, §3 (NEW) .]

6. Reducing suicide. Reducing the incidence of suicide among Maine youth and improving access to appropriate prevention and intervention services;

[1999, c. 785, §3 (NEW) .]

7. Access to information and referral. Ensuring easy access to information and referral services regarding child and family services;

[1999, c. 785, §3 (NEW) .]

8. Service coordination. Coordinating social services to children and their families as an integrated whole and facilitating access to all services needed by family members;

[1999, c. 785, §3 (NEW) .]

9. Ensuring services. Ensuring coordination of services to parents of children birth to 5 years of age; and

[1999, c. 785, §3 (NEW) .]

10. Local case review and resolution; pooled funds. Providing services to children with multiple needs within the child's community by supporting case review and resolution at the local level using appropriate funds pooled from each department of the cabinet.

[1999, c. 785, §3 (NEW) .]

SECTION HISTORY

1999, c. 785, §3 (NEW) .

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5 §19134. FUNDS

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The cabinet is authorized to solicit, receive and pool funds from the Federal Government, any political subdivision of the State or any individual, foundation or corporation and may expend those funds for purposes that are consistent with this chapter. [1999, c. 785, §3 (NEW).]

SECTION HISTORY

1999, c. 785, §3 (NEW).

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