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Maine Children's Cabinet

ANNUAL REPORT UPDATE
2004

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“Working Together for
Maine Children and Families”

Submitted by Lauren Sterling, Children's Cabinet Staff

Maine Children's Cabinet

Annual Report Update 2004

The Maine Children’s Cabinet is honored to provide this Report Update on the activities and growth of its initiatives over the past FY03. Although the Children’s Cabinet continues to oversee and support a growing number of 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 calendar year. The Children’s Cabinet is looking forward to supporting the “merging” unified department currently in progress to better coordinate services for Maine families and their children and youth in both collaborative, effective program design and leadership. For more information about all of the Children’s Cabinet activities, 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, tracked 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. In addition, every other year a publication is produced for use by policy makers, public agency managers and Maine citizens.

Data in this edition shows some significant improvements in well-being of children, families and communities in Maine. Nineteen of the 80 measures (Marks) rose or fell by more than 10% between the two most recent years for which information is available. Twelve of these moved in a direction that indicated enhanced well-being and they include:

- Decreased number of incidents of prohibited behavior that resulted in student removal from school (Mark 6)
- Decreased percentage of youth reporting illicit drug use (Mark 10)
- Increased home care of youth with severe behavioral health problems (Mark 18)
- Increased percentage of families involved in learning activities with their children (Mark 19)
- Increased number of children entering kindergarten who exited special education (Mark 22)
- Increased percentage of public kindergarten students in schools with all-day kindergarten (Mark 25)
- Increased number of teachers with Early Childhood Education Certification (Mark 27)
- Decreased percentage of Maine businesses that have to train new employees in computer skills (Mark 38)
- Decreased percentage of residents reporting food insecurity (Mark 55)
- Decreased number of public welfare recipients (Mark 61)
- Increased percentage of Maine businesses that report they take an interest in and get involved in local school and civic events (Mark 69)
- Increased percentage of persons reporting they spent time on community activities in the past year (Mark 75)

In contrast, seven of the Marks trended in an undesirable direction:

- Percent of youth who report a suicide attempt (Mark 9)
- Number of on-site before or after school program opportunities for school children (Mark 26)
- Percentage of Maine families who say they have time for leisure activities (Mark 46)
- Percentage of adults who say they are satisfied with youth recreational programs (Mark 47)

- Number of medical doctors or doctors of osteopathy in Maine (Mark 59)
- Number of youth aged 0-17 living in homeless or emergency shelters in one month during the year (Mark 63)
- Number of reported incidents of hate crimes (Mark 66)

This edition features the first trend data on the attitudes of youth statewide, showing that Maine youth are in a stronger position to succeed in life than youth elsewhere in the country. This data is from the Maine Youth Survey, which has been specially commissioned for Maine Marks for the past three years by the Children’s Cabinet. Data comes from a statewide telephone survey of Maine youth in grades 9-12 done by Critical Insights, a strategic marketing research firm in Portland, Maine. A total of 403 interviews were done in November 2000; 402 additional youth were interviewed a year later, and 400 more in November 2002. The Surveys asked various questions developed by the Search Institute that tap whether youth have attitudes and experiences that have been shown to help them succeed in life.

The results of the Survey consistently tell us that Maine youth are doing well compared with the nation as a whole. Similar national data is available from [A Fragile Foundation: The State of Developmental Assets Among American Youth](#) (Search Institute, 1999). The Search Institute data is not from a nationally representative sample, so it is not strictly comparable to the Maine youth data. Nevertheless, on virtually every question, twice as many Maine youth display assets for success than the nationwide samples. Results show that significant numbers of Maine youth in grades 9-12:

- Feel that adults in their communities listen to them and make them feel important and that they matter (Mark 1)
- Agree that they are given lots of chances to make their town or city a better place to live (Mark 2)
- Say that a lot of people in their city or town care about them (Mark 3)
- Believe that others see them respecting diversity in various ways (Mark 4)
- Know three or more adults who are regular, positive influences in their life (Mark 21)
- Feel that they are useful, important, loved and supported in their families (Mark 52)
- Participate in community service (Mark 70)
- Feel that adults in their town or city care about people their age (Mark 77)

These consistent results for the last three years buttress previous data that have shown that Maine does a good job in raising its children. Clearly, our young people are emerging from high school with significant assets for life-long success, compared with elsewhere in the nation. This gives special urgency to current discussions of how we can keep more of our young people from leaving the state; losing these young assets can only injure the state’s ability to grow and prosper.

Additional measures are being developed to see how ready Maine’s children are to learn when they enter school. Research on brain and early childhood development continues to show how critically important a child’s early years are in laying the basis for life-long learning and success. Recognizing how vital it is for children to enter kindergarten fully prepared to learn and to thrive, Maine has joined sixteen other states in a special project funded by the Packard Foundation, the Kauffman Foundation and the Ford Foundation. Through this initiative, Maine

and the other participating states are creating expanded sets of measures related to school readiness. These will be used to identify and fill gaps in current knowledge, to track children's school readiness over time, and to report to citizens and decision-makers regularly on what the measures say. Indicators will focus on young children from birth to the beginning of fourth grade.

While this special initiative is not officially a part of Maine Marks, Maine's team began its work by focusing on several of the relevant Marks (Marks 14, 15, 22-27, 55, 56, 58 and 79). It is expanding on those by adding measures in several areas: family environment (for example, family support for learning, home environment stability, family health, family-community relationships, and learning environments), community conditions (including availability and quality of early childhood education programs, and family supports), availability of effective services (for example, health, child development, intervention, child welfare, and income support services), and child development (including physical well-being, how children approach learning, and children's motor, social, emotional, cognitive, and language skills). Initial results from this project should be available later in 2003.

Communities for Children and Youth

Communities for Children and Youth (C4CY) 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, 71 communities have joined the network, representing more than 325 municipalities and 70% of the state's population.

In the *seven years* since its inception,

- The Children's Cabinet has *spent* \$828,567 on the state level Communities for Children and Youth office and \$157,000 on communities.
- The state C4C office has *generated* **\$3,064,637** in grants and *passed on* **\$1,753,500** to Partner Communities.
- The local communities have, in turn, generated at least **\$10,579,801** million for local child-focused programming that furthers the goals of Communities for Children in communities across the state.¹

¹ 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 C4CY Initiative. Many C4CYs assisted other organizations with additional fund raising, but this is not attributed to C4CY 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.

New Name for the Initiative

At the statewide C4CY “Reasons for Hope” conference in November, 2003, Governor John Elias Baldacci announced a change in the name of the initiative from Communities for Children to Communities for Children *and Youth*. This change represents an acknowledgement of the role teenagers have played in the success of the initiative throughout the state, as well as the fact that the partnership between state government and local communities includes a genuine partnership with the youth in each community.

New Advisory and Executive Councils

The partnership with youth is reflected in the fact that the new **Advisory Council**, constituted by the Baldacci Administration in September 2003, includes 30% youth representation. In addition, key C4CY adult leaders throughout the state serve with key Children’s Cabinet agency representatives to provide guidance for the initiative. The new appointees are:

David J. Faulkner, Executive Director, Day One; *Chair, C4CY Advisory Council – Cape Elizabeth*

Ashley Plossay, *C4CY Advisory Council Youth Co-Chair – Augusta Capital Kids/The Edge C4CY*

Rich Abramson, Superintendent of Schools, Union#42/CSD#10 - Readfield *C4CY*

Diane Brandon, Coordinator, Community Wellness Coalition, York Hospital – *Southern York C4CY*

Jodi Burgess, *Cherryfield Youth Representative*

Tyler Camick, *Winthrop Youth Representative*

Mario Carmine-Moretto, *Greater MDI Youth Representative*

Alberta Cole, President, Loving Learning – *Northwest Somerset County C4CY*

Chip Curry, *C4CY VISTA Project Supervisor -Augusta*

Malorie Delpero, *Southern York County Youth Representative*

Candy Eaton, Program Director, Hancock County Children’s Council – *Ellsworth C4CY*

Rob Ellis - *Bath C4CY*

Dona Forke, Lake Region Healthy Community Coalition – *Bridgton C4CY*

Dorothy Grannell, United Way of Greater Portland - *Portland C4CY*

Samantha Grover, *Biddeford Youth Representative*

Wendy Harrington, The EdGE - *Cherryfield C4CY*

Margaret Jackson, *Northwest Somerset County C4CY Youth Representative*, Smithfield

Jake LaRochelle, *Winthrop Youth Representative (alternate)*

Diane Maxwell, C4CY Research and Planning Associate - *Augusta*

Doug Michael, Partnership Director, Healthy Acadia Coalition – *Greater MDI C4CY*

Hester Mishkin, Director, Riverview Foundation – *Brunswick/Topsham C4CY*

Alan Morris, Director, Carleton Project, Inc. – *Presque Isle C4CY*

Rachel Phipps, Town of Kennebunk – *Kennebunk/Kennebunkport/Arundel, MSAD#71 C4CY*

Gladys Richardson, *Winthrop C4CY*

Patty Robinson, Public Health Representative, *Bureau of Health, Department of Community Health, Augusta*

Anne L. Rogers, Public Health Representative, *DHS/Public Health*, Augusta
Susan Savell, Executive Coordinator, *Communities for Children and Youth*, Augusta
Trish Shorey, *Lake Region C4CY Youth Representative*
Ingrid Stanchfield, Program Director, Gardiner Recreation, *Gardiner C4CY*
Lauren Sterling, Children's Cabinet Special Projects – *Augusta*
Andy Tiebout, *Southern York County Youth Representative* (alternate)
Mary Trescot, Program Director – Youth Promise of Lincoln County - *Newcastle*
Kathi Wall, Program Director – Augusta Capital Kids/The Edge C4CY - *Augusta*
Carl Walsh, Program Director – Biddeford Recreation Department – *Biddeford C4CY*
Linda Williams, Prevention Team Manager, BDS Office of Substance Abuse – *Augusta*
C. Shawn Yardley, Director of Programs, The River Coalition, Inc. – *Old Town C4CY*
Sara Yasner, United Way of Eastern Maine – *Greater Bangor C4CY*

During its first meeting in October, 2003, members of the Advisory Council identified what is working well in the initiative and what needs to be improved or created. Consensus was that the vision, leadership and customer service provided by the initiative is excellent, while more work needs to focus on public identity and communication.

The Advisory Council makes recommendations to the **Executive Council** for action on policy and program development. The Executive Council is made up of the Commissioners of the six Children's Cabinet agencies, with the addition of another six state leaders, including:

Communities for Children and Youth Executive Council

Susan A. Gendron, *Commissioner*, Maine Department of Education, *Chair*
Sabra C. Burdick, *Acting Commissioner*, Maine Behavioral & Developmental Services
Michael Cantara, *Commissioner*, Maine Department of Public Safety
David J. Faulkner, Executive Director, Day One; **Chair, C4CY Advisory Council**
Laura Fortman, *Commissioner*, Maine Department of Labor
Martin A. Magnusson, *Commissioner*, Maine Department of Corrections
Robert McAfee, M.D., **Chair, Dirigo Health Board of Directors**, Retired and Former President, American Medical Association
MaryJane McCalmon, *Associate Executive Director, Center for Educational Services*, Auburn
John R. Nicholas, *Acting Commissioner*, Maine Department of Human Services
Joan Benoit Samuelson, *Olympic Gold Medallist and Volunteer*, Freeport
Leigh I. Saufley, *Chief Justice, Maine Supreme Judicial Court*, Portland
Susan Savell, *Executive Coordinator, Communities for Children and Youth*, Augusta
Jane G. Smith, *Samantha Smith Foundation*, Boothbay
Daniel Wathen, *Former Chief Justice, Maine Supreme Judicial Court; Pierce Atwood*, Portland

At its meetings in July and November, 2003, the Executive Council focused on securing resources for the continued administration of the initiative, as well as exploring funding and

program possibilities for the development of the local partners' work on youth asset development.

C4CY AmeriCorps*VISTA Project

The Communities for Children & Youth AmeriCorps*VISTA Project represents a significant investment in our partner communities and state agencies. Currently 39 full time AmeriCorps*VISTAs (our largest team yet) serve across the State of Maine in non-profit organizations and State agencies. AmeriCorps*VISTAs (A*VISTAs) commit a full year of service and live on a federally capped subsistence allowance set at the poverty wage of the state. They also receive a small stipend that can be applied to college tuition or current student loans.

This investment in communities is conservatively valued at \$865,000 a year. In keeping with the mission of AmeriCorps*VISTA to alleviate poverty and build the capacity of communities, this initial investment is magnified through the efforts of the A*VISTA Members and host organizations. Since 1998, C4C VISTAs have recruited and supported community volunteers who have contributed a total of 124,664 hours of service. In the same time period the C4CY VISTAs have had a significant role in raising \$410,185 in in-kind gifts and over \$3,472,119 through grants, fund-raisers and donations.

C4CY partner communities and governmental agencies are eligible to host an AmeriCorps*VISTA for up to three years. Our AmeriCorps*VISTA team is currently serving in the following communities:

Communities For Children A*VISTA Sites 2003 /04	
Augusta	Communities For Children VISTA Leader
Augusta	DHS/Office of Child Care and Head Start
Augusta	Governor's Office
Augusta	Maine DOE, Vocational Ed
Augusta	Maine Mentoring Partnership
Bangor	Bangor YMCA
Bangor	Bangor-Brewer YWCA
Bangor	Region III Children's Cabinet
Bangor	United Way of Eastern Maine
Bar Harbor	Healthy Acadia Coalition
Bath	Big Brothers Big Sisters of Bath/Brunswick
Belfast	Waldo County Head Start
Belfast	Waldo County YMCA
Biddeford	Citizenship Service Learning Center University of New England

Blue Hill	Healthy Peninsula Project
Cherryfield	The Edge, Seacoast Missions
Ellsworth	Big Brothers Big Sisters of Hancock County
Ellsworth	Coastal Hancock Healthy Communities
Gardiner	Getting Healthy
Kennebec County	Big Brothers Big Sisters of Kennebec Valley
Kittery	Community Wellness Coalition, Kittery
Kittery	Family Resource Center at Landmark Hill
Lewiston / Auburn	KIDS Consortium
Newcastle	Big Brothers Big Sisters of Mid-coast Maine
Old Town	River Coalition
Portland	Cultivating Community
Portland	Preble Street Shelter
Portland	Yes! To Youth
Saco	Community Service Opportunities
Saco	Crossroads Youth Center
Saco	Saco Career Center and Volunteers of America
Scarborough	Southern Maine Agency on Aging
Skowhegan	Loving Learning, Inc.
Southwest Harbor	Harbor House
Topsham	Riverview Foundation
Waterville	Colby Cares about Kids
Waterville	Greater Waterville's Communities For Children
Waterville	Kennebec Valley Community Action Program
Weld	The Electronic Grange Network
Winthrop	Healthy Futures
York County	United Way of York County

What the Communities for Children and Youth VISTAs Do...

All C4CY AmeriCorps*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 Healthy Start
- A Caring Adult
- Safe Places and Structured Activities After School
- Development of Marketable Skills

- An Opportunity to Give Back through Service

More specifically The C4CY AmeriCorps*VISTAs support community efforts in the following positive youth development program areas:

After-School and Teen Center Programming School Readiness

Restorative Justice

Raising Youth Aspirations

Parent and Family Education

Alcohol, Tobacco, and Drug Reduction

Youth Homelessness

Educational Innovation

Youth Health and Fitness

Mentoring

AmeriCorps*VISTAs generate resources, promote partnerships, develop volunteer management systems, design new programs, and engage in numerous other activities designed to improve the organization's capacity to meet the needs of youth and youth serving organizations.

Evaluation

This year we have been able to take increased advantage of the partnership with the Muskie School of Public Service, Institute for Public Sector Innovation (IPSI). Members of the capstone graduate research class in Public Policy and the professor are conducting a study this Winter to determine the impact the AmeriCorps*VISTA program has had on youth, community organizations, and local collaborative efforts. In addition, the technology experts at IPSI have developed methods to track efforts and aggregate the accomplishments of VISTAs across the state. We expect both of these efforts will result in national models of best practices in VISTA management.

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 Youth² established a mandate for development of comprehensive community plans for youth who become homeless.
- 2) Youth in Need of Services (YINS)³ 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 Chairs 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. **Although state budget cuts reduced the Homeless Youth Funds from \$125,000 to only \$55,000 per region in FY03, tremendous outcomes were achieved through the coordination of the Regional Children's Cabinet and their regional and local community partners.**

Region I

The continuum of care for homeless youth in Greater Portland was strengthened in 2003 by the integration of new to the street program (YINS) and street involved services (pilot) under one organizing umbrella known as Greater Portland Partnership for Homeless Youth.

Under the direction of Greater Portland Partnership for Homeless Youth, a collaborative of 30 individuals representing non profit agencies, municipalities, state agencies, schools, legislators, and others steps were taken to link the two programs resulting in a single community plan for homeless youth. Opportunities for meaningful engagement of youth were increased through continued expansion of hours at Teen Center; strengthening of a 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.

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

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

10,397 meals were served to homeless youth at Preble Street Teen Center and 111 new intakes were opened in 2003. Teen Center moved its existing operation into new and improved space, which has greatly enhanced service effectiveness and collaboration for its youth.

With funding from DHS, BDS and Regional Children's Cabinet, the Partnership continued to strengthen the model of strategies aimed at rapid and effective intervention with homeless youths who are street involved or at risk of becoming street involved.

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. An added component for 2003 has been a paid culinary work experience at Stone Soup for five youth, funded collaboratively by Portland Public Schools and Region 1 Children's Cabinet. This was designed to support the engagement of youth in school.

Working with families, schools, treatment services, and state agencies, since the start of the YINS program 60% of 96 youth served remained with their families or relatives, 39% of 63 youth received long term out of home placements and 100% were enrolled 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 service enhancement for homeless youth are ongoing in Saco, Biddeford, and Old Orchard Beach through the work of York County Homeless Youth Partnership. The Partnership continues to work toward improved linkages between providers, state agencies, and community. Crisis response services have been established and wraparound funds are available for security deposits and other needs as identified by Partnership. Increasing affordable housing for homeless youth has been recognized as an immediate need and steps have been taken to explore resource development in this area.

Region II

The Region II Children's Cabinet offered homeless youth service providers, and homeless youth, expansion and new opportunities in the Lewiston/Auburn area this past year. The Lewiston/Auburn Area Homeless Youth Task Force (LAAHYTF) funded a case management position. This person provides outreach, assessment and intake to youth who are homeless. The contract for this service was awarded to Volunteers of America and they have named the program the Homeless Intervention Program (HIP), which offers the following assets:

- a. Services provided include intake assessment, case management and referral services as appropriate for the targeted population.

- b. Priority is given to youth ages 10-17 who are homeless or who are in imminent danger of becoming homeless. Imminent danger is defined as: at risk of serious health, physical, mental or emotional injury, serious substance abuse or any involvement with the criminal justice system. Any youth falling into this target population meet the eligibility criteria and will be, with their consent, served.
- c. There is a total of 40 staffing hours per week provided for the operation of this program.
- d. Contingency funds are used to pay for any un-funded service or need for the targeted youth population. The Case Manager maximizes the use of this and all other funding sources, including MaineCare.
- e. Ensures collaborative service coordination among community agencies, institutions, or programs that enables effective service provisions.
- f. Provides insight, monitoring, and planning for this project through interagency collaboration.

The case manager works through Volunteers of America. The LAAHYTF is looking forward to this collaborative and to future assistance opportunities for the homeless youth population in Region II.

Region III

Rapid Response maintains its mission to get youth off the street and into a safe, stable home within 72 hours of becoming homeless. Shaw House, the point of entry for Rapid Response in Region III, has noticed that more youth facing homelessness and more professionals in the field are adopting the philosophy of wrapping services around youth and their families to ensure all needs are being met. As of October 2002, Rapid Response has successfully expanded its services to include all homeless youth, instead of just first time homeless. With this new focus, an evaluation of Rapid Response's impact on youth with previous homeless experience will be conducted in FY04 to further enhance the primary research done on first time homeless youth in FY02. On Friday, October 17th 2003, Teke Wiggin, current chair of the Youth Who Are Homeless Stakeholders Committee, gave a presentation on the Rapid Response program at the 15th Annual Conference of the National Association for the Education of Homeless Children and Youth in Arlington, VA. In response to this exposure, groups in Arizona, Colorado, Texas, Vermont, and Virginia have contacted Shaw House either for more information on the program or a chance to duplicate the presentation in their state.

- In FY03, Rapid Response served 19 youth who were homeless for the first time and 38 youth with previous experience with homelessness.

- To date, Rapid Response has served 40 youth who have experienced homelessness for the first time and 64 youth with previous experience with homelessness.
- Since July of 2003, the Rapid Response Program served 47 new youth. Of these youth, 21 were returned to their homes of origin or to other safe placements. Also, during this six-month span, over 140 contacts were made with legal guardians, natural supports or other placements on behalf of these youth.

Task Force on Early Childhood

Maine is one of nine states to be awarded a two-year planning grant from the Maternal and Child Health (MCH) Bureau of the U.S. Department of Health and Human Services. Born out of the ongoing dedication of the Task Force on Early Childhood, the planning grant entitled “Early Childhood Comprehensive Systems Grant (Humane Systems for Early Childhood Project),” gives Maine an exciting opportunity to foster and sustain humane, family-centered, community-rooted, culturally proficient, and strength-based systems to promote the health and safety of all young children and families.

The goals of the Task Force on Early Childhood’s Humane Systems for Early Childhood Project now chaired by First Lady Karen Baldacci grew out of the Task Force on Early Childhood’s goals and within the context of a wide array of efforts throughout the state. The goals are rooted in a vision for Maine in which *all children live, grow, and learn in a safe, nurturing, and healthy environment*. They are rooted in a mission in which all families assume responsibility to nurture their children, all communities assume responsibility to strengthen families, and the state as a whole assumes responsibility to assure that systems for early childhood share common quality standards and respect the diversity and uniqueness of families. The four goals are to develop a plan that will:

- 1) Secure needed resources for young children.
- 2) Strengthen and expand commitments to assist parents of young children.
- 3) Balance cognitive development with the emotional and physical needs of young children.
- 4) Guarantee effective service systems for young children.

The newly expanded Task Force on Early Childhood is chaired by **First Lady Karen Baldacci** <http://www.maine.gov/firstlady/> and consists of four workgroups to address each of the four project goals, and a Steering Committee that has as its membership, the following dedicated experts:

Dr. Richard Aronson, Director, Bureau of Health’s Maternal Child Health
 Laurie Bertulli, Director, Child Development Services
 Jan Clarkin, Director, Maine Children’s Trust
 Steven Rowe, Attorney General
 Karen Westburg, Director, Bureau of Child and Family Services’ Child Protective Services
 Dana Connors, Director, Maine Chamber of Commerce

Jane Gilbert, Dept. of Labor
Carolyn Drugee, DHS/Office of Childcare/Head Start
Mary Duross, Maine Public Broadcast
Cary Olson, Fleet Bank Foundation
Rita Fullerton, Director, Child Care Options
Ellie Goldberg, Director, Maine Children's Alliance
Susan Savell, Executive Coordinator, Communities for Children & Youth
Dorothy Schwartz, Maine Humanities Council
Betsy Squibb, UMaine Farmington
Burt Richardson, Healthy Future's Pediatrician
Ellen Bridge, Public Health Nursing
Butch Dawbin, Parent
Angela Palmer, Parent/Nurse
Shalom Odokara, Women in Need
Fatuma Hussein, United Somali Women of Maine
Linda Labas, Center for Community Inclusion
Marilyn Russell, Maine Roads to Quality
Lauren Sterling, Children's Cabinet, Steering Committee Staff Liaison

KEEPING MAINE'S CHILDREN CONNECTED

An Integrated Approach To Help Children And Youth Who Experience School Disruption Due To: Homelessness, Foster Care Placement, Correctional Facility Placement And In-Patient Psychiatric Care

There are an increasing number of children and youth who are experiencing transitions into or out of their home, school, and community – resulting in disruptions in their education. This initiative is designed to improve educational outcomes for these youth by reducing the number of school transitions in their lives, increasing their sense of belonging to the school and community, and supporting continuity and completion of their educational program. This will be accomplished through an increased understanding by all involved personnel of issues and policies affecting “youth who are in transition” and by developing a standardized system of communication among involved state and private agencies, correctional facilities, in patient psychiatric facilities and school districts.

The initiative will be supported through a three-tiered approach:

1) Establish and train liaison personnel at each level, along with maintaining a database of the liaison personnel at the state level.

- 2) Maintain ongoing training and meetings for liaisons to keep them up to date on policy changes and issues affecting these youth.
- 3) Interagency systems training designed to increase cross-disciplinary understanding of each other's systems and agencies.

Following a meeting with the Children's Cabinet in December 2002, the Coordinator of the Keeping Maine's Children Connected (Formerly, Psychiatric Facility and School Transition Initiative), convened a meeting of personnel involved with three other similar initiatives, which were focused on youth in transition. The group comprises representatives of the Departments of Human Services, Corrections, Behavioral and Developmental Services and Education, and the coordinators of the Psychiatric Facility and School Transition Initiative, and of a project to improve educational outcomes for students placed in foster care. Based on that initial meeting on December 23, 2002, this group has continued to meet to develop an integrated approach, which could improve educational outcomes for all these youth, since youth frequently are impacted by more than one of the affected initiatives. The four groups of affected youth who participate in this effort are youth experiencing homelessness, foster care, transition out of a correctional facility, and transition out of an in-patient psychiatric facility. During 2003, the group has met nearly every other week to: identify commonalities among the populations; identify common issues and differences; define a common purpose; develop a systemic approach to addressing the common needs identified; develop a training manual; and to begin initial outreach to various education groups to introduce them to the concept of a single liaison to facilitate communication for all these populations.

Beginning in the summer of 2003, the group has presented to a number of different audiences. A brochure describing the effort has been developed along with a power point presentation which will form the basis of the full day training manual still under development. Presentations have been made at the Summer School Nurses Institute, the Alternative Education Summer Institute, Maine School Management Association's Fall Conference for Superintendents and School Board members, Maine Association of Middle Level Educators Fall Conference, Department of Education Fall Conference for Special Education Directors and Support Staff, and the Fall Conference for School Guidance Counselors. All of these presentations were very well received with good exchange between presenters and participants.

Participants at all of these events have supported the need for the kind of collaboration and improved communication, which will be the outcome of this initiative. In addition, a joint meeting was scheduled between designated homeless liaisons from public schools and contact people for the Psychiatric Hospital Initiative as a first step towards integrating training and support for two of the target audiences for this initiative. The day was generally viewed as successful and will be followed by regional shared meetings in the future.

A work plan has been prepared through June 30, 2004. The plan envisions completion of the major development work for this initiative by June 30. This includes tasks and timelines for completing development of an integrated protocol, designing a sustainable system of communication, completing development of integrated training for liaisons/contact people,

establishing a framework for ongoing interagency professional development, designing an evaluation plan to measure the effectiveness of this effort and establishing an advisory board to support ongoing implementation of this system.

FAMILY AND SYSTEMS TEAMS

(Formerly known as Integrated Case Management)

Family and Systems Teams (FST) is a voluntary, family-focused, strength-based program that uses a trained FST facilitator who, with the family, brings all relevant people into the planning process. This team works in partnership with the family to create a comprehensive plan that ensures respect and safety for all. The vision for FST is that systems will work collaboratively to create an environment that supports Maine residents in achieving their goals.

The new Family and Systems Teams (FST) name reflects the Children’s Cabinet’s acknowledgement that the original ICM model’s critical work of bringing together interdepartmental and interdisciplinary teams to work with families focuses on the integration of systems and disciplines rather than the implementation of specific case management functions. Because the “case management” terminology did not truly reflect the heart of the work done in the ICM model, FST was birthed to more accurately reflect the systems integration focus of the model. At its 2003 summer retreat, the FST Steering Committee established a larger framework — Collaborative Service Planning — that can support the Children Cabinet’s 2002 *Policy on Integrated Service Delivery and Integrated Case Management*. Collaborative Service Planning represents a foundation of guiding principles for the practice of case/care management services in Maine state government and its partner agencies. FST represents one model through which the principles can come to life, thus complimenting already existing departmental and disciplinary team models that foster cross-systems collaboration.

A fully coordinated and seamless service delivery system is a tall order and FST is only one of the necessary pieces needed to reach it. During 2003 the FST Project provided cross-systems training throughout the state to over 275 people representing both state departments and community agencies from all the disciplines of the Children’s Cabinet, including some of their adult services branches. In addition to the training experiences there are a number of ways that the FST philosophy and model are “infiltrating” the work being done by individual state departments, their community partners, and the Children’s Cabinet. Beyond the use of the FST model in cases with complex intersecting issues, many trainees report they are incorporating FST practice principles into all the work they do. For example, a DHS supervisor trainee identified FST practice as a natural compliment to the Family Team meeting initiative in the Bureau of Child and Family Services, and is thus using his FST training to enhance his daily use of the team meeting process. Similarly, homeless youth, housing, mental health and corrections

programs are all incorporating FST principles into their daily teamwork in a way that provides coordinated services for families earlier, more consistently, and more comprehensively.

In 2003 both the FST project sites — the Region III Children’s Cabinet and the Bath/Brunswick community — have continued to experience support, commitment and success with FST. During FY 2002/03, the Region III CC project had a total of 23 families participating in the FST process. Additionally, the use of FST to deal with issues concerning housing and expelled youth has proven very successful with the RAC+ program (at Bangor Housing Authority) and the Rapid Response Program (for homeless youth) both utilizing the FST model principles with an additional 47 families. The FST project continued to train both facilitators and team members as the Region III Steering Committees, located in Penobscot and Washington counties, continued to expand their efforts through training, outreach and evaluation.

In Region II 2003 included the Regional Children’s Cabinet vote to expand FST beyond the initial pilot site in Bath/Brunswick. The Cabinet initiative is building on the existing Advisory Council and expanding the scope to include sites such as Lewiston/Auburn and Augusta. The Bath/Brunswick FST project continues to move forward with their FST initiative within the context of the Region II cabinet plan. The Bath/Brunswick project has focused its energy on working with the Region II Children’s Cabinet FST Subcommittee around how to expand the availability of FST in Region II, as well as, how to provide systemic and cabinet support for the Bath/Brunswick project during this expansion period. In order to strengthen and re-invigorate the FST project in the Bath/Brunswick area the Regional CC is sponsoring a part time position to provide administrative, organizational, and outreach support to the FST expansion effort.

Additionally in 2003, the Department of Corrections (DOC) initiative to adopt FST as its best practice team model for the juvenile services division had an excellent launch year. As 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. In 2003, the FST Project provided at least two days of training for all of the juvenile corrections staff in concert with their counterparts from other state departments and community partner agencies. New to DOC regions I and II, FST is being embraced by the juvenile services staff, who referred over 25 cases in the first six months of the initiative’s implementation. At both the central and regional office levels, DOC staff is continuing to develop and fine-tune the criteria, referral process, and quality assurance procedures necessary to embed FST in the culture and operations of the department’s juvenile division.

Building on the FST initiative in the juvenile services division, DOC has included FST practice principles and model in its three-year Reentry Grant that began in 2003. The Federal Reentry grant calls for the use of FST with 225 individuals aged 16-25 who are re-entering into communities in Androscoggin, Knox, Penobscot and Washington counties from Correctional Facilities. Critical to the success of this grant program is the training of correctional facilities

and adult services staff working in the corrections arena. This training effort began in the fall of 2003 with over fifty staff at two facilities receiving training in the FST philosophy, principles and practice model specifics. Three more trainings are planned for 2004 in addition to building Reentry components into the on-going training for FST facilitators statewide.

Over the past two years, almost 600 individuals, from more than 100 different state departments/bureaus and community agencies, have come together to learn about integrated service delivery models with a focus on Family and Systems Teams. The FST Project has developed specific training curricular for policy makers, managers/supervisors, and line staff. In 2003 we completed and pilot tested the FST Facilitator Curriculum and the FST Train the Trainer Curriculum. Thus, we enter 2004 with the six FST curricular in place and a full training schedule projected that will give us the opportunity to train even more people across the state to be FST team members, facilitators and trainers.

Currently, when each FST case finishes a questionnaire is given to each team member, including the family. This questionnaire tracks the process, but does not look at the family outcomes. A primary objective for the FST Project in 2004 is to complete an assessment project that will begin to more accurately track the outcomes of old FST cases as well as putting a process in place to track new cases. As families who have used FST have reflected to us, the significance of a structured team, their partnership within that team, and the independent facilitation of the team cannot be overemphasized. Also, joint decision-making, the commitment of all agencies (state and local), and shared responsibility for a family plan are repeatedly identified as key features of the FST process. Our goal in 2004 is to document these practice features and family successes as we develop a comprehensive system for tracking outcomes and integrated service delivery data that can be utilized to improve not only FST practice, but all case practice models that reside under the Collaborative Services Planning umbrella.

Maine Mentoring Partnership

In 2003, Maine Mentoring Partnership (MMP) was awarded an AmeriCorps Mentor Project Planning Grant, became an intermediary grantor for US Department of Labor Office of Disability Employment grant funds, and a partner in Maine's Program for Mentoring Children of Prisoners. MMP received funds from Fleet-Maine and MBNA to further develop the organizational and fiscal capacity of Maine's statewide mentoring partnership. In addition, funds were raised in the 2nd Annual WGME 13 & Rotary Bottle Drive for Mentoring with support from Shaw's Supermarkets, Seltzer Rydholm/Pepsi and local mentoring providers. MMP also re-instated its Partner/Membership campaign. For the first time in 2004, MMP will be able to pass through funds and sub-grants to local mentoring providers.

Maine Mentoring Partnership's AmeriCorps Mentoring Project Planning Grant paved the way for statewide collaborations with other state agencies. Both Maine State GEAR UP and the WIA CareerCenters have mentoring components to foster career aspirations and postsecondary education planning/preparation for youth in 5th grade and up and young adults ages 16-24 years. Positive Youth Development includes mentoring as important for all young people at all ages and

stages of life, and is recognized nationally as particularly important to the development of young people with disabilities – visible and invisible, those in foster care, and as children of incarcerated parents as they grow, are educated and transition to careers and adulthood.

Leaders from both public and private sectors continue to work toward MMP's mission to promote, advocate, foster, and support child and youth mentoring programs throughout Maine. MMP's Providers Council, Leadership Council Board of Directors, Greater Portland Mentoring Partnership and newly forming York County Mentoring Partnership are committed to increasing Maine's current identified 6,000 one-to-one and 10,000 group matches to its goal to provide 15% (35,000) matches by year-end 2005. As a member of MENTOR/National Mentoring Partnership, MMP is committed to furthering the following six result areas: Resource Development/Distribution, Public Awareness, Mentor Recruitment/Referral, Technical Assistance/Training, Public Policy and Data Collection/Tracking.

Maine celebrated January National Mentoring Month with both local and statewide events. The 3rd Maine Mentoring Day at the Maine State Capitol Hall of Flags was held in March and celebrated with a press conference with newly elected Governor Baldacci. Two scholarships for higher education were awarded to a mentor and a mentee. On completion of term, MMP's 2nd year VISTA became MMP's Program Coordinator; it's half-time VISTA was hired by WGME 13 and continues to be a valuable asset to mentoring; and MMP brought aboard its last VISTA member to continue building sustainability. With the help of Communities for Children and Youth VISTAs, MMP has expanded the website and list of known school and community based mentoring programs; wrote funding proposals; assisted in developing a local school based mentoring program; planned a ski day at Sugarloaf; attended professional development days; and acted as co-presenters and ambassadors for mentoring across Maine. MMP with its partners provided two 2-day training conferences on mentoring youth with disabilities ages 16- 24 years, presented the topics of e-mentoring; working with faith-based communities; beginning mentoring programs and acted in advisory capacity to local and statewide workgroups & boards. At year-end, MMP provides regular electronic updates to providers, mentors and supporters, and continues to strengthen its network for potential public and private collaborations.

New Residents Committee

Although the New Residents Committee successfully met its statutory goals in April 2003 in response to LD 2220, the Children's Cabinet has sustained the staffing and coordination of this group's important work 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.

With membership from state agency partners, and regional and local agencies and organizations that form parts of the Portland/Lewiston Collaborative, grant funding applications were

submitted for the following purposes: job training, employment, housing, childcare, transportation, language skills, and community building. In addition, members of the NRC developed regional and statewide materials for replication that addresses the unique and challenging service delivery inherent in this population based on Portland and Lewiston’s experience.

The list below demonstrates the collaborative planning and grant-writing among the NRC membership:

<u>Lead Applicant</u>	<u>Amount</u>	<u>Purpose</u>
City of Lewiston	\$12,000	Childcare Support
Collaborative Centers	\$130,000	Training Resource
Catholic Charities	\$120,000	Refugee Priorities
DHS Program	\$250,000	Targeted Assistance
Collaborative	\$600,000	Sustainability
DHS	\$500,000	Hard-to-Employ Single moms
TOTAL Leveraged	\$1,612,000	

The NRC continues to communicate with the Governor’s Task Force on Refugee and Immigrant Policy led by Mike Finnegan to address specific issues relating to refugee and immigrant populations in Maine.

2003 NRC Highlight – Americorp* VISTA Team Project

Through the partnerships strengthened by the NRC, Lewiston applied for and won a seven-person VISTA Team to provide the following capacity building around identified areas of need. Specific partner agency goals and tasks include but are not limited to the following:

Literacy Volunteers – Androscoggin - VISTA members plan to develop literacy services that meet the unique needs of the Somali community and expand capacity to provide English as Second Language (ESL) services in the county.

Community Concepts, Inc. plans to develop a feasibility study for a refugee/immigrant childcare center in Lewiston and an operations procedure manual to ensure compliance with City and State childcare licensing requirements for a new center.

City of Lewiston plans to increase social adjustment and self-sufficiency of 100 secondary migrants and members of diverse immigrant groups, develop a strategy to conduct outreach to new and recently settled migrants and diverse immigrant groups, strengthen institutional relations among hard-to-serve immigrant populations, develop cultural awareness and sensitivity training for local and regional institutions, promote the Somali Resettlement Project sustainability and develop a feasibility study for a central local or regional Multicultural Service Office.

Department of Human Services plans to provide stronger volunteer and work opportunities for the immigrant population through local and regional employer outreach, develop business opportunities for refugee and immigrant women and a micro-enterprise infrastructure that supports start-up and removes sustainability obstacles, build capacity of local Somali agencies, evaluate and assess resulting successes and challenges.

Department of Labor/Career Center & USM – Center for Workplace Learning plan to develop additional job readiness and job retention supports, increase employability and overall self-sufficiency of Somali residents through financial and economic literacy training with access to Individual Development Accounts for vehicle purchase, develop strategies to raise awareness of employers to recognize immigrant populations as valuable resources and engage employed Somalis to realize their full potential and maximize employment and career growth.

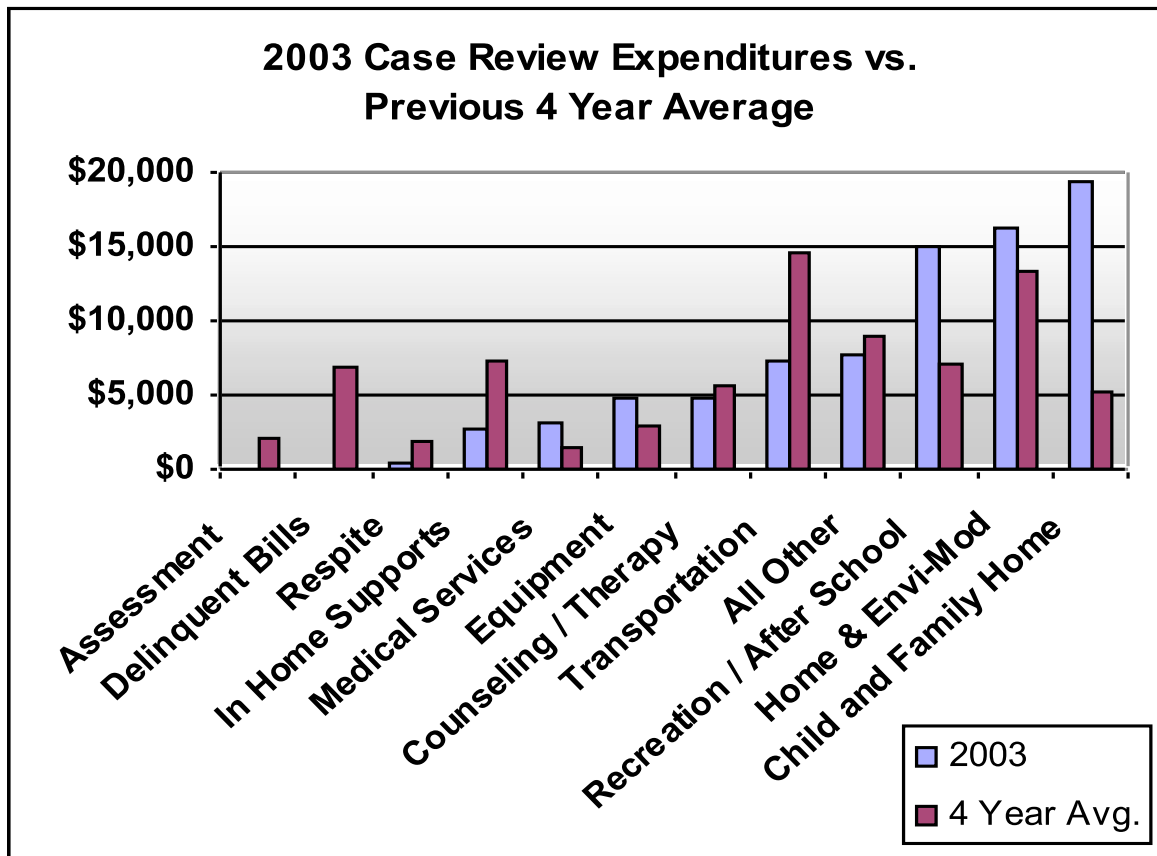
Androscoggin Valley Council of Governments plans to conduct a transit needs assessment, research public and private sources for operation of transit services and develop a program aimed at educating the public on the use of public transit.

Sisters of Charity Health Systems plans to identify the three major health concerns of the diverse immigrant and at-risk community, provide education that will improve the understanding of preventive medicine in their lives, and improve the availability of trained language interpreters for healthcare providers.

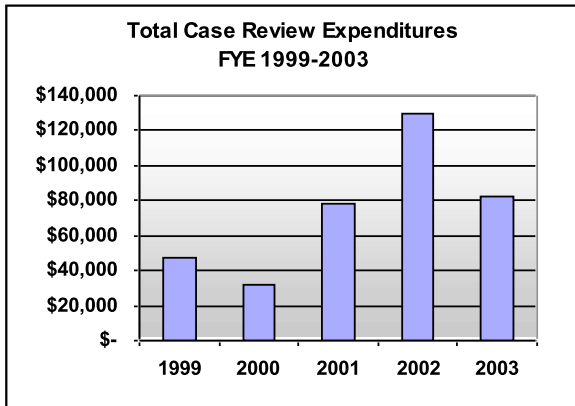
Regional Children’s Cabinet’s
Local Case Resolution Committees (LCRCs)

Local Case Resolution Committees are regionally coordinate case review committees that are overseen by the Regional Children’s Cabinet that respond to and process individual and group family cases with Pooled Flexible Funds (PFF) where there is an identified barrier to service. The goal of the LCRCs is to find an immediate solution for the family whose child/ren are in immediate need, but where the service is not reimbursable.

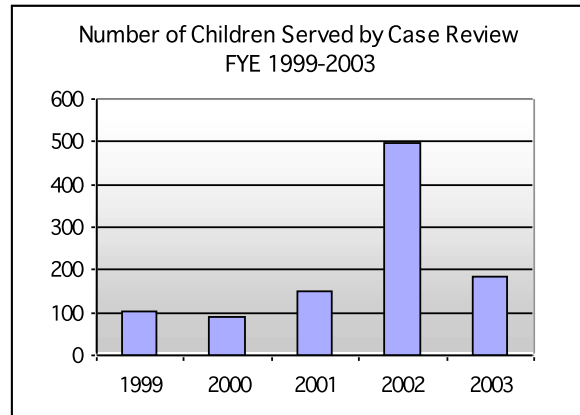
Key Issues addressed and solved through the LCRC process are highlighted in the following charts:



The above chart shows the total expenditures for each of the major need categories being tracked. The blue column represents 2003 expenditure amounts per category; the maroon represents the average amount of expenditure per category over the previous four years. The categories appear in order of expenditure amount in 2003.



This chart shows the total case review expenditures for each fiscal year.



This chart shows the total number of children served by case review for each fiscal year

Maine Youth Suicide Prevention Program (MYSPP)

Maine Youth Suicide Prevention Program (MYSPP) 2003 Report

The Maine Youth Suicide Prevention Program is built upon a comprehensive set of prevention and early intervention strategies that are carried out collaboratively by the agencies of the Children's Cabinet with local schools and community agencies. Program goals are 1) to increase statewide public awareness about youth suicide prevention, 2) to reduce the incidence of suicidal behavior among Maine youth aged 10-24 and 3) to improve youth access to appropriate prevention and intervention services.

Program strategies include the statewide crisis hotline of the DBDS; suicide prevention educational resources through the OSA Information and Resource Center; a program web site; suicide prevention training and education programs to local educators, public safety personnel, clinicians, clergy, health care providers, and others in close contact with youth; suicide prevention/crisis intervention guidelines for school administrators; media guidelines; and suicide related data.

This was an exciting year. Funds from the Centers for Disease Control (CDC) enabled the program to begin to fully implement the comprehensive suicide prevention program in 12 Maine schools. Early reports indicate that school administrators are participating and; school personnel have increased their identification of, and assistance to, potentially suicidal youth.

Program Accomplishments for 2003:

- The Region 1 Children's Cabinet Project with adolescent boys was completed and presented to the Children's Cabinet and at the annual suicide prevention event in May. Focus groups were conducted with young men from different life experiences in a variety of settings. Participants spoke openly and candidly about suicide, substance abuse and other risks and seeking help. The report containing project findings is being used to guide program work, but it needs to be further disseminated and used to improve health, human services, mental health and other programs and services across the state. Recommended next steps include training adults in family, school and community settings to respond effectively to warning signs and requests for help; creating safe environments for boys to share their needs and concerns with caring, authentic adults in formal and informal settings and assuring that substance abuse treatment providers know how to screen for suicidality.
- The MYSPP produced video, "A Life Saved", telling of the successful intervention led by three eighth grade boys in one middle school following their participation in the Lifelines class, was debuted at the annual suicide prevention event in May. Its use is incorporated within Lifelines student curriculum. In addition, an out-of-state video production company was so impressed with the MYSPP produced video; they exchanged copies of their youth suicide prevention video for copies of "A Life Saved". Medical Care Development is distributing both videos within the state for the MYSPP.

- Beginning the Centers for Disease Control and Prevention grant to implement and evaluate a comprehensive school-based youth suicide prevention project was the major focus during the year:
 - Twelve Maine High Schools from throughout the state were selected to carry out the comprehensive youth suicide prevention program.
 - IRB (Institutional Review Board) approval was obtained for the study design from the Bureau of Health, USM and UM in May 2003.
 - All project schools worked on establishing their school protocols for addressing suicide prevention, intervention and postvention issues and developed agreements with local mental health crisis service providers.
 - Every High School organized and participated in a *Gatekeeper Training* session for local school and community leaders. Two hundred twenty-six individuals received the one day *Gatekeeper Training* through the project schools.
 - Sixty-nine of these gatekeepers were also trained in one of six *Training of Trainers* sessions to deliver suicide prevention awareness education programs. They, in turn, presented awareness education sessions to all school staff in all project schools.
 - The Lifelines curriculum was significantly revised to increase connections to the Maine Learning Results, to insert a youth-produced warning signs card and role-plays and to clarify curriculum components to enhance teaching of the curriculum with fidelity. Two training sessions were provided to forty-one health teachers, school nurse and guidance staff. These individuals will teach the Lifelines student curriculum in their health education classes beginning in January 2004.
 - Six of the 12 project schools will teach the semester long Reconnecting Youth (RY) curriculum to at-risk students. RY is a school-based indicated prevention program for young people, in grades 9 through 12, showing signs of poor school achievement, potential for dropping out of high school or other problem behaviors (such as substance abuse, depression, and suicidal ideation). The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse. Two training institutes for the RY teachers were provided in June and November. These project schools began preparations to teach RY in the fall months of 2003 and classes are expected to begin in January 2004.
 - Through the new CDC grant, MYSPP acquired the assistance of an Epidemiologist to analyze data and improve ongoing monitoring of suicidal behavior among Maine youth. She, working with the MIPP Health Planner, is analyzing hospital discharge data. They will work with EMS and emergency department data to devise a data system that allows the program to follow the incidence of suicide attempts over time. As there are far more attempts than deaths, this information will be very useful for planning future suicide prevention activities.

Other 2003 MYSPP Accomplishments of Note:

- Both the *Gatekeeper Training* and *Training of Trainers* programs were updated.

- In addition to work in the CDC project schools, 42 new Adult Gatekeepers were trained, through two training events, one school based session and another in a community agency. This brings the total number of gatekeepers trained by the program since the MYSPP began to 2,348.
- Over 1,000 individuals participated in awareness education sessions in 2003. A total of 4,754 individuals have participated in awareness education since the program's inception.
- The DBDS Crisis Clinician Conference was held March 31 and April 1 2003 in Augusta and was attended by 147 clinicians on the first day, and 140 on the second day. The keynote speaker both days was Lindsay M. Hayes, M.S., Project Director of the National Center of Institutions and Alternatives. He is a nationally recognized expert in the field of suicide prevention within jails, prisons and juvenile facilities. The title of his presentation was "Toward a Better Understanding of Suicide Prevention in Correctional Facilities". Mr. Hayes also led an afternoon workshop both days (1 1/2 hours) entitled "Suicide Prevention in Correctional Facilities: Key Components, Mortality Review, and Liability Issues". Thirty-five people attended the workshop the first day, and twenty-one people the second day.
- BDS Children's Services and the Maine Association for Directors of Special Education (MADSEC) established a liaison committee in November 2002 to enhance coordination and collaboration between local school personnel and the BDS contracted community case management service providers. Many cross training initiatives are underway, including the co-location of case management services within two local school programs. BDS and MADSEC have also identified and are currently planning cross training activities regarding Special Education Regulations, the Wraparound Planning Process and Training Curriculum, and Eligibility and Access to Case Management Services.
- Youth leaders from one Maine High School developed new wallet cards. "C.A.L." (Caring About Life) cards contain *warning signs*, *resources*, and *what you can do* sections. Peer leaders from another school developed new role-plays for the Lifelines curriculum and presented a youth suicide prevention workshop at a youth conference.
- The Maine Injury Prevention Program (MIPP) Public Health Educator participated in a local cable television program, hosted by a Police Officer from the Brunswick Police Dept. The 30 minute program featured the (MIPP produced with Children's Cabinet funding) "Kids and Guns: Making the Right Choice" video. Also taking part were the parents of a child who died as a result of a firearm injury. The program aired during October and November.
- The Program Web Site experienced 5,978 visits, about 500 per month, about half as many as last year.
- Resource materials distribution included:
 - 7,000 printed information booklets;
 - 800 program brochures;
 - 65 copies of the video "A Life Saved";
 - Over 100 copies of the video Kids and Guns: "Making the Right Choice"

- Numerous teen produced posters and book covers and Teen Yellow Pages;
- And several copies of the MYSPP Plan.
- To date, almost all copies of the MYSPP School Guidelines for Suicide Prevention, Intervention and Postvention have been disseminated. The Guidelines are available for download on the MYSPP Web Site and 1,770 were downloaded in 2003.

Notes about Continuing Challenges:

1. The program annually compiles youth suicide data for the five most recent years of data. This allows comparison of our relatively small numbers to regional and national data. Looking at data since 1987, there has been an average of 25 youth suicides each year in Maine. From 1997 – 2001, there were 119 suicides among 10 – 24 year olds. Maine's youth suicide rate of 9.46/100,000 is the second highest in New England (following New Hampshire at 9.48). The Maine youth suicide rate is 28% higher than the national rate of 7.35/100,000 for this period.
2. From the very beginning of the MYSPP, the comprehensive and systematic approach described in the program plan has guided program activities. The current CDC grant is providing an exciting opportunity to implement and evaluate this approach. However, with a very few exceptions, the comprehensive program approach has not been put into practice in most communities around the state due to lack of state and local resources. Throughout 2003, MYSPP consulted with several school districts, not involved in the project, to assist with crisis intervention, establish school protocols, provide gatekeeper training or awareness education, etc. The MYSPP approach is focused on building safe and caring schools where all staff understand their role in helping a young person at-risk and adult gatekeepers are trained to recognize and assist at-risk youth. Also, suicide prevention, crisis intervention and post-intervention protocols are established by administrators to guide staff and agreements are made with community crisis service providers in advance of a crisis. Education for youth is offered to encourage and empower them to seek help from adults they trust when a peer discloses suicidal intention.

MYSPP staff (Action Committee members) and the Steering Committee are discussing plans for future comprehensive program implementation when the CDC grant is over. While we will learn a great deal from the project about what works in schools and their surrounding communities, one key ingredient is already evident. A project coordinator providing technical assistance and training to local schools is crucial to the successful implementation of school-based activities. When the funding for this position is gone, the program will seek to fund a position to continue to integrate a comprehensive suicide prevention approach locally.

3. The MYSPP plan was originally written in 1998. We have learned much since inception of the program and there has been significant activity at the national level, including the issuance of a Surgeon General National Suicide Prevention Strategy and an Institute of Medicine Report on suicide prevention. Revision of the original MYSPP program plan began this year, and will continue towards development of an updated plan, targeted for 2004 completion. Action Committee members are currently reviewing the program plan strategies with key stakeholders and will recommend some new strategies and drop some current ones.
4. The MYSPP Coordinator and lead trainer are gathering information from school and community agency personnel to develop an advanced level training program. We have consistently had requests each year from individuals who attended Gatekeeper Training and are looking for more advanced suicide prevention training.

5. The MYSPP Web Site has remained the same since it was originally established and needs a serious makeover to more accurately reflect accurate suicide facts, program activities and opportunities. While there is widespread agreement that this work needs to be done, it is difficult to set aside the time necessary to accomplish it. The updated Web Site will likely be linked to the MYSPP plan revision in 2004.
6. As suicide attempt data are further analyzed and project evaluation results are evaluated, it is anticipated that the need for suicide prevention among specialized populations, such as juvenile offenders or special education students, may become clearer. Information gathered in other states indicates that some youth who attempt suicide have often been involved with the justice system. This information will be used to fine-tune the program plan and to broaden partnerships.
7. While much of MYSPP's efforts to date have been directed at school-based strategies, much remains to be done to integrate youth suicide prevention within other youth and family oriented community based programs. Several activities are being explored through the CDC grant in the twelve project communities, but more work remains to be done to increase community involvement in youth suicide prevention.
8. Crisis services are readily available statewide. There has been a significant growth in available children's resources (Case Management, Children's Behavioral Health and Habilitation Services, and other in home Treatments). BDS is continuing to explore means of more efficiently using its existing services.