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Maine Children's Cabinet

ANNUAL REPORT UPDATE 2006

“Working Together for
Maine Children and Families”

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tted by Lauren Sterling, Children's Cabinet Staff

Maine Governor's Children's Cabinet
Annual Report Update 2006

The Maine Governor's Children's Cabinet is honored to provide this Report Update on the past year's shared leadership activities, as well as the measurable outcomes produced through improved coordination across its departments and partner coalitions and organizations across the state.

Under First Lady Karen Baldacci's leadership, the Children's Cabinet established three primary priorities in Augusta of 2005 through which to organize and therefore direct their collaborative efforts. These include:

1. **Early Childhood** – with the goal to create coordinated and humane systems and policies at the state and local level and to ensure quality early childhood services to **all young children**.
2. **Youth in Transition**, expand, coordinate and strengthen *supports for youth ages 14-24, with the goal to ensure that EVERY youth and young adult, especially those with few assets and high risk factors such as substance abuse, mental health issues, academic failure, or marginalized in any way, is connected to a permanent home, family, and community through collaborative wrap-a-round planning partnerships between the Children's Cabinet agencies, families, schools, and communities.*
3. **Adverse Childhood Experiences (ACE)**, which links adverse experiences in childhood - such as abuse, alcoholism in the family, mental illness, etc. - to adverse health outcomes as the child becomes an adult. In understanding the research behind ACE, the Children's Cabinet seeks to foster conditions that: 1) Prevent, to the extent possible, such trauma in childhood; 2) Minimize the impact of traumatic experiences and events; and 3) Strengthen the resiliency of children, families, and communities in dealing with trauma.

The National Governor's Association and the members of the National Coalition for Youth acknowledge Maine's Children's Cabinet, as the national model for the highest level of interagency and cross-systems leadership on policy development and coordination of not only state-initiated efforts, but also in working through federal mandates that create barriers to effective services for children and youth and avoid duplication.

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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The Children's Cabinet

Who We Are: Maine Governor's Children's Cabinet is chaired by First Lady Karen M. Baldacci and has as its members, the commissioners of the five child-serving state agencies of Education, Health and Human Services, Corrections, Public Safety, and Labor. Also attending as members are the Governor's policy advisors, the leadership from the Communities for Children and Youth initiative, and the Muskie Institute.

2005/2006 Membership

Karen Baldacci, *First Lady* - Chair, Maine Children's Cabinet

Lauren Sterling, Staff

CABINET MEMBERS:

Susan Gendron, *Commissioner, Dept. of Education*

Jack Nicholas & Brenda Harvey, *Commissioner, Dept. of Health & Human Services*

Michael Cantara, *Commissioner, Dept. of Public Safety*

Martin Magnusson, *Commissioner, Dept. of Corrections*

Laura Fortman, *Commissioner, Dept. of Labor*

Patrick Ende and Daryl Fort, *Policy Advisors, Governor's Office*

CHILDREN'S CABINET SENIOR STAFF:

Sharon Sprague, Holly Stover, Ansley Newton, *Chairs, Regional Children's Cabinets*

Joan Smyrski, *HHS/Children's Behavioral Health*

Leslie Rozef, *Institute for Public Sector Innovation – Muskie School*

Jane Gilbert and Mary Fran Gamage, *Labor*

Denise Lord, Barry Stoodley, Roxy Hennings, *Corrections*

Susan Savell, *Communities for Children and Youth*

David Stockford, *Education*

Dr. Richard Aronson, *DHHS, Maternal Child Health*

Jim Beougher, *DHHS, Child & Family Services*

CITIZEN MEMBERSHIP – CITIZEN STAKEHOLDERS ARE ENGAGED IN CABINET PLANNING AND OVERSIGHT THROUGH ITS SUB-INITIATIVES SUCH AS THE TASK FORCE ON EARLY CHILDHOOD (100 STAKEHOLDERS) COMMUNITIES FOR CHILDREN & YOUTH (72 COALITIONS – HUNDREDS OF VOLUNTEERS), LEGISLATIVE YOUTH ADVISORY COUNCIL, SCHOOL AND COMMUNITY CLIMATE COMMITTEE, KEEPING MAINE CHILDREN'S CONNECTED, ETC.

What We Do: The Children's Cabinet Public Value:

1. Coordinates approaches to the delivery of services;
2. Establishes administrative priorities across departments and agencies/bureaus;
3. Distributes through its Senior Staff and the Regional Children's Cabinets Pooled Flexible Funds to fill one-time family needs where there is no other eligibility-related service available to keep a child or teen safely in the home;
4. Leverages resources both human (staff) and financial, that maximizes funding by collaborative grants and best use of federal funding streams, as mandates allow.
5. Operationalize the Governor's commitment to creating better outcomes for children and youth in Maine.

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

Measures: The Children's Cabinet pays close attention to the objective data reported by the Maine Children's Alliance's Annual Kids Count data Book, in addition to a variety of indictors developed and recorded through the Maine Marks as stated below.

Maine Marks for 2005

The purpose of the *Maine Marks for Children, Families and Communities* is to develop and report on a set of indicators that government, citizens and interested groups can use to track the well-being of the state's children, families and communities. These indicators are aligned with the vision and outcomes of the Governor's Children's Cabinet. The first edition of the Marks was released in February of 2001; the current 2006 edition represents the most current available data, in most cases including data through 2005.

Trends

For this discussion, we revisit and reconsider trends that have been presented in past years. Some established trends remain consistent, providing a basis for encouragement. Other indicators continue to pose areas of concern due to continuing negative trends. Here are a few select indicators that show a trend in the positive direction, towards enhanced well-being:

- **Decrease in Certain Types of Prohibited Behavior in Schools:** While the number of prohibited incidents consistently trended downward from 1998 to 2004, the *ratio* of offending students involved in prohibited behaviors more clearly demonstrates the considerable trend toward improvement. For instance in 1998-1999 there were 8.7 offenders per 100 students; the most recent data show a drop to 3.7 offenders per 100 students in 2003-2004 .
- **Decrease in Youth Pregnancy for Age Group 18-19:** Maine saw the sharpest decline in the nation in teen pregnancy rates during the first half of the 1990s, and pregnancy rates continued to decline in Maine and the U.S. from then to 2003, although some leveling off has occurred in most recent years 2002 and 2003, particularly in the 15-17 year age group.
- **Increase in Children Returned to Maine From Out of State Residential & Hospital Placements:** Over the past five years there has been a consistent decline in the number of children who are being served out-of-state. During this time period census of children receiving care and treatment in out-of-state residential programs was reduced by more than half from 110 children to 46 children
- **Youth Respecting Others:** The positive trend continues on this indicator; 86 % of all respondents in grades 9-12 report that they believe that people who know them would perceive them as respecting the values and beliefs of people who are of a different race or culture than themselves. Notably, 86% of female respondents agreed with this premise, while only 70% of males agreed.

- **Children and Youth with Health Insurance:** In 2004, 94 % of Maine's children under 18 years old had health insurance. This demonstrates definite improvement since 1995, when only 84% of Maine's children had health insurance. In comparison, 89% of persons under 18 had health insurance nationwide in 2004.
- **Increase in College/University Completion – Maine Compares Favorably to Other States:** Compared with other states, a very large percentage (76%) of freshmen at four-year colleges and universities return for their sophomore year. Likewise, a large percentage of first-time, full-time college students (57%) complete a bachelor's degree within six years of enrolling in college. However, return rates for a second year of community college have dropped by 9% from 1994 to 2004.
- **Decrease in Numbers of Youth Living In Homeless or Emergency Shelters:** According to the Maine State Housing Authority, in July of 2000, 2001 and 2002 over 400 of Maine's young people aged birth through 17 stayed in a homeless or emergency shelter either with or without other family members, but this number dropped to 315 in July 2003. In March of 2004, this number increased to 330 but dropped to 252 in March of 2005, the lowest number since 1997.

Select areas that continue to remain a concern are the following:

- **Number of Reports of Substantiated Child Abuse and Neglect:** The Maine Bureau of Child and Family Services received 13, 870 reports of possible child abuse or neglect in 1998 and this number rose to 17,017 by 2004. In 1998 approximately 20% of the reports alleging child abuse/neglect were substantiated, meaning that abuse and or neglect had in fact occurred. However, this number has dropped significantly to less than 14% in 2004.
- **Food Insecurity Persists:** For 2005, while nearly 8-in-10 Maine residents reported that they do not worry about running out of food, 22% reported that this statement is either "sometimes" or "often" true for them. As with housing issues, concerns over access to food also appear to cut across socio-economic lines, as 50% of the respondents with incomes less than \$25,000 annually stated that they either "sometimes" or "often" worry about running out of food.
- **Increase in Reports of Domestic Violence:** Law enforcement data shows that domestic violence assaults continue to be a significant problem in Maine. The total number of reported incidents dropped irregularly from 1995 to 1998, before rising again in following years. In 2004, there were more than 14 instances of such violence in households each day (one domestic assault every 1 hour and 41 minutes, on average). These figures likely understate the amount of

domestic violence in the state, since they are based only on reports made to the police; some victims are reluctant to report such incidents

- **Affordability of Higher Education:** Compared with top-performing states, families in Maine devote a very large share of family income, even after financial aid, to attend public and private four-year colleges and universities, which enroll over 80% of college students in the state (55% in public four-year schools, and 26% in private ones). The state's investment in need-based financial aid is very low when compared with top-performing states, and Maine offers few low-priced college opportunities. Over the past decade, the share of income needed to pay for college expenses after financial aid at public four-year institutions has increased from 29% to 34%
- **Decrease in Amount of Time Families Have for Leisure and Recreation:** For households with children 18 or younger, the downward negative trend on this indicator continues – falling almost 20 percentage points since the year 2000. For 2005, 55% of all respondents agree/strongly agree with the statement that they believe that their family has adequate time for leisure and recreation (74% agreed in year 2000). Twenty six percent of all respondents felt neutral about the statement and 19% responded disagree/strongly disagree.

Indicators in Support of Cross-Cutting Agency Priorities

For the year 2006, the Children's Cabinet has established a set of priority issues that reflect concern for children in the earliest years of development and focus closer attention on the years of transition from youth to young adulthood. Specifically, the Cabinet identified the issue of *Adverse Childhood Experiences* as key to understanding the impact of early traumatic events on long term development through adulthood. In a related manner, an emphasis on *Early Childhood Development and Investment* will ensure early childhood services to all young children. A third priority area supports all *Youth and Young Adults in Transition* into the workforce and higher education. The following established Maine Marks indicators are proposed to assist the Cabinet and the state's service providers in tracking and assessing progress in these designated areas.

In the areas of *Adverse Childhood Experiences* and *Early Childhood Development and Investment*:

- Teachers with Early Childhood Certification
- Opportunities for Expanded Day Kindergarten
- Newborns Receiving Home Visits
- Youth in Poverty

- Children and Youth with Health Insurance
- New Family Stability
- Prenatal Care
- Child Abuse and Neglect
- Low Birth-Weight Infants
- Young Children Immunized
- Youth Pregnancy
- Children Living in Female Headed Households Below Poverty Level

In the area of *Youth and Young Adults in Transition*:

- Youth Feeling Important
- Youth Opportunity for Community Involvement
- Youth Respecting Others
- Youth Suicide Attempts
- Youth Obesity
- Youth Mentored
- High School Completions
- High School Dropouts
- Youth Planning to Attend College
- Affordability of Higher Education
- College/University Completion
- Bachelor's Degree Attainment
- Youth in Apprenticeships/Internships
- Youth Success After Leaving Juvenile Justice System
- Youth in Community Service
- Perception of Youth as Community Assets

Maine Governor's Children's Cabinet Priority Initiatives, Leveraged Funds, Outcomes

Over this past year, the Children's Cabinet and its various priority initiatives have worked hard to document and report on the funds working to support the specific goals and outcomes of the programs and to articulate the resources leveraged as a direct and/or indirect result of the collaborative efforts present in each initiative.

Goal: To ensure that primary infrastructure supports are in place with staff to sustain collaborative and coordinated policies and service delivery systems for priority initiatives.

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
<p>Every Community is a Community for Children & Youth</p> <p>72 communities have develop Children's Leadership Councils to assess the needs of children and youth, implement prevention programs and policies, and evaluate changes in the community through effective collaboration..</p>	<p># of community coalitions partnering with state.</p> <p>% of citizens who feel positive about youth in their community.</p> <p>% of young people who believe that adults in their community care about them.</p> <p># of children/youth receiving all Five Promises.</p> <p># of coalitions awarded collaborative prevention grants.</p> <p># of community members/sectors formally engaged.</p> <p># of prevention programs established.</p> <p># of coalitions following plans based on assessment/data.</p>	<p>Funded by the Children's Cabinet</p> <p>Annual Investment of \$263,871</p>	<p>Central Office leveraged:</p> <p>\$ 76,418 Mentoring Grant</p> <p>\$240,240 IM4C Grant</p> <p><u>\$382,350</u> VISTA Grant</p> <p>\$699,008 in grants</p> <p>Local Coalitions leveraged over \$2,443,097*</p> <p>Vista Grant Income produced: \$545,254</p> <p>Total: \$3,687,359</p> <p>*(Leveraged total grossly under-reported here with only 10 communities reporting.)</p>	<ul style="list-style-type: none"> 150 Community organizations served by a full-time C4CY VISTA member 79,750 hours of service to youth 10,000 children and youth served via Vista supports Expanded college community mentoring model in 4 sites serving 600 children and youth Convened over 600 adults and youth at More Reasons for Hope Conference 	<ul style="list-style-type: none"> Children/Youth are respected, safe and nurtured in their community Children/Youth succeed in school, and schools succeed for children Communities promote & model clear standards of behavior Child/youth-serving organizations employ positive child/youth development strategies Communities keep children/youth at the heart of all decisions

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Homeless Youth:	# of youth identified and returned to permanent safe place	Reduced funding from the Legislature and coordinated by the Regional Children's Cabinets \$187,000	Leveraged by agency partners and Regional Children's Cabinet Collaboratives TBA	4,000 served Over 13,000 meals served 95% Mental health referrals 83% Substance abuse referrals 70% Educational referrals 67-75% Placed in safe home or shelter 60-90% linked to medical home 63-75 employed	<ul style="list-style-type: none"> Youth succeed in higher education Youth live in safe, permanent homes Youth are prepared to enter the workforce Youth are healthy physically and mentally
Youth Suicide Prevention: (Maine Youth Suicide Prevention)	% of reduced suicide attempts/successes # of youth and adults recognizing the signs of suicide and how to successfully intervene	Maine DHHS MCH \$200,000 other agencies in-kind	Leveraged by MYSP 2005 CDC \$250,000 SAMHSA \$30,000	<ul style="list-style-type: none"> 996 individuals trained this year 2 new grant awards obtained 	<ul style="list-style-type: none"> There will be an increased readiness to intervene among community members who attend Gatekeeper Training Youth who receive Lifelines Lessons will demonstrate increased knowledge about suicide and improved attitudes towards help-seeking for self and others. Youth who are at-risk of suicide will be identified, referred for help, and receive treatment There will be fewer suicide attempts among youth The five year rate of youth suicide will continue to go down
Regional Children's Cabinets/Local Case Resolution Committees (LCRCs):	# of families receiving immediate one-time support/service avoiding systems barriers.	Funded by Children's Cabinet \$270,000	Leveraged by LCRCs & Local Collaborators TBA	<ul style="list-style-type: none"> 16 local case committee collaborations statewide Over 200 families served 160 children and youth served 	<ul style="list-style-type: none"> Families' one-time needs are met Children/youth are able to remain safely in the home

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Keeping Maine's Children Connected	<p># of children/youth able to continue and complete educational program</p> <p>#Reduced number of transitions in each child's life</p> <p># of school, clinical, and state liaisons trained in coordinated transition planning for youth</p>	Funded by Children's Cabinet through DOE	Leveraged by KMCC \$250,000	<ul style="list-style-type: none"> • 180 Liaisons statewide, 60% trained; • Over 1000 people received cross systems training • Establishing model internal communication protocols in 6 schools • Advisory Comm with First Lady Chair reps include 4 youth, Parents, Foster Parents, State agencies, Schools, & facilities 	<ul style="list-style-type: none"> • Youth complete educational program • All schools and "sending facilities" have trained, single liaison contact • Youth have a reduced # of school transitions • Increased sense of belonging to the community
Mentoring	<ul style="list-style-type: none"> • # of Mentoring Programs meeting National Standards • # of mentoring relationships reported • # of programs included in Tracking System • # of programs involved in Advocacy & Education • Regional Partnerships 	<ul style="list-style-type: none"> • \$15,000 In-kind from Children's Cabinet (Communities for Children & Youth) • \$35,000-inkind WGME 13 – Public Awareness • \$9,150.00 MENTOR – Training & States Caucus 	Leveraged by MMP \$200,035.13	<ul style="list-style-type: none"> • 2 National Trainings • 35 Effective Practice tool kits distributed • 37 Signature Partners • 125 mentoring program partners • 4 sub-grants • 3 scholarships • 8 mini-grants • 3 established regions meet regularly • 2 Regions developing 7 state/national advisory committee participation 	<ul style="list-style-type: none"> • Increased consistency of program quality • More young people (Pre-K – 25 years) served • Local, regional & statewide funds distributed • Local, regional & statewide mentoring data available • Mentoring Programs improved standards • More youth receive additional scholarships • Grass roots advocacy network strengthened & grows • Increased regional collaboration • New regional partnerships develop • Increased # of youth served

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Task Force on Early Childhood	# of state and local leaders and providers, parents, and advocates working to create a "Humane System of Early Childhood."	\$0 budgeted	Leveraged \$220,000 through Title V (Maternal and Child Health Bureau) Grant for two-year planning into implementation.	<ul style="list-style-type: none"> First Lady Chair 15 state agency leadership reps. 18 private and non-profit organization leadership reps. 12 parents 1 steering committee and 4 action teams involving more than 150 stakeholders 	<ul style="list-style-type: none"> New parents are supported and competent in meeting the physical, emotional, and cognitive development of their young child. All parents of young children have access to quality, affordable early care and education. All young children are respected and nurtured in their community All young children enter school ready to learn.
Home Visiting	# of first-time parents receiving service & reducing tobacco, substance and child abuse incidents.	\$4.7 M from the Fund for Healthy Maine	<i>In their response to the home visiting RFP the agencies collectively estimated a total of \$2,073,772 would be drawn down in TCM over the 34 month period of the contract.</i>	<ul style="list-style-type: none"> * 17,850 home visits completed *Families demonstrating positive change to tobacco use or exposure to secondhand smoke . *Improved parental behavior: for child development, child nutrition, and child discipline. *99% of children had a primary caregiver *97% were up to date on immunizations *2% of families had child protective activity compared with the state rate of 2.8%. 99% of community collaborators feel that the programs effectively help families 	<p>Primary goals:</p> <ul style="list-style-type: none"> Optimal health, development and well being for mothers, fathers, families, pregnant women, infants and children All Maine youth are healthy, safe, and respected <p>Objectives:</p> <ul style="list-style-type: none"> enhance family functioning by building trusting relationships, teaching problem-solving skills, and improving the family's support systems; regularly identify with families their strengths and needs and refer as needed; promote positive parent-child interaction; and promote healthy childhood growth and development.
	TOTALS:	Invested: \$5,680,021	Leveraged: \$6,711,166.13		

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, 72 communities have joined the network, representing more than 326 municipalities and 70% of the state's population.

In 2005, the Children's Cabinet distributed Community Resource Grants of \$730 to each of the 37 partner communities that applied. These grants were used to support these local C4CY coalitions, and included work in the following areas, which leveraged \$2,443,097 in additional resources towards these projects and services:

- **Community Development:** neighborhood meetings to determine citizen-based needs for children and youth; community assessments, strategic planning and coalition team building; the recruitment and support of new agencies to work with local schools; VISTA placements to support the capacity building of local partner agencies and initiatives.
- **Communications:** a youth to youth website and Youth Speaks column in a local newspaper; an online, printed catalogue of asset-building activities for children and youth; a public education campaign for youth suicide prevention; and monthly communications about such activities as Keeping Kids on Track, Girls Unlimited, and a Back to School Resource Fair.
- **Substance Abuse Prevention:** the development of a film on social norms and underage drinking; youth improvisational, interactive theater focusing on decreasing substance abuse and violence; a Speak Out Against Teenage Drinking; Maine Youth Voices; a DART Activities Fair; and alternative activities to drugs and alcohol through community service.
- **Juvenile Delinquency Prevention:** Juvenile Diversion Program start-up funds.
- **Health Education:** instructor for physical activity to combat youth obesity and inactivity; youth to youth, and youth-adult healthy activity training; smokeless school days program; food for homeless and high-risk young people; student running/walking community race; nature trails; playground equipment; "Island Walkers" program as an

alternative to traditional physical education; and break dancing training for youth.

- **Early Childhood:** healthy start resources for parents of babies through pre-school age; early literacy programs; outreach to local daycare providers; measurement of services supporting the "Born Learning" initiative; and a school readiness fair.
- **Youth Leadership Development:** youth councils; youth summits; native youth training; youth/adult board training; scholarship funds; summer workshop for youth leaders; and a Boys and Girls Club youth leadership development training series.
- **Child and Youth Development Programs:** teen centers and community forums; asset development survey; recreational equipment and opportunities; asset travel bear program; peer listeners; art-based after school program; STAR program; and Boys and Girls Club development.
- **Engaging Adults:** recruitment of adults to work at teen centers; youth/elders needs network; contingency planning to retain children and parents in parenting education, substance abuse prevention and mental health counseling programs; exploring solutions group; parent education about sexual abuse; child-friendly forensic interviewing room; family resource fair; and multi-generational events.
- **Mentoring:** planning and providing monthly mentor/mentee gatherings; Acorns to Oaks, a school based mentoring program; expanding mentoring services; and a summer mentoring program.

"In Maine, All Young People Are Known...Loved, Respected, Nurtured."

In 2004, the Children's Cabinet endorsed a new initiative to be implemented by Communities for Children and Youth: *"In Maine, All Young People are Known....Loved, Respected, Nurtured."* This initiative is a collaboration with the Search Institute in Minneapolis, Minnesota—one of the key national non-profit organizations doing research and publishing resources on positive youth development.

During 2005, C4CY and Search Institute staff have been working together to prepare several proposals for foundation and/or federal funding to support significant research on the application of the Developmental Asset Approach to the prevention of poor health outcomes for children and youth, as well as the mobilization of schools and communities for the purpose of improving the academic performance, creating caring school and community environments, and raising the aspirations of their young people. In the meantime, C4CY staff, with an Americorps*VISTA member supported by the

Maine Community Foundation in partnership with the Maine Children's Trust, have been working intensively with the Boothbay Region and Portland School Districts to create significant asset building initiatives.

"More Reasons for Hope: Creating Positive Connections Between Youth and Adults"

On October, 19, 2005, 665 youth and adults came together at the Augusta Civic Center to explore a variety of ways to create youth/adult partnerships in the process of changing all sectors into places that welcome and empower the leadership and full participation of youth. The conference included a focus on creating a caring school climate, sustaining after school opportunities for children and youth, and the importance of investing early in young children and their families. Inspired by the presentation of Mark Scharenbroich, Emmy award winning educator and humorist, students and adults explored a wide range of issues and opportunities.

Notably, some of the immediate results of the conference include the creation of an asset building initiative in Boothbay and the creation of a City Youth Advisory Council in Belfast. In the first example, the Boothbay Region School District brought 30 administrators, teachers and students to the conference. During one of the learning sessions, they met as a group and decided with their Superintendent to create a "Superintendent's Cabinet" that would focus on asset building in their schools. They have been meeting weekly ever since, with the support of a C4CY VISTA, to create a Youth Summit to be held on March 6, 2006. This Summit will be sponsored by the local YMCA in collaboration with the schools and community leaders. In Belfast, conference participants were encouraged by the presentation of the Lewiston Youth Advisory Council, and have advocated for the creation of a similar youth leadership council in their own community.

Internet Mapping for Communities Coming Soon: www.communitydata.info

This project is completing the development of a web site that will enable local community organizers to access and map data about their local towns and counties. The product will be ready to use by the end of March, 2006, and will include census, economic, Maine Youth Drug and Alcohol Survey data, Department of Education data, and some Department of Health and Human Services data related to early childhood. The capacity is being built into the program to continuously add new data, and currently the addition of information about child care in Maine is being planned. The production has been a collaboration between the Wilderness Society of Vermont, the Muskie School of Public Service/Institute for Public Sector Innovation, and C4CY

staff, with the participation of Children's Cabinet agency data personnel. Funded by a two-year grant from the US Department of Commerce's Technology Opportunities Program, the final platform will be supported by MEGIS (Maine GIS mapping office).

C4CY College/Community Mentoring Project

In 2005, C4CY received a grant from the Byrne Formula fund out of the Department of Public Safety's Maine Justice Assistance Council to reduce juvenile crime and delinquency through the evidence-based practice of mentoring high risk children and youth. This project is replicating the Colby Cares About Kids mentoring model in three additional college communities: Bowdoin/Topsham, University of Maine at Orono/Old Town, and the University of New England/Biddeford. During this year, over 200 new mentors have been recruited among college students who are now mentoring young people identified by guidance counselors as in special need of support. All of the mentors have been trained in the developmental asset approach to positive youth development in order to lend a greater degree of intentionality to their relationship with their mentee. All related school personnel and community based organization staff working with the mentoring programs have also had access to this asset development training. Staff assistance has been provided through a collaboration with the Maine Mentoring Partnership.

C4CY AmeriCorps*VISTA Project

Communities for Children and Youth AmeriCorps*VISTA Project

The Communities for Children and Youth (C4CY) VISTA Project places full-time, full year AmeriCorps*VISTA Members with youth serving organizations across the state. The purpose is to increase capacity to promote the healthy development of Maine's children and youth who are at an increased risk of poverty.

In 2005, fifty AmeriCorps*VISTA Members served forty-one different youth serving organizations located from Fort Kent to Kittery. Combined, these volunteers delivered the equivalent of thirty years of full-time service. Within C4CY partner organizations, the VISTA Members provided "significant support" to over 150 youth serving programs. The VISTA Members supported in-school, out-of-school, and summer programs that focused on a

broad range of content areas including: arts education, anti-bullying, leadership development, academic support, pre-literacy, mentoring, service learning, health promotion, career education, social skill development, and alcohol, tobacco, and drug prevention. While the content areas vary, these programs share a focus on child and youth development, with particular attention to serving those who are at an increased risk of poverty.

The VISTA-supported programs served over 10,000 children and youth, facilitating an estimated 176,000 youth contact hours. VISTA Members supported these programs in numerous ways, however, the mission of increasing organizational capacity and effectiveness often resulted in focusing on leveraging volunteers and raising financial resources. In 2005, VISTA Members recruited, screened, trained, and/or otherwise managed 4,875 volunteers who then delivered over 79,750 hours of service to youth development initiatives. The VISTA Members also provided significant support in raising in-kind **contributions valued at \$358, 039, and \$187,215 in grant and other cash donations.**

The C4CY VISTA project is also working with partner organizations to assess program impact on youth and raise quality for programs in general. In 2005, the C4CY VISTA project, in partnership the Muskie School of Public Service, designed a research project to assess the developmental assets of youth served by partner organizations. A pilot of the instrument with select partners is scheduled for the spring of 2006. We expect that partner organizations will be able to use the data regarding their own youth to assess and refine their program offerings. The C4CY VISTA project is also working with other stakeholders to promote a dialogue about quality in youth development programming. In cooperation with 21st Century Community Learning Centers, and the Office of Child Care and Head Start 12 – 15 year old programs, the C4CY VISTA project sponsored a professional development day that explored nationally emerging standards in the youth development field. Work will continue with these and other stakeholders to build a common understanding of what constitutes quality in youth programs and assist organizations to consistently delivering it.

STATEWIDE HOMELESS YOUTH INITIATIVES

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 Youth¹ established a mandate for development of comprehensive community plans for youth who become homeless.
- 2) Youth in Need of Services (YINS)² 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 Homeless Youth Update

The continuum of care for homeless youth in Greater Portland continues under the umbrella of Greater Portland Partnership for Homeless Youth. Through the collaborative of 30 individuals representing nonprofit agencies, municipalities, state agencies, schools, legislators and others the Partnership continues its work in identifying and filling gaps in care. Services address Street involved Youth as well as those who are at risk of becoming Street Involved.

¹ Resolve 55. LD 2181. Resolve, to Help Homeless Young People Return to Home or Safe Living Situations." Effective June 9, 1999.

² Chapter 778, LD 1623, An Act to Provide Services for Children in Need of Supervision. Effective May 10, 2000.

In 2006, the Partnership will continue to address emerging needs and service gaps including teen pregnancy and substance abuse, staff training across all partnership agencies.

Street Involved Youth:

12,858 meals were served at the **Preble Street Teen Center**; 90 new intakes were opened and more than 200 youth received casework and other services in 2005. Through the support of the Partnership, a full time caseworker connects youth from the Lighthouse shelter to the Preble Street Teen Center. Another temporary position provides outreach to assist specifically with young kids who are on the street and need creative engagement to keep them off the streets and to reconnect to their families.

The Connect Team an ACT-like team consisting of nurse, case manager and outreach worker continues serve the most vulnerable youth with mental health and substance abuse needs who have not engaged in services other than basic needs. With funding from Maine Health Access Foundation (MeHAF), MaineCare, DHHS and Regional Children's Cabinet and through collaborations by City of Portland Public Health, YWCA, Preble Street, Maine Medical Center and Portland Help, the Connect Team was formed in 2004. Outcomes are tracked for housing, substance abuse, mental health treatment, criminal justice encounters, and hospitalizations, as well as education, employment and other social variables for youth.

Other services within the continuum include **Learn to Earn**, an innovative approach created to engage youth in gaining vocational skills and work experience. Adapted from a curriculum from Jobs for Maine Graduates, and coupled with job shadowing opportunities in areas of interest, the primary goal is to help youth develop skills and interest in finding employment and to encourage a return to working on educational goals. This project is a partnership between the Portland Adult Education Street Academy and Preble Street. During the 2004-2005 academic year, twenty participants received stipends for job shadows in 18 different sites. At the end of the year, 70% of participants were employed, 40% had started or completed an educational program (primarily High School Diploma) and 50% were housed, including 8 in their own apartments.

In addition, the **HIP Program (Holistic Individual Plan)** that provides wraparound support to homeless youth who are working on life goals including housing, employment, substance abuse, mental health, health, and education. In the last year money was spent on a range of needs including college application fees, clothing, course/tuition fees; nutritional fees; household supplies; school books; maternity/post natal supplies; and transportation.

Youth who requested HIP funds after creating and working on plans showed substantial gains in housing and employment status. 67% were housed at the time of seeking HIP funds (33% had maintained housing for 6 months.) 63% were employed (23% for 3 months). 88% were pursuing education.

Portland Partnership for Homeless **Youth Service Review Team** meets as needed to review cases of youth who have been at high risk on the streets. This multi-disciplinary collaborative approach was created to assist challenging to serve youth in new or innovative ways. Team members include Preble Street, Day One, YWCA, DHHS' Child Welfare and Children's Behavioral Health Services, Portland Homeless Health, Ingraham and Sweetser Crisis Programs, as well as treatment providers, hospitals, youth, and parents when appropriate.

An Evaluation Plan across partner agencies was developed to track progress of homeless youth. With support from University of New England, Preble Street Teen Center tracks service use and outcomes. Information is maintained in a single database for all new youth who do intakes at Preble Street. This model will result in understanding of youth patterns of service usage and of youth's progress in housing, education, employment, and health over time. Initial findings in tracking 281 youth across Teen Center partners over a 6 month period include:

- 1 Youth most often seek basic needs (food and clothing), as well as employment and medical attention at first intake by Preble street staff.
- 2 Nearly 100% of youth referred from Preble Street caseworkers for mental health (YWCA), education (Street Academy), or substance abuse services (Day One) were engaged with those on site providers within 90 days and 72% continued involvement at 180 days. Rate of retention confirm the effectiveness of the collaborative model maintaining service provision and minimizing drop out rates.
- 3 Nearly one half of the youth tracked had a positive change in homeless status at the 90 day mark. Youth who have been homeless more than 6 months remain the most likely to remain homeless and most difficult to engage in services.

New to Street Youth:

With funding from DHHS (and past funding from the Regional Children's Cabinet) the Partnership continued to support rapid and effective intervention with homeless youth who are street involved or at risk of becoming street involved.

The YINS program of Youth Alternatives, Inc., 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, 63 youth and their families were served in 2005. Eighty six percent of the youth were from Cumberland County and fourteen percent from York County.

The Major Issues leading to referral were as follows:

Family homeless	12
Lack of parental supervision	16
Youth mental health	19
Family violence	6
Parent drug/alcohol abuse	10
Parent mental health	12
Youth violence, physical abuse, sexual abuse	2 each

Youth received the following services while in the program:

Family mediation/family counseling	15
Shelter placement	6
Crisis intervention connection	13
Secured permanent housing	14
Youth assisted in returning to school	14

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. As in years past, The Partnership continues to work towards improved linkages between providers, state agencies.

Region II Homeless Youth Update

The Region II Homeless Youth collaboration is led by Volunteers of America and includes a significant group of community-based partners.

Population Served:

Homeless juveniles, who are identified as being at risk and in need of intervention and prevention services. The target population includes youth between the ages of 10-17 (but may be up to 21 in some cases), who appear to be in imminent danger of becoming homeless, are currently homeless due to physical , emotional, or mental health needs are eligible for services through this project, or individuals that are recognized as being at risk of becoming homeless and the program removes some of those barriers along with other community providers.

Referral Process Requirements:

1. Referrals for the program may come from many sources: law enforcement agencies, schools, communities and parents, community outreach, social services agencies and hospitals. All youth are accepted as part of the HYI program as long as they are in need of services and support regarding their conditions of residence and fall within the acceptable age criteria.
2. Pre-Service Assessment process:
A potential client will be assessed to determine the extent and immediacy of need.
3. Exclusion:
No client will be excluded from services unless they pose an immediate threat to the case-manager.

Geographic areas in Maine served:

Androscoggin County

Client Outcomes:

- ✓ 90% of clients receiving medical care if needed.
- ✓ 75% of clients temporarily placed in emergency shelter (30 days or less) or permanently placed with a relative or surrogate family (31 days or more.)
- ✓ 100% of clients receiving an initial YASI, YLS/CMI or other appropriate tools within 72 hours of initial contact with the Case Manager.
- ✓ 85% of clients able to access food stamps or medical insurance.
- ✓ 75% of clients participating in recommended mental health treatment or substance abuse treatment (group, individual, self-help groups.)
- ✓ 50% of clients families participating in case planning and the implementation of
- ✓ 75% of clients participating in an educational/vocational program or obtaining employment.
- ✓ 85% of clients with same or lower YASI, YLS/CMI or other appropriate scores at time of completion of services.

Client Outcome Measures:

- ✓ Client reference and contact logs.
- ✓ Pre-post YASI, YLS/CMI or other appropriate scores.
- ✓ Case notes on the status of family contact.
- ✓ Post program client feedback survey.

Process Outcomes and Measures

- ✓ Number of individual clients successfully referred vs. the total number of contacts.
- ✓ Number and names of agencies providing support services to client.
- ✓ Number of pre- and post- YASI, YLS-CMI or other assessments completed.
- ✓ Numbers of staff interactions with clients.
- ✓ Number of client and stakeholder surveys completed.

Region III Homeless Youth

1. Adverse Childhood Experiences: The Region III Regional Children's Cabinet provided funding to the Rapid Response Program of Hancock and Washington Counties. This program provides trauma debriefing to family members, primarily children who have been traumatized by violence in their home.
2. Contract funding through DHHS Child Welfare and Behavioral Health was sufficient to fund Shaw House homeless programs. The Regional Children's Cabinet invested \$17,000 to provide education and outreach services to rural communities that are not accustomed to homeless services. Shaw House met with Washington and Piscataquis County students and school staff to discuss issues of homelessness, determine the need of such services, and provide education. Their report is attached to this document.
3. The RCC provided \$5,000 of funding to Community Health & Counseling Service's art program. The goal of the art program is to introduce children and their families to the impact arts have on learning and development. They seek to provide access for children of all abilities to achieve skills in the arts through exposure and mentoring from professional artists. They have observed that children's involvement in the arts often results in the development and enhancement of self-confidence as well as social, physical, and academic skills. The latest research, documented in Third Space: When Learning Matters by The Arts Education Partnership, support their experiences about how the arts are exemplary in building resilient and healthy children, enhancing their achievement in school, and verifying that in addition to academic benefits, the arts unlock children's imaginations; encourage curiosity, enthusiasm, dedication; and teach self-discipline, perseverance, critical thinking, and flexibility. CH&CS have found that all of these attributes come through in children

who participate in their art programs. A complete report with stated goals and outcomes is available upon request.

Shaw House:

Shaw House has provided vital services and support to over 3,750 young people, aged between 10 and 24, since first opening its doors in 1991. Currently the agency operates a low-barrier shelter, a drop-in day program/Basic Center, a street outreach program, a transitional housing program, a health clinic and previously had piloted the Region III Children's Cabinet's research program "Rapid Response" since September 1999.

In 2005 the Basic Center/Day Program at Shaw House, provided services and support to 116 runaway, homeless and at-risk young people. The program design and strategies for implementation are extremely cost effective and build on existing core services currently offered through the Shaw House Programs. A specific example of this is demonstrated in the Rapid Response approach, through collaboration and coordination of a full range of services, resources and supports.

The Basic Center helps with increasing educational achievements and skills, obtaining safe housing, increasing job prospects and increasing in participation in training. In addition, the program addresses the immediate needs of runaway, homeless and street youth by providing shelter, food, clothing, referrals, needs assessment and counseling and reunifies where appropriate, with safe family and natural support systems, stable living conditions and positive choices.

For the 2005 fiscal year the Day Program/Basic Center served 116 unduplicated youth, 41 of which were first time homeless. Case managers performed 42 Needs Assessments on new youth and, assisted youth in forming 68 Individual Development Plans. Of the 356 goals identified in these plans youth met over 130 of them. Case managers made 406 referrals to youth regarding services available to meet their unique goals. There were 1,001 referrals and/or contacts made to outside agencies for service provision to the youth. Legal guardians were contacted by case managers a total of 232 times with an additional 41 contacts to natural supports. As a result, the following outcomes were achieved by the youth served:

- 30 youth returned to their home of origin or to a natural support person
- 29 youth obtained an alternative, safe, permanent housing situation
- 40 obtained mental health services
- 60 medical appointments were obtained

18 efforts to obtain entitled services such as food stamps, MaineCare, WIC etc. were completed
 10 goals towards receiving substance abuse treatment were met
 16 goals to obtain educational opportunities were met
 12 goals to obtain employment were met

In addition to these youth outcomes, Shaw House has provided:

- 1,240 hours of substance abuse education

In addition, 1,095 meals were made with an average of 8 people served per meal. Our food cupboard provided food for 252 families in the community. Our clothing closet is a resource for hundreds of people.

Last year the outreach program continued to connect with runaway, homeless, at-risk youth and young adults on the streets and on "their turf" to provide them with support, information, basic needs assistance and tools to lessen the trauma of street life and move toward a healthy lifestyle and positive future.

For the 2005 fiscal year the street outreach program served 240 unduplicated youth. The provided youth with the following basic needs services:

Food	843 times
Transportation	440 times
Clothing	254 times
Hygiene	178 times

Additionally the teams worked to ensure that clients received information that would further help them to meet not only basic needs but also to address the core issue surrounding their homelessness. Outreach workers made a total of 1,170 referrals to youth regarding these services. A portion of these referrals are as follows:

Housing Opportunities	191 referrals
Emergency Shelters	142 referrals
Mental Health Services	79 referrals
Medical Services	74 referrals
Education Opportunities	77 referrals
Employment Opportunities	162 referrals
Substance Abuse Treatment	29 referrals

In order to assist youth in receiving services outreach workers provide advocacy services on behalf of youth to outside agencies. In 2005 outreach

workers made a total of 274 contacts and/or referrals to outside agencies to obtain services such as Shaw House or other emergency shelter, permanent housing, medical and mental health services, substance abuse treatment, and other unique services as identified by the youth. As a result the following rate of outcomes were achieved by outreach clients in 2005:

Other safe, permanent housing achieved	24
Mental health services accessed	38
Medical appointments obtained	50
Emergency shelter access	17
Educational opportunities	10
Employment achieved	19
Substance abuse treatment	5

TASK FORCE ON EARLY CHILDHOOD

Since 1998, the Children's Cabinet has supported a statewide coordinating collaborative to convene stakeholders and agencies/programs to improve systems for young children and their families. In 2003, the federal Maternal and Child Health Bureau provided the financial support to formally promote effective systems change through Maine's *Early Childhood Initiative*. The Initiative has served as the tool to focus years of research, dialogues and advocacy from the Governor's Children's Cabinet's Task Force on Early Childhood and its partners into a thoughtful, intentional blueprint for how Maine can demonstrate the esteem in which we hold our children.

**Children's Cabinet
Early Childhood
Initiative Goal:**
To create coordinated
and humane systems
and policies at the
state and local levels
and to ensure quality
early childhood
services to all young
children

Using the State Plan for Humane Early Childhood Systems for Maine, the Early Childhood Initiative seeks to integrate state and community activity related to early childhood systems. The state plan presents some of the best thinking of scores of experts in Maine, including parents and other family members, neighbors, government agencies, community non-profit organizations, business leaders, economists, and service providers. These dedicated groups have analyzed the current resources, costs, gaps, and strengths of our public health and social service systems.

During the summer of 2005, the Children's Cabinet set an agenda for the upcoming years. Naturally, early childhood health and development was one of its priorities. With First Lady Karen Baldacci

(<http://www.maine.gov/firstlady>) as its Chair, the Task Force even now has the dedicated leadership of the Commissioners of Education and Health and Human Services to propel the Early Childhood Initiative into actualized goals.

Coordinated by Sheryl Peavey, staff to the Task Force, the work of all the groups was synthesized into five strategic themes:

- Parent Support Resources
- Early Care and Education (as an economic development issue for Maine)
- Mental Health and Primary Care
- Community Involvement and Supports
- Oversight and Accountability on the part of state govt., agencies, communities and families

As the new year begins, the Task Force structure will be modified to best blend the energies, ideas, commitments. It will radiate the broad spectrum of stakeholder commitment to demonstrate that Maine families, communities, towns, schools, organizations, business and state government do indeed VALUE its children and realize the mission to create and sustain a unified, statewide early childhood service system that provides essential resources, shares common standards for quality and respects the diversity and uniqueness of individual children and their families. With this system in place, families assume responsibility to nurture, protect, and encourage the cognitive, emotional, spiritual and physical development of their children; and Maine communities assume responsibility to strengthen families and foster the healthy development of children.

The 2005 Task Force on Early Childhood was comprised of nearly 150 individuals in four action teams and a Steering Committee that had within its membership the following dedicated experts:

Dr. Andy Cook, Children's Behavioral Health Services
Aubrie Entwood, Maine Chapter AAP
Betsy Squibb, UMaine Farmington
Brian Dancause, Dept of Economic and Community Development
Dr. Burt Richardson, Healthy Future's Pediatrician
Carolyn Drugge, DHHS/Office of Childcare/Head Start
Dana Connors, Maine Chamber of Commerce
Deb Schaedler, DHHS/ Office of Child and Family Services
Debra Rainey, Action Team Liaison
Donna Overcash, Child and Family Policy Consultant
Dorothy Schwartz, Maine Humanities Council
Ellen Bridge, Public Health Nursing
Ellie Goldberg, Maine Children's Alliance
Gladys Richardson, Action Team Liaison

Jaci Holmes, Action Team Liaison
Jan Clarkin, Director, Maine Children's Trust
Jane Gilbert, Dept. of Labor
Jane Weil, Maine Association of Infant Mental Health
Janine Blatt, Dept. of Education
Lauren Sterling, Children's Cabinet, Steering Committee Staff Liaison
Laurie Bertulli, Child Development Services
Linda Butler, Spurwink
Linda Labas, Center for Community Inclusion and Disability Studies
Lu Zeph, Center for Community Inclusion and Disability Studies
Mary DeRosier, United Way
Paula Thomson, State Planning Office
Pam LaHaye, University of Maine Cooperative Extension
Dr. Richard Aronson, DHHS/ Maternal and Child Health
Rita Fullerton, Child Care Options
Rob Ellis, Child Advocate
Shalom Odokara, Women in Need
Sheryl Peavey, Staff
Steven Rowe, Attorney General
Sue Reed, Director, Maine Roads to Quality
Susan Savell, Communities for Children & Youth
Valerie Ricker, DHHS/ Division of Family Health
Victoria Kuhn, Anthem/Blue Cross/Blue Shield

Family Strengthening through Home Visitation Programs

In 1998 the Legislative Task Force on Parents as Children's First Teachers recommended that Maine adopt a model of home visitation universally offered to all families regardless of age, income, education, or even number of children. This Task Force suggested the use of three models: Healthy Families America (national), Parents as Teachers (national), and Parents Are Teachers, Too (developed locally in Maine). The Task Force felt the decision as to which model(s) to use should be made at the community level based on existing resources and services.

Using the tobacco settlement monies through the Fund for a Healthy Maine (FHM), Maine allocated some of these resources in an investment to strengthen Maine families through home visitation. As of fiscal year 2005, \$4.7 million from the FHM is dedicated to the parent education and family support services of our home visiting program. Services are available in all counties through 14 contracted agencies. Although the Parents as Children's First Teachers Task Force recommended home visiting for all births, because

of the limited funding, services are available only to first time families and pregnant and parenting adolescents in Maine.

Primary Objectives and Goals

The home visiting programs have two primary goals for their work:

- Optimal health, development and well being for mothers, fathers, families, pregnant women, infants and children
- All Maine youth are healthy, safe, and respected

The programs accomplish these goals with objectives that seek to:

- enhance family functioning by building trusting relationships, teaching problem-solving skills, and improving the family's support systems;
- regularly identify with families their strengths and needs and refer as needed;
- promote positive parent-child interaction; and
- promote healthy childhood growth and development.

The investment in strengthening Maine families included a decision to evaluate the programs and their impact in a multi-year evaluation. The first year of the evaluation included the development of a tracking system as well as a process report. The second year included the implementation of the tracking system with modifications to ensure accuracy, consistent usage and universal application. Sources of data for the evaluation report include the family survey, community collaborators survey, the tracking system and interviews with the program staff. The third year of the evaluation shifts the focus to analyzing the data, demonstrating the effectiveness of the program, and sharing best practices among the home visiting programs and their partners.

Among the findings of the third year of evaluation are:

Sampling of Home Visitation Participant Demographics

- Mother is the primary caregiver 98% of the time
- 39% of the parents served were under 24 years old
- 35% are single parents
- 26% earn less than \$10,000 annually, compared with a State rate of ten percent
- 64% had completed some high school education or had received their high school diploma
- 13% of enrolled children were identified with developmental delays

Sampling of Home Visitation Process

- 33% enrolled in the program prenatally
- **17,380 home visits were completed by programs during fiscal year 2005; a 9% increase in services from 2004**
- Parents receiving a greater frequency of visits per month (3–4 visits) were more likely to report an improvement in parenting ability than those receiving fewer visits
- 92 % of community collaborators believe their agencies are greatly strengthened by partnerships with home visiting
- Nearly 99% of community collaborators feel that the programs effectively help families

The local programs also provide information on other community resources that assist families. The community resources most frequently reported by families as useful were child care, WIC, housing, and assistance with finding a counselor.

Examples of Successful Home Visitation Outcomes

Health-related outcomes:

- 99% of enrolled children had a primary care provider
- 98% of enrolled children were up-to-date on their well-child checkups
- 97% of enrolled children were up-to-date on immunizations at age two (compared to the median coverage of 78% in Maine for two year old children)
- 97% of enrolled children had health insurance (more than half through MaineCare)
- Enrolled families had higher rates of breastfeeding at one year than Maine and national percentages
- Enrolled families demonstrated significant improvements in overall home safety from enrollment to the most recent home visit
- 27% of families noted at enrollment that secondhand smoke was a concern for their children's health
 - of these, 87% have changed their behaviors to reduce or eliminate their children's exposure to secondhand smoke

89% of parents report their knowledge about caring for their baby/child increased moderately to greatly because of their home visit participation.

KEEPING MAINE'S CHILDREN CONNECTED

Background and Goals

There is an increasing number of children and youth who are experiencing transitions into or out of their home, school, or community – resulting in disruptions in their education. Keeping Maine's Children Connected (KMCC) is an integrated approach to help support children and youth who experience school disruption due to homelessness, foster care placement, correctional facility placement, in-patient psychiatric care, or combinations of the above. The intent is to simplify the process of transition to and from educational programs so that these students can stay connected or can successfully re-connect to their educational programs as soon as possible.

This initiative is designed to improve educational outcomes for these youth by:

- 1) reducing the number of school transitions in their lives
- 2) increasing their sense of belonging to the school and community
- 3) supporting continuity and completion of their educational program.

Our goal is to facilitate communication among those people working with the child or youth. This will be accomplished through:

- 1) a standardized system of communication among state and private agencies, correctional facilities, in patient psychiatric facilities and school districts.
- 2) an increased understanding by all involved personnel of issues and policies affecting "youth who are in transition"

Current Directions

The primary goals for Keeping Maine's Children Connected are:

Goal 1: To broaden existing coordination and collaboration at the state, regional, and community levels to enhance the implementation, evaluation, and sustainability of the Keeping Maine's Children Connected Model.

Goal 2: To improve educational outcomes for youth through continuity of educational programming and reduced numbers of disruptions in educational programs

In 2005, Keeping Maine's Children Connected:

- ♦ Increased Number of Liaisons Assigned within State Agencies, Facilities and School Districts statewide to create a Standardized System of Communication to support successful connection of youth in the community

Too often staff and parents waste valuable time trying to figure out how to contact the best person who can support the youth through a difficult transition period. Through the Keeping Maine's Children Connected Initiative, the liaison can play a valuable role by determining who is the best person or team within their school district, agency or facility to assist with the child or youth's support plan. The liaison can also work with staff from their own "agency" to facilitate communication among those working with the child or youth to ensure that everyone is working together with the student to develop a supportive plan. By contacting the liaison, staff and parents can save time and use resources more efficiently.

Presently there are 179 liaisons listed on the database .The list of liaisons include representatives from:

- All Regional State Agency Offices including Department of Corrections, Department of Health and Human Services, Office of Child and Family Services(Child Welfare Services and Children's Behavioral Health Services) and Judicial Branch, Family Division
- In-Patient Psychiatric Hospitals including Northern Maine Medical Center, Acadia Hospital, Mercy Hospital, Spring Harbor Hospital, and Hampstead Hospital
- Juvenile Correctional Facilities including Long Creek Youth Development Center and Mountainview Youth Development Center
- 95 % School Districts Statewide.

- Expanded Keeping Maine's Children Connected Website

Liaisons are listed on a database which can be accessed at the Keeping Maine's Children Connected website

www.maine.gov/education/speced/kmcc/index.htm.

By utilizing the database to contact the "liaison" in the appropriate school district, state agency, correctional or psychiatric treatment facility, one can expedite communication thereby ensuring that the right people are working together with the student in the design and implementation of a supportive plan. The database is updated regularly and easily accessible. All one needs to know to access the database is the town and county where the child or youth resides.

- Established districtwide communication protocol in pilot sites statewide including school districts in Presque Isle, Scarborough, Unity, Hiram and Lewiston. The protocols are designed to guide staff in responding more effectively with students who experience a disruption within their educational program. The goal is for all staff to better understand how to support youth who experience a disruption in their educational experience.

- ♦ The result will be a bank of models that will be disseminated statewide. This school year, these school districts were collecting data on students who experienced a disruption in their educational experience. The data will explore how many youth are affected, how were the school staff notified, the type of support the youth received and the youth's connection to the school and community.
- ♦ Worked statewide to increase knowledge of issues and policies impacting youth who experience a disruption in their educational experience.
 - Trained over 125 KMCC Liaisons statewide.
 - Developed a training manual that has been utilized by other statewide groups.
 - Over 250 people attended a series of regional meetings held statewide for KMCC and School District Homeless Liaisons in the Spring and Fall of 2005. The meetings were held in Presque Isle, Machias, Bangor, Augusta, Lewiston and Biddeford. These meetings offered a unique exchange among different representatives in the community. This includes parents as well as staff from schools, state agencies, psychiatric hospitals and correctional facilities. The focus of the meeting is to share policy updates and information about new programs. The regional groups have all requested to continue these meetings.
 - Coordinated over 35 cross systems training reaching over 1000 people. Trainers included regional representatives from different agencies, schools and facilities as well as family members and teens. The intent is to coordinate trainings with local staff resources so participants can recognize and utilize these same resources in the future. In addition ongoing training on KMCC model and roles of KMCC Liaisons was offered statewide.
- ♦ Established a KMCC Advisory Committee with Karen Baldacci Chair.

This past fall, we had the first meeting of the KMCC Advisory Committee. The membership includes teens, parents, foster parents as well as representatives from DHHS, Child Welfare Services and Children's Behavioral Health Services, Department of Corrections, Spring Harbor Hospital, Acadia Hospital, Long Creek Youth Development Center, Mountainview Youth Development Center, School Union #52 and Augusta School Department, Maine Parent Federation and Maine Adoptive and Foster Family Association.

FAMILY AND SYSTEMS TEAMS

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.

In support of the FST mission to provide access to services that are planned for, coordinated and delivered in a holistic and integrated manner, the Children's Cabinet signed a **Letter of Agreement** in 2004 to promote Collaborative Service Planning and the Integrated Delivery of Services to families. The agreement is predicated on ten best practice Principles and Benchmarks for use by case/care management services in Maine state government and its partner agencies. The principles and benchmarks direct strengths-based, family-focused, client-centered team planning, which results in one comprehensive and coordinated plan that provides access to needed services as well as realistic outcomes and accountability measures for all plan participants and service providers. FST represents one model through which the principles can come to life, and can compliment existing departmental and disciplinary team-based models that foster cross-systems collaboration.

During 2004/05 the FST Project provided cross-systems training to 150 people across the state representing state departments and community agencies from all the disciplines of the Children's Cabinet, including some of their adult services branches. New additions to this year's training rosters included participants from Maine State Housing Authority, Maine Drug Courts, sheriff's departments, medical centers, Adult Literacy programs, Even-Start programs, school administrative districts, fifty-five different community-based agencies, and a number of community members who serve as natural supports for families.

As a result of the cross-systems training experiences there are a number of ways that the FST philosophy and model are influencing 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 **DHHS** 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 bureau's team 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.

The Department of Corrections (DOC) initiative to adopt FST as its best practice team model for the juvenile services division has produced extensive efforts to "realize" the CC principles and benchmarks in juvenile case management practice. As **DOC** strives to move towards a therapeutic and restorative justice model, it is 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 it serves. In 2004/05 DOC staff continued 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.

In September of 2004 the CC's FST Program was asked by the National Governors Association (NGA) Center for Best Practices to present at their NGA Policy Academy on Cross-Systems Innovation. In a session on service integration and case management, the FST Research Associate presented Maine's Children's Cabinet model for best practice principles and benchmarks for integrated services across multiple departments/systems, highlighting FST as an example of that model. Among the states in attendance at the session were Hawaii, Michigan, Arizona, Pennsylvania, Utah and Wisconsin. A key portion of the presentation focused on the role of policy-makers in designing and implementing an integrated service delivery model that works within the context of existing state structures.

The focus of the Children's Cabinet FST initiative has always been two-fold: (1) Support for the FST service model that provides comprehensive case planning to youth/families and provides training to support that service provision; and (2) Integrating the delivery systems of multiple state services and providing training to support change in the principles and practice of all service provision to comprehensively meet the needs of families. It is the second focus that drives the Children's Cabinet decision concerning the transition of the FST Program to a Regional administrative structure in the upcoming year. The FST project will be placed in the hands of the Regional Children's Cabinets where services will be accessed, tracked, and evaluated to ensure quality and responsiveness to those children and families demonstrating multiple needs, across multiple domains, from an array of programs or agencies.

MAINE MENTORING PARTNERSHIP, INC.

Maine Mentoring Partnership, Inc. (MMP) was incorporated in 2001. MMP's vision is that a mentor will be available for every child and youth in Maine, and its mission is to promote, advocate, foster and support child and youth mentoring programs throughout Maine. MMP's primary role is to increase the number of formal mentoring relationships by focusing on six *Key Result Areas*: Resource Development & Distribution, Mentor Recruitment & Referral, Technical Assistance & Training, Public Awareness, Public Policy, and Data Collection & Tracking.

In this past year, MMP began the process of unifying under one leadership board of directors, MMP and Jobs for Maine Graduates to maximize their shared resources and expertise. The following are but a few MMP successes before unification began.

In 2005, MMP was awarded Year-3 funds as an intermediary grantor for US Department of Labor Office of Disability Employment Policy grant funds; was a continuing partner/contractor with Maine's Volunteers of America Northern New England Year-2 Program for Mentoring Children of Promise – children of incarcerated parent(s); and was a contractor for the Maine Department of Education Title IV Community Service Grant Program. Additional contract funds were awarded from the College-Community Mentoring Project for Maine Justice Assistance Council Office of Justice Grant Program Project with Communities for Children and Youth, and Child and Family Opportunities Contract (Federal Head Start. Grant). The New England State Mentoring Partnership Coalition along with MENTOR/National Mentoring Partnership collaborated on a national training in Maine. Annual dues were raised through the Signature Partner campaign. Individual support was received from United Way of Greater Portland, 100% contribution from MMP's Leadership Council Board of Directors, and from private individual supporters.

In 2005, MMP distributed funds to four US DOL ODEP Sub-grantees from Androscoggin, Oxford, York and Washington Counties. Twelve Individuals from Maine Programs received a two-day train-the-trainer training on developing safe and effective mentoring programs based on MENTOR/National Mentoring Partnership's Elements of Effective Practice.

SIGNATURE PARTNERSHIP

In 2005 there were 37 signature partners. Over 120 mentoring programs providers were listed in the Statewide Directory of Mentoring Programs on the website: www.mainementoring.org. As Signature Partners local program providers:

- Are a voice and role in the future of mentoring in Maine through statewide effort,
- Have access to the leadership and collaborative resources of the Providers Council,
- Participate in networking opportunities and celebratory events including National Mentoring Month and Maine Mentoring Day,
- Collaborate in shared and ongoing training opportunities for program coordinators, mentors and mentees,
- Receive MMP's electronic newsletters: the *Mentoring Minute* and *Providers Weekly*,
- Coordinate on referrals, recruitment, public awareness efforts and funding opportunities,
- Have access to local and regional best practices and further standards for safety and effectiveness.

Signature Partners agree to:

- Implement quality standards and best practices guidelines for mentoring programs,
- Serve as advocates for mentoring at the local, state and federal levels,
- Report individual program activity and statistics,
- Help build a strong Maine Mentoring Partnership by sharing ideas, abilities, referrals and opportunities,
- Pay annual MMP Partner Membership dues,
- Use the MMP logo on handouts, etc. as appropriate.

LEADERSHIP

MMP, with 21 other states, is a MENTOR/National Mentoring Partnership Signature Partner, and a member of the New England Coalition of State Mentoring Partnerships.

Leadership Council Board of Directors include

Yellow Light Breen - Bangor Savings Bank – Board Chair

Molly O'Connell - Case Management for Youth – Providers Council Co-Chair

Micah Robbins - River Coalition – Providers Council Co-Chair

Thorn Dickinson - Energy East – Treasurer

Christine Force – Portland Regional Chamber – Secretary

Tom Broussard – Career Prospects, Inc.

Donna Dion – Port Resources

MaryFran Gamage – Maine Department of Labor

Philip Giordano – Waddell & Read

Elizabeth Greenstein - Bank of America
Rob Hatch - Child Health Center BBBS
Gary Perlson - Pathway Partners
Shelley Reed – Maine Department of Education
Susan Savell - Communities for Children and Youth
C. Shawn Yardley - Bangor Dept. Health & Welfare

Providers Council members represent local/regional mentoring partnerships, mentoring coalitions, and mentoring providers who advise MMP about mentoring needs around the state. As program providers they are experts in the mentoring field and play a pivotal role in MMP. Their input enhances the Leadership Council's ability to form strategies to address the mentoring needs of Maine's young people. Providers Council members are signature partner-members and the co-chairs are Board of Directors voting members.

Regional Mentoring Partnerships The development of the regional mentoring partnerships includes cooperating, partnering and collaborating with community organizations that support positive youth development. They benefit by connecting to local and statewide efforts to promote mentoring; collaborating on referrals, recruitment and public awareness efforts, and blending and braiding each region's best practices. Regional partnerships/coalitions include:

- Greater Portland Regional Mentoring Partnership
- York County Mentoring Partnership
- Merrymeeting Regional Mentoring Coalition – Topsham, Brunswick

The Greater Bangor area is developing a new regional partnership and expects to be formalized by August 2006. There is beginning interest to develop other regional partnerships Downeast, in the Lewiston-Auburn area, western Maine – including northern Cumberland County, and the Midcoast Maine – Knox, Lincoln and Waldo Counties.

NATIONAL MENTORING MONTH

- **WGME 13 & Rotary Bottle Drive for Mentoring** – The bottle drive included Partners: Shaw's Supermarkets, local mentoring providers, and MMP for the "friend-raising", awareness building and fundraising event.
- **1st Thank Your Mentor Day** – On January 25th youth thanked their mentors with cards, celebrations, and proclamations. State and local representatives received cards and letters from mentors and mentees on the importance of mentoring in their lives.

- **Shadow Your Legislature** – The project is a three step pilot model to connect High School Mentors and/or Mentees to local Legislative Representation.
- **Legislative Series** – For sixteen weeks – January through April, Maine Mentoring Partnership distributed to each state legislator a weekly information series on mentoring featuring local partner stories, facts, definitions, research, and statistics.

MAINE MENTORING DAY

MMP celebrated the 5th Maine Mentoring Day in the Statehouse Hall of Flags with a press conference with Governor John Baldacci and First Lady Karen.

NATIONAL MENTOR TRAINING IN MAINE

MMP hosted a training in collaboration with MENTOR/National Mentoring Partnership, and the New England Mentoring Coalition including: The Connecticut Mentoring Partnership, Maine Mentoring Partnership, Mass Mentoring Partnership, and Rhode Island Mentoring Partnership. The purpose of the training was to develop and understanding of the strategic importance and significance of the Elements of Effective Practice

ADVOCACY NETWORK

Maine Mentoring Partnership's Advocacy Network is a grassroots effort to harness the power and enthusiasm of individuals who are passionate about mentoring and bringing its benefits to more children and youth. These efforts initiate and respond to opportunities to advance mentoring and secure additional funding for mentoring programs, which reflect our own state needs as well as the national Mentoring Public Policy Agenda.

LD979 – AN ACT TO FUND YOUTH MENTORING PROGRAMS

Presented by Rep. FISCHER of Presque Isle and cosponsored by President EDMONDS of Cumberland, Rep. CAIN of Orono, Speaker RICHARDSON of Brunswick, and Senator MAYO of Sagadahoc the Maine Mentoring Partnership Grant Program, utilizing eligibility criteria based on national standards, would establish program grants to support direct services to mentoring programs in Maine.

THE TRANSITION MENTORING PROGRAM FOR MAINE YOUTH

This intermediary program, funded by a US Department of Labor Office of Disability Employment Policy grant, provides mentoring services to youth with disabilities ages 16-24 with a focus on career aspirations and planning. Sub-awards include:

- **Ethel's Tree of Life** program in Eliot bridges the existing gap in services for youth with disabilities. Community adults are matched with youth in one-to-one mentoring relationships.

- **Downeast Regional Transition Board** serves youth from Washington and Hancock counties through peer-to-peer and adult-to-youth mentoring relationships.
- **Region V Advisory Council on Transition** serves youth in Oxford, Franklin and Androscoggin counties and created Youth Mentors, Inc., a youth-inspired and youth-driven program providing a three tier approach to mentoring. Adults are small group anchor mentors and youth form the center tier as both mentees *and* fully trained peer mentors to other youth.
- **Youth Outreach Ministries, Inc.** of Oxford County is a faith-based organization that operates His Place, an after school drop-in teen center. YOM contracted with Big Brothers Big Sisters of Oxford, Androscoggin and Franklin counties for services including recruitment, screening, matching, and training of both adult mentors and youth mentees.

REGIONAL CHILDREN'S CABINETS' **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.

Because the LCRCs are made of 16 volunteer groups of local providers dedicated to the process, but which functions without staff support or under a statewide reporting systems, the Children's Cabinet enlisted the guidance of a consultant to develop statewide standards, reporting, and communications efficiencies to improve upon and assist the LCRC's process and accountability in coming months.

One-time Needs addressed and solved through the LCRC process include:

Respite Care
Child & Family
Child-In-Home Services
Transportation
Equipment
Recreation/Afterschool
Other

Counseling/Therapy
Environmental Modifications
Housing Needs/Rent
Travel for Parent
Medical services

Maine Youth Suicide Prevention Program (MYSPP) 2005 Report

Suicide is the second leading cause of death for Maine's young people. Non-fatal suicidal behavior among young people represents a significant public health problem in our state. Young women aged fifteen to nineteen have the highest rate of hospitalization for self-inflicted injuries of any other group across the lifespan. From 1999-2003, the most recent data that are available for analysis, there were 104 youth suicides, an average of 21 youth suicides each year in Maine. The Maine youth suicide rate has continued a steady decline, yet remains above the national average rate.

The Maine Youth Suicide Prevention Program (MYSPP) is an initiative of the Children's Cabinet that is coordinated by the Maine Injury Prevention Program in the Maine Center for Disease Control and Prevention (ME CDC&P) in the Department of Health and Human Services (DHHS). The MYSPP experienced an exciting and productive year in 2005.

2005 MYSPP Accomplishment Highlights

SAMHSA Grant

There are several major accomplishments on which to report for 2005. First, Maine was one of 14 states to receive newly authorized funding from the Garret Lee Smith Memorial Act through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant of \$400,000 annually will span three years from 9/30/05 to 9/29/08. This funding will allow the MYSPP to move forward with some of the key priorities included in the State's youth suicide prevention plan. Funds will expand Maine's youth suicide prevention program by instituting a comprehensive, community-based approach in three high-risk counties. The project will extend outreach to sexual minority youth and two Native American tribes to safely build culturally sensitive public awareness messages and materials, training and services.

Major activities in the SAMHSA Grant include: 1) improving the collection and analysis of data to monitor youth suicide trends and project impact; 2) conducting suicide prevention public awareness education activities; 3) systematically integrating suicide prevention and intervention skill-building training within multiple training and education programs for school, college and community agency staff, service providers and clinicians; 4) increasing the accessibility of immediate support and information for at-risk youth and their families; and 5) enhancing post-suicide intervention services, care and supports to individuals and organizations.

Two high school communities in each of three counties, Knox, Piscataquis

and Sagadahoc, will implement a comprehensive school and community youth suicide prevention program. The project will be coordinated locally by three mental health crisis service agencies working with the six high schools and other key local agencies, groups and organizations serving youth to develop a community-wide approach to youth suicide prevention, intervention and postvention. Each high school will implement and expand the Lifelines Program and enhance Student Assistance Team (SAT) Team activities to aid in the early identification of at-risk students as well as build upon and integrate with Keeping Maine's Children Connected efforts.

The MYSPP will provide multiple levels of training for those involved in this project including training for behavioral and healthcare practitioners. The project will work to improve collection and analysis of data and conduct public awareness education activities. External partnerships in the project include working with 1) NAMI Maine to provide family support groups in all three counties, the 2) American Foundation for Suicide Prevention, Maine Chapter to develop suicide survivor support groups and 3) the Maine Center for Grieving Children of Portland to develop training and a tool kit for use to assist grieving children.

Initial start-up of the project is underway. Contracts are completed and key staff are hired. The three mental health crisis agencies have begun to select and initiate contact with the schools in their counties. Initial contacts have been made with the Tribes, a timeline of project activities is developed, and dates are being set for Gatekeeper trainings. The Project Team has begun meeting on a regular basis.

As a result of the SAMHSA Youth Suicide Prevention grant award, MYSPP was eligible, and applied for, an additional SAMHSA grant for enhanced evaluation of project activities. Our proposal was accepted, and we were awarded an additional \$100,000 for each of the three years of the project, bringing the total award to \$500,000 a year for three years. The additional funds will support additional measurement in four areas: 1) the types and timeliness of services received by youth identified as at-risk for suicide; 2) the short and long-term impact of suicide prevention programs on suicidal behavior at a community level; 3) whether the SAMHSA GLS project increases the identification of young adults at risk for suicide; and 4) the effectiveness of innovative methods of identifying youth at risk for suicide within schools.

MYSPP Strategic Plan

The second major accomplishment is the development and public release of a strategic plan revision report for the MYSPP. Extensive work was conducted in response to the Gubernatorial Executive Order issued by

Governor Baldacci in February to strengthen Maine's youth suicide prevention efforts. A full day retreat in March began an inclusive process of identifying program gaps, reviewing best practice models and the National Suicide Prevention Strategy, and setting priorities for the program. Approximately 100 educators, clinicians, survivors, public safety and concerned Maine residents participated in this broad based and thoughtful process.

A draft plan revision report was submitted to the Children's Cabinet at the end of the summer and extensive review and deliberation between the MYSPP, the Steering Committee and the commissioners and senior staff of the Children's Cabinet continued throughout the fall. Many of the planned activities will be possible because of increased participation and collaboration among staff of Children's Cabinet agencies, using existing resources. The final report was released to the public in early January 2006. The report outlines a strategic expansion of the program and a set of significant enhancements to the program in ten goal areas. Key themes include: strengthening participation in implementing MYSPP activities among all Children's Cabinet agencies and increasing partnerships with key stakeholders outside of state government; improving the programs capacity to collect and analyze data to monitor the health status of our youth and to guide the development and evaluation of our initiatives; and increasing outreach to high risk populations in planning and implementing program components.

A 2006 workplan to be implemented with existing funding is featured. The report further outlines those activities, directly related to the new plan, to be implemented with the new SAMHSA grant. Further work is planned to develop a 2007-2010 workplan and this will be accomplished by the MYSPP through the Steering and sub-committees to the program.

CDC Youth Suicide Prevention Lifelines Project

This project began in the fall of 2002 and was slated to end in September of 2005. The MYSPP was awarded an additional ten months of funding to July 2006 in order to continue implementation of the project in twelve Maine high schools and conduct further evaluation to document the impact of the Lifelines Program. The overarching goal of this project is to: *establish with all 12 project schools, plans to sustain their capacity to continue a comprehensive youth suicide prevention program to reduce suicide crises; intervene effectively in suicide crises; and manage the school environment in a crisis through implementation of the comprehensive Lifelines Program.* The work of the MYSPP in this project is expected to bring the Lifelines Program from a promising practice to an evidence-based program in the National Best Practice Registry. Data collected from project and comparison school staff and students will be analyzed and the findings reported in a public report as

well as a technical report. Worthy of note, a suicide and self-injury surveillance report including mortality, hospital discharge, and YRBS data was completed in 2005. It will be disseminated in a variety of ways to meet the needs of the stakeholders.

Other 2005 MYSPP Accomplishments:

The Office of Substance Abuse Prevention Information Resource Center, MYSPP staff and the USM Graduate student working with the MYSPP began redesigning and updating the format and information posted on the program website. The Maine Youth Action Network (MYAN) worked on the design of the youth section of the MYSPP website with youth who created a youth page design. The MYSPP intends to have the website completed by early summer of 2006.

In late June 2005, the MYSPP was asked by a concerned group of school and community representatives from the town of Winthrop for guidance on how the community could further respond to a series of five youth suicides in less than three years. MYSPP offered to examine relevant data and explore and analyze community perceptions about youth suicide through the facilitation of several focus groups. The MYSPP provided a report summarizing data and offering recommendations to community leaders. The program recommended four strategies to the community and the community is organizing its response.

The first annual MYSPP "Beyond The Basics Conference" was held in April with 190 people in attendance. This conference was specifically designed to present topics requested by individuals who have attended other MYSPP training programs. The keynote speaker addressed gender, culture and suicidal behavior. Ten workshops included: de-escalation strategies for children and youth with difficult behaviors; school climate, bullying, depression, and suicide; supporting children and youth after a loss; teen depression; a suicide survivors panel; understanding deliberate self-harm; Keeping Maine's Children Connected and youth and adult collaborations in youth suicide prevention. Conference evaluations were positive.

In addition to the annual conference, the MYSPP provided numerous suicide prevention training programs statewide. The table below provides a summary of MYSPP training programs offered in 2005 and since program inception.

2005 Training Programs

<u>Type of Training</u>	# Trainings in 2005	# Participants in 2005	Total Trainings (T)/ Participants (P) Since Inception '98-'05
Gatekeeper	11	192	130 T / 3,107 P
Training of Trainers	4	60	37 T / 443 P
Lifelines Teacher Trainings	3	29	8 T / 101 P
Youth Programs 1-2 hrs	6	96	21 T / 516 P
Awareness Programs	9	421	186 T / 7,053 P
First Beyond the Basics Conference	1	190	1 T / 190 P
Reconnecting Youth Trainings	1	8	Annual T / participant count unknown
TOTAL	35	996	391 T / 11,410 P

The partnership between the Maine Youth Action Network (MYAN), a program of the People's Regional Opportunities Program (PROP) and MYSPP during 2005, continued to be successful and collaborative. MYAN worked with youth from across the state on a variety of projects that contributed to MYSPP efforts to reduce youth suicide in Maine. Highlights of this work included examining with youth how they access information about suicide prevention and education and creating media materials to supplement current "youth friendly" youth suicide prevention resources. Two students, one from Freeport and one from Yarmouth, organized a Gatekeeper Training for teachers at Freeport High School and advocated for youth suicide prevention education in Freeport. MYAN staff members (3 adults and 1 youth) participated in the MYSPP strategic planning retreat and two additional MYAN staff members were Gatekeeper trained in 2005. MYAN staff members conducted an introductory youth suicide prevention training in November to twelve members of PROP's Peer Leader staff. Currently all MYAN staff are Gatekeeper trained.

In September, a small MYSPP team participated in the Walk From Darkness to raise awareness about suicide. This event was held in Portland and was hosted by the American Foundation for Suicide Prevention, Maine Chapter.

Continuing Program Challenges:

1. The lack of a sound evidence base for youth suicide prevention presents continuing challenges for all youth suicide prevention efforts in Maine and the nation. The MYSPP currently has two

significant opportunities to contribute to the national evidence base of best practices for youth suicide prevention through participation in the CDC and SAMHSA projects. This is at the same time exciting and challenging. Meeting the numerous and disparate grant project requirements, and conducting our own program evaluation, while participating in cross-site evaluation activities among the fourteen SAMHSA grantees, demand significant effort.

2. Tremendous strides were made in revision of the original MYSPP program plan originally created in 1998. The challenge ahead is 1) to maintain stakeholder involvement in planning and implementing the important priorities identified in the 2005 strategic planning process and 2) identifying the leadership and funding resources required to prevent youth suicide in our state.
3. Myths regarding suicide abound. Many do not believe that suicide is a problem that could affect them or their community. Suicide is a very complex and emotional topic. Managing issues such as stigma, public misconceptions about suicidal behaviors, developing and implementing best practices for key program activities, including lethal means restriction, and training needs of various professional presents ongoing challenges to the work of the MYSPP.
4. Improving the quality and consistency of data to increase our understanding of fatal and non-fatal suicidal behaviors among Maine youth is another major challenge. Availability of quality data in a timely manner is critical for monitoring trends, establishing risk factors, and implementing and evaluating the impact of program interventions. Increasing the accuracy of information about the circumstances contributing to suicides can improve understanding of fatal and non-fatal suicidal behaviors among Maine youth. By increasing the quality and accessibility of data through more timely collection, in-depth analysis and interpretation, more effective prevention and intervention activities can be designed. Routine dissemination of these data to policymakers and the public can raise awareness of the nature of youth suicide in Maine. Many issues with the coding of hospital data and the lack of timely access to reliable data currently restrict our ability to monitor youth suicide and related risks effectively. This challenges both our ability to evaluate the impact of the program and well as to efficiently monitor trends.

Links to Partner Initiatives

Because of Governor Baldacci's leadership and focus on connecting economic development to positive child and youth development to include youth voice and leadership, and improved cultural shifts in how we serve families, the following initiatives have been linked to and/or supported through the Children's Cabinet. These connections come byway of either direct staffing, financial income, planning, or leadership.

Maine Youth Legislative Advisory Council

The LYAC was established in 2002 and was the first youth council in the nation to have both an advisory relationship with state legislators and the statutory authority to submit legislation.

The Fourth Annual Report of the Legislative Youth Advisory Council ("LYAC" or "Council") was submitted to the Legislature on Tuesday, March 7, 2006. The LYAC is comprised of 18 youth members and four legislative members. Senator Elizabeth Mitchell is the current Legislative Chair of the Council and Jennifer Thompson serves as the Youth Chair of the Council. Jennifer is currently a senior at Maranacook Community School and has served on the LYAC for four years.

The Children's Cabinet **partners with the Legislative Youth Advisory Council** to identify and address a variety of policies that impact children and youth in Maine:

- ✓ Children's Cabinet initiatives, including our Maine Youth Suicide Prevention Plan and our charge to implement LD564, the Anti-Bullying and Harassment legislation are key shared priorities;
- ✓ A focus on Respect and Diversity in our schools and communities is a common priority; and
- ✓ Addressing alcohol and substance abuse issues, including high school or college policies on underage drinking (in general) and for athletes (in particular) is yet another collective priority, as the Office of Substance Abuse's grant-funded program continues to expand upon the recent successes of reduced teen tobacco and alcohol use.

Central to the partnership between the Children's Cabinet and the Youth Council is the understanding that the voice of youth **MUST** be included in each stage of planning for policy change and program development.

Policy makers at both the state and local level must ensure our youth are supported in their leadership. That we not only listen to them, but that we actually hear them, and ask for their help. In doing so, Maine stands a greater chance in maintaining its talented young people and fostering an effective workforce and stronger future for their children.

For further information on the LYAC's Fourth Annual Report, please contact the Legislature's Office of Policy and Legal Analysis at (207) 287-1670 or visit the Council's web page on the Legislature's website at : <http://www.maine.gov/legis/opla/legyouth.htm>.

Bullying and Harassment Prevention LD564

Under the Governor's Executive Order that charged the Children's Cabinet with deeper review of the factors contributing to youth suicide. One outcome of this review was the identification of "climate" as it relates to bullying and harassment in Maine schools and communities. The Maine Center for Disease Control and Prevention (Formerly Bureau of Health) epidemiologist analyzed Maine's data and offered the Cabinet greater insights about the relationship between reported bullying and harassment and youth health and wellbeing.

Through legislation developed by Rep. Carol Grose and in partnership with the Children's Cabinet's sub-committee on School and Community Climate, which was created from the Executive Order, LD564 passed unanimously and will produce three products:

1. Enhanced Policy through Maine School Management to adopt to strengthen existing Code of Conduct policy;
2. Distribute a "Best Practice Bullying and Harassment Prevention Guide" that will provide detailed instructions for comprehensive prevention implementation;
3. Develop a staff training module via workshops to aid schools and communities in their implementation process.

Jason Program

In 2004, The Jason Program was endorsed by The Governor's Children's Cabinet for its work in supporting children with life limiting illnesses and their families. In 1999, 1,720 children were treated in hospitals for life-

threatening illnesses in Maine. Of these identified children, between one and three died each week. Further, data indicate that children with life-threatening illnesses, although few in number, have a significant financial impact on the health care system. Due to the combined effects of a lack of services and difficulty accessing existing services, children can be a major drain on state budgets. In addition current Medicaid reimbursement regulations do not provide for the necessary blend of services, including skilled intermittent, around the clock nursing care.

The Jason Program was formed in 2000 to address the need for seamless care from hospital to home for these children and to train professionals and volunteers to care for sick and dying children, and to provide for family needs such as food, clothing and financial advice and support. The Jason Program provides specialized pediatric medical, emotional and spiritual care to children in Maine not expected to live to adulthood. It draws on the resources of the community to support the family, the caregivers and others in the community affected by the child's illness. The Program was founded on the guiding principle of providing efficient, cost-effective care, reducing pain and suffering, and meeting the needs of families and communities.

Children are referred to The Jason Program primarily by the medical community. The first step is to ascertain the nature and extent of the need. The program then activates the school, spiritual community, and circle of caregivers teaching them how to combine resources to support the child and his/her family. The goal is to strengthen existing programs by extending their capabilities while establishing new services only when required and without duplicating existing resources. The program had been struggling with the statewide demand and how to coordinate services in a cost effective and efficient manor. The Governor's Children's Cabinet agreed to support the program with the following:

- (a) Helping draw attention to the needs of ill and dying children in Maine
- (b) Improve access to existing services for sick and dying children
- (c) Networking to create needed programs within schools, mental health care institutions, and other family service and health care institutions
- (d) Creating a practical and effective reimbursement system

Working closely with collaborating organizations in communities across Maine and members of The Governor's Children's Cabinet, The Jason Program has raised awareness, and improved access to quality cost effective care for children.

- The First Lady, Karen Baldacci and Governor Baldacci attended the 5th Anniversary Celebration of The work of The Jason Program. The First Lady delivered a very moving speech that illuminated the struggles of these children and families and the responsibility of Maine's communities to support them.
- The Jason Program along with collaborating organizations in the Eastern Maine Medical Center Catchment area developed a plan to improve access to quality care for children in that region. As a result, a liaison has been hired who will assist The Jason Program with raising awareness of the project and developing a regionally based team in the area.
- A regionally based nurses training program will occur in April of this year, hosted by The Jason Program and Eastern Maine Medical Center
- To meet an unmet need, The Jason Program has begun working with pregnant mothers expected to give birth to a child with a limited life expectancy. This is a new approach to caring for these families in their own homes, preparing them for their loss and providing them with ongoing bereavement support.
- The Muskie Institute worked with The Jason Program to examine the mortality statistics relating to children with life threatening illnesses. The results were then compared with hospitalization costs for this population. This important information revealed the major cost savings to the State of Maine when children receive the kind of community based support provided by The Jason Program and endorsed by the Governor's Children's Cabinet.
- The Jason Program has increased the numbers of community based trainings delivered throughout the state of Maine to schools, home care agencies and hospices, civic groups and other professionals and volunteers who interface with seriously ill children.
- In order to continue the process of raising awareness state-wide about the needs of these children, the Jason Program has developed a "Legacy Tree Project" where individuals and or families will be planting trees in honor or memory of someone across the state of Maine. The proceeds of this project will go towards the care of more children with life limiting illnesses.