

# MAINE STATE LEGISLATURE

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# **Maine Children's Cabinet**

**ANNUAL REPORT UPDATE  
2003**

**“Working Together for  
Maine Children and Families”**



# Maine Children’s Cabinet Annual Report Update 2003

The Maine Children’s Cabinet is honored to provide this Report Update on the activities and growth of its initiatives over the past FY02. Although the Children’s Cabinet continues to oversee and support over 16 statewide priority programs and initiatives making measurable improvements in the lives of children and their families through interagency and community collaboration and coordination, this Report Update details those initiatives marked with significant change or exciting news over the past 2002 calendar year. For more information about all of the Children’s Cabinet activities, including a copy of the full 2002 Annual Report, please refer to the Children’s Cabinet website at <http://www.maine.gov/cabinet>

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## Maine Marks

Maine's Marks are a set of 80 social indicators that monitor the status of child, family and community well-being for the state of Maine.

These indicators, reported on since 2000, are organized to report on the different categories of outcomes that were established by the Governor's Children's Cabinet. While not intended to measure the specific performance of any one governmental program, they do provide a way to monitor trends in the quality of life here in Maine. The Marks are updated annually and are presented on the internet at: [www.mainemarks.org](http://www.mainemarks.org). In addition, every other year a publication is produced for use by policy makers, public agency managers and Maine citizens.

### Communities for Children

Communities for Children (C4C) is a statewide initiative of the Maine Children's Cabinet designed to create a partnership between state government and local communities as they work on:

- The prevention of child abuse; youth substance abuse; juvenile delinquency; youth violence; school failure; and homelessness.
- The promotion of positive child and youth development.

Since 1997, 70 communities have joined the network, representing more than 325 municipalities and 70% of the state's population.

In the *six years* since its inception,

- The Children's Cabinet has *spent* \$671,439 on the state level Communities for Children office and \$157,000 on communities.
- The state C4C office has *generated* \$2,584,157 in grants and *passed on* \$1,753,500 to Partner Communities.
- The local communities have, in turn, generated at least \$8,876,806 million for local child-focused programming that furthers the goals of Communities for Children in communities across the state.<sup>1</sup>

One of the most significant resources offered to the C4C partners is access to a full-time AmeriCorps\*VISTA Volunteer. Communities for Children VISTA volunteers are dispersed

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<sup>1</sup> This is a *conservative* estimate for two reasons. First, all grants and other funds counted here are funds that would not have gone to these communities without the C4C Initiative. Many C4Cs assisted other organizations with additional fund raising, but this is not attributed to C4C here. Second, the estimates for the period from 1996 through March 2001 are conservative because only 17 of the 62 communities that were active during that period provided fiscal data for a report that was published in August 2001. Although these were generally the most active fund-raisers, there are other communities that did raise money but are not counted here.

throughout the state, serving with C4C Partner Communities as well as participating non-profit organizations and governmental agencies. VISTAs commit a full year of service and live on a federally mandated subsistence allowance set at the poverty wage of the state. They also receive a stipend that can be applied to education or student loans. Project Highlights: Last year, 34 VISTAs served Maine communities and state agencies.

### **What the Communities for Children VISTAs do...**

All C4C VISTAs work to measurably improve the lives of children and youth in Maine, incorporating a focus on one or more of the *five promises* identified by "Maine's Promise:"

- A Caring Adult
- Safe Places
- Development of Marketable Skills
- An Opportunity to Give Back through Service

Communities for Children VISTAs have been working to deliver these promises by:

- Promoting positive youth development; using the 40 Developmental Assets for assessing youth needs and focusing the organization efforts of communities.
- Developing collaborative relationships through local Children's Leadership Councils.
- Educating Community Partners in best practices.
- Networking across state and organizational boundaries.
- Empowering youth and teaching civic engagement.
- Developing sustainable programs through fund raising and volunteer recruitment

C4C VISTAs have organized educational trainings, including: Best Practices in Teen Centers; Suicide Prevention; Best Practices in Mentoring; the 40 Developmental Assets; Infant Brain Development; Rapid Response to Homeless Youth.

VISTAs have also contributed to youth empowerment and civic engagement in local communities through offering nationally recognized leadership development training; training youth in skills needed for effective board participation; developing opportunities for youth to share their stories via television, radio and print media; and developing youth councils to advise city and town councils. And C4C VISTAs have developed and supported teen centers in Augusta, Freeport, Belfast, Bucksport, Westbrook, Gorham, Waterville, Biddeford, Orono and Gardiner.

Since 1998, C4C VISTAs have recruited community volunteers who have contributed a total of 67,067 hours of service. C4C VISTAs have raised \$257,915 in in-kind gifts and over \$1,769,124 through grants, fund-raisers and donations.

## Communities for Children Coalitions for Prevention (PRISM) Project

The Coalitions for Prevention (PRISM) Project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2000. This \$1,039,500 three-year project was designed to support infrastructure development and community mobilization efforts for C4C.

The PRISM Project represents a collaboration the following groups:

- The C4C state level office
- The Department of Behavioral and Developmental Services
- The University of Southern Maine's Institute for Public Sector Innovation (IPSI) at the Muskie School for Public Service
- Three C4C Partner Communities.

The project goal was to put in place a continuum of prevention services for children and youth from birth to age 18 in each site, with a focus on the prevention of youth violence and substance abuse. PRISM sites included

- The River Coalition in Old Town
- Capital Kids in Augusta
- Youth Promise of Lincoln County.

The Waterville C4C became an additional PRISM site in 2002. The state level C4C office and IPSI assisted the PRISM sites.

In addition to assisting the three PRISM sites, the state C4C office has worked on continuing to develop infrastructure supports for all 70 of the C4C partners in the state. This has included training, technical assistance, and a communications network, and support of C4C VISTA volunteers assigned to local communities. Two of the C4C VISTA volunteers assisted central office efforts. One completed a needs assessment for the less developed C4Cs and the other is currently working on the update of the C4C Town Level Data Set, making it available online and in the form of GIS maps.

### Examples of PRISM Community Level Projects

The *Old Town River Coalition's Challenge Day* is a mentoring program used to challenge middle and high school students to move beyond their cliques and stereotypes to form new, compassionate connections with each other and their teachers, administrators and community leaders.

The program trains community adult and high school mentors in the Challenge Day process, and then conducts a one-day event that involves all of the students in one of the high school classes. The day-long process, led by national trainers, helps students identify themselves to each other in relation to the many experiences of oppression or loss that they share in common—including such experiences as substance abuse in their families, the death of a parent, the loss of a sibling or friend to suicide, the experience of sexual harassment or being bullied, the violence targeting

youth who are gay or lesbian, the lack of acceptance because of body type or size, the pain of racial prejudice, etc. At some point, every student crosses the line, standing on the other side of the room with peers and adults. Barriers are broken down in a way that changes the quality of life in the schools, and the mentors continue to support their younger mentees throughout the following year. This is a particularly effective violence and bullying prevention strategy.

**Youth Promise of Lincoln County's Mentor Assisted Community Service (MACS)** provides juvenile offenders and their families with a positive and structured community service experience.

MACS offers a clearinghouse of approved community service projects supervised by trained volunteer mentors. There are 29 active community service sites, including the Lincoln County Animal Shelter, the Waldoboro and Nobleboro Transfer Stations, Miles Memorial Health Care and Carpenter's Boat Building Shop. In 2002, 73 youth were served by the program, with 45 completions and 23 who are still enrolled. Of these, only two reoffended. A total of 2159 community service hours were contributed by the 45 completers. Mentors contributed a total of 3,206 hours. The C4C VISTA volunteer contributed a great deal to the realization of program goals and has developed a program spin-off, which will be implemented in the coming year. This is the **MACS-SAYS program (Mentor Assisted Community Service – Schools Alternative to Youth Suspension)**. This effort will help schools and the community prevent the kinds of problems that lead youth to the MACS program – a further step toward primary prevention work and an important collaboration between Youth Promise of Lincoln County and local schools.

**Capital Kids** created **The Edge: The Scene for Teens**, an after-school teen center located in downtown Augusta.

Putting the funds together from PRISM and the 21<sup>st</sup> Century Learning Center grants enabled this C4C to develop an innovative approach to youth problems in Augusta. The existence of this after-school and weekend center has generated two significant results. Because of the successful collaboration with the schools, students began to be referred to **The Edge** who were in need of mentoring and structured support in lieu of suspension or expulsion. And homeless teens gravitated to **The Edge**, leading the Executive Director to develop a successful proposal to the Maine State Housing Authority for Mentor-Assisted Housing for Homeless Youth. Property is now being purchased for this program.

Visit our web site at [www.communitiesforchildren.com](http://www.communitiesforchildren.com) for more information.



## **Statewide Homeless Youth Initiative**

In March 2002, the 120th Legislature approved \$375,000 for services for homeless children in all three regional cabinet regions of the State (the Homeless Children's Initiative.) The Regional Children's Cabinets supported two pieces of legislation to address the issue of homelessness among youth in their regions:

- 1) Partnership for Homeless Youth<sup>2</sup> established a mandate for development of comprehensive community plans for youth who become homeless.
- 2) Youth in Need of Services (YINS)<sup>3</sup> extended services by establishing a one-year pilot to provide outreach and intensive case management to youth 14 years and younger in need of assistance for securing stable housing.

In response to L.D. 2181, an Act to Homeless Young People Returning to home or Safe Living Situations, March 8, 2000, the three Regional Children's Cabinet and their local partners made tremendous strides in collaboratively implementing creative ways to deliver services to youth who are homeless or may become homeless statewide. Funds increased in 2001/2002 from \$75,000 to \$125,000 in each region to continue the pilot programs for homeless youth conducted in Portland, Lewiston and Bangor. New pilot programs developed to support interagency response to the longer-term homeless in Regions I & II, with 78 youth served, while Region III kicked off their Rapid Response to first-time homeless youth, which served 64 youth this year.

## **Regional Homeless Youth Initiatives**

### **Region I**

Greater Portland now has a single community plan for homeless youth. A model of care known as Pilot Project for Homeless Youth was developed by Portland Partnership for Homeless Youth (30 agencies and individuals serving youth) to transition homeless teens off the street and into stable, safe housing and return to their families when appropriate. With funding from DHS and BDS, the Partnership developed a model of strategies aimed at rapid and effective intervention with homeless youths who are street involved or at risk of becoming street involved.

Opportunities for meaningful engagement of youth were increased through expansion of hours at the Teen Center; development of a new service approach addressing employment, physical health, mental health, substance abuse, housing, and education; improved linkages between providers, state agencies and community, and availability of wraparound funds to be used to engage and support youth. Evaluation of the pilot found the following improvements:

- Youth are safer with faster service delivery and access to services seven days a week.
- There are tighter linkages between the participating state agencies.

<sup>2</sup> Resolve 55. LD 2181. Resolve, to Help Homeless Young People Return to Home or Safe Living Situations." Effective June 9, 1999.

<sup>3</sup> Chapter 778, LD 1623, An Act to Provide Services for Children in Need of Supervision. Effective May 10, 2000.

- A greater number of youth obtained housing, employment and education leading to improved outcomes.

At the same time, services have been significantly enhanced for youth 14 years and younger living in Region I who are at risk of becoming homeless or already homeless (YINS). The YINS program delivers rapid, assertive and intensive case management services designed to reengage youth with their families (whenever appropriate) and support youth returning to school. Working with families, schools, treatment services, and state agencies, YINS services resulted in 43 out of 44 youth returned home or assisted in finding stable placement; and 80% returned to schools. Pre and post measures show that youth were less at risk in all areas measured after a three-month period.

Similar efforts of coordination and enhancement of homeless youth services is ongoing in Saco, Biddeford and Old Orchard Beach through the work of York County Homeless Youth Partnership.

## **Region II**

The Region II Children's Cabinet Homeless Youth initiative began more recently in 2003 and provides leadership and oversight of this project, and has convened a Stakeholder Group who will work to create services that are innovative, creative, collaborative and youth-driven.

The project will develop services that:

- Expand and strengthen traditional approaches that provide low barrier access for homeless and runaway youth to basic services such as meals, clothes and emergency night shelter;
- Provide casework and outreach services where youth are located to ensure that they have access to available resources that will increase the likelihood of their achieving stability in their lives;
- Increase housing for youth who are 12 years of age to 17 years of age by providing a low-barrier transitional home that offers a broad array of services that are needed by the youth;
- Expand educational programs for youth who are homeless, with particular attention to youth in middle school, and increase educational services that are coupled with vocational training;
- Develop and implement an evaluation mechanism that ensures the potential to replicate the project in other sites.

The Regional Children's Cabinet is providing the structure and guidance that is needed to create an environment where the community providers want to work collaboratively, and are open to new, innovative approaches to old problems. It was decided that the Stakeholder Group would have a presentation from the Region III/Bangor project on Rapid Response to gain from their experience and to avoid duplication.

## **Region III**

Region III continued to lead the implementation of the Region III's Rapid Response program, coordinating monthly meetings of the Youth Who Are Homeless Stakeholders' Group,

representing 40 area agencies. At the end of the fiscal year, the meetings of the Stakeholders' Group were shifted to quarterly. Dr. Cary Jenson, University of Maine School of Social Work, initiated an empirical research of the impact of the Rapid Response program, comparing the results of the program's youth with a comparison group of 250 youth with similar demographics served before the implementation of Rapid Response. Results for Rapid Response youth were significantly more positive. The research results were released at a public forum in Bangor January 4. Over 50 legislators, then Congressman John Baldacci, social workers, agency staff, parents, educators, media representatives, and former homeless youth attended the session. Activities in 2002 include:

- The Stakeholders' Group spent time this fiscal year planning an expansion of the Rapid Response program for all homeless youth aged 10-17, effective October 1, 2002.
- Eight youth who were homeless for the first time were served through the Rapid Response program during FY02. Youth served to date totals 30.
- Permission was given to carryover \$75,000 to sustain the program, including the expansion for all youth who are homeless, during FY03. The additional leftover amounts were diverted to Region I's Youth Alternatives contract.
- During the first five months of FY03, 7 new referrals have been receiving services and served 22 youth struggling with long-term homelessness.

## **Integrated Case Management (ICM)**

Integrated Case Management (ICM) is a voluntary, family-focused, strength-based program that uses an independent facilitator to bring all relevant people, including providers, family and natural supports, to the table. This team then works in partnership with the family to create a safety-based comprehensive plan addressing the needs of all family members. This model is most useful when the families being served are involved with numerous systems and are not able to access targeted case management.

As implementation of ICM expands, we have become more focused on how this model can compliment the already existing team models for cross-systems collaboration. Because the ICM model focuses on bringing together interdepartmental and interdisciplinary teams to work with families, its critical work involves the integration of those systems and disciplines rather than implementation of specific case management functions. As such, the "case management" terminology does not truly reflect the focus of the work done in the ICM model. Therefore, as the initiative moves forward in 2003 one of its challenges will be to re-name the initiative to more accurately reflect its systems integration focus within the larger framework of integrated services delivery. Maine's Children Cabinet reaffirmed that framework with the signing and adoption of the "Policy on Integrated Service Delivery and Integrated Case Management" in the summer of 2002.

In 2002 both the ICM project sites, Region III and the Bath/Brunswick community, have continued to experience support, commitment and success with ICM. During 2002, Region III had a total of 18 families participating in ICM. They continue to train both facilitators and team members and are consistently growing their pool of trained facilitators. In the Region III area,

the use of ICM to deal with issues around housing and expelled youth has also proven very successful. Region III continues to work towards their goal of coordinated models of case management and service delivery for every family.

During 2002, the Bath/Brunswick ICM project is also moving forward in their ICM initiative. Based on the cases that utilized ICM during the pilot phase the Bath/Brunswick project has decided to adopt the facilitator model for ICM that has been utilized in the Region III project. This decision sets the stage for a more consistent implementation of ICM across the state while still allowing for individual communities to “fit the model” within their existing service delivery systems. The Bath/Brunswick project has also focused its energy on working with the Region II Children’s Cabinet ICM Subcommittee around how to expand the availability of ICM in Region II, as well as, how to provide systemic and cabinet support for the Bath/Brunswick project during this expansion period.

Additionally in 2002, two new venues have embraced the ICM model. First, the Department of Corrections Juvenile Services Division began an ICM Training initiative that will train its entire staff by the end of 2003. Second, following adoption of the Policy on Integrated Service Delivery, the Children’s Cabinet Report on Incarcerated Girls was completed and based on that report, the Cabinet identified the Incarcerated Girls Project as a venue where ICM could provide additional support and direction to secure better outcomes for girls moving out of facilities. A brief update on each of these initiatives follows.

### **DOC/ICM Initiative:**

As the Department of Corrections (DOC) strives to move towards a therapeutic and restorative justice model, they are being helped along that path by programs calling for the collaboration and integration in the delivery of services. At the forefront of the state of Maine’s journey towards collaborative practice across disciplines, DOC has realized the necessity of working with other departments and agencies to find the best solutions for the individuals and families that they serve.

As DOC reviewed the current models of integrated service delivery, they identified the Integrated Case Management (ICM) model as a way to serve the needs of their populations. In keeping with the collaborative approach, DOC has undertaken the training of their employees in conjunction with their counterparts from other departments.

The first of these trainings, for Policy-Makers, was held with over 60 individuals from various departments and agencies in attendance. DOC will continue to hold trainings during the spring and early summer of 2003 with the goal being that by the end of the year staff at all levels of the juvenile service division will have received ICM training as appropriate for their needs.

### **Incarcerated Girls:**

The idea to use Integrated Case Management specifically for girls within the correctional system began with a report initiated by Maine’s Children’s Cabinet. This report focused on 25 girls committed and/or detained in Maine’s juvenile facilities between December 2001 and September

2002. One of the strongest recommendations of the report was to increase systems collaboration in order to ensure that services for girls were both gender responsive and comprehensive. The report suggested “ICM be used for coordinating services when girls and their families face multiple problems. This approach may be particularly useful for girls leaving a DOC facility to make a successful transition from a highly structured, corrections environment to living in a community” (Salisbury, 2002). Based upon this recommendation, the Children’s Cabinet decided to use the ICM model for a specified number of girls within the correctional system.

The ICM Steering Committee was then charged with forming a committee and undertaking the project, titled “Incarcerated Girls”. During 2003, four girls from each facility will be selected to participate in the project. These girls will be from different parts of the state, some will be in DHS custody, most will have mental health and/or substance abuse issues, and the group will reflect different stages of transitioning into and out of the correctional system. The project goals include the identification of systems barriers that kept girls involved with DOC and the establishment of gender-responsive, comprehensive plans for the identified girls.

## **Task Force on Early Childhood**

In 2000, the Task Force was reauthorized, and renamed itself the **Task Force on Early Care and Education**. The Task Force accomplished the following from 1998-2002:

- Expanded Home Visiting
- Improved Access to Quality, Affordable Childcare
- Developed & Implemented Child Care Core Curriculum
- Enhanced Learning Results’ Parent Education Concepts K-12
- Support for Family Resource Centers & Literacy

In 2001, members of the Task Force invited Dr. Jack Shonkoff, the lead researcher with the National Academy of Sciences’ committee on Integrating the Science of Early Childhood Development to speak in Maine on the public policy implications of the latest early childhood brain research. His presentation led to a statewide Forum in October, 2002, on early childhood. Child advocates, service providers and policy-makers that will carry the work of the Task Force into the next three to five years developed strategies at this forum.

In light of the mandate developed at this forum, the Early Care and Education Task Force recommended that it be reauthorized and that its name be changed to the **Task Force on Early Childhood**, as its mission is now broader than either education, home visiting, or child care alone. The strategies that need implementation over the next two years are to:

- 1) **Strengthen and Expand Commitments to Assist Parents** of young children;
- 2) **Secure Needed Resources** for young children;
- 3) **Balance Cognitive Development with the Emotional and Physical Needs** of young children, and
- 4) **Guarantee Effective Service Systems** for young children

Based on research and recommendations by National Committee on Integrating the Science of Early Childhood Development, and their publication "From Neurons to Neighborhoods," the Task Force proposes, as its agenda, the examination of the following priorities over the next two-five years:

1. Study and propose ways to secure needed resources for young children.
2. Study and propose ways to making greater commitments to assist parents of young children.
3. Study and propose ways for how providers and families can balance the cognitive development with the emotional and physical needs of young children.
4. Study and propose ways for improved collaboration between families, programs and systems.

Finally, the Task Force has for its immediate next steps the following goals:

- 1) Invite the First Lady to chair the Task Force to promote the implementation of the four Recommendations. February 2003
- 2) Applying for Federal Title V funds to staff Task Force and move recommendations toward implementation - March 2003
- 3) Move Recommendations to implementation in partnership with the Children's Cabinet, stakeholders, and the Legislature – 2003-2006
- 4) Conduct follow-up Forum to evaluate Recommendations – 2003-2004

## **Psychiatric Facility and School Transition Initiative**

The Psychiatric Facility and School Initiative is designed to improve the transition of youth from psychiatric facilities to their homes, schools and communities. The project is a grassroots effort that is coordinated by parents, teens, school personnel, hospital staff, community providers and interested citizens throughout the state. It includes three major components 1) bringing community providers, schools and hospitals together to share innovative programs; 2) training for school, crisis unit and hospital staff and 3) establish a protocol that facilitates communication to assist youth returning from psychiatric facilities.

The Initiative began in southern Maine but in May expanded statewide with a full-time staff person working on the project. The program has staff trained in 8 psychiatric hospitals, 5 crisis units and 33 school districts on the protocol as well as confidentiality and family and youth perspective. Representatives from the participating schools, hospitals and crisis units meet three times a year to discuss relevant issues about supporting youth as they transition back to the community. In addition, there were trainings on mental illness to staff in schools. There is a workgroup in place through DHS and BDS to review Medicaid policy and the expectation for hospital staff to be in contact with schools. Further, the statewide collaborative partners are working closely with state agencies on streamlining efforts to support youth transitioning back to school. Finally, regional network forums for the community were held in southern Maine on peer support programs and in northern Maine on innovative school programs supporting. A Resource Fair and Workshops are scheduled for Feb in Central Maine.

A Region II Children's Behavioral Health Resource Fair and workshops took place on Feb 4th in Augusta. The fair was very well attended by parents, teens, and community providers. 40 agencies were represented and there was standing room only at the workshops. One workshop included a panel of representatives from Spring Harbor Hospital, Crisis & Counseling, Youth & Family Services as well as a parent and a teen. Another workshop focused on school programs that have supported youth with emotional and behavioral needs. It was a great collaborative effort sponsored by the Regional Children's Cabinet, Ken/SOM Local Service Systems, The Psychiatric Facility and School Transition Initiative and Schools Need Parents.

## **Maine Mentoring Partnership**

In January 2002, Maine Mentoring Partnership (MMP) was awarded a MENTOR/National Mentoring Partnership START consulting grant from the Office of Juvenile Justice and Delinquency Prevention. This grant, which was matched by Verizon of Maine, provided strategic consultation and tailored technical assistance to further develop Maine's statewide mentoring partnership.



★ A statewide survey developed by the newly created Providers Council was the foundation for Maine's State of Mentoring Report. A leadership planning team was formed. Tri-chairs from the private sector (Verizon, Fleet and WGME 13) came aboard at the request of the Governor. The planning team composed of leaders from both public and private sectors renewed its mission to promote, advocate, support and foster child and youth mentoring programs throughout Maine with a goal to provide 15% (35,000) of Maine's children and youth with mentoring relationships by the end of the year 2005. Currently identified are 6,000 one-to-one matches and approximately 10,000 group matches. The team also revised MMP's strategic plan. It proposed outcomes for statewide success in six key result areas with a high priority on the first three as follows: Resource Development/Distribution, Public Awareness, Mentor Recruitment/Referral, Technical Assistance/Training, Public Policy and Data Collection/Tracking.

Maine celebrated National Mentoring Month in January. MMP in conjunction with Greater Portland Mentoring Partnership held its 1<sup>st</sup> Mentor Match-Up Day telethon hosted by WGME 13. 400 individuals responded to the request for mentors. The 2<sup>nd</sup> Maine Mentoring Day at the Maine State Capitol Hall of Flags was held in March to celebrate and encourage next steps. The Governor and First Lady were recognized for their efforts on behalf of Maine's children. The U.S. Postal commemorative stamp artist, Lance Hidy was in attendance and eleven other groups and individuals were honored. Along with the help of two Communities for Children AmeriCorps VISTAs, MMP pursued intensive networking; updated and expanded the list of known school and community based mentoring programs; compiled a Maine Interfaith Mentoring manual for building community of faith and school partnerships; further developed MMP's website; built resource development collaborations with the Big Brothers Big Sisters Coalition, Maine State GEAR UP, and Region #3 Workforce Investment Act Career Centers; and provided training and increased technical assistance to new and existing mentoring

providers. Year 2002 ended with efforts being developed to address mentoring in conjunction with aspirations to career and postsecondary education.

## **New Residents Committee**

In response to LD 2220, the Department of Human Services with support and coordination from the Children's Cabinet, created the New Residents Committee (NRC) to assist communities in their ability to meet the challenges presented by the arrival of new residents. The primary goal of the NRC is to research and identify possible funding mechanisms to improve the coordination and direct services to the influx of new residents.

Funding applications should request support for the following purposes, insofar as funding is available: access to mental health and health care; job training, employment, housing, childcare, transportation, language skills, and community building. In addition, the NRC will work to develop regional and statewide plans that address the unique and challenging service delivery inherent in this population based on Portland and Lewiston's experience.

The NRC is working collaboratively with the Governor's Task Force on Immigrants and Refugees chaired by Mike Finnegan to address specific issues relating to refugee and immigrant populations in Maine. Both the Task Force and the NRC are in the process of developing priorities with which to guide funding and planning. Recently, the NRC applied for funding to improve medical and mental health access for new residence. Members of the NRC include:

- Peter Walsh, DHS
- Lauren Walsh, Children's Cabinet/Communities for Children, Staff
- John Kerry, Catholic Charities
- Bonnie Bagley, Catholic Charities
- Gail Palman, DHS/Region II Children's Cabinet
- Charlene Chase, Community Concepts
- Phil Nadeau, City of Lewiston
- Rusty Cyr, Dept. of Labor
- Judy Williams, DHS/BIF
- Carolyn Drugee, DHS/Childcare & Head Start
- Pierrot Rugaba, DHS/Refugee Coordinator
- Jeannette Talbot, DHS
- Barney Berube, DOE
- Valarie Ricker, DHS/BOH



## **Maine Youth Suicide Prevention Program (MYSPP)**

The Maine Youth Suicide Prevention Program is built upon a comprehensive set of strategies consistent with recommendations by the office of the Surgeon General. The statewide program is a collaborative effort among the agencies of the Children's Cabinet. Program goals are to increase public awareness about youth suicide prevention, to reduce the incidence of suicide behavior among Maine youth aged 10-24 and to improve youth access to appropriate prevention and intervention services.

The program provides suicide prevention training and education programs to educators, public safety personnel, clinicians, clergy, health care providers, and others who are in close contact with youth; data and educational resources; and suicide prevention/crisis intervention guidelines for school administrators.

### **Program accomplishments for 2002 include:**

#### **New in 2002:**

- Guidelines for school administrators were developed with the Maine Attorney General's Office, the Maine School Management Association, the Maine Principal's Association and countless school personnel. These Guidelines are intended to assist administrators to more effectively identify and assist suicidal students and ensure that staff are appropriately educated and informed as to these procedures and their individual roles;
- EMS Run Report Data were analyzed and showed that 47% of ambulance runs for a "concern of suicide" were in response to youth ages 24 and under. This is significant since only 31% of the overall population is in this age group.
- The Region 1 Project involving adolescent boys in focus groups to discuss how to improve their access to services was begun, but has not been completed as yet.
- A successful intervention led by three eighth grade boys in one middle school following their participation in the Lifelines class was reported to the MYSPP. A short video, "A Life Saved", telling this powerful intervention story was produced by the program for use in future training sessions with adults and youth.
- The biggest program news for the year was obtaining a grant from the Centers for Disease Control and Prevention to implement and evaluate a comprehensive school-based youth suicide prevention project. The grant began in October 2002 and continues through September of 2005. Twelve Maine High Schools will be selected to participate in the project.

### **Other MYSPP Accomplishments:**

- 259 new Adult Gatekeepers trained in schools and community agencies statewide making the total trained by the program 2,080;

- School Health Education Teachers in Middle and High Schools around the state implemented the Lifelines curriculum with their 8<sup>th</sup> and 9<sup>th</sup> grade students in the pilot year of this curriculum in Maine;
- 48 were trained to conduct awareness sessions in their communities, making the total trained to conduct 1 – 2 hour educational sessions 245.
- 834 adults and 22 youth received suicide prevention awareness education during the year, for a total of 3,751 adults and 284 youth since program inception;
- 222 DBDS Crisis Clinicians have participated in annual conference;
- 23 DHS clinicians trained;
- Three new school systems, for a total of fifteen schools, have staff trained to implement the Reconnecting Youth curriculum for at-risk students;
- The Program web site experienced 14,145 visits, about 1,000 per month;
- Print materials distribution included: 20,000 printed information booklets; 10,000 program brochures distributed statewide annually; Teen produced posters and book covers and Teen Yellow Pages were distributed statewide;

### **Notes about Continuing Challenges:**

- The guiding principle of the MYSPP is to *Do No Harm*. This means that suicide prevention work must be done carefully and in a systematic way. However, many calls for assistance come either in the midst of a crisis or are requests to work only with youth. It's a continuing struggle to work towards proactively building safe and caring school climates where adults are trained to recognize and assist at-risk youth, suicide prevention protocols are in place and linkages are made with community crisis services.
- Staff resources for the analysis of suicide attempt and death data continues to be a problem. During 2002, we were able to hire a summer intern from a graduate school of Public Health and he was employed in the analysis of EMS data. Also, through the new CDC grant, we acquired the assistance of an Epidemiologist beginning in 10/02. This should help guide our data analysis for program evaluation and learning more about suicidal behavior among Maine youth.