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Maine Children's Cabinet

ANNUAL REPORT UPDATE 2007

“Working Together for Maine Children and Families”

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2007

Submitted by Lauren Sterling, Children's Cabinet Staff

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THE CHILDREN'S CABINET

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

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

The value we place on children and youth...

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

The value we place on families...

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

The value we place on communities...

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

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

1. Coordinates approaches to the delivery of services;
2. Establishes administrative priorities across departments/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.

EXECUTIVE AND SENIOR STAFF: PROVIDES ONGOING PARTNERSHIPS, ASSESSMENT AND TRACKING OF OUTCOMES AGAINST SHARED PRIORITIES, PROGRAMS, AND INITIATIVES, AND MAKES RECOMMENDATIONS FOR POLICY CONSIDERATION TO CHILDREN'S CABINET.

CITIZEN MEMBERSHIP - LOCAL VOICE AND CITIZEN STAKEHOLDERS ARE ENGAGED IN CABINET PLANNING AND OVERSIGHT THROUGH KEY STAKEHOLDERS WHICH INCLUDE:

- ◆ TASK FORCE ON EARLY CHILDHOOD (OVER 100 STAKEHOLDERS)
- ◆ COMMUNITIES FOR CHILDREN AND YOUTH (65 COALITIONS - HUNDREDS OF VOLUNTEERS),
- ◆ LEGISLATIVE YOUTH ADVISORY COUNCIL
- ◆ TASK FORCE TO ENGAGE ALL MAINE YOUTH (AGES 14-24)
- ◆ BEST PRACTICES IN BULLYING/HARASSMENT PREVENTION AND CIVIL RIGHTS TRAINING TEAM
- ◆ KEEPING MAINE'S CHILDREN CONNECTED
- ◆ COMMISSION ON GAY, LESBIAN, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH (GLBTQ) ESTABLISHED IN MARCH 2007, WITH FIRST REPORT DUE MAY 2008.
- ◆ AND OTHERS

2006/2007 Membership

Karen Baldacci, *First Lady* - Chair

CABINET MEMBERS:

Susan Gendron, *Commissioner, Dept. of Education*

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

Anne H. Jordan, *Commissioner, Dept. of Public Safety*

Martin Magnusson, *Commissioner, Dept. of Corrections*

Laura Fortman, *Commissioner, Dept. of Labor*

Patrick Ende, *Senior Policy Advisor, Governor's Office*

CHILDREN'S CABINET EXECUTIVE STAFF:

Jane Gilbert, Labor

Valerie Seaberg, Education

Denise Lord and Barry Stoodley, Corrections

Jim Beougher, Health and Human Services

Janet Richards, Public Safety

SENIOR STAFF:

Bobbi Johnson, Holly Stover, Ansley Newton, *Chairs, Regional Children's Cabinets*

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

Mary Fran Gamage, *Labor*

Roxy Hennings, *Corrections*

David Stockford, *Education*

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

David Giampetruzzi, *Public Safety*

Kimberly Johnson, *DHHS, Office of Substance Abuse*

Patti Woolley, *DHHS, Early Childhood*

Leslie Rozeff, *Institute for Public Sector Innovation - Muskie School*

Susan Savell, *Communities for Children and Youth*

Lauren Sterling, *Staff*

Diane Maxwell, *Administrative Assistant*

Annual Update for 2006-2007

In 2005, the Children's Cabinet established three priority categories through which to focus its cross-systems efforts and they include:

Early Childhood - To create coordinated and humane systems and policies at the state and local level that ensure quality early childhood services to all young children. Since 2003, the federal Maternal and Child Health Bureau has provided the financial support to promote effective systems change through Maine's *Early Childhood Initiative*. The Initiative has served as the tool to focus years of research, dialogue and advocacy by the Governor's Children's Cabinet's Task Force on Early Childhood and its partners into a thoughtful, focused blueprint for how Maine can demonstrate the esteem in which we hold our children.

Youth in Transition - To expand, coordinate and strengthen *supports for youth ages 14-24*. The goal is 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, etc. -- is connected to a permanent home, family, and community. This goal will be met through collaborative wrap-a-round planning partnerships between the Children's Cabinet agencies, families, schools, and communities.

Adverse Childhood Experiences and Resiliency (ACE/R) - To connect early experiences to adult health outcomes. The Adverse Childhood Experience (ACE) research shows a link between adverse experiences in childhood -- such as abuse, alcoholism in the family, mental illness, etc. -- to adverse health outcomes as the child becomes an adult. Children who grow up in traumatic and chaotic environments characterized by physical and emotional abuse, neglect, sexual violence, substance abuse, and severe mental and physical illness are much more likely to experience adult diseases at an earlier age and in more severe forms. Children who lose a parent, have a severe illness, or are affected by large scale traumatic events such as 9/11 and Hurricane Katrina are also more likely to have similar outcomes, including cardiovascular disease, cancer, diabetes, obesity, and depression.

In understanding the research behind ACE, the Children's Cabinet seeks to foster resiliency and 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.

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

Over this past year, the Children's Cabinet, through its various priority initiatives has worked to document and report on its programmatic investments. Cabinet staff has been tracking the funds used to support the specific activities and outcomes of its collaborative programs as well as 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 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>65 communities have developed Children's Leadership Councils to assess the needs of children and youth; implement prevention and positive youth development 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>Investment of \$187,780 (staff and \$30,040 in resource grants to community partners)</p>	<p>Central Office leveraged: \$74,674</p> <p>College/Community Mentoring Grant \$25,000 Bingham Program Grant <u>\$544,883 VISTA grant</u></p> <p>\$644,557 in grants</p> <p>From 2003-2006, Local Partner Coalitions leveraged over \$2,234,819</p> <p>Total: \$2,879,376</p> <p>(Leveraged total grossly under-reported here - accurate amount closer to \$10 million)</p>	<ul style="list-style-type: none"> • 40 Community organizations served by a full-time C4CY VISTA member • Expanded college community mentoring model in 4 sites serving 500 children and youth • Two school systems receiving extensive asset-development support 	<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 home	Reduced funding from the Legislature and coordinated by the Regional Children's Cabinets \$87,500	Leveraged by agency partners and Regional Children's Cabinet Collaboratives \$28,050	4,000 (580 ages 10-24) Over 13,000 meals served 95% Mental health referrals 83% Substance abuse referrals 93% participated in an educational or vocational program or were employed 100% Placed in safe home or shelter 98% linked to medical home 100% of clients accessed food stamps and medical insurance where necessary 100% of clients received recommended mental health treatment and substance abuse treatment 49-75% employed 46% started or completed an educational program 100% requiring emergency shelter obtained it 100% of clients needing surrogate care obtained it	<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
Maine Youth Suicide Prevention Program: (MYSPP)	% of reduced suicide attempts/successes # of youth and adults recognizing the signs of suicide and how to successfully intervene	Maine DHHS MCH: \$200,000 Maine DOL: \$5,000 OSA: \$10,000 value from Muskie Grad Student	Leveraged by MYSPP 2006 CDC \$100,000 SAMHSA \$399,997	413 gatekeepers trained 49 trained in awareness education 230 attended conference 27 health teachers trained in Lifelines 23 primary health care providers educated 28 school administrators trained in school protocol development 18 school personnel trained in Reconnecting Youth curriculum Survivors of suicide kit sent to 270 funeral director	<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

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Regional Children's Cabinets/Local Case Resolution Committees (LCRC's)	# of families receiving immediate one-time support/service avoiding systems barriers.	Funded by Children's Cabinet \$100,000	Leveraged by LCRCs & Local Collaborators \$96,475.12	<ul style="list-style-type: none"> • 16 Local Case Resolution Committees • Identified/addressed systems needs and gaps in services • Over 435 families served 	<ul style="list-style-type: none"> • Families' one-time needs are met • Children/youth are able to remain safely in the home
Keeping Maine's Children Connected	# of children/youth able to continue and complete educational program Reduced number of transitions in each child's life # of school, clinical, and state liaisons trained in coordinated transition planning for youth.	Funded by Children's Cabinet through DOE with in-kind support from DHHS	Leveraged by KMCC \$250,000	<ul style="list-style-type: none"> • 180 Liaisons statewide, 65% trained; • Over 1000 people received cross systems training • Establishing model internal communication protocols in 8 schools • Advisory Committee with First Lady Chair reps include 4 youth, Parents, Foster Parents, State agencies, Schools, and facilities 	<ul style="list-style-type: none"> • Youth continue educational program and are promoted to the next grade • Youth complete educational program • All schools and "sending facilities" have trained, single liaison contact • Youth have a reduced # of school transitions • Youth have an increased sense of belonging to the community • Youth school absent rate decreased
Task Force on Early Childhood	# of state and local leaders and providers, parents, and advocates working to create a "Humane System of Early Childhood."	\$25,000 budgeted	Leveraged \$360,000 through Title V (Maternal and Child Health Bureau) Grant for two-year planning into the first of at least three years of implementation.	<ul style="list-style-type: none"> • First Lady Chair • 15 state agency leadership representatives; • 18 private and non-profit organization leadership representatives including parents; • 100 Trainers trained in Brazelton's Touchpoints. 	<ul style="list-style-type: none"> • Percent mothers with adequate prenatal care • Number of families enrolled in a home visiting program for three or greater months /# families receiving more than one home visit in the first year; • Children participating in Maine Care/%of insured children; • % families who read to their children at least once a day; • Families enrolled in TANF; • Children receiving nutrition and food support; • Percent young children age two appropriately immunized; • Prevalence of blood lead levels > 10 µg/dl in children under six years of age; • Availability of quality early care and education programs; • Rates of child abuse and neglect.

Initiatives	Maine Marks and/or Initiative Indicator(s)	Funds Invested	Funds Leveraged/Saved	Outputs (Activities)	Outcomes for Children and Families
Home Visiting	# of first-time parents receiving service and reducing child exposure to tobacco, alcohol and other substances, reporting increased knowledge of child development.	\$4.7 M from the Fund for Healthy Maine	<i>During FY06, agencies collectively drew down nearly \$1.1 million in Federal funds for targeted case management.</i>	<ul style="list-style-type: none"> 18,611 home visits were completed during FY 2006; a 6% increase in services from 2005; Families demonstrating positive change to tobacco use or child exposure to secondhand smoke; Improved parental behavior: for child development, child nutrition, and child discipline. 	<p>The home visiting programs have two primary goals for their work:</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>The programs will accomplish these goals with objectives that seek to:</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.
High Fidelity Wraparound (Wraparound Maine)	<ul style="list-style-type: none"> Decrease in out of home placements [Initiative Specific (IS)] Decrease in incarceration (IS) Improved School Attendance (IS) Decrease in Psychiatric Hospitalizations (IS) Increase in traditional living and work readiness skills (IS) 	Appropriated to DHHS through savings in residential care \$4.1 M	Pilot Year TBA	<ul style="list-style-type: none"> Establish 6-8 regional wraparound implementation sites (2007-2008); Create local Community Collaborative Boards; Deliver Wraparound Training to Local sites; Establish Youth and Family Teams. 	<ul style="list-style-type: none"> Children respected, safe and nurtured in their communities Children and youth succeeding in school and schools succeeding for children and youth Youth succeeding in higher education Youth prepared to enter the work force Communities promoting and modeling clear standards of behavior Communities keeping children and families at the heart of all decisions.
	TOTALS:	Invested: \$9,440,320	Leveraged: \$5,113,898.10		

PRIORITY: EARLY CHILDHOOD

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, dialogue and advocacy from the Governor's Children's Cabinet 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 services for all young children and their families.

Using the *State Plan for Humane Early Childhood Systems for Maine*¹, 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 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 domains:

- Family
- Health
- Early Care and Education
- Community Involvement and Supports
- Statewide Policy

Entering the implementation phase, the Task Force will continue to blend the energies, ideas, and commitments of a broad spectrum of stakeholders. Its activities will demonstrate that Maine families, communities, towns, schools, organizations, business and state government do indeed VALUE its children. Its members can help

¹ http://www.maine.gov/cabinet/MAINEPLAN12D_000.pdf

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 children and their families.

During FY 2007, the Task Force has taken on additional responsibilities. In response to the legislative mandate to review Child Development Services, the formal Subcommittee to Study Early Childhood Special Education convened and reported its progress to the Steering Committee regularly.

The 2006 Task Force on Early Childhood was comprised of more than 200 community individuals and a Steering Committee that had within its membership the following dedicated experts:

Alan Cobo-Lewis, University of Maine
Allyson Dean, Associate Director, Maine Roads to Quality, USM
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 Futures, Pediatrician
Candy Eaton, CAN Councils
Carolyn Drugge, DHHS/Office of Child and Family Services/Early Childhood Division
Chelsea Moeller, C4CY AmeriCorps*VISTA Early Childhood Team Leader
Debra Rainey, Center for Community Inclusion and Disability Studies
Dick Farnsworth, Maine Assoc. for Community Service Providers
Donna Overcash, Child and Family Policy Consultant
Ellen Bridge, Public Health Nursing
Ellie Goldberg, Maine Children's Alliance
Gladys Richardson, Healthy Futures
Jaci Holmes, Dept. of Education
Jan Clarkin, Executive Director, Maine Children's Trust
Jane Gilbert, Dept. of Labor
Jane Weil, Maine Association of Infant Mental Health
Janine Blatt, Dept. of Education
Joan Prouty, Maine Humanities Council
Lauren Sterling, Children's Cabinet
Deb Hannigan, 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
Michelle Pino, Southern Kennebec Child Development Corp
Paula Thomson, State Planning Office
Pam LaHaye, University of Maine Cooperative Extension
Pat Hughes, Family Literacy (SAD #3)
Dr. Richard Aronson, DHHS/ Maternal and Child Health
Rita Fullerton, Child Care Options
Rob Ellis, Child Advocate

Rob Hatch, Child Health Center
Sheryl Peavey, Staff, DHHS/Office of Child and Family Services/Early Childhood
Division
Stephen Ranslow, Maine Immunization Program
Steven Rowe, Attorney General
Susan Savell, Communities for Children and Youth
Victoria Kuhn, Anthem/Blue Cross/Blue Shield

PRIORITY: YOUTH IN TRANSITION

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

In 2006, the Children's Cabinet distributed Community Resource Grants of \$660 to each of the 44 partner communities that applied. These grants were used to support these local C4CY coalitions, and included work in the following areas:

- **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 (Drug and Alcohol Resistance Team) 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 for youth participation in prevention training; 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 2006, C4CY and Search Institute staff have been working together in two communities in Maine-- the Boothbay Region Schools and three Portland Public Schools—through a generous three-year grant from the Bingham Program. **“A Coordinated Approach to Asset Building in Schools and Communities”** is a project exploring collaboration between the asset development approach and the

Coordinated School Health program in Maine. The objectives of the overall project seek to support the work at the local level to increase the number of assets in students' lives and improve student health—particularly healthy behaviors relating to bullying, harassment, caring school climate and youth leadership.

In the initial project design, objectives were set for the overall project as well as for each site. The objectives for the overall project are to:

1. Build a working partnership with the Search Institute and Maine Coordinated School Health Program (CSHP) to help intentionally infuse youth asset-building into existing initiatives, programs and activities. Search Institute staff and trainers and coaches will assist to fully diffuse knowledge about the asset development approach throughout the two schools and communities, and the CSHP staff and consultants will help develop a coordinated approach to this work.
2. Work within the Boothbay and Portland schools to provide intensive and on-going training and learning opportunities for teachers, school staff, and students about the 40 Developmental Assets and the CSHP and their role in promoting positive youth development and the reduction of behavioral health risk behaviors.
3. Prepare these communities to equip, network, support and recognize asset building champions and leaders as they take on the challenge of educating and mobilizing all community members to become youth asset builders.
4. Plan for sustainability by training at least 5 adults in each community, each year for three years, to be the indigenous leadership for the ongoing communication of asset building knowledge, principles and strategies.
5. Assess the changes in our young people, and the adults who work with them.
6. Share our results by making practical resources available to other communities in Maine.

The work in Portland is focusing on the creation of a caring school climate in three “feeder” schools: Riverton Elementary, Lincoln Middle and Deering High Schools. Training for bullying and violence prevention among both students and staff is the key priority. In Boothbay, the focus is on increasing the number of youth who feel valued as resources in the school and community, also with the goal of creating more caring school and community climates. Youth leadership development in both settings is crucial to the success of these projects, as is increasing the number of adults who work in partnership with students to increase their assets and prevent unhealthy behaviors.

Internet Mapping for Communities
www.CommunityData.info

This project has completed the development of a web site that will enable local community organizers to access and map data about their local towns and counties.

The website enables local community members to access 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 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. MEGIS (the Maine GIS mapping office), within the Office of Information Technology, is currently sponsoring and supporting the website, funded by a two-year grant from the US Department of Commerce's Technology Opportunities Program.

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. In 2006 this project received funding for the second year from the **Juvenile Justice Advisory Group**. 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 500 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 collaboration with the Riverview Foundation in Topsham.

The focus of the work in 2006 has been to create a system of outcome data collection that will make the case for the effectiveness of this approach for juvenile delinquency prevention and positive youth development.

Communities for Children and Youth AmeriCorps*

VISTA Project

Communities for Children and Youth in partnership with the Muskie School of Public Service manages one of the largest AmeriCorps*VISTA projects in the country. With funding from the Corporation for National and Community Service, this AmeriCorps*VISTA project places approximately 40 full-time, year-long volunteers with non-profit organizations and government agencies. These Volunteers In Service To America (VISTAs) focus on building the capacity of communities to promote child and youth development with an eye toward alleviating and eliminating poverty. Since 1998 this project has served over 122 organizations; placing a total of 234 VISTA members.

Project Goals:

Overall project goals have shifted over the years from predominantly focused on community needs assessments and coordinating local coalitions to building an organization’s capacity to deliver high quality programs and services such as: mentoring, after school, and early child development. This shift is partially a response to changes in priorities from our community partners, and partially a response to our grantor’s priority to support programs that are currently delivering services to children and youth.

For the 2007-2008 AmeriCorps*VISTA placement year (beginning in August), we have identified the following project goals:

- To increase the quality, participation rates, and long-term sustainability of **youth mentoring** programs that serve those at increased risk of poverty;
- To increase the quality, participation rates, and long-term sustainability of **youth development** programs that serve those at increased risk of poverty;
- To promote the social, emotional, physical, and cognitive development of **young children**, in an effort to counter the detrimental effects of poverty; and
- To increase the **capacity of a community** (or sector) to promote the positive development of children and youth who are at an increased risk of poverty.

Project Highlights:	98 - 02	03	04	05	06 (partial)	Total
Community Volunteers Supported by VISTAs	4,510 estimated	4,800 estimated	3,708	7,407	729	21,154
Community Volunteer Hours supported by VISTAs	67,067	55,070	53,743	127,929	9,489	313,298
In-Kind Raised with VISTA support	257,915	152,157	142,143	430,611	60,879	1,043,705
Dollars Raised with VISTA Support	1,769,124	1,515,773	295,855	259,008	164,183	4,003,943

Keeping Maine's Children Connected (KMCC)

Mission

To promote success for youth who experience disruption in their educational programs

Vision

All youth have a team that supports them so they can continue and complete their educational programs, feel a sense of belonging to their communities, and experience fewer disruptions in their lives.

Core Values

- Every youth is valued as an asset to the community.
- Each person in the youth's life takes and accepts responsibility to work with and be involved

Keeping Maine's Children Connected is an integrated approach to help support children and youth who experience school disruption due to homelessness, foster care placement, in-patient psychiatric care, correctional facility placement and/or high mobility. 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.

Current Directions

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

Goal I: To improve educational outcomes for all youth by reducing the number of school disruptions and ensuring continuity of educational programming with the ultimate goal of every youth obtaining a high school completion credential that is fully aligned with state academic standards.

Goal II: To enhance the implementation, evaluation, and sustainability of the Keeping Maine's Children Connected system by broadening existing coordination and collaboration at the state, regional and community levels.

Overview:

KMCC has been working to create a statewide infrastructure that facilitates links to regional or local contacts to support all aspects of these youth's lives. KMCC continues to maintain and build on the role of the liaison to facilitate connections with the best resource or person who can assist the youth and family. The KMCC 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. The Fall of 2006 was the start of our third year of implementation.

The intent of KMCC is to facilitate inter-agency communication, cooperation, and collaboration among youth, families, schools, agencies and facilities.

- 180 KMCC Liaisons are assigned within state agencies, facilities and school districts statewide creating a standardized system of communication to support successful connection of youth in the community.
- KMCC Website at www.maine.gov/education/speced/kmcc/index.htm Liaisons are listed on an electronic database in addition to information on state and local resources. By utilizing the KMCC database to contact the KMCC Liaison in the appropriate school district, state agency, correctional or psychiatric 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 youth resides.
- KMCC Advisory Committee is chaired by First Lady, Karen Baldacci. The committee membership includes a statewide representation of different stakeholders including youth and families.

In 2006, Keeping Maine’s Children Connected

Worked statewide to increase exchange and knowledge of information on issues and policies impacting youth who experience a disruption in their educational experience

- Over 250 people attended regional meetings held statewide for KMCC and School Homeless Liaisons conducted in the Spring and Fall of 2006. The meetings were held in Biddeford, Lewiston, Augusta, Bangor, Machias and Presque Isle. These meetings offer a dynamic exchange among different representatives in the community who don’t typically have an opportunity to work together. These meetings allow for widespread transmission of local, state and federal updates as well as sharing of resources. Future agendas are determined by the participants from each regional group.

Coordinated statewide cross systems trainings in collaboration with different state and community groups to increase awareness and utilization of community and state resources

- Coordinate statewide trainings reaching over 1000 people. The trainings were in collaboration with a plethora of organizations at the local, regional and state level. The intent is for groups to integrate efforts so everyone can more

effectively publicize available community and statewide resources, avoid duplication and consolidate staff and financial resources.

National Interest in KMCC: Keeping Maine's Children Connected Director was invited to present about KMCC to the National Governor's Association Policy Academy in November. A key focus of the presentation was on the design and implementation of this collaborative effort among state agencies, private facilities, school districts and families that works within the existing state structure. In addition, other national presentations have been made since the statewide KMCC system is unique to Maine.

Developed and implemented integrated training with Department of Education for KMCC and School Homeless Liaisons.

- This training model is unique to Maine. 35 new Liaisons participated in the new training.

Conducted evaluation with Muskie School of Public Service tracking, the development, implementation and results of program activities.

- Surveyed Liaisons: We learned that 81% of the KMCC Liaisons stated they continue to utilize the training material over a year after they attended the training. In addition the KMCC Liaisons stated the top three strategies that help facilitate a successful transition included: sufficient time and resources, adequate training on the psychosocial needs of students who experience disruption, and increased communication with other agencies.

Data Collection on Youth Experiencing Disruption: As part of the evaluation 5 school districts around Maine participated in a pilot and collected data on youth who had experienced a disruption in their educational program. The sites included SAD # 1 (Presque Isle), SAD # 3 (Unity), Lewiston School District, SAD # 55 (South Hiram) and Scarborough School District. The data collected identified how many were affected, how school staff were notified, and the youth's connection to the school and community. The study highlighted the critical need for staff to connect with former educational programs or agencies to exchange essential records to facilitate successful transitions. The results of the study demonstrated that youth who were connected to their school and community either through relationship with adults from school or participation in an extra curricular activity were able to complete their educational program and promoted to the next grade. The stability and connection to each youth's school and community served essential to their sense of belonging and safety, thus contributing to their ability to continue school.

Internal Communication Protocols Developed: The 5 school districts each worked to develop an internal communication protocol to provide a more systematic approach to assisting students who experience disruptions. Each site employed a variety of methods to establish point or contact personnel who ensure the passage of information to appropriate staff when disruption occurs, a reliable repository for the information as well as ensure rapid response and support for the youth to continue

and complete his education. These models have been disseminated statewide and are currently being assessed and duplicated by other school districts.

**“High Fidelity Community Wraparound:”
Wraparound Maine**

During the 122nd Legislature, the Health and Human Services Committee supported legislation that approved the re-investment of funds saved by reducing residential care placements to ensure comprehensive wraparound services for Maine’s children and youth.

Since then, a competitive Request for Proposals was designed by the agency partners of the Children’s Cabinet and managed under the leadership of the Department of Health and Human Service.

Six sites were chosen to implement the model now referred to as **Wraparound Maine**. The Maine Department of Health and Human Services has partnered with national expert John VanDenBerg, PhD implement the model to better support young people with serious need.

Wraparound Maine is designed to assist youths with substance abuse, abuse, mental health or crime-related issues. Training and consultation will be provided for six community sites who are participating in the ‘Wraparound Maine’ initiative. In this process, state agencies, schools, local providers, volunteers and families work together to help children who are in residential programs or deemed to be at risk.

The implementation of Wraparound Maine is being coordinated and evaluated by a team from the Muskie School of Public Service. It will provide in-depth training for the staff who will lead the “Wraparound Child and Family Teams” in each of the community sites.

These teams include the family as full partners, and the work will focus on building supports for needs identified by the family. Supports may include transportation, recreation and mentoring. Clinical or therapy services may then be added to strengthen these natural supports. Instead of being overwhelmed by requirements from many different agencies and plans, the family has one unique plan.

The Children’s Cabinet, as the Wraparound Maine Advisory Committee, has targeted some broader outcomes for Maine youth through Wraparound Maine. All youth will:

- ◆ **Live safely in a family and community while decreasing out of home placements,**
- ◆ **Have access to and success in education with improved school attendance and completion rates**

- ◆ **Be socially and emotionally supported** *with decreased psychiatric hospitalizations*
- ◆ **Have increased developmental assets** *by ensuring involvement in age appropriate social and recreational activities and increased sense of belonging to community*
- ◆ **Be supported in the development of adult living skills and prepared to enter the workforce** *through increased adult or transitional living and work readiness skills*
- ◆ **Be free from arrest, detention and incarceration**

**Statewide Homeless Youth
Regional Children’s Cabinet Partnerships**

**Region I
Portland Partnership for Homeless Youth**

Purpose

Continuation of research related to the work of the Portland Homeless Youth Partnership in accomplishing goals of engaging youth in the Greater Portland area that are homeless or at risk of homelessness through the coordinated efforts of agencies whose services include this population group. Scope of work include interviewing and follow up with youth accessing services provided by members of the partnership group; collection of data from five tools utilized; establishment of additional data points; and analysis of research findings.

Target Population

Continuing research is anticipated to be conducted with demographic group similar to the past year’s project. This included a data base of 211 cases with analysis conducted on 196 of those. Average age of youth participating in program is 17 with a range of 14 to 21.

Outcomes

Identification of what is working well within the service delivery system for homeless youth and to build upon those successes; improvement in the ability to educate the public as well as specific target groups about homeless youth and their needs; and to present the findings of this research to a broader audience while providing information and assistance to others wishing to develop similar collaborative models.

Region II Homeless Youth Outreach and Services

PROGRAM ACTIVITIES:

A). Community Street Outreach- hit the streets and discuss programming in community

B). Distribution of Safe Pack program- basic needs backpacks
C.) Case Management- provide intense case management services in which a needs assessment and Individual Service Plan and Goals are identified by the client and work toward achieving these goals with the assistance of outreach.

D.) Food Outreach- distribution of foods in summer to youth on streets/ assess needs of youth that outreach comes into contact with.

E). Transportation- Outreach provides transportation with the company van or the vehicle of the other case manager. Outreach has an account with City Cab Company which also provides ongoing transportation needs that may not be able to be met by the HIP case managers.

CLIENT DEMOGRAPHICS

- 44 clients were serviced through the VOA SafePack Program-(backpacks stuffed with school supplies, hygiene items);
- 49 clients were serviced through VOA food outreach service- (street outreach on foot in the downtown Lewiston/Auburn community);
- 48 outreach clients were serviced through the outreach service (Outreach clients access a service or two through advocacy/supportive counseling; No case plan is established.);
- 32 youth were serviced through VOA HIP case management model-(identified service plan and assessment is done within 30 days of intake):
 - a. 21 serviced were female
 - b. 11 serviced were male
 - c. 6 client were African American
 - d. 26 were Caucasian
 - e. 21 youth were in school or employed at time of service.

Over 75 youth/families received servicing from HIP during the 2005-2006 fiscal year.

Outcomes:

100% of clients were recruited through outreach entered the program

90% of all discharged case management clients demonstrated a 10% reduction in risk-factors at the end of the program as indicated by the exit risk/needs assessment

90% of clients had shelter at the time of discharge

62% of clients received initial risk/needs assessment within 72-hours of first contact

100% of clients were able to access food stamps or medical insurance

44 Safepacks distributed (Safepacks are backpacks filled with toiletries and miscellaneous gender specific necessities)

100% of clients with a need (15) participated in recommended mental health treatment and/or substance abuse treatment (group, individual, self-help groups, etc.)

98% of clients received medical care if needed while in the program

100% of clients requiring emergency shelter obtained it.

100% (20) of clients were placed permanently with a family member where it was safe (within 31 days or more)

100% of clients requiring surrogate care (6) obtained it. (Includes foster care or the care of a surrogate family member)

100% of clients' families participated in case planning and the implementation of the Case Plan

93% of clients participated in an educational/vocational program or employment

Region III Homeless Youth

The RCC provided substantial funding to the Rapid Response Program of Hancock and Washington Counties. This program provides trauma debriefing to families and children who have experienced violence in their homes. It is a service provided in collaboration with law enforcement in these two counties.

The RCC met with members of the local community to increase understanding of and identify system gaps for homeless families with children. Bangor was a site that developed an Emergency Winter Plan through the Maine State Housing Authority. Using this plan, 12 families were served between January 4th and February 9th, 2007 when the program ended. Eight of these families were single mothers with 1-2 children each and 4 families consisted of two parents or adults with a total of 5 children. Family shelters are a need in the Region III counties. As part of this program, families met with a crisis worker from Community Health and Counseling Services to complete an assessment of their eligibility and needs. The Regional Children's Cabinet was instrumental in connecting the crisis provider to the staff at the Office of Integrated Access and Services to expedite timely service delivery to these families.

Shaw House Fiscal Year 2006

Shaw House provides a continuum of services which include outreach, basic center/day program, rapid response, emergency shelter, and transitional living services and support to young people, between the ages of 10 and 24. This continuum allows Shaw House personnel to address the clients needs based upon where they are on Maslow's Hierarchy of Needs. Currently Shaw House partners with Acadia Hospital, Community Care, Community Health and Counseling Services, Spruce Run, Eastern

Maine Medical Center Health Care, Rape Response, Penquis Community Action Program, Wabanaki, and Eastern Maine Aids Network to provide the very best for our youth. We also benefit from the support of United Way, City of Bangor, Maine State Housing Authority, Housing and Urban Development, Department of Health and Human Services, Department of Corrections, and Ophelia's. We are also partnering with University Maine, Orono and Beal College to continue to support individuals seeking training in social services.

From January 1, 2006 through December 31, 2006 the Streetlight Outreach program served 290 unduplicated youth. 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. They provided youth with the following basic needs services:

Outcomes:

Food was provided a total of	1293 times
Transportation was provided a total of	530 times
Clothing was provided a total of	313 times
Hygiene products were provided a total of	209 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 1388 referrals to youth regarding these services. Portions of these referrals are as follows:

Housing Opportunities	220 referrals
Emergency Shelters	156 referrals
Mental Health Services	108 referrals
Medical Services	156 referrals
Education Opportunities	122 referrals
Substance Abuse Treatment	22 referrals

In order to assist youth in receiving services outreach workers provide advocacy services on behalf of youth to outside agencies. For the 2006 fiscal year outreach workers made a total of 542 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, a sample of the results of the rate of outcomes achieved by outreach clients in fiscal year 2006 is as follows:

Other safe, permanent housing achieved	28
Mental health services accessed	25
Medical appointments obtained	77
Emergency Shelter accessed	22
Education opportunities accessed	3

Employment achieved	35
Substance abuse treatment accessed	6

From January 1, 2006 through December 31, 2006 the Basic Center/Day Program at Shaw House, provided services and support to 117 runaway, homeless, and at-risk young people. The program design and strategies for implementation are extremely cost effective and build on existing continuum of services currently offered through the Shaw House Programs.

The Basic Center helps with increasing education achievements and skills, obtaining safe housing, increasing job prospects and increasing 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 2006 fiscal year the Day Program/Basic Center served 117 unduplicated youth, 56 of which were first times homeless. Case managers performed 41 Needs Assessments on new youth and assisted youth in forming Individual Development Plans. Of the 469 goals identified in these plans youth met 242 of them. Case managers made 418 referrals to youth regarding services available to meet their unique goals. There were 1148 referrals and/or contacts made to outside agencies for service provision to the youth. Legal guardians and/or natural supports were contacted by case managers a total of 330 times. As a result, the following outcomes were achieved by the youth served:

- 33 youth returned to their home of origin or to a natural support person
- 52 youth obtained an alternative, safe, permanent housing situation
- 44 obtained mental health services
- 76 medical appointments were obtained
- 26 efforts to obtain entitled services i.e. food stamps, MaineCare, WIC etc.
- 10 goals towards receiving substance abuse treatment were met
- 32 goals to obtain educational opportunities were met
- 20 goals to obtain employment were met

From January 1, 2006 through December 31, 2006, 85 unduplicated youth sought emergency shelter in our Shelter Program for a total of 1578 bednights. These youth were provided with a safe, warm bed, food, clothing, person hygiene products and, above all, a haven away from the streets. Residential Counselors held a total of 2,958 one-on-one meeting with these youth. The Emergency Shelter Program is designed to be in conjunction with the basic center/day program a “safe haven” from the streets to youth ages 10 through 17. The shelter can meet basic needs providing youth food, water, shelter, safety and security.

From January 1, 2006 through December 31, 2006 Mason Place has maintained an occupancy of 85% or greater serving 27 clients with only 12 of these being placed and funded by DHHS. Mason Place is an eight-bed transitional living program for youth

ages 14-18. Eligible youth can remain in the program until the age of 21. The program offers long and short-term placements that work to assist children and youth to transition to permanent, safe, and stable living situations.

For many of these youth Mason Place has provided a “last chance” opportunity to avoid a life on the streets. A high percentage of these young people have been in the system since early childhood and bounced from placement to placement, never truly becoming invested in their own future.

The transitional living program offers a safe and nurturing environment for those youth that are particularly difficult to find foster placements for and for those youth that have no other opportunities open to them. Our program works to assist in the transition towards a more stable permanent environment for these young people.

PRIORITY: ADVERSE CHILDHOOD EXPERIENCES

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 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) from which communities could choose for its service delivery.

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. Since FY 03, \$4.7 million from the FHM has been dedicated annually 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, supporting problem-solving skills, and identifying the family’s natural support systems;

- Regularly acknowledge 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 in a multi-year evaluation. The first three years of the evaluation included the development and implementation of a case management tracking system, qualitative and quantitative analysis through family surveys, community collaborators surveys, site visits with the program staff. During FY06, with newly dedicated program administration at the state level, the evaluation focus has shifted to using data to inform quality improvements and sharing best practices among the home visiting programs and their partners in a new report, *Practices that Work*.

Among the findings of the third year of evaluation are:

FY 2006 Home Visitation Participant Demographics

- Biological mother is the primary caregiver 98% of the time
- 49% of the parents served were under 23 years old
- 36% are single parents
- 33% earn less than \$10,000 annually, compared with a State rate of ten percent*
- 23% do not have a high school education, 39% have a high school diploma or GED

Sampling of FY 2006 Home Visitation Service Delivery

- 36% enrolled in the program prenatally
- *18,611 home visits were completed during FY 2006; a 6% increase in services from 2005*
- *5,554 families were served in FY 06 (2,309 with home visits)*
- 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

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

- 99.6% of enrolled children and 97% of caregivers had **access to a primary care provider** (significantly higher than the Healthy People 2010 goal of 85%)
- 99% 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 demonstrated significant improvements in **overall home safety** from enrollment to the most recent home visit (ranging from 12-30 percentage points improvement using the home safety assessment categories)

- 14% of enrolled children were **identified with developmental delays**, and most (72%) are receiving early intervention services from home visiting partner agencies
- 40% of families who noted at enrollment that **problematic alcohol use** was a concern for their children's health changed their behaviors to reduce or eliminate exposure
- 30% of families noted at enrollment that secondhand smoke (**tobacco exposure**) was a concern for their children's health
 - of these, 84% have changed their behaviors to reduce or eliminate their children's exposure to secondhand smoke
- 29% of enrolled families were still **breastfeeding** at one year, exceeding the Healthy People 2010 goal of 25%

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

Home visiting programs have reflected on their collective practices and standards in the past year, identifying next steps to accomplish the goals of the original Task Force to Study Strategies to Support Parents as Children's First Teachers.

One step is developing common standards of practice. Use of the three models at the onset of program development afforded agencies the ability to choose an approach they felt best suited their local communities. The models are similar in their goals and mission and are all based on the beliefs that the first years of a child's life are crucial for their optimal development and that that development relies on positive interactive parenting. For all programs, the focus has been to support first time parents and adolescent parents universally, and families may receive services until their child is five years old. With these similarities among the models, there is agreement among the programs that moving toward standard components for quality home visiting services for the 15 DHHS grant-funded programs would be a positive shift.

Fulfilling this step can be accomplished by creating an effective and sustainable training infrastructure, particularly use of the evidence-based approach of Touchpoints. Touchpoints is a practical approach for enhancing the competence of parents and building strong family-child relationships from before birth through the earliest years, laying the vital foundation for children's healthy development². Following the April 2006 meeting between the Children's Cabinet and Dr. T. Berry Brazelton and his senior faculty from the Touchpoints Center in Boston, the home visiting program has developed and begun to implement a plan to incorporate the Touchpoints approach throughout the Maine home visitation network. The plan outlines enhancing the existing home visiting infrastructure through training and mentoring in order to create sustainable and viable communities of practice for all child and family serving providers and agencies. In support of this groundbreaking

² See www.touchpoints.org for more information.

project, the Brazelton Touchpoints Center has graciously shared the in-kind resources of its senior faculty during this past year.

A partnership of this magnitude truly reflects the commitment of the Children's Cabinet. It demonstrates a willingness and desire by state government, the Maine community and the Brazelton Touchpoints Center to generate policies and procedures that are evidence-based and truly family-centered, bridging the practice models of home visiting, child welfare, infant mental health and other important early care and education providers.

REGIONAL CHILDREN'S CABINETS' LOCAL CASE RESOLUTION COMMITTEES (LCRC'S)

Local Case Resolution Committees are regionally coordinated case review committees that are overseen by the Regional Children's Cabinet and which 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 is/are in immediate need, but where the service is not reimbursable.

The LCRCs are made of 16 volunteer groups of local providers dedicated to the process, and function without staff support.

CRITERIA for Pooled Flex Funding Consideration at Children's Cabinet, RCC, and LCRC levels asks the following:

- Is initiative cross-systems?
- Is it addressing an unmet need?
- Is there a team approach to addressing the need?
- Does initial support offer potential for sustainability?
- What is the impact on what population without our support?
- Is there evidence that the initiative is or will improve services and systems process and function?
- Does it facilitate collaboration on behalf of children and youth (builds relationships at local, regional or state level)?

In addition, the following criteria should guide all decisions relating to the **Gold Standards**:

Cross-cutting systems initiatives should be:

- Ⓞ **Cross-cutting:** Must involve two or more agencies and other stakeholders;
- Ⓞ **Family/youth-guided:** Population served **MUST** be intricately involved in all phases of the planning, programming, evaluation;

- Ⓢ **Culturally competent:** All communications and interactions with youth and families MUST honor and be sensitive to individual and group culture, class, gender, orientation, ethnicity, religion, socioeconomics, etc.;
- Ⓢ **Strength-based:** Approaches to work MUST seek out and build upon the strengths or assets of population served, rather than deficits;
- Ⓢ **Data-driven:** Initiative support MUST be based on existing data (need) and/or has plan for identifying and executing indicators/measurable outcomes.

In addition, the PFF expenditures should:

- ✓ Identify systems gaps and/or barriers to effective services identified through regional work funded by PFF?
- ✓ Identify new and emerging issues that have policy implications and that direct the Cabinet towards solutions or change.

Needs addressed and solved through the LCRC process includes:

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

Outcome data from the 2006 LCRC process are captured in the matrix on Page 9.

Maine Youth Suicide Prevention Program (MYSPP) 2006 Report

Suicide is the second leading cause of death for Maine's young people aged 15 - 24. Also, non-fatal suicidal behavior among young people represents a significant public health problem in our state. Young women aged 15 to 19 experience the highest rate of hospitalization for self-inflicted injuries of any other group across the lifespan. Intervening early to prevent suicide among the young may have a significant impact on the adult suicide rate as well. When a suicidal youth is identified, they are connected to the supports they need and experience better outcomes than if they were not identified and helped.

From 2000-2004, the most recent data available for analysis, a total of 789 suicides occurred among state residents, of which 115 were youth aged 10-24, an average of 23 youth suicides each year in Maine. The Maine youth suicide rate for this five-year period increased slightly over the previous five-year period, as did the youth suicide rate in the nation. Maine's rate remains above the national average rate.

The Maine Youth Suicide Prevention Program (MYSPP) is coordinated by the Maine Injury Prevention Program in the Maine Center for Disease Control and Prevention (Maine CDC) in the Department of Health and Human Services (DHHS).

2006 MYSPP Accomplishment Highlights

There are several major accomplishments on which to report for 2006.

SAMHSA Grant

We are in the middle of a three-year federal SAMHSA funded grant project. 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.

A major goal of the project is to develop a community-wide approach to youth suicide prevention, intervention and postvention. Project leaders include three mental health crisis service agencies serving as local project coordinators, two high schools and three local youth/family serving agencies in each project community. Each high school is implementing the Lifelines Program, a Student Assistance Team (SAT), a data tickler system to aid in the early identification of at-risk students and is developing strategies for youth in transition. Primary partnerships have been formed with Keeping Maine Children Connected to aid with transition strategy development,

NAMI Maine to provide family support groups in each county and the Maine Center for Grieving Children to develop training and a tool kit for use to assist grieving children. Working in Knox, Piscataquis, Sagadahoc, and Cumberland counties, project leaders and partners received multiple levels of training this year. These trainings prepared school and community agency staff members to be aware of and know how to respond to suicidal behaviors among the youth in their areas and to develop and manage a SAT. Schools developed protocols and formed relationships with local mental health agencies.

Another major project goal is to safely build culturally and linguistically competent public awareness messages and materials, training and services. With the Maine Youth Action Network (MYAN), outreach to sexual minority youth began. The Project Coordinator also met several times with Native American tribe leaders to determine their needs and interests in suicide prevention. This culminated in tribe participation at training programs and resource development for this audience.

A third component of the project is working with two Maine colleges. The University of Maine and the University of Southern Maine have made great strides this year in getting their staff trained and in establishing protocols for recognizing and responding to suicidal behaviors among their student populations.

As a direct result of the SAMHSA Youth Suicide Prevention grant award, MYSPP received an additional grant award for enhanced evaluation of project activities. These funds are supporting 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 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 A report responding to the Governor's Executive Order to strengthen the program plan was completed and released to the public in early January 2006. The report provided ten new program goals mirroring those of the National Suicide Prevention Strategy, outlined a strategic expansion of the program and contained a 2006 work-plan outlining activities to be implemented with existing funding.

MYSPP Steering and sub-committees to the program worked during the year and completed recommendations to the program for nine goals. Due to staffing shortages in the program and many demands on the program, the program plan goals were finalized but the overall program plan was not completed and distributed.

CDC Youth Suicide Prevention Lifelines Project

This project began in the fall of 2002 and ended in October of 2006. The overarching goal of this project was to: *establish with 12 project schools, 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. Articles for publication in professional journals to describe project findings are in development and will be submitted to the National Best Practice Registry. All 12 project schools completed the requirements of the project. The project coordinator, with the 12 school project coordinators developed a report “Notes From the Field” describing the successes and challenges of instituting a comprehensive school-based suicide prevention program. A technical report describing the results of project evaluation was developed and an evaluation report for dissemination to the public remains in development. The suicide and self-injury surveillance report including mortality, hospital discharge, and YRBS data was completed and disseminated.

Other 2006 Notable MYSPP Accomplishments:

The Office of Substance Abuse Prevention Information Resource Center, MYSPP staff and the USM Graduate student working with the MYSPP completed a significant redesign of the program website. The new website was released at a Blaine House Tea in September and the youth section in particular has received a great deal of feedback from visitors to the site.

The MYAN, working with Maine youth, developed a bookmark with messages encouraging help seeking and the bookmark was printed with funds contributed by a grieving family whose son died by suicide. MYAN youth also conducted a workshop with MYSPP at the annual youth conference.

A “Survivors of Suicide” kit was created and distributed to all Maine funeral home directors for distribution to grieving families upon the loss of a loved one to suicide.

The Office of Substance Abuse Information Resource Center continued to serve as the statewide point of access for suicide prevention resources. They responded to 150 calls for information, distributed information and resources at 17 conferences and distributed a total of 3,670 resources.

- Twenty of Maine’s school based health centers have integrated suicide prevention strategies into their practices.
- The Department of Labor contributed funding to provide training to their staff and became an annual conference co-sponsor for the 2007 conference.
- The Department of Corrections developed a training module about suicide and suicidal behavior for new staff at the youth centers. As part of their orientation, each new hire must attend a 2 hour workshop that covers signs and symptoms of suicide and how to respond.

The second annual MYSPP “Beyond The Basics Conference” was held in March with 230 school personnel, clinicians and interested others in attendance. This conference presents topics requested by individuals who have attended other MYSPP training programs. The keynote speaker addressed brain chemistry and its impact on high-risk behaviors including suicidal behaviors. Five three hour tracks were offered—mental

health promotion, girl bullying, adolescent substance abuse, protocol development, and grief. Conference evaluations were extremely 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 2006 and since program inception.

2006 Training Programs

Type of Training	# Trainings in 2006	#Participants in 2006	Total Trainings (T)/ Participants (P) Since Inception '98-'05
Gatekeeper	22	413	152 T/3,520 P
Training of Trainers	6	49	43 T/492 P
Lifelines Teacher Trainings	3	27	11 T/128 P
Youth Programs 1-2 hrs	2	75	22 T/546 P
Awareness Programs	11	350	197 T/7,357 P
Second Beyond the Basics Conference	1	230	2 T/420 P
Reconnecting Youth Trainings	1	18	9 T / Participant count unknown
Primary Care Provider	2	23	2 T/23 P
School Protocol Training	2	28	3T/76
TOTAL	54	1302	437T/12,732 P

In September, a small MYSPP team participated in the American Foundation for Suicide Prevention, Maine Chapter "Walk From Darkness" to raise awareness about suicide.

Continuing Program Challenges:

1. The lack of a sound evidence base for youth suicide prevention presents continuing challenges for youth suicide prevention efforts in Maine as in the nation. Evaluation of program strategies plays a crucial role. While the MYSPP has a significant opportunity to contribute to the national evidence base of best practices for youth suicide prevention through the SAMHSA project, the level of work required is both exciting and challenging. Meeting the numerous and varied grant project requirements, conducting our own program evaluation, and participating in cross-site evaluation activities across all SAMHSA grant projects, demand significant and constant effort. Also, the combination of a continued vacancy of the program's Health

Planner position and a reduction of Preventive Health Block Grant funding, taken together, has resulted in a significantly diminished program capacity for evaluation.

2. The MYSPP plan revision process has presented several challenges primarily related to limits of staffing and available funding resources to complete, implement and evaluate the plan. Objectives and activities have been prioritized and will be worked on as resources allow and/or become available.
3. Myths regarding suicide and suicidal behavior abound. Many do not believe that suicidal behavior is a problem that could affect their community. Yet, suicidal behaviors are prevalent among our youth throughout the state. This complex and emotional topic requires coordinated efforts and active partnerships involving government, communities, schools, employers, families, and youth. Managing issues such as stigma, public misconceptions about suicidal behaviors, developing and implementing best practices, including lethal means restriction, and training needs of various professions all present ongoing challenges to the MYSPP.
4. Another area of challenge is the multiple arrays of ongoing issues related to improving the timeliness, quality and consistency of the fatal and non-fatal suicidal behavior data necessary to increase our understanding of the problem among Maine youth. 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. Increased accuracy of information about the circumstances contributing to suicides is needed to improve understanding of fatal and non-fatal suicidal behaviors among Maine youth. By increasing the quality and accessibility of data through timely collection, in-depth analysis and interpretation, more effective prevention and intervention activities can be designed. We are making progress with increasing our understanding of the issues related to improving data accuracy, but much remains to be done to make the needed improvements that will allow us to better understand the problem of youth suicidal behaviors in Maine and to effectively and efficiently monitor trends related to youth suicide and associated risks.

Best Practices in Bullying and Harassment Prevention: New Guide and Policy

Background: In December 2005, Governor Baldacci charged the Children’s Cabinet with researching the factors contributing to youth suicide in Maine, as noted above under Maine Youth Suicide’s report. Cabinet staff held three meetings with key leaders to include state medical examiners, MYSPP suicide prevention experts, AG/Civil Rights, MCDC epidemiologists, school officials, staff, to examine various data from youth surveys (Youth Risk Behavior, Maine Youth Drug and Alcohol Use). These experts recommended that the **School-Community Climate Committee** be formed to address what had been identified as a critical factor in youth stress and self-harm -- bullying and harassment -- leading to an unsafe climate for youth.

Immediately a sub-committee formed (LD564 Design Team) to work with Representative Carol Grose of Woolwich on her pending bullying legislation to ensure it captured and ensured “best practices” strategies for prevention leading to the unanimous passage of LD 564: **“An Act to Amend the Student Code of Conduct” Sec. 3. 20-A MRSA §1001, sub-§15, ¶H** is enacted to read: Establish policies and procedures to address bullying, harassment and sexual harassment.

The Children’s Cabinet (under the leadership of the Department of Education) was instructed to develop and implement the elements in LD564: “Best Practice Guide and Policy” with Maine School Management; a website; and educational workshop/s. The Guide was completed in September 2006 and offers specific, effective training and implementation strategies to reduce bullying and harassment and its lasting trauma, thereby improving the academic, social, physical and emotional lives of Maine youth, while reducing school and provider liability.

During this same timeframe from December 2005 to January 2006, the *Ugly Ducklings Campaign* to reduce the bias-based harassment of gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth was underway to address the fact that GLBTQ youth are attempting suicide 2-5 times more frequently than their heterosexual peers. The three-phased campaign was championed by two local non-profits in Waterville: Hardy Girls Healthy Women and Greater Waterville’s Communities for Children and Youth Coalition. Please read campaign details here: <http://www.uglyducklings.org/about.html>

As a result of this collective body of work, and drawing upon the extensive experience of Assistant Attorney General Thom Harnett, as well as the expertise of those in the LD 564 Design Team, a strong partnership has emerged between and among the various prevention trainers, all of whom seek to change the cycle of behaviors that are leading to school drop out, truancy, self-harm and violence in Maine.

You can review the Guide and Policy by visiting www.maine.gov/education/bullyingprevention

As charged by the Children’s Cabinet, the various state agencies that fund bullying and harassment and Civil Rights trainings are working to create a coordinated and more effective and equitable training system that includes the Best Practice content and will pilot this new training in October 2007 for 30 school leadership teams from across the state.

Measuring What We Do: Maine Marks and New Top 13 Dashboard Tool

The Maine Governor’s Children’s Cabinet has identified and tracked trend data over the past six years relative to outcomes relating to children, youth, and families in Maine (www.mainemarks.org).

History: 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 2007 online edition represents the most current available data, in most cases including data through 2005. The following twelve outcomes have served in past years’ Maine Marks publications as an organizing system for grouping the **Maine Marks** indicators according to “broad” thematic content, as listed here:

Broad Maine Marks Outcomes

- 1. Children are respected, safe and nurtured in their communities.*
- 2. Children are ready to enter school and schools are ready for children.*
- 3. Children and youth succeed in school and schools succeed for children and youth*
- 4. Youth succeed in higher education.*
- 5. Youth are prepared to enter the work force.*
- 6. Families have opportunities to work and play.*
- 7. Families recognize the rewards and responsibilities of raising children.*
- 8. Families live safe and healthy lives.*
- 9. Communities are capable of meeting the needs of children and families in all of their diversity.*
- 10. Communities create collaborative partnerships.*
- 11. Communities promote and model clear standards of behavior.*
- 12. Communities keep children and families at the heart of all decisions.*

Moving Forward: Although Maine Marks has and will continue to provide a broad range of indicators across family, community, regional, and state domains, the Children’s Cabinet felt it was time to develop a “tool” from which to communicate its value, as a high-level interagency policy and service delivery coordinating body. In Augusta of 2006, the Children’s Cabinet enlisted the expertise of the Forum on Youth Investment’s Karen Pittman and Elizabeth Gaines to facilitate the development of a “**dashboard**” tool, which allows us to move from reporting trend data to prioritizing cross-cutting initiatives related to systems priorities, which can be defined in terms of the following:

- ✓ **Specific agency/stakeholder activities** (Who is doing what, where and how?);
- ✓ **Performance measures** (How are we doing?);
- ✓ **Investments** (What are we spending and from what source?);
- ✓ **Measurable outcomes** (What has changed, as a direct result of efforts/investments?);
- ✓ **Policy implications** (How does the outcome data inform policy change?).

Dashboard: Over the past several months, the Children’s Cabinet and their Executive and Senior Staff have developed the “**Top 13 Priority Initiatives Dashboard**,” which will be available on the Maine Marks and Children’s Cabinet web sites in coming months at <http://www.maine.gov/cabinet> or www.mainemarks.org.

The **Top 13 Dashboard Initiatives** below fall under the three (3) Children’s Cabinet Priority areas: Early Childhood, Adverse Childhood Experiences, and Youth in Transition.

Early Childhood

Task Force on Early Childhood/Early Childhood Systems Initiative (Humane Systems for Early Childhood)

Promote and Support Universal Home Visiting Services

Home visitors focus on the use of child development and attachment as a framework for supporting and promoting healthy family functioning, and implement the Brazelton Touchpoints Approach. Touchpoints is a practical approach for enhancing the competence of parents and building strong family-child relationships from before birth through the earliest years, laying the vital foundation for children’s healthy development.

Strengthening Families

Promote primary prevention of child abuse and neglect using the evidence based approach of working with early care and education providers.

Communities for Children and Youth AmeriCorps*VISTA Project

To support the capacity of local organizations to better promote social, emotional, physical, and cognitive development of young children, in an effort to counter the detrimental effects of poverty.

Adverse Childhood Experiences

Trauma-Informed System of Care (THRIVE)

Develop a comprehensive system of care in collaboration with youth, families and communities that is responsive and informed about the impacts of trauma on overall child well-being, in order to better address the unique needs of children and youth with serious emotional challenges and their families.

Jurisdictional Team Planning

A community-based, multi-disciplinary planning process to reduce the use of secure detention of juveniles.

Communities for Children and Youth: Mentoring for children and youth through college/community partnerships

Increase the number of recruited, screened and trained college mentors matched with children and youth to improve the social, emotional and academic wellbeing of their mentees, particularly in order to prevent juvenile delinquency.

Asset Building Schools and Communities

To engage youth and adults in participating schools and communities to create asset-rich environments for all students, with a special focus on creating caring school climates and youth empowerment strategies that will prevent bullying and harassment.

Youth in Transition

Re-Entry Program

Support and work with young people (age 16 - 24) coming back from incarceration to their home communities, education or employment, relationships, housing, with the goal to reduce likelihood of re-offending.

Maine Youth Opportunities Initiative

To ensure that Maine youth who have been in foster care have the necessary resources, opportunities, and supports available to them as they transition to

adulthood and that they develop the knowledge, skills, and permanent connections that will promote healthy, productive and secure lives.

Keeping Maine's Children Connected

Ensure an integrated approach to help support children and youth who experience school disruption due to homelessness, foster care placement, in-patient psychiatric care, correctional facility placement and/or high mobility. 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.

High Fidelity Wraparound

Well-trained community-based collaboratives will identify and support Maine's highest needs youth and their families by decreasing out of home placements and incarceration, improve school attendance, decrease in psychiatric hospitalizations, and increase supports and success in traditional living and work readiness skills.

Maine Youth Suicide Prevention

Youth suicide attempts and completions will be reduced by increasing readiness of schools and communities to intervene with increased knowledge about suicide, and improved attitudes towards help-seeking for self and others among youth who receive Lifelines Lessons.