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Maine
Governor's Blue Ribbon Committee
On Child Protective Services

Report Of The Governor's Blue Ribbon
Committee
On Child Protective Services To
Governor James B. Longley

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September 27, 1978

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on Child Protective Services to Governor
James B. Longley

September 27, 1978

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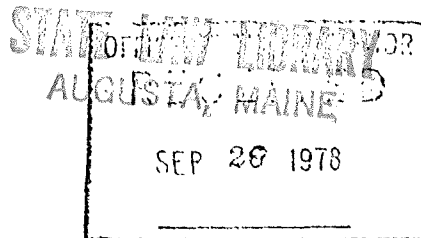
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September 27, 1978

Governor James B. Longley
Office of the Governor
State House
Augusta, ME 04330

Re: Report of Committee on Child Protective Services

Dear Governor Longley:

I am pleased to enclose the report of your "Blue Ribbon Committee on Child Protective Services." As you are aware, the Committee was given a comprehensive charge and requested to complete its investigation and submit a report no later than September 30, 1978. Because of the constraints of time, it would be presumptuous to suggest that the report is exhaustive. However, the Committee has articulated its primary findings and recommendations in some detail and has briefly referred to other areas which require further study and consideration. We believe it would be productive to meet with you at your convenience to discuss this report in more detail.

As the report indicates, the Committee confirmed the very serious problem which exists concerning the excessive caseloads currently being carried by protective service workers. We believe some amelioration of that problem can be effectuated by a speed-up time in the personnel system. Other problem areas are pointed out in the report.

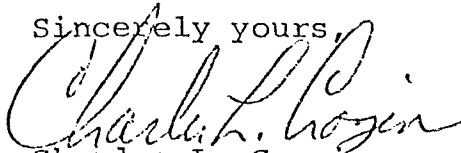
I cannot overemphasize the conclusion of the Committee that some form of system, preferably in the Governor's office, should be established to conduct on-going oversight review of child and

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family problems in Maine; to identify and be a moving party for the elimination of duplicative services; and to coordinate the various services provided by governmental and quasi-public agencies in the area of child and family services.

It was a personal pleasure for me to be given the opportunity to work with such a Committee. They are dedicated, hard-working, conscientious citizens who willingly sacrificed their time in order to assist you in reviewing this situation. We hope you will find this report to be of assistance.

Sincerely yours,


Charles L. Cragin

CLC:lsp

Enclosure

Marcey

cc: Commissioner Smith
Alan Elkins, M.D.
Matthew I. Barron
Daniel F. Hanley, M.D.
Robert F. X. Hart
Anne Monaghan

REPORT
of the
GOVERNOR'S BLUE RIBBON COMMITTEE
ON CHILD PROTECTIVE SERVICES
to
GOVERNOR JAMES B. LONGLEY

I. INTRODUCTION

On July 24, 1978 Governor James B. Longley formed a committee for the purpose of reviewing the Child Protective Services Program of the Maine Department of Human Services (DHS). The Committee was composed of the following persons:

Charles L. Cragin, Chairman
Alan Elkins, M.D., Vice-Chairman
Matthew I. Barron
Daniel F. Hanley, M.D.
Robert F.X. Hart
Anne Monaghan

The Committee was requested by Governor Longley to review the Child Protective Services Program and to make advisory recommendations for program improvement or modification. In addition Governor Longley asked that the Committee:

"Take a hard look at the appropriateness of the level of governmental involvement in Child Protective Services and to assess how this relates to our present program".

The Committee has met weekly since the last week in July. It has held lengthy discussions at meetings with the Commissioner of DHS, the DHS Deputy Commissioner for Regional Administration, all DHS Regional Directors, some DHS assistant regional directors for social services, the Executive Committee of the Cumberland County Child Abuse and Neglect Council, the Maine liaison staff from the New England Resource Center for Protective Services, and the directors of boys' and girls' emergency shelters. It has reviewed hundreds of pages of memos, DHS policies, laws, reports, etc., which have a bearing on the matter. Included within this review have been the following reports:

Report and Recommendation on Child Abuse and Neglect, Maine
Human Services Council, June 1976

Children and Families At Risk in Cumberland County, Report of
the United Way Substitute Care Task Force, September 1976
Comprehensive Blueprint, Children and Youth Services Planning
Project, February 1977
Coordinating Services For Children and Families, Report to the
Governor and the 108th Legislature, January 1978

The Committee reviewed the July 13, 1978 letter to Governor Longley from the Cumberland County Child Abuse and Neglect Council, which requested his intervention in resolving their perceived problems of:

A growing inability of the Department of Human Services (D.H.S.) to respond to community referrals of child abuse and neglect and, as a result, large numbers of children remain in actual or potential situations of jeopardy.

In their letter, they cited:

. . . . huge increases in caseloads since December, 1975, which, despite the increases in protective service workers under L.D. 757 in 1977, results in workers carrying average case-loads of 35.5 (in Region I, for example) as opposed to the 25 to 1 level desired by expressed legislature intent in L.D. 757. . . .

. . . . burdensome bureaucratic procedures within the Department of Personnel which have impeded the ability to fill vacancies in staff positions and fully realize the authorized complement of lines.

. . . . frustration and low morale among workers.

. . . . developing a 'case classification schema' (in Region I) because of limited resources to deal only with the most serious and immediate cases referred, thereby relegating cases . . . including 'family crisis' situations which were mandated in L.D. 757 . . . (to the) back burner.

. . . . impact of the new Juvenile Code - and a more active role of the Department in providing services to juveniles - without any new resources having been allocated to the Department to fulfill this new obligation.

With this expression of concerns in hand, The Committee proceeded to pursue facts and data to determine if those concerns could be substantiated and to assess to what degree other factors

had a bearing on the situation, as well as to consider the charge to the Committee.

II. EXPRESSED PUBLIC POLICY OF STATE WITH RESPECT TO CHILD ABUSE AND NEGLECT

The Committee initially examined the statutory expressions of public policy concerning child abuse and neglect as enunciated by the Maine Legislature. It was considered important to utilize existing statutory law as a "measuring stick" to ascertain the level of governmental involvement and determine whether such laws are currently being effectively implemented.

In 1975 the Maine Legislature enacted a comprehensive reporting law which required various categories of persons to report suspected cases of child abuse and neglect to DHS. Other persons were encouraged, but not required, to make such reports. DHS was mandated, by the law, to take certain actions to:

provide for the protection of children whose health and welfare are adversely affected or threatened by the conduct of those responsible for their care and protection in order to prevent further abuse and neglect, to enhance the welfare of these children and preserve family life wherever possible.

Initially, DHS was required to "investigate promptly all cases of child abuse and neglect coming to its attention" and "determine the degree of harm or threatened harm to each child". (Emphasis added) DHS was then required by the Legislature to "take whatever action . . . is appropriate under the circumstances"

In 1977, the Maine Legislature mandated goals, objectives and priorities which DHS was to follow in providing services to children at risk, families in crisis and other categories of children and families. These are the following:

A. Goals.

1. To prevent the development of circumstances which are detrimental to children;
2. To promote the kind of family life that encourages the wholesome development of children; and
3. To promote the welfare of children.

B. Objectives.

1. First priority - To support and reinforce parental care;
2. Second priority - To supplement parental care;

3. Third priority - To substitute, in whole or in part, for parental care.

Also in 1977, the Legislature expressed its intent in the "Interim Children's Services Act of 1977" that protective services be maintained at an average caseload of 25 cases per worker and that substitute care services be maintained at an average of one worker for each 30 children placed.

From these legislative statements the Committee concluded that, although not explicitly stated, the Legislature had recognized that children are our most precious natural resource; that every child deserves the right to develop to his or her full potential; that the family is essential to the nurturing and development of the full potential of each child; that children are not able to speak on their own behalf; and that while the cost of caring for our children may be great, the cost of neglect is astronomical.

III. GENERAL CONCLUSION:

THE COMMITTEE HAS FOUND THAT THE CONCERNS STATED IN THE LETTER OF THE CUMBERLAND COUNTY CHILD ABUSE AND NEGLECT COUNCIL TO THE GOVERNOR ARE TRUE; ARE READILY SUPPORTABLE WITH HARD FACTS, AND WARRANT IMMEDIATE ATTENTION BY THE EXECUTIVE AND LEGISLATIVE BRANCHES. THE COMMITTEE HAS FOUND THE CURRENT SITUATION, WHICH IS LIKELY TO INTENSIFY IN THE FUTURE, TO BE BOTH SHOCKING AND APPALLING. THE COMMITTEE BELIEVES THAT THE SITUATION HAS SERIOUS IMPLICATIONS FOR ALL MAINE CITIZENS.

The findings and recommendations of the Committee are summarized below.

A. CASELOADS OF WORKERS

FINDING: CASELOADS OF PROTECTIVE SERVICE WORKERS EXCEED LEGISLATIVELY RECOMMENDED LEVELS; DETRIMENTALLY AFFECT THE PROVISION OF SERVICES TO CLIENTS; AND EFFECTIVELY PROHIBIT THE PROVISION OF SERVICES TO SOME CATEGORIES OF POTENTIAL CLIENTS. GIVEN THE NATURE OF CASES BEING CARRIED, THE COMMITTEE BELIEVES THAT THE 25 TO 1 (cases to worker) RATIO INTENDED BY THE LEGISLATURE IS REALISTIC

AND SHOULD BE CONSIDERED THE APPROPRIATE RATIO FOR BONA FIDE CHILD PROTECTIVE CASES.

RECOMMENDATION: THAT THE EXECUTIVE AND LEGISLATIVE BRANCHES TAKE SUCH STEPS AS ARE NECESSARY TO BRING CASELOADS TO APPROPRIATE LEVELS AND INSURE SUFFICIENT PERSONNEL TO PROVIDE SERVICES TO ALL CATEGORIES OF PROSPECTIVE CLIENTS SPECIFIED BY MAINE LAW. BECAUSE OF THE IMMEDIATE NATURE OF THE PROBLEM, IT IS FURTHER RECOMMENDED THAT THE EXECUTIVE BRANCH TAKE IMMEDIATE STEPS, WITHIN EXISTING RESOURCES, TO ALLEVIATE THE CURRENT PROBLEM BEFORE THE NEXT SESSION OF THE LEGISLATURE CONVENES.

DISCUSSION: The Committee sought to determine if the actual numbers of cases being carried by protective workers in each region, as of August 1, was in compliance with the legislatively intended ratio of 25 to 1. The findings:

Region I - 33.3 average cases per actual worker - (3 funded but vacant worker positions)

Region II - 48.5 average cases per actual worker - (4 funded but vacant worker positions)

Region III - 30 average cases per actual worker - (2 funded but vacant worker positions)

Region IV - 38.3 average cases per actual worker - (2 funded but vacant worker positions)

Region V - 45.4 average cases per actual worker - (4 funded but vacant worker positions)

There are some slight variations in staffing patterns among regions. For example, in some regions court study cases are not included in these figures nor are the workers assigned to such cases. However, these variations do not significantly alter the statistics. On a statewide basis, the average cases per worker constitutes 36.76. This is based on 2684 active, assigned cases divided by the 73 personnel actually involved in this type of case work. The Committee has also identified at least 166 unassigned cases in at least three regions. (See Appendix for data on each region). It is important to note, however, that even if all vacancies were filled, the ratio of protective service workers to

caseloads would still exceed the expressed ratios. Secondly, this would still continue the necessity for a classification schema with no provision of services to cases in priority classifications II and IV as described on page 11 of this report.

From repeated questioning of those interviewed within DHS and others, as well as materials reviewed, the Committee determined that protective service workers, in virtually every instance, are carrying extremely difficult caseloads of multi-problem families warranting immediate and ongoing attention. The overwhelming nature of the problems, as well as the immediate jeopardy faced by the children, indicates an impossible situation from the perspective of satisfactory case management. It appears that the number of inappropriate or invalid referrals at intake has decreased to an insignificant number. For example, 1.49% (7 of 489) cases investigated during the first six months of 1978 in Region I were found to be invalid. However, 117 cases were ruled out over the telephone and were not investigated. While this judgment was made in view of limited available resources for investigation and case management there is a degree of risk involved that some of these cases may be valid and should be, at least, initially investigated.

National figures support the notion of a high "burn-out" rate for protective service workers. However, the situation in Maine is worsened by the fact that nearly all cases currently being serviced, due to either a formal or informal case classification schema in all regions, are of the most severe type of immediate jeopardy. In contrast, in most states, the caseload is a mix of abuse and neglect cases. The severe types of cases handled by Maine's protective service workers, without any let-up, impose a massive drain on these workers, both physically and mentally.

As stated in a memo from the workers in one region:

"The prevailing feeling in the unit is one of complete exhaustion and futility based on little hope that things will change for the better. The end result is that the client suffers from our problems by feeling neglected by workers who cannot provide consistent casework services".

It should be pointed out that the Committee has found, from its interviews and deliberations, that DHS protective personnel are, by and large, dedicated and hard-working people who are not looking

for an easy job, but are simply seeking caseloads of a manageable size given the nature of the families and situations being dealt with, i.e., 25 cases, as expressed in 22 M.R.S.A. §3712 (1977). The Committee has not found included in caseloads situations not necessitating immediate and on-going attention. To the contrary, findings indicate that some cases demanding attention are placed on the "back burner" due to lack of staffing. There are, however, some serious questions about the qualifications for protective worker positions, given the nature of the work required and expectation. These are treated below under the subject of "vacancies".

It should also be noted that when 64 new casework positions were approved in 1977, no provision was made to add any new clerical positions. The Committee suggests that this need be reviewed and that appropriate numbers of clerical positions be added to handle the case recording of the added workers and caseloads.

B. VACANCIES AND RELATED PERSONNEL MANAGEMENT PROBLEMS

FINDING: THE CURRENT OPERATION OF THE STATE PERSONNEL SYSTEM DETERS AND DELAYS THE FILLING OF VACANT PROTECTIVE SERVICE WORKER POSITIONS AND INHIBITS THE ABILITY OF DHS TO SEEK APPLICANTS FOR SUCH POSITIONS FROM A BROAD INVENTORY OF QUALIFIED PEOPLE.

RECOMMENDATION: A MECHANISM SHOULD BE DESIGNED WITHIN THE DEPARTMENT OF PERSONNEL WHICH WOULD PERMIT DHS TO UNDERTAKE THE SEARCH FOR AND EMPLOYMENT OF PROTECTIVE SERVICE WORKERS IMMEDIATELY UPON LEARNING THAT A VACANCY WILL EXIST. FURTHERMORE, SUCH A MECHANISM SHOULD PERMIT DHS TO SELECT A QUALIFIED APPLICANT WITHOUT REGARD TO CURRENT EMPLOYMENT STATUS WITHIN STATE GOVERNMENT AND SHOULD ALSO PERMIT DHS TO ADVERTISE SUCH VACANCIES, WITH THE COOPERATION OF THE DEPARTMENT OF PERSONNEL, WITHOUT REGARD TO LIMITATIONS IMPOSED BY THE SO-CALLED "APPLICANT REGISTERS".

DISCUSSION: One of the most disturbing aspects of the staffing problem among protective and substitute care workers is the number

of authorized but unfilled lines due, in large part, to a complicated and counterproductive system of hiring through the Department of Personnel (PERSONNEL). It is clearly a source of frustration and low morale for both DHS Regional Directors and workers. The Committee received an enlightening education as to the workings of the State Personnel System and its impact upon protective case-loads. As understood by the Committee, the following is the process that takes place at the time a DHS Regional Supervisor learns that a vacancy is about to occur. Usually, the Supervisor will have at least two weeks advance notice that an employee intends to resign or has received some form of intra-governmental transfer. At that time, an "exception request" will be submitted to the Governor's Office. (Apparently, no personnel action may be taken without an executive approval from the Governor's Office that the vacancy can be filled. This "exception request" contains a statement justifying the necessity of filling the vacancy. This mechanism, if handled on a timely basis, is an appropriate management tool to insure the on-going necessity of positions. The Committee understands that "exception requests" for protective service workers are routinely granted by the Governor's office within 24 hours of receipt of such a request.)

Once the exception request has been approved within the Office of the Governor, PERSONNEL is authorized to provide the requesting party with a "certification list" or "register" which contains the names of six prospective applicants for the position. If there are six people currently within DHS who desire an opportunity to apply for the job of Protective Service Worker within that Region, the hiring region will not be supplied the names of people outside of the department or outside of state government who are also interested. In the event that there are not six people within DHS who desire the position, the names of state employees, regardless of department, will be supplied until the list contains the names of six applicants. Only after those persons on the list have been interviewed and "rejected" or have "declined" may the hiring party request another list of six names which may or may not include non-state employees. Secondly, these lists are prepared on an irregular basis and may be substantially out of date at the time

they are presented. There is generally no opportunity to publicly seek applicants for a position when one becomes available.

The time involved in this process has a significant and detrimental impact upon the ability of DHS to fill vacancies. The process, in the Committee's opinion, inhibits DHS's ability to advertise widely in order to attempt to secure the most qualified people available.

The Committee analyzed the various delays in employment of protective service and substitute care workers in the various Regions. The following data, developed in Region I, is illustrative of the nature and dimension of the problem.

During the calendar year 1977, Region I had seven classified Protective Service Worker vacancies. The average time between the transmittal of an "exception request" and the receipt of the so-called "register" amounted to 5.04 weeks. The average time between the filing of an "exception request" and the filling of the vacancy amounted to 9.04 weeks.

During calendar year 1978 (through August 22, 1978) the Region had seven vacancies in the Protective Service Worker category. The average time between the "exception request" and the receipt of the "register" amounted to 7.64 weeks while the average time between the filing of the "exception request" and the filling of the vacancy amounted to 10.14 weeks.

EXAMPLES - PROTECTIVE SERVICE WORKER VACANCIES

	Exception Request Filed	First Register Provided	Vacancy Filled
1978	I	I	I
	[-----7.64 weeks-----]		
	[-----10.14 weeks-----]		
1977	I	I	I
	[-----5.04 weeks-----]		
	[-----9.04 weeks-----]		

Therefore, during the period of this study (20 months) 6.76 weeks, on the average, was consumed in waiting for receipt of the "register" while 9.44 weeks was consumed from the filing of an exception request to the filling of the vacancy. Thus, 132.16 weeks of protective service worker time (2.54 full time people) was

lost as the result of time consumed in the personnel system. Inasmuch as the requests for "exception" are expeditiously handled by the Governor's office, the source of the bottleneck is obvious.

The Committee would respectfully suggest that PERSONNEL should be instructed to immediately provide "certification lists" for protective service and substitute care workers when such lists are requested. An immediate response by PERSONNEL would eliminate 94.64 weeks of delay (1.82 full time persons) and assist greatly in the filling of vacancies and resultant continuity in casework.

As far as the broad acquisition of qualified applicants is concerned, the Committee concluded that the state personnel system does not take into consideration, either in selection procedures or in the qualifications for Social Worker I positions, the unique nature of the job of protective service workers. Furthermore, the system does not permit the selection of employees from the broadest base of applicants possible. The Committee believes that such a mechanism is vital. This belief is based upon the realization that a protective service worker must possess: an ability to work under pressure; flexibility regarding time; an ability to work with suspicious and hostile people without feeling threatened; an ability to relate empathetically to clients; an ability to use authority constructively; perseverance; initiative; adaptability; self-confidence; an ability to look diagnostically at the whole family and to arrive at an assessment of the family's ability to function and of the child's safety; an ability to interact with and relate to other professional disciplines; an ability to articulate the needs of the client; an ability to coordinate and organize the resources available; and an understanding of the importance of accountability.

There are many resources that can be brought to bear in helping to correct and improve an abuse/neglect situation. A key ingredient, however, is a caring and trusting relationship with a helping professional. It is important to bear this in mind when reviewing the expectations of protective service workers and their roles with individual families in their caseload. If removal of a child is to be used only as a last resort, competent protective service caseworkers must have sufficient time to relate to families

on a regular basis - in some cases as much as three, four or five times per week - helping them to sort through problems; helping to link them and their children to a variety of needed services.

The Committee would suggest that DHS consider the establishment of a certification program for employees working in the protective service area. Such a program would give the state an opportunity to provide a uniformly delivered base of expectations in both knowledge and performance for protective staff. It would also permit a more objective screening of staff to insure placement of people who have exhibited an ability to work in this specialized field. Lastly, it would enable DHS to increase its accountability by assuring the public that, at any moment in time, services are being rendered in accord with state law, policy and procedures by personnel known to possess knowledge, skills and attitudes reflective of the best that the state of the art has to offer.

C. CASE CLASSIFICATION SCHEMA

FINDING: THE PRIORITIZING OF CASES TO RECEIVE ATTENTION IS DONE, EITHER FORMALLY OR INFORMALLY, BY EACH REGION AS THE RESULT OF LACK OF AVAILABLE PERSONNEL AND THE PRAGMATIC NECESSITY, BY THE REGIONS, TO MAXIMIZE THE DELIVERY OF SERVICES TO THE EXTENT PERMITTED BY PERSONNEL RESOURCES.

RECOMMENDATION: THAT THE EXECUTIVE AND LEGISLATIVE BRANCHES MUST TAKE SUCH ACTIONS AS ARE REQUIRED TO INSURE THE NECESSARY PERSONNEL RESOURCES TO HANDLE ALL CATEGORIES OF PROTECTIVE CASES AS MANDATED BY EXISTING LAW OR, IN THE ALTERNATIVE, AMEND STATUTORY EXPRESSIONS OF PUBLIC POLICY TO REFLECT THE CURRENT FACTUAL SITUATION IN ORDER THAT THE CITIZENS OF THIS STATE WILL NOT LABOR UNDER MISIMPRESSIONS AS TO THE CATEGORIES OF PROTECTIVE CASES THAT WILL BE SERVED BY STATE GOVERNMENT.

DISCUSSION: The case classification schema adopted in Region I (see examples in Appendix) was adopted to prioritize services because of the large number of referrals and limited staff resources. On a formal or informal basis a similar schema is applied in other regions simply to survive from day to day in the

management of overwhelming caseloads. In effect, the application of the schema runs contrary to legislative intent inasmuch as case situations expected to be served are not. In brief, the schema sets forth four categories:

- I. Life Threatening or Bodily Injury
- II. Growth Inhibiting
- III. Child in C-2 Status (State custody)
- IV. At Risk

The schema calls for priority attention to categories I and III. In fact, the experience statewide shows that about 90% of the active, assigned cases are in these two categories. The remainder are listed as unassigned and are carried on the "back burner" for lack of staff.

It is of grave concern to the Committee, and to all those with whom it met, that cases within the category of "Growth Inhibiting" and "At Risk" are placed in a low priority status. "Growth Inhibiting" cases, for example, are those in which there are exhibitions of:

- (1) excessive corporal punishment of a child who has escaped the situation
- (2) sexual abuse/exploitation of child 14 or older
- (3) emotional abuse (child is belittled and is demonstrating effects through observable/neurotic, psychotic, adjustment reaction behaviors)
- (4) neglect - failure to provide adequate:
 - food (as demonstrated by nutritional deficiencies, food poisoning and/or disease)
 - clothing (undue exposure to the elements, or harm to the body; clothing is inappropriate to the weather or is habitually filthy or odoriferous to the point that the child's health and/or social functioning is imperiled)
 - shelter (undue exposure to the elements, or hazards of fire, injury, and/or disease; home is in poor state of repair resulting in safety hazards to child under 5; home is inadequately heated; child's sleeping arrangement is grossly inadequate)

- supervision (child under 12 and over 7 left to care for self or others much of the time; chronic, complete absence of household routine - e.g., mealtime, bedtime; precautions not taken to protect the child's safety - e.g., storage of medicines and poisons)
- health care (clear danger of serious health impairment; child has not had appropriate shots and immunizations; child does not receive appropriate medical care; home is filthy to the extent that health is threatened)
- emotional neglect (clinically observable evidence of neurotic, psychotic, or adjustment reaction behaviors resulting from a variety of causes to include inadequate nurturance, inconsistent discipline, chaotic home atmosphere and accompanied by parents unwillingness and inability to allow; and, if indicated, participate in recommended treatment)
- education (truancy of grammar school child under 13 or parent's unwillingness and/or inability to allow participation in basic, specialized services)

Generally, this means that cases in which the above factors constitute major identifiable elements, but in which immediate "Life Threatening or Bodily Injury" elements, as otherwise defined, are not present, are not carried in the active caseloads of protective service workers.

Also, children and families in Category IV ("At Risk") are placed in a low priority and generally not served. This includes families for which service was intended and expressed in the language of the Children's Services Act (22 M.R.S.A. Sections 3701, 3702).

While one can argue about the cost of providing early intervention and preventive type services to families and children "at risk", it is the opinion of the Committee, after reviewing all the evidence, that failure to provide such services will result in worsening situations. Failure to intervene early will result in increased social and economic costs. Such increased costs would merely be postponed to a later point in terms of family breakdown,

unemployment, crime (and costs to the justice and correctional systems), as well as other tragic consequences. The cost/benefit ratio at a subsequent point in time, when the totality of the circumstances is more pronounced and chronic, will decline.

D. COMMUNITY RESOURCES

FINDING: DISCHARGE OF PROTECTIVE SERVICE RESPONSIBILITIES CAN BE AIDED THROUGH THE AVAILABILITY OF VARIOUS SUPPORT SERVICES IN THE COMMUNITY. HOWEVER, MANY OF THESE RESOURCES DO NOT EXIST, OR ARE NOT AVAILABLE IN SUFFICIENT QUANTITY, DEPENDING UPON THE GEOGRAPHIC LOCATION WITHIN THE STATE.

RECOMMENDATIONS: FURTHER ATTENTION NEEDS TO BE GIVEN TO EARMARKING FOR PROTECTIVE CASELOADS, AN APPROPRIATE LEVEL OF SUPPORT SERVICES THROUGH CONTRACTUAL OR OTHER RESOURCES THROUGHOUT ALL APPROPRIATE STATE DEPARTMENTS AND BUREAUS, AS NOTED IN THE REPORT AND RECOMMENDATION OF THE MAINE HUMAN SERVICES COUNCIL CHILD ABUSE AND NEGLECT TASK FORCE (1976).

DISCUSSION: The Committee recognizes that the DHS will never be in a position to provide all the resources needed by protective clients. Many of the support resources are or should be available through appropriate community agencies through contractual arrangement and through other sources of public and private funding. Specific steps in this regard are clearly set forth in the 1976 report and recommendations of the Maine Human Services Council Child Abuse and Neglect Task Force (recommendations 19-23, pages 11-13, and pages 28-33, all of which are carried in the Appendix to this report).

Further attention needs to be given to these recommendations, including a review of what community resources are presently available, whether they exist in sufficient quantity, and what additional resources are needed (by Region) to allow DHS to discharge its responsibility to the protective caseload. All parties interviewed agree that there can be latitude and flexi-

bility in meeting the needs of these clients by contracting out services, provided DHS maintains the following elements:

1. Department personnel do the initial assessments on case referrals;
2. Department personnel maintain the decision to recommend removal or maintenance of the child in his/her own home;
3. Department personnel monitor or coordinate contracted cases.

Community resources that are needed and/or are available to some extent (depending upon geographic location within the state) include casework services, homemaker services, emergency foster care and group shelter services, alcoholism services, family planning services, visiting nurse services, maternal and child health services, day care, transportation, housing and employment services.

While the Committee has not devoted any significant time to the substitute care issue, which in fact is very much related to the protective services issue, it is clear to the Committee that several problems exist with respect to the adequate availability of substitute care resources available to DHS including foster homes, emergency shelters, group homes, etc. There are many children needing placement outside their own home for either short or long terms, for whom appropriate resources do not exist in sufficient quantity. This results in DHS workers spending significant amounts of time searching for placement resources. This matter needs further attention and action by DHS and the Executive and Legislative branches.

The Committee also wishes to point out that there is substantial evidence to indicate a great improvement in the last two years in the attitude and cooperation among most community agencies in working with DHS in coordination and joint efforts to serve the protective caseload. Formal and informal efforts to form Child Abuse and Neglect Councils or coordinating groups have taken place in nearly all regions. These groups have played a constructive role in such areas as community education, preventive activities, case management and coordination in general.

E. TRAINING

FINDING: AT THE PRESENT TIME, DUE TO THE PRESSURE OF OVERWHELMING CASELOADS, THERE IS NO OPPORTUNITY FOR PERIODIC TRAINING AND UPGRADING OF SKILLS OF PROTECTIVE SERVICE WORKERS.

RECOMMENDATION: THE COMMITTEE BELIEVES THAT, FOR THE BENEFIT OF THE CLIENT GROUP AS WELL AS THE WORKERS, PROVISION NEEDS TO BE MADE FOR SUCH TRAINING ON A PERIODIC AND SCHEDULED BASIS.

DISCUSSION: As a whole, the protective service client group is both difficult and demanding in terms of the worker skill and knowledge necessary to bring about needed change in behavior. Many of the parents are immersed in multiple problems of long standing, lack motivation, and lack basic parenting skills and knowledge that are taken for granted in the general population. This has been recognized for some time both nationally and here in Maine and specific steps for training are set forth in the 1976 report and recommendations of the Maine Human Services Council Child Abuse and Neglect Task Force (page 11, recommendations 16, 17, and 18; and pages 39-41). These recommendations are set forth in the Appendix to this report. The Committee believes that consideration must be given to the implementation of these recommendations as soon as possible.

It should also be noted that, in the course of its deliberations, the Committee heard a great deal of testimony and discussion about the lack of DHS action with respect to adolescents. While this is due in part to the current case classification schema, there is sufficient evidence to support the fact that most workers have no special training or skills in working with troubled adolescents and desperately need such training if they are to work effectively with this client group.

F. COORDINATION AND PLANNING

FINDING: THE COMMITTEE HAS, THROUGHOUT ITS DELIBERATIONS, FOUND ITSELF TRAVELLING THROUGH A MAZE OF SPECIFIC PROGRAMS AND FUNDING SOURCES THAT, WITHOUT THOROUGH COORDINATION, HAVE A TENDENCY TO DEAL WITH OVERLY-SPECIFIC SEGMENTS OF A PROBLEM. THIS SITUATION CAN ONLY BE ELIMINATED THROUGH

MEANINGFUL AND CONTINUOUS OVERSIGHT AND FUNCTIONAL
COORDINATION ACROSS DEPARTMENTAL LINES.

RECOMMENDATION: THAT THE GOVERNOR, WITH THE ASSISTANCE OF THE LEGISLATURE, UNDERTAKE TO DEVELOP A STRUCTURE WITHIN THE GOVERNOR'S OFFICE TO PROVIDE A COHESIVE AND COST EFFECTIVE APPROACH TO THE COORDINATION AND OVERSIGHT OF ALL PROGRAMS PROVIDED TO CHILDREN AND FAMILIES. SERIOUS RECONSIDERATION SHOULD BE GIVEN TO THE SPECIFIC PROVISIONS PROPOSED IN LEGISLATIVE DOCUMENT 1158 OF THE ONE HUNDRED AND EIGHTH LEGISLATURE TO ESTABLISH THE OFFICE FOR CHILDREN AND FAMILIES.

DISCUSSION: In the limited time available to the Committee, it has been impossible to treat all aspects of a complicated issue in detail. However, it is abundantly clear to the Committee that the State lacks a meaningful capacity to plan and coordinate services to families and children in a manner that will insure a cost effective and efficient deployment of resources.

The legislative requirement that the Departments of Human Services, Mental Health and Corrections, and Education and Cultural Services work jointly to arrive at a coordinated policy for children and families resulted in the establishment of "The Inter-departmental Children's Team" and its January 27, 1978 Report: Coordinating Services for Children and Families. This represents a beginning effort at joint planning and coordination. However, it is clearly inadequate to deal with the realistic needs. Commissioners and their surrogate representatives on the team have many other day-to-day responsibilities. None have exclusive ongoing responsibility to plan and coordinate for child and family services within their respective departments.

The Committee is struck by the thousands of hours of work and effort that have gone into the reports of the Maine Human Services Council Child Abuse and Neglect Task Force Report (1976), the Report of the Children and Youth Services Planning Project (1977), and the Greater Portland United Way's Substitute Care Task Force Report: Children and Families at Risk in Cumberland County (1976). Time and again the Committee found itself referring to specific

sections in each of these reports that have a bearing on a child abuse and neglect, case management, support services, etc. Yet nowhere in state government is there a central and on-going daily mechanism to plan and coordinate services to families and children across departmental lines, as well as within departments with a multiplicity of programs, such as DHS.

Within DHS, for example, the responsibility for program planning and policy development is placed centrally in the Bureau of Resource Development (BRD). The authority for program implementation, policy compliance, and monitoring of services, is placed in regional administration. The program support component, via purchase of service contracts, is located in BRD. This organizational framework puts considerable distance between the state office social services program staff and the regional program staff, since the line and staff functions connect solely in the Commissioner's office. The result is an uncoordinated and unconnected delivery system of social services as it pertains to children's services. This has an impact on accountability. There is a need at the state level for both good management and program capabilities if the job is to get done.

This is just one example. It is clear that Maine needs a cohesive and cost effective approach to dealing with its most precious resource - families and children. It is for this reason, and after lengthy discussion, that the Committee recommends urgent reconsideration of the specific provisions suggested in L.D. 1158 (filed in the 108th Regular Session) that would have established an office for children and families within the Governor's Office, as well as a Maine Council on Children and Families, and recommends resubmission of this proposal in the 109th Regular Session.

✓ The Committee opposes a growing bureaucracy. It believes, however, that the provisions of L.D. 1158 have significant potential, with a small outlay of funds, to bring about greater coordination, planning, policy development, and management practice in the delivery of existing services for Maine's families and children.

IV. APPROPRIATENESS OF THE LEVEL OF GOVERNMENTAL INVOLVEMENT IN CHILD PROTECTIVE SERVICES

The original charge to the Committee from the Governor requested "a hard look at the appropriateness of the level of governmental involvement in Child Protective Service and to assess how this related to our present program."

As mentioned in the preceding sections, DHS does not have the present capability to respond to the current cases of blatant child abuse and neglect. On the basis of a review of the statutes, and current practice in states across the country, the Committee believes that the state has, and should continue to exercise, a basic responsibility for the protection of children. How far that responsibility should be carried is treated to some extent in previous sections of this Report, including the section on "Community Resources", in which it is recognized that while the state should maintain certain basic functions and elements in protective services, various support services can be contracted to community agencies, with additional financial support from other sources -- both public and private.

Whether governmental involvement in protective services should extend to early prevention and intervention with "at risk" cases (classification IV in the present case classification schema) appears to be, currently, a moot point given the more severe caseload which must be handled first. However, as previously stated, failure to intervene early in many of these case situations - either by DHS, community agencies, or both in concert, can result in social and economic costs that are postponed to a later time.

The Committee is struck by the overwhelming evidence of family stress and breakdown which is a tragic hallmark of our current society. During the calendar years 1975, 1976 and 1977, the Maine divorce rate represented 49% of marriages during the same period (i.e., nearly one divorce was granted for every two marriages taking place).

A review of the reports mentioned in the previous section point to the erosion of the family, and the many contributing factors. While an expressed desire of government is the need to maintain the family unit, it must be recognized that the primary responsibility

for parenting is, and should be, with the parents. Implicit in the concept is the seriousness of the responsibility carried in giving birth to a child and raising that child. Attitudes and capabilities for this are expected to be passed from parents to children through successive generations. Educational, religious, and social institutions can and must play a supportive role in the development of these elements, but the basic responsibility rests with parents.

Nevertheless, the hard reality of today is that the system of values and responsibilities has broken down. Children are in serious jeopardy as a result. In these situations, it is the safety and well being of the child that must be the primary concern of the state.

Services provided to parents by government, in an attempt to assist them in fulfilling their parental responsibilities, should be paid for by those parents, to the extent of their financial ability. While available data indicates that the number currently being served who have the financial ability to pay may be relatively small, they should nevertheless be required to assume that responsibility. While the present Commissioner of Human Services has given ample evidence of pursuit of state reimbursement for services provided to individuals and families with an ability to pay, it is hoped that this approach will be continued as a practice in future administrations.

There is an additional issue that should be treated in regard to governmental involvement in protective services, i.e., service to teenagers. The Committee heard significant testimony and expressions of concern that, in effect, "teenagers are written off". It is true that in the current "schema" teenagers are classified as low priority (except in the Augusta regional office which has a special adolescent unit). The Committee recognizes that teenagers "at risk" - some living in explosive home situations, others living on the street, or in emergency shelters, or other temporary arrangements, are in need of assistance and protection. Many are considered difficult, if not impossible to work with. While the Committee did not have the time to consider this problem in great depth, it believes that a case management system for working with teenagers needs to be established with

specific criteria that sets forth realistic parameters on how far DHS should proceed given evidence of cooperation and self-help steps the adolescent exhibits in his/her own behalf.

Lacking any clear direction or policy in this regard presently, adolescents as a group tend to be pushed aside and not served. Emergency shelters serving teenagers "at risk" are frustrated in gaining access to state protective intervention on cases believed to be valid.

The Committee does not believe that DHS should have an open-door and limitless policy with respect to services to teenagers. However, the procedures suggested above are believed to be realistic. At some point and at some age in life, people must begin to show at least a scintilla of interest in helping themselves.

In summary, the Committee recognizes that the problems of child abuse and neglect, as well as other signs of social pathology in the breakdown of the family, pose severe problems to the future of society itself. All segments of society have a serious responsibility and challenge to respond.

While government has a supportive role and responsibility in protecting children and strengthening families, as Governor Longley has stated:

"No government, nor governmental program, can replace the primary role of the family in shaping and supporting our children and youth so that they may lead fulfilling and meaningful lives, both as children and in their adult years...." (Comprehensive Blueprint: Children and Youth Services Planning Project, February, 1977, page 17)

September 27, 1978

A P P E N D I X



443 Congress Street • Portland, Maine 04101 • 207 • 774-4591

United Way
Inc.

August 18, 1978

Commissioner David Smith
Department of Human Services
State House
Augusta, Maine 04333

Dear David,

This is a follow-up to our phone conversation regarding the desire of the Governor's Child Abuse Committee to secure the following information:

1. Regarding assignment/caseload of actual available workers, we received the following information from Region I people at our August 16 meeting:

Aug. 1 Protective Cases

843
-64 court study cases
779
114 unassigned $\left\{ \begin{array}{l} \text{awaiting assessment} \\ \text{or} \\ \text{non-abuse-at risk cases} \end{array} \right.$
665 adjusted cases

Workers

Authorized 28
Includes: 3 vacancies
3 for court studies
1 intake
1 CES
8 -8

available workers
with assigned cases 20 $\left\{ \begin{array}{l} 33.3 \text{ average} \\ 665 \\ \text{adjusted cases} \end{array} \right.$

Available for regular
assigned cases 20

We would appreciate it if we could get comparable data in a similar format for the other regions. You mentioned that there may be different ways of handling assignments from one region to the next (e.g., the unique assignment in Region I of a CES worker). If these differences can be pointed out and explained so that we end up with comparable data in terms of the active/assigned caseload, we would very much appreciate it.

Your comments on how the system currently works on filling vacancies (the procedures we discussed), what problems you see, and how these problems might be overcome in terms of recommendations that we might make to the Governor. Regarding the freeze on positions, I understood you to say that this does not apply to protective worker positions.

Finally, I will pass on to the Committee your desire that we meet with representatives of the other regions sometime in the near future in Portland, so as to get a better feel for the total picture and any unique problems/needs, etc., in the other regions. I am sure the Committee will be agreeable as there is a general desire to understand the full picture.

Sincerely,



Robert F. X. Hart
Executive Director

RFHX/k

cc: Mr. Cragin

Lewiston Office

Date August 24, 1978

Raymond Swift, Deputy Commissioner

Douglas A. Hall, Regional Director

Subject Child Protective Data - Region II

As per your August 21, 1978, request based upon Mr. Hart's August 18, 1978, letter, Region II offers the following.

On August 2, 1978, Region II had 524 child protective (PC) cases. In addition, we had 30 protective (PS) studies. Unassigned cases consisted of 20.

Authorized workers were at 16 with 4 vacant positions and one position assigned to community development, a non case carrying position working with our advisory group and other agencies to aid our protective effort.

Like Region I, we rotate intake and CES among staff. Protective studies are distributed among staff so I would not subtract studies, but rather add them. The 20 unassigned cases were in the process of assignment that first week, but not yet on the terminal as active cases. Therefore, I would add those to the total also.

Therefore, our picture looks like:

524	PC cases active
+30	PS cases active
+20	Unassigned or in process of assignment
<u>574</u>	Total

16	Authorized lines
-4	Vacant lines
-1	Community Development worker
<u>11</u>	Available lines

Available workers with assigned cases = 48.5

Available workers with assigned or
about to be assigned cases = 52.1

One considers that the rotation of intake takes the equivalent of an available position, the caseload would grow even more.

A set of adjustments which we feel balance each other out is:

- one protective worker spends half of her time in a prevention of abuse/neglect by addressing school groups.
- one substitute care worker specializes in Return to own Family cases which consists of 21 (PC 52 cases) or half a caseload.

regard to the four vacancies, we are in the process of hiring as follows:

one will start 8/28/78

two will start 9/4/78

one - interviewing nearly complete.

Between July 1, 1977, and June 30, 1978, we were influenced by child protective staff vacancies for a total of 146 work days. Since July 1, 1978 to August 25, 1978, our child protective staff vacancies have totaled 156 work days.

Three of our eleven (11) available case carrying protective staff are exploring alternative employment elsewhere.

MH:mm
cc: Raymond Duchette, Assistant Regional Director, Social Services
cc: Jennifer Smith, Protective Manager
cc: Peter Good, Protective Manager

Bangor

Office

Date August 28, 1978

Raymond Swift, Deputy Commissioner Regional Administration

Ronald L. Schöppe, Regional Director Region IV

Following is the information requested on the active/assigned caseload for Region IV Protective service.

Aug. 1 - Protective Cases

599
- 31 Court Study
568
- 32 Unassessed
536 Adjusted

Workers

18 authorized

-4 Includes: 2 vacancies
1 intake
1 court study
14 for regular assigned cases

536 divided by 14 = 38.3 cases/worker .

24 hour emergency service is covered by all workers on a rotating basis.

The 32 unassessed cases have been assigned to the workers but they are being held.

RLS:sdc

cc: Mary Small, Director, Children's Services

AUGUST 20, 1978 - PROTECTIVE CASES

Region V

	<u>Ch. Prot.</u>	<u>Ct. Stud.</u>	<u>Prob. Preg.</u>	<u>Authorized Ch. Prot. Lines</u>	<u>Vacant Ch. Prot. Lines</u>	<u>Filled Ch. Prot. Lines</u>
<u>Fort Kent</u>	39	1	16	2	1	1
<u>Caribou</u>	119	5	13	4	2	2
<u>Houlton</u>	<u>69</u>	<u>5</u>	<u>10</u>	<u>3</u>	<u>1</u>	<u>2</u>
<u>Region V</u>	227	11	39	9	4	5

Average Caseload:

Ch. Prot. Cases only: $5 / \frac{45.4}{227.0}$

Ch. Prot.+Ct. Stud.+Prob. Preg.: $5 / \frac{55.4}{277.0}$

All child protective workers in Region V carry 3 kinds of cases- child protective, court studies, and problem pregnancy ("unwed mother") cases. In addition to this all child protective workers do all of the agency intake on a rotating basis within this unit in each office. CES is also done on a rotating basis. At present this means each worker is on call every 5th week.

There is one protective services supervisor for both child and adult protective services workers in the region. (There are 2 adult protective workers.) This has necessitated the ARD for Social Services to supervise a proportion of these workers. This one protective services supervisor has just retired. A protective services worker from this region has been promoted to this position, but has no experience in supervision. Due to existing caseloads and vacancies, she is carrying a protective caseload of 28 cases which will have to continue until some vacant lines are filled.

Hiring qualified social workers who have social work experience and are interested in or are able to do child protective services work is a great problem in Aroostook County. Some of these people exist in the community, but they do not often appear on Dept. of Personnel registers. Our present 4 vacancies with the first date on which exception requests were submitted to the Dept. of Personnel follow:

HSW I - Caribou office - 12-6-77
HSW II - Caribou office - 7-17-78
HSW II - Fort Kent Office - 5-22-78
HSW III - Houlton Office - 5-22-78

You will note that we show no unassigned cases in this region. We believe this is much too risky a practice and that a protective services assessment must be done on protective referrals which have been referred by child protective workers at intake. We are not getting out on many cases

REGION I PROTECTIVE CASE CLASSIFICATION SCHEMA

INTRODUCTION:

The main purpose of this Case Classification Schema is to form a firm foundation for the protective services caseload to be prioritized. It is not a substitute for a diagnostic assessment for each case situation. Indeed, individual cases may have more than one of the elements described. While rough in nature, the Case Classification Schema seeks to classify the major elements of a protective case under four distinct categories:

- I. Life Threatening or Bodily Injury - indicating that a child's life or body is threatened with physical harm. This direct threat to the child's person clearly implies that the case is extremely serious and demands priority attention.
- II. Growth Inhibiting - indicating that a child's welfare is being harmed by the absence of a good, wholesome, nurturing environment. This threat to the child's growth and well-being implies that the case is serious and demands attention, but the magnitude of the threat is not as great as in the first category.
- III. Child in C-2 Status - child in C-2 status for less than 1 year, efforts underway to facilitate return home or complete separation
- IV. At Risk - indicating that a child's welfare is likely to be harmed by some stress or crisis in the family if not resolved. This threat to the child's growth and well-being implies that the case is serious, but because the nature of the threat is a judgment about the future of that well-being, the case must wait until we attend to higher priorities.

It should be clear by the above that the first three categories are those cases in which the child is clearly in jeopardy, while the fourth consists of cases where the child will probably be in jeopardy if nothing is done.

LIFE THREATENING OR BODILY INJURY:

- 1) bodily injury inflicted or allowed to be inflicted and/or immediate potential for harm as indicated by clear warning signals from parent's statements or behavior.
- 2) excessive corporal punishment of a child who does not have the means to escape the situation
- 3) sexual abuse/exploitation of child under age 14
- 4) extreme malnutrition of child/failure to thrive to the extent of being life threatening or causing permanent physical damage
- 5) child under 7 left alone (no one older to care for him)
- 6) child is currently seriously ill or injured or suicidal or homicidal and no medical care is being sought or provided
- 7) indication of sadistic or bizarre treatment of the child
- 8) any other situation in which there is threat of imminent physical harm to the child and in which parent is not recognizing the problem and/or refused to deal with us.

GROWTH INHIBITING:

- 1) excessive corporal punishment of a child who has escaped the situation
- 2) sexual abuse/exploitation of child 14 or older
- 3) emotional abuse (child is belittled and is demonstrating effects through observable/neurotic, psychotic, adjustment reaction behaviors)
- 4) neglect - failure to provide adequate:
 - food (as demonstrated by nutritional deficiencies, food poisoning and/or disease)
 - clothing (undue exposure to the elements, or harm to the body; clothing is inappropriate to the weather or is habitually filthy or odoriferous to the point that the child's health and/or social functioning is imperiled)
 - shelter (undue exposure to the elements, or hazards of fire, injury, and/or disease; home is in poor state of repair resulting in safety hazards to child under 5; home is inadequately heated; child's sleeping arrangement is grossly inadequate)
 - supervision (child under 12 and over 7 left to care for self or others much of the time; chronic, complete absence of household routine - e.g., mealtime, bedtime; precautions not taken to protect child's safety - e.g., storage of medicines and poisons)

REGARDING CONTRACTUAL SERVICES

19. We recommend that there should be clear assignment of responsibility and accountability within the Department for a person to carry out program planning for substitute care and protective services for children. This is believed necessary:

- a. To ascertain exact support service needs and locations;
- b. To work with other central office and regional office personnel in mobilization of resources and implementation of revised policies;
- c. To monitor services and needs on an ongoing basis to insure that service needs are accurately identified and met to the degree possible with existing resources;
- d. To clearly document additional needs and identify how they are to be met.

20. We recommend that the Department contract for protective support services with Community Agencies which have a demonstrated capacity to positively impact children and families effected by child abuse and neglect.

- a. In the next round of negotiations on Title XX contracts, and PSSP, steps be taken to earmark a minimum of 10% of service units for protective services cases or families.
 1. The relative distribution of the statewide 10% among regions and specific services to be worked out between Central Office and Regional Protective Managers on a relative needs formula, and this to be reflected in specific contracts.
 2. Regional Protective Service Managers, or Assistant Regional Directors should be involved with providers in contract negotiations to specify their service needs and how providers in contract negotiations to specify their service needs and how providers and protective staff will work together in protective case situations.
- b. There appears to be certain support services which are consistently cited throughout all regions as being in great need in child abuse and neglect cases, these are:

Homemaker Services
Mental Health & Counseling Services
Emergency Foster Care & Group Shelter
Alcoholism Services
Family Planning Services
Visiting Nurse Services

Day Care
Transportation
Camping
Housing
Employment

health care (clear danger of serious health impairment; child has not had appropriate shots and immunizations; child does not receive appropriate medical care; home is filthy to the extent that health is threatened)

emotional neglect (clinically observable evidence of neurotic, psychotic, or adjustment reaction behaviors resulting from a variety of causes to include inadequate nurturance, inconsistent discipline, chaotic home atmosphere and accompanied by parents unwillingness and inability to allow and, if indicated, participate in recommended treatment)

education (truancy of grammar school child under 13 or parent's unwillingness and/or inability to allow participation in basic, specialized services)

CHILD IN C-2 STATUS:

- 1) child in C-2 status for less than 1 year
- 2) efforts underway to facilitate return home or complete separation

AT RISK:

- 1) family's inability to avail themselves of community resources without social work outreach and/or advocacy service
- 2) parent-child conflict
- 3) acute separation/divorce conflict
- 4) failure to adequately support educational need (truancy of child 13 and over).
- 5) troubled adolescent who doesn't clearly fall in any of the above categories.

CHILD ABUSE AND NEGLECT TASK FORCE
RECOMMENDATIONS ON CONTRACTUAL
AND OTHER SUPPORT SERVICES

Introduction:

The Contractual Services Work Group, in approaching its task, has noted in its deliberations the close relationship between its recommendations and the findings and recommendations of the draft of the Policy and Procedures Work Group, in as much as contractual services have a direct relationship to the Department's policies and procedures.

For this reason, the Contractual Services Work Group cites the following from the Policies and Procedures Work Group paper as a conceptual basis for its recommendations:

1. Though a "system" of children's services does not exist, we feel that these recommendations are valid and that they, in part, help set up a necessary framework for the Department of Human Services to assume a leadership role in the development of children's services. The Task Force's original charge from the Department of Human Services was to develop recommendations for a state plan for a multi-disciplinary approach to child protective services; the protective worker being the central figure in that approach, responsible for treatment planning and coordination of services by the team members. These recommendations are aimed at providing a policy statement for both the Department of Human Services as a whole and each of its employees, charged with carrying out its mandate to protect children.

2. The role of the central office must be clearly contained in policy as well as that of the regions. Priorities must be set at the Department level with latitude for regions in deciding how they will implement a priority; not whether they will implement a particular Department of Human Services priority objective. Their responsibility is for implementing objectives and for identifying specifically, the resources they need, in cases where they have demonstrated an inability to meet on objectives.

3. There is no one in the Department of Human Services administration whose responsibility is clearly, planning children's services and advocating for the resources necessary. No one within the Social Services Unit has responsibility for determining staffing needs for protective services in the regions. The result has been increasing caseloads, with declining service time available to each additional child and his or her family. Accompanying this decline has been an increasing criticism from the community in general which the Task Force believes, relates directly to insufficient staff to provide effective protective services.

4. "Protective Services can be described as two separate activities; one of which is the sole responsibility of the Department of Human Services, the other a joint responsibility shared with other community agencies."

5. "Those activities carried out directly by the Department are initial investigation, intervention including court activities and treatment planning, coordination, and connecting. The Department is responsible for the organization and training of multi-disciplinary treatment teams, who would have the

21. We recommend that the Department's Central Office review other financial and service resources within the Department, such as - Title XX, Maternal & Child Health Services, Vocational Rehabilitation Services and others that may have a support role in assisting families and children effected by abuse and neglect to determine:

- a. How such services can be supportive to the Department's protective service function;
- b. The percentage of such services that should be earmarked, as a minimum for support of protective service cases.

22. We recommend to the Department that clear policies be developed to spell out the coordinating role of the Department with all agencies involved in specific case situations, as is contained in the OCD grant application of \$33,000 for a Comprehensive Emergency Services pilot project in one region of the state, considering the "Nashville Model."

23. We recommend to the Department that those responsible for administering Maternal and Child Health programs give strong consideration to the potential impact of these services in alleviating child abuse and neglect, and reflect this in the States Plan for the expenditure of those Federal grant funds.

major responsibility for ongoing treatment. Activities shared by the Department and other community agencies are outreach and case finding, preventative services to families and children not in immediate jeopardy situations and treatment services aimed at eliminating jeopardy to allow children to remain with their own parents or to return to their own parents. In this second area of protective services, services are defined as protective, by the situation in which they are delivered rather than the activity itself as in the service provided solely by the Department. Example of activities included in this area might be day care, transportation, mental health counseling, housing, community/public health nursing or medical services." (A recommendation from the suggested revision of APS-52, Appendix A)

6. "The Department of Human Services views protective services as a significant and integral part of an over-all statewide effort to assure each child a reasonable environment within which to grow and develop to his potential. As such, the Department's protective services are oriented to specific developmental blocks in the child's environment; i.e., abuse, neglect, exploitation or delinquency. The Department feels that a coordinated effort, including its protective service workers, services purchased from community agencies and other state agencies, and other community services, is necessary to meet its mandate for protecting children. In short, child protection is a responsibility of all agencies serving children, and does not limit itself to situations of immediate jeopardy, but also includes preventative services as well." (See suggested revision of APS-52, Appendix A)

7. "It is also the responsibility of the Department of Human Services central office to provide, in conjunction with regional management staff, the policy and procedural guidelines, staff training and numbers of staff as well as support services necessary, to assist the protective services worker in carrying out his responsibilities. It is the responsibility of the regional office to advocate for children on a case by case basis, to educate and inform other community agencies of the problems of child abuse and neglect and to involve them in planning and services delivery; the latter to be accomplished through regional boards made up of providers of service and interested citizens and through multi-disciplinary teams coordinated by the protective services worker." (See suggested revision of APS-52, Appendix A)

8. Standards of Practice: A) Central Office responsibility; Points # 6 and 7 (page 11):

- #6) The Department will maintain a Research, Evaluation and planning unit that provides regular reports on program operations consistent with the needs of program people, and that provides a sound data base for program advocacy (Quantitative and qualitative evaluation).
- #7) Related to number 6, the Department through its central office staff needs to maintain an effective advocacy position with regard to necessary resources for protective services clients. A major role is the responsibility for identifying problem areas and gaps in services and actively seeking the necessary resources to resolve them.

9. Standards of Practice: B) Regional responsibilities : Point # 2 (page 12) and point # 7 (page 13):

#2) Consistent with the objective of keeping children in their own home, parents must be given the opportunity to change and to improve the care and conditions affecting their children and if parents are unable to care adequately for their children in their own home they have the right to make a suitable alternative plan with the same above exception. Caseworker and other supportive services should not stop at the time of commitment. The agencies case record must document the ongoing work to re-unite families or the reasons why such is not possible. (1 pg. 24 CWLA standards copy 1960 revised 1973). (Also see rights of children and parents suggested revision of APS-52)

#7) "Appropriate staff from other agencies and disciplines should be involved on multi-disciplinary team. The over-all aim of these teams is to improve services to protective families, while enhancing the working relationship of Department protective staff to other related professionals in their communities."

The Contractual Work Group supports the Departments goal and objectives as set forth in the Policies and Procedures Work Group's paper, as well as the 12 criteria for judging the existence of jeopardy. It notes that these criteria are far ranging and call for the intervention of a variety of supportive services if there is to be any reasonable expectation of positive impact and improvement in functioning.

At the Task Force's organizational meeting in June of 1975, all members were handed an excerpt from CHILDREN TODAY, outlining the seven basic elements essential in an effective child protective system. Three of the seven elements are of direct concern to this Work Group:

- A specially trained child protective service available, as needed, at any hour of the day or night.
- Treatment and rehabilitation facilities and programs for parents and children.
- Interdisciplinary exchanges and cooperation at all levels so that the most effective services may be developed to protect endangered children.

It is clear from all information currently available that the elements cited above do not exist either in sufficient quantity, or in some cases not at all, and in other instances where they do exist, there is no mechanism currently available for coordinating the services in an effective fashion to families at risk.

Recommendations:

The Task Force makes the following recommendations:

1. AS A PRIMARY OBJECTIVE THE DEPARTMENT OF HUMAN SERVICES SHOULD MOBILIZE ALL NECESSARY STEPS TO ACHIEVE THE FOLLOWING THREE ELEMENTS, THESE ELEMENTS ARE VITAL TO A CHILD PROTECTIVE SYSTEM: A) A SPECIALLY TRAINED CHILD PROTECTIVE SERVICE AVAILABLE, AS NEEDED, AT ANY HOUR OF THE DAY OR NIGHT. B) TREATMENT AND REHABILITATION FACILITIES AND PROGRAMS FOR PARENTS AND CHILDREN.

INTERDISCIPLINARY EXCHANGES AND COOPERATION AT ALL LEVELS SO THAT THE MOST EFFECTIVE SERVICES MAY BE DEVELOPED TO PROTECT ENDANGERED CHILDREN. THE TASK FORCE RECOGNIZES THAT THE ACHIEVEMENT OF THESE ELEMENTS WILL REQUIRE A COMBINATION OF EXPANSION AND RE-ALIGNMENT OF SERVICES AND CAPACITIES WITHIN THE DEPARTMENT OF HUMAN SERVICES, AS WELL AS INVOLVEMENT OF APPROPRIATE COMMUNITY AGENCIES: IN PART THROUGH CONTRACTUAL SERVICES.

2. IT SUPPORTS THE POLICIES AND PROCEDURES RECOMMENDATIONS IN PRESSING FOR UNIFORMLY AVAILABLE 24 HOUR, SEVEN DAY/WEEK CAPACITY OF THE DEPARTMENT TO RESPOND TO ABUSE AND NEGLECT SITUATIONS.

3. THERE SHOULD BE A CLEAR ASSIGNMENT OF RESPONSIBILITY AND ACCOUNTABILITY WITHIN THE DEPARTMENT FOR A PERSON TO CARRY OUT PROGRAM PLANNING FOR SUBSTITUTE CARE AND PROTECTIVE SERVICES FOR CHILDREN. THIS IS BELIEVED NECESSARY TO: A) ASCERTAIN EXACT SUPPORT SERVICE NEEDS AND LOCATIONS: B) TO WORK WITH OTHER CENTRAL OFFICE AND REGIONAL OFFICE PERSONNEL IN MOBILIZATION OF RESOURCES AND IMPLEMENTATION OF REVISED POLICIES: C) MONITOR SERVICES AND NEEDS ON AN ONGOING BASIS TO INSURE THAT SERVICE NEEDS ARE ACCURATELY IDENTIFIED AND MET TO THE DEGREE POSSIBLE WITH EXISTING RESOURCES, AND TO CLEARLY DOCUMENT ADDITIONAL NEEDS AND HOW THEY ARE TO BE MET.

4. THE DEPARTMENT OF HUMAN SERVICES SHOULD CONTRACT WITH COMMUNITY AGENCIES FOR PROTECTIVE SUPPORT SERVICES THROUGHOUT THE STATE, WHICH HAVE A DEMONSTRATED CAPACITY TO POSITIVELY IMPART CHILDREN AND FAMILIES EFFECTED BY CHILD ABUSE AND NEGLECT. AS A FIRST STEP, THE WORK GROUP RECOMMENDS THAT IN THE NEXT ROUND OF NEGOTIATIONS ON TITLE XX CONTRACTS, AND PSSP CONTRACTS, THAT STEPS BE TAKEN TO EARMARK A MINIMUM OF 10% OF THE SERVICE UNITS FOR PROTECTIVE SERVICES CASES OR FAMILIES THROUGHOUT THE STATE, AND THAT THE RELATIVE DISTRIBUTION OF THE STATEWIDE 10% AMONG REGIONS AND SPECIFIC SERVICES BE WORKED OUT BETWEEN CENTRAL OFFICE AND REGIONAL PROTECTIVE MANAGERS ON A RELATIVE NEEDS FORMULA, AND THAT THIS BE REFLECTED IN SPECIFIC CONTRACTS. REGIONAL PROTECTIVE SERVICES MANAGERS OR ASSISTANT REGIONAL DIRECTORS SHOULD BE INVOLVED WITH PROVIDERS IN CONTRACT NEGOTIATIONS TO SPECIFY THEIR SERVICE NEEDS AND HOW PROVIDERS AND PROTECTIVE STAFF WILL WORK TOGETHER IN PROTECTIVE CASE SITUATIONS. THE WORK GROUP NOTES THREE SOURCES OF INFORMATION AVAILABLE ON CONTRACTUAL SERVICE NEEDS WHICH APPEAR IN THE APPENDIX TO THIS REPORT: A) SERVICES WHICH NEED TO BE EXPANDED BY REGIONS (SOURCE: MCFADDEN et.al., CHILD ABUSE AND NEGLECT STUDY, BOWDOIN COLLEGE, 2/26/76) B) OBSERVATIONS OF REGIONAL OFFICE MANAGERS AND STAFF ON UNMET SERVICES NEEDS RELATING TO PROTECTIVE SERVICES CASELOADS C) ADDITIONAL INFORMATION RELATED TO "B" ABOVE INCLUDING NUMBER OF SERVICE UNITS AND APPROXIMATE COST. FROM ALL OF THE FOREGOING, THERE APPEAR TO BE CERTAIN SUPPORT SERVICES WHICH ARE CONSISTENTLY CITED THROUGHOUT ALL REGIONS AS BEING IN GREAT NEED. THESE INCLUDE:

Homemaker Services - both day and after hours emergency services

Day Care- both group day care and family day care; the need for short term emergency placements is identified as well as regular, long term slots.

Mental Health and Counseling Services

Emergency Foster Care and Group Shelter

Transportation Services

On a secondary level, identified by more than one region as needed are the following:

Alcoholism Services
 Employment Services
 Family Planning Services
 Camping Services
 Housing Services (including emergency repairs)
 Visiting (public health) Nursing Services

5. CENTRAL OFFICE STAFF SHOULD REVIEW OTHER FINANCIAL AND SERVICE RESOURCES WITHIN THE DEPARTMENT. (E.G. MATERNAL AND CHILD HEALTH SERVICES INCLUDING ALL CONTRACTUAL SERVICES (FEDERAL BLOCK GRANT), TITLE XX, VOCATIONAL REHABILITATION, AND OTHERS THAT MAY HAVE A SUPPORT ROLE IN ASSISTING FAMILIES AND CHILDREN EFFECTED BY ABUSE AND NEGLECT) AND DETERMINE:

- A) HOW SUCH SERVICES CAN BE SUPPORTIVE TO THE DEPARTMENT'S PROTECTIVE SERVICE FUNCTION, AND
- B) THE PERCENTAGE OF SUCH SERVICES THAT SHOULD BE EARMARKED, AS A MINIMUM, FOR SUPPORT OF PROTECTIVE CASES.

THE PROCESS SHOULD THEN BE EXTENDED TO OTHER APPROPRIATE STATE DEPARTMENTS SUCH AS MENTAL HEALTH AND CORRECTIONS AND EDUCATION AND CULTURAL SERVICES TO THE DEGREE THAT THESE SERVICES IMPACT PROTECTIVE CASE SITUATIONS.

6. CLEAR POLICIES SHOULD BE DEVELOPED TO SPELL OUT THE COORDINATING ROLE OF THE DEPARTMENT WITH ALL AGENCIES INVOLVED IN SPECIFIC CASE SITUATIONS. THIS IS BELIEVED TO BE OF CRITICAL IMPORTANCE IF MAXIMUM SERVICE EFFECTIVENESS IS TO BE ATTAINED. IN THIS REGARD THE WORK GROUP MAKES TWO RECOMMENDATIONS:

- A) THE WORK GROUP SUPPORTS THE TASK FORCE VOTED (2/26/76) TO MAKE APPLICATION FOR A \$33,000 O.C.D. GRANT FOR COMPREHENSIVE EMERGENCY SERVICES FOR ONE REGION OF THE STATE ON A PILOT PROJECT BASIS.
- B) LACKING DOCUMENTATION OF OTHER MODELS, THE WORK GROUP URGES CONSIDERATION OF THE NASHVILLE MODEL OUTLINED IN DHEN PUBLICATION (OHD) 75-8: COMPREHENSIVE EMERGENCY SERVICES: A SYSTEM DESIGNED TO CARE FOR CHILDREN IN CRISIS.

The Nashville CES program, sponsored by the Tennessee Department of Public Welfare not only points out the importance of the coordination role, but the availability of certain care "components which are considered basic to any CES system," and which are also identified in the appendix to this paper as needed in Maine. These include:

Twenty-four hour Emergency Intake
 Emergency Caretakers
 Emergency Homemakers
 Emergency Foster Family Homes
 Emergency Shelter for Families
 Emergency Shelter for Adolescents
 Outreach and Follow-up

7. THE WORK GROUP DRAWS PARTICULAR ATTENTION TO THE PREVENTIVE ASPECTS IN APPROACHING THE COMPLEX PROBLEM OF CHILD ABUSE AND NEGLECT. AS SUCH, THE GROUP RECOMMENDS FOR THE LONG TERM THAT ATTENTION BE GIVEN TO THE ROLE THAT COORDINATED AND COMPREHENSIVE MATERNAL AND CHILD HEALTH SERVICES CAN PLAY IN ALLEVIATING POTENTIAL PROBLEMS THROUGH EARLY INTERVENTION. MATERNAL AND CHILD HEALTH SERVICES, IN THIS CONTEXT ENCOMPASS A VARIETY OF SERVICES (FAMILY PLANNING, PREPARATION FOR CHILD BEARING AND REARING - SOUND NUTRITION AND HYGIENE DURING PREGNANCY, EFFECTIVE PARENTING, CHILD NUTRITION AND HEALTH, ETC.,

AND A VARIETY OF OTHER HELPFUL SUPPORT SERVICES) TO ENHANCE THE WELL BEING OF THE CHILD, AND THE PARENT'S EFFECTIVENESS IN REARING THE CHILD. IT IS RECOMMENDED THAT THOSE RESPONSIBLE FOR ADMINISTERING THE DEPARTMENT'S MATERNAL AND CHILD HEALTH PROGRAM GIVE STRONG CONSIDERATION TO THE POTENTIAL IMPACT OF THESE SERVICES IN ALLEVIATING CHILD ABUSE AND NEGLECT, AND REFLECT THIS IN THE STATE'S PLAN FOR THE EXPENDITURE OF THESE FEDERAL FUNDS.

Appendix - MHSC - Child Abuse and Neglect - Recommendations
Regarding Training of Workers

ON REGARD TO TRAINING

16. We recommend that the Department's Staff Education and Training Unit use as a basis for training, the outline prepared by Dr. Alex Zaphiris.

- a. At the end of the first year new employees should be exposed to the knowledge and skill outlined.
- b. All existing staff should be exposed to this material in the next year.
- c. A minimum of 12 days of training per year should be required on an ongoing basis for all protective staff with a training calendar developed and published each year.
- d. Training for supervisory employees should be included in the program.
- e. Training should also include reporting requirements of the Department.

17. We recommend that the Department as the mandated agency recognize its pivotal role and take leadership in organizing multi-disciplinary informational symposiums.

- a. Community symposiums/workshops should be conducted throughout the state.

18. We recommend that the Department upgrade its Protective Service Workers by the following:

- a. Adopting job description and related qualifications that will assure qualified personnel to provide protective services.
- b. Adopting as a standard policy that caseloads should not exceed 20 to 25 families per worker (depending on difficulty of cases, geographic assessability, etc.)
- c. Adopting as a standard policy protection from the phenomenon of "burn out" of protective services caseworkers, rotating to other areas of service every two years or the assignment of a variety of cases.

CHILD ABUSE AND NEGLECT TASK FORCE
RECOMMENDATIONS FOR TRAINING
OF CHILD PROTECTIVE SERVICES STAFF
AND RELATED SERVICE PROVIDERS

The Training Group defined its task as making recommendations concerning 1) the training of Department of Human Services staff 2) the training and educational needs of other persons providing service to children and youth (including but not limited to, mandated reporters), 3) the assignment of responsibility within the Department for training 4) training in the area of policy and 5) the need to make training a priority.

TRAINING AS A PRIORITY

Issue:

A highly trained and skilled protective staff is a necessity to ensure quality service to abused and neglected children and their families. The mandate given the Department to provide protective services, places a tremendous responsibility on protective staff.

Conclusion:

The Department therefore, has the responsibility to its staff and the community, to ensure that staff have the knowledge and skills necessary to fulfill this mandate.

Recommendation:

1. IT IS RECOMMENDED THAT TRAINING FOR ALL PROTECTIVE STAFF BE MADE A DEPARTMENTAL PRIORITY. THE SETTING OF THIS PRIORITY WILL NECESSITATE TIME OUT OF THE FIELD FOR STAFF AND THIS MUST BE CLEARLY RECOGNIZED AND ACCEPTED AS A NECESSITY TO INSURE A QUALIFIED STAFF.

DEPARTMENT OF HUMAN SERVICES

Issue:

It is recognized that overall responsibility for assuring delivery of training has been put in the Central Office Staff Education and Training Unit and that planning by that office is in conjunction with the Protective Services Consultant and appropriate regional staff. It is recognized that until recently the Department has not had the capability of centralized planning and delivery of training.

Recommendations:

2. IT IS RECOMMENDED THAT THE ATTACHED OUTLINE BY DR. ALEX ZAPHIRIS BE THE BASIS FOR PROTECTIVE STAFF TRAINING.

3. IT IS RECOMMENDED THAT AT THE END OF THE FIRST YEARS EMPLOYMENT, A NEW WORKER WILL BE EXPOSED TO THE KNOWLEDGE AND SKILLS OUTLINED.

4. IT IS RECOMMENDED THAT ALL EXISTING PROTECTIVE STAFF BE EXPOSED TO THIS MATERIAL ALSO.

5. IT IS RECOMMENDED THAT A MINIMUM OF 12 DAYS PER YEAR OF TRAINING ON AN ONGOING BASIS BE GIVEN TO ALL PROTECTIVE STAFF AND THAT A TRAINING CALENDAR BE DEVELOPED AND PUBLISHED.

6. IT IS RECOMMENDED THAT RESPONSIBILITY FOR ALL TRAINING COORDINATION AND DELIVERY REMAIN LODGED IN THE STAFF EDUCATION AND TRAINING UNIT. IT IS RECOMMENDED THAT THE CALENDAR BE SET UP ENOUGH IN ADVANCE TO ALLOW STAFF TO SCHEDULE THEIR TIME RESPONSIBLY. THE KNOWLEDGE AND SKILL AREAS ARE LISTED BELOW IN ORDER OF PRIORITY FOR THE COMING YEAR: 1) TREATMENT 2) DIAGNOSIS 3) LEGAL ISSUES 4) INTAKE & EVALUATION 5) THE PROTECTIVE WORKER AND THE JOB 6) CHARACTERISTICS OF ABUSIVE PARENTS.

Due to the severe emotional demands on workers, Protective Service Supervisors have unique as well as generic supervisory training needs.

7. IT IS RECOMMENDED THAT THE ATTACHED OUTLINE PERTAINING TO SUPERVISION BE THE BASIS FOR TRAINING.

MANDATED REPORTERS & SUPPORTIVE SOCIAL SERVICE PERSONNEL

The purpose of providing knowledge and skills to other social service personnel in conjunction with Department staff is to provide a common knowledge base enabling a multi-disciplined approach to treating and preventing child abuse and neglect.

8. IT IS RECOMMENDED THAT THE DEPARTMENT TAKE LEADERSHIP IN ORGANIZING MULTI-DISCIPLINED, INFORMATIONAL SYMPOSIUMS AND THAT THE BASE FOR THIS BE THE ATTACHED "GENERAL AUDIENCE" OUTLINE. MAXIMUM COMMUNITY INVOLVEMENT WOULD BE ENCOURAGED BY ORGANIZING THESE SYMPOSIUMS IN FAIRLY SMALL GEOGRAPHICAL AREAS. THESE SYMPOSIUMS SHOULD INCLUDE ALL PERSONS PROVIDING SERVICES TO CHILDREN AND YOUTH SUCH AS (BUT NOT LIMITED TO) PHYSICIANS, SOCIAL WORKERS, HOMEMAKERS, HOMEHEALTH AIDES, PUBLIC HEALTH NURSES, SCHOOL PERSONNEL, MENTAL HEALTH PERSONNEL, LAWYERS, LAW ENFORCEMENT PERSONNEL AND ESDPT PERSONNEL. MATERIALS DEVELOPED FROM THIS INITIAL SERIES OF SYMPOSIUMS SHOULD BE DEVELOPED FOR FUTURE USE AND FOLLOW-UP CAPABILITY TO OFFER FURTHER EDUCATION TO INTERESTED COMMUNITY PEOPLE.

The activity just outlined above ties in with the training funds (\$17,500) generated by the needs assessment done by Development Associates Consultants.

9. IT IS RECOMMENDED THAT IF POSSIBLE, THE INITIAL SERIES OF COMMUNITY SYMPOSIUMS BE DONE WITH THE AID OF A NATIONALLY RECOGNIZED EXPERT IN THE FIELD OF CHILD ABUSE & NEGLECT, TO INSURE MAXIMUM IMPACT.

POLICY TRAINING

It is recognized that many of the training concerns expressed by staff dealt with Departmental policy issues. We acknowledge the need for effective communication of policy.

10. IT IS RECOMMENDED THAT EACH TIME POLICY CHANGES ARE ANTICIPATED, SERIOUS CONSIDERATION BE GIVEN BY THOSE RESPONSIBLE FOR DISEMINATION OF THAT POLICY, OF THE METHOD BY WHICH IT WILL BE DISTRIBUTED.