

# MAINE STATE LEGISLATURE

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**STATE OF MAINE**

***Department of Human Services***



***ANNUAL PROGRESS REVIEW***

***June 2001***

***Bureau of Child & Family Services***

***STATE PLAN***



# **ANNUAL PROGRESS REVIEW AND STATE PLAN**

*State of Maine  
Department of Human Services  
Bureau of Child & Family Services  
June 2001*

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## **ADMINISTRATION OF THE PLAN**

*The Bureau of Child and Family Services, Department of Human Services, through its Commissioner, is charged with responsibility for administering Title IV-B of the Social Security Act and performing its obligations under the Child and Family Services Plan.*

*The Department of Human Services directs a system of programs including family independence, public health, social and medical services, and it provides services established by State and federal laws to protect and preserve the health and welfare of Maine citizens. There are six bureaus within the Department that cover a range of human needs, from prevention to highly specialized services.*

*The Bureau of Child and Family Services, within the Department of Human Services, is responsible for ensuring the safety, permanency, and well-being of children and families throughout the State. The Bureau is authorized to protect children from abuse and neglect, to take reasonable steps to prevent removal of children from their home by providing family support services, to seek court intervention when reasonable efforts to prevent removing children from their home are unsuccessful, to act expeditiously to develop a permanent plan for all children it serves, and to help prepare children and youth in State custody for productive adulthood by promoting their life skills and abilities. The Bureau fulfills this mandate through its Child Welfare Services, which include: Child Protective Services; Children's Services; Adoption Services; Independent Living Services; and Foster Care recruitment, training and licensing. The Bureau enhances these efforts by collaborating with other State agencies and with community-based programs. To ensure quality services and care for the children and families served, the Bureau provides ongoing trainings to staff, foster parents and adopting parents. In addition, the Bureau constantly explores new initiatives to improve and enhance current practice and procedure.*

*Daycare and residential programs for children in the custody of the Department of Human Services are licensed by the Department of Human Services' Community Services Center. All foster homes in the State are licensed by the Bureau of Child and Family Services. The mission of licensing is to promote quality out-of-home care for Maine children through equitable licensing practice, through effective resource and policy development, and through advocacy for providers and children.*

*The Bureau continues to seek input from and partnerships with numerous stakeholder groups, including:*

- *Child Welfare Advisory Committee*
- *Adoptive and Foster Families of Maine*
- *Court Improvement Project*
- *Child Abuse Action Network*

- *Community Treatment Care Providers Group*
- *Residential Treatment Center Group*
- *School-Based Mental Health Committee*
- *Cross-Disciplinary Training Teams*
- *Rural Domestic Violence Project*
- *Multidisciplinary Child Death and Serious Injury Review Team*
- *Foster Family-Based Treatment Association*
- *The Adoption Forum*
- *Treatment Network Team*

## **A NOTE ON MEASURING RESULTS**

*The Bureau will make an intensive effort in 2001-2002 to significantly enhance its ability to track its work and measure the results of that work for children and families in Maine. The FY2000-2004 State Plan established a number of indicators to monitor our progress toward the eleven planned outcomes. Currently, the Bureau gathers most of that information impressionistically. Given the clear direction provided by the Bureau's Program Improvement Plan, and ongoing assistance from the Muskie School of Public Service at the University of Southern Maine, this year we will systematize our ability to collect, analyze and report information on the processes and results of our work. We will also establish a system for assuring that this improved information is actually used to improve Bureau decision-making and operations.*

*Of course, the centerpiece of our measurement system is the set of Federally-mandated outcomes and indicators that will be used to monitor States' compliance with the provisions of the Adoption and Safe Families Act during federal Child and Family Services Reviews. Those are:*

### **Safety Outcomes**

*Outcome:* *Children are, first and foremost, protected from abuse and neglect*  
*Performance indicators:*

- Timeliness of initiating investigations on reports of child maltreatment (was investigation begun in accordance with the State's timeframes and requirements for a report of that priority? Was face-to-face contact with the child made by the investigating worker within State agency guidelines?)*
- Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six month of the period under review, the percentage of children who had another substantiated or indicated report within six months*
- Of all children who were in foster care in the State during the period under review, the percentage of children who were the subject of substantiated or indicated maltreatment by a foster parent or facility staff*

*Outcome:* *Children are safely maintained in their own homes whenever possible and appropriate.*

*Performance indicators:*

- Services to family to protect children in home and prevent removal (if there were substantiated or indicated reports of abuse/neglect or apparent risks of harm to children in the family during the period under review, did the agency provide or arrange for services to the family to protect the children in the home prior to removal? Were the services provided appropriate?)*

- *Risk of harm to child (if there was risk of harm to children in the family that required the children's placement in foster care or providing services to the family were efforts made by the agency to reduce or remove the risk of harm through specific interventions? Were case decisions and planning around placement of the children from the home or reunification based on concerns about the children's health and safety?)*

## **Permanency Outcomes**

Outcome: *Children have permanency and stability in their living situations*

Performance indicators:

- *Of all children who entered foster care during the year under review, the percentage of those children who re-entered foster care within 12 months of a prior foster care episode*
- *Of all children who have been in foster care less than 12 months from the time of latest removal, the percentage of those children who had no more than two placement settings.*
- *Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, the percentage of children who were reunified in less than 12 months from the time of latest removal from home.*
- *Of all children who exited foster care to a finalized adoption during the year under review, the percentage of those children who exited care in less than 24 months from the time of latest removal from home.*
- *Permanency goal for child (what is the child's current permanency goal? How long has the goal been in place and unachieved? If there are delays in achieving the permanency goal, to what are delays attributable? Are services being provided in the case consistent with the stated permanency goal? If the child meets ASFA criteria for a TPR, has the agency filed a petition to terminate parental rights?)*
- *Provision of independent living services (for children age 16 and older, does the child have a written independent living plan in the record? Are independent living services being provided consistent with the child's independent living plan?)*
- *Permanency goal of other planned permanent living arrangements (for children with permanency goals of emancipation or a planned permanent living arrangement other than adoption, guardianship or return to family, have other more permanent goals been considered and appropriately ruled out for the child? Are services being provided to help the child attain the goal of another planned living arrangement?)*

Outcome: *The continuity of family relationships and connections is preserved for children.*

Performance indicators:

- *Proximity of foster care placement (what is the proximity of the child's current or most recent placement to the parents? For children placed outside the*

community or county of their parents' residence, is the reason for the location of the placement clearly related to helping the child achieve his/her case plan goals? For children placed outside the State, is the child visited at least every 12 months by a caseworker of the supervising agency and a report filed to the agency holding custody?)

- Placement with siblings (if the child has siblings who are also in foster care, are they placed together? If no, is there clear evidence that separation is necessary to meet the needs of the children?)
- Visiting with parents and siblings in foster care (what is the most typical pattern of visiting frequency between the child and parents? Between the child and siblings placed separately in foster care? Are there other forms of contact in place between the child and parents? Between the child and siblings? Are visiting frequency and arrangements in accordance with State policy?)
- Preserving connections (are the primary connections and characteristics of the child being preserved in the foster care placement? Are the interests of American Indian children being addressed through placement with American Indian families? Referral to tribes? Other ICWA provisions?)
- Relative placement (is the child in foster care placed with relatives? If not placed with relatives, were relatives considered for placement of the child? For children not placed with relatives, state the reason)
- Relationship of child in care with parents (is there evidence of a strong, emotionally supportive relationship between the child in foster care and the child's parent(s)? Where appropriate, has the agency made efforts to promote or maintain a strong, emotionally supportive relationship between the child in foster care and the child's parent(s)? If no for either question, specify the reason)

The Bureau's measurement system will also include other outcomes mandated by ASFA but not used to judge State conformity during the Reviews, including the following permanency outcomes:

- For all children who exited foster care, the percentage who left either to reunification, adoption or legal guardianship
- For children who exited foster care and were identified as having a diagnosed disability, the percentage who left either to reunification, adoption or legal guardianship
- For children who exited foster care and were age 12 or older at the time of their most recent entry into care, the percentage who left either to reunification, adoption, or legal guardianship
- For all children who exited foster care, the percentage by racial/ethnic category who left either to reunification, adoption or legal guardianship
- Of all children exiting foster care to emancipation, the percentage who was age 12 or younger at the time of entry into care
- Of all children who exited foster care to a finalized adoption and who were age 3 or older at the time of entry into care, the percentage who exited care in the following time periods? (1) less than 12 months from the time of latest removal from the home, (2) at least 12 but less than 24 months, (3) at least 24 but less

than 36 months, (4) at least 36 but less than 48 months, and (5) 48 or more months

- For all children who entered foster care during the reporting period and were age 12 or younger at the time of their most recent placement, the percentage who were placed in a group home or an institution
- Length of stay in foster care (i.e., the median length of time it takes for the first time entry group cohort (children entering foster care for the first time) for the year under review to be discharged from foster care

*Building on all of the above outcomes and measures, as well as the indicators originally outlined in the Five-Year Plan, the Bureau will complete the following key measurement-related work during 2001-2002:*

- *Integrate the above outcomes and measures with the performance measures that have been developed for the Bureau as part of the State of Maine's performance budgeting system.*
- *Review how information is now captured for all of the process and outcome measures, as well as additional sources and methods for gathering that information.*
- *Improve the system for analyzing all process and outcome information. This includes improving Bureau capacity to analyze that information by District and by client demographics, capacity that is essential for identifying areas of the Bureau's work that may need further improvement.*
- *Develop a system for assuring that the information on processes and outcomes is used as part of a continuous improvement system to further strengthen the Bureau's work. This system would include, for example, developing formats for providing information in user-friendly ways to Bureau staff, deciding who will receive copies of which data reports, deciding who is responsible for responding to information provided, setting time frames for identifying practice changes based on reports and time frames for implementing identified practice changes, and establishing how the effectiveness of changes based on data reports is monitored.*

# ***SUMMARY ANNUAL PROGRESS AND SERVICES REPORT***





## **SUMMARY ANNUAL PROGRESS AND SERVICES REPORT**

*The Bureau of Child and Family Services has made great progress toward the goals set forth in the FY2000-2004 State Plan, though there is still much we want to do in order to assure that we are providing the best service possible to children and families. **The results of the 1999 federal Pilot Child and Family Services Review are a pervasive and crucially important part of this year's update, and of the Bureau's continuing efforts to significantly strengthen its work.***

*Partially in response to the Review's findings, the Bureau has developed a detailed Program Improvement Plan to address the ACF recommendations over the next several years. For each recommendation, the Plan lists one or more corrective actions, each with a lead person(s), implementation timeframe, and desired client outcomes and systems change/process outcomes. All of these are organized around the four major segments of the Review report: the three outcomes of safety, permanency and child and family well-being, as well as child welfare systems issues.*

*While the Program Improvement Plan is still in draft form, all of its pieces are incorporated into this update of our State Plan. Maine remains strongly committed to thoroughly identifying all areas where improvements in policy, practice expectations, and program implementation are needed, and to addressing those areas efficiently and effectively. Between now and the next federal review in 2003, the Bureau will meet regularly with the ACF to discuss its progress toward meeting Plan goals and to discuss ways to improve the process. With ACF approval, the Bureau is seeking guidance for its work from three federally-funded technical assistance centers: the National Resource Center on Foster Care and Permanency Planning; the National Resource Center for Information Technology in Child Welfare; and the National Child Welfare Resource Center for Organizational Improvement.*

*The Department has made strenuous efforts to improve its work and is strongly committed to further improvement, but it should be noted that its work this year will be conducted in a difficult environment. The tragic death of one of our children in State care in January 2001 has saddened our child welfare staff and has placed the Department under close scrutiny, resulting in additional pressure on already overworked personnel. Responding to the tragedy, the Maine Legislature is appointing two commissions to examine the current child welfare system in Maine (one from the Joint Standing Committee on Health and Human Services, the other from the Joint Standing Committee on Judiciary). We look forward to receiving and acting on all recommendations for improving the effectiveness of our services for children and families, though significant Departmental resources will need to be allotted to supporting the work of the review commissions.*

*The summary progress report that follows is organized by the eleven outcomes presented in the FY2000-2004 State Plan. For each outcome, the Plan's original indicators and activities are presented, followed by a summary of the progress made during the first two years of the Plan (FY 1999-2000 and FY2000-2001) and by planned implementation activities for FY2001-2002.*

*All of the work detailed in the following pages has played a role in improving the effectiveness of the Bureau's work. In particular, major accomplishments of the past year include:*

- Development of the Program Improvement Plan mentioned above, an important vehicle for guiding and monitoring Bureau progress in further strengthening its work for children and families*
- Continued implementation of the new Safety Assessment process and development of a companion Child and Family Assessment, both designed to boost our ability to effectively protect Maine's children*
- Clarifying and refining the practice expectations and reporting requirements of the Community Intervention Program, in which eight community-based agencies partner with the Bureau to review low- to moderate-risk reports of abuse or neglect*
- Extensive enhancements to the Maine Automated Child Welfare Information System (MACWIS), incorporating new practice components (e.g., Safety Assessments) and increasing our ability to generate statistical reports that can be used to improve Bureau policy and practice*
- Further expansion of the Case Review/Quality Assurance Unit's efforts to analyze the strengths and weaknesses of our work, pinpointing areas for focused improvement*
- Implementation of a major campaign to accelerate recruitment and improve retention of demographically representative foster and adoptive families.*

## **RECOMMENDATIONS TO IMPROVE SAFETY OUTCOMES**

*An overriding aim of child welfare work is to assure as far as possible that children and youth are safe. Reflecting this emphasis, one of the three outcome clusters under the federal Adoption and Safe Families Act (ASFA) contains two safety outcomes:*

- *Children are, first and foremost, protected from abuse and neglect*
- *Children are safely maintained in their homes whenever possible and appropriate*

*Three of the eleven outcomes in Maine's FY2000-2004 State Plan also address safety issues. Each of these Plan outcomes (in capitalized italics below) is discussed and updated below.*

### **BCFS STAFF IMPLEMENT AND MANAGE AN INTAKE PROCESS THAT IS STANDARDIZED, EFFICIENT AND RESPONSIVE.**

#### *Indicators:*

- *A majority of referents and other stakeholders report that they are satisfied that the Department responded to their reports and inquiries, within the confines of confidentiality.*
- *BCFS district staff report satisfaction with the timeliness and consistency of information in reports received from the Intake Unit.*

#### *Activities:*

- *Establish accurate baseline data for future measurement and standards for improvement of the indicators.*
- *Implement standardized criteria for Intake referral and response.*

#### *Progress on Activities to Date:*

- *MACWIS reports now provide baseline data on the abuse/neglect reports received through centralized Intake. This information is supplemented by a database operated for the time being within the Intake Unit. (1999-2000)*
- *The policy and standardized criteria for receiving abuse/neglect reports is complete. (1999-2000)*
- *The Intake Unit/ACES was moved to the Division of District Operations to provide opportunity for improved coordination and more clearly defined roles and responsibilities for District offices, Intake and the Community Intervention Programs. (1999-2001)*
- *Work continued on establishing baseline data for future measurement and standards for improvement. (2000-2001)*
- *Intake staff were trained on the new Safety Assessment tool. (2000-2001)*

*Activities for 2001-2002:*

- *Improve the Bureau's ability to identify repeat allegations of child abuse and neglect, flagging them for close review with the goal of reducing the extent of repeat maltreatment.*
- *Conduct a review of the Intake Unit to determine what changes are needed to increase consistency, responsiveness and efficiency of the Unit's work. As part of this effort, do a time study to assess staff efficiency and to help the Unit in developing schedules that will meet need and performance expectations. Also add a staff line, install individual work stations, and systematize job classifications to improve performance and enhance ability of staff to cover cases for each other.*
- *Clarify the extent to which mandated reporters are unable to reach Intake workers in person; if this is a significant problem, identify and address the barriers.*
- *Develop a plan for incorporating the Intake database into the main MACWIS system.*
- *Continue to establish baseline data for the Intake Unit.*

**DISTRICT BCFS STAFF MAKE AN INITIAL ASSESSMENT ON ALL REPORTS TO DETERMINE WHETHER THE CASE IS: INAPPROPRIATE FOR ASSIGNMENT, REFERRED TO A COMMUNITY INTERVENTION PROGRAM, OR ASSIGNED TO BUREAU STAFF.**

*Indicators:*

- *Accurate assignment of level of risk based on information available at the time of the report*
- *Increase in the number of cases assigned to CPS staff or referred to a Community Intervention Program*

*Activity:*

- *Implement a standardized assignment process for district management to increase CPS or contract agency assessments.*

*Progress on Activities to Date:*

- *The new Safety Assessment tool was developed and implemented, and staff were trained statewide on use of the new Assessment tool. (1999-2000)*
- *Follow-up focus groups were conducted in all districts to identify additional training needs around the new Safety Assessment tool. (2000-2001)*
- *An internal team was established to review Community Intervention Program funding and practice. (1999-2000)*
- *Practice expectations and protocols were clarified with Community Intervention Programs (including, e.g., the types of cases referred by BCFS, and how refusals of service are handled). (1999-2000)*
- *Virtually all abuse/neglect reports judged appropriate for investigation are now assigned to Bureau staff or to a Community Intervention Program. In a typical month, about 1/3 of all reports (those rated as low or moderate in severity) are assigned to a Community Intervention Program, about 1/3 are assessed by Bureau staff, and about 1/3 are judged inappropriate for assessment/intervention.*
- *QA staff reviewed abuse/neglect reports assigned to Community Intervention Programs to help assure that reports sent to those agencies were appropriate in level of severity. (2000-2001)*
- *Performance measures for Community Intervention Programs were revised in collaboration with the agencies. The new measures were incorporated in agency contracts effective January 2001. (2000-2001)*
- *Quarterly Statistical Reports for Community Intervention Programs were revised to provide more complete information on program impact. The new reports were used effective January 2001. (2000-2001)*

*Activities for 2001-2002:*

- *Continue QA reviews of abuse/neglect reports referred to Community Intervention Programs (including whether referrals are appropriate, whether agencies return inappropriate referrals to the Bureau, and how Community*

*Intervention Programs work with referrals), and identify steps needed to further reduce the number of inappropriate referrals.*

- *Identify any problems Community Intervention Programs have in meeting the revised performance measures and quarterly reporting data requirements, and identify steps to resolve those.*
- *Provide training to Community Intervention Program staff to enhance their understanding of the dynamics of abuse/neglect and its relationship to domestic violence and substance abuse.*

**BCFS STAFF ASSESS AND MAKE APPROPRIATE INTERVENTION DECISIONS ON ALL REPORTS WITHIN ESTABLISHED TIME FRAMES.**

*Indicators:*

- Cases assigned and assessments begun within time frames established in policy
- Safety Assessments completed and documented within MACWIS in assigned cases within time frames established in policy
- Risk Assessments [now called Child and Family Assessments] undertaken, completed and documented in MACWIS, when appropriate, within specified time frames

*Activities:*

- Clarify assessment policy and develop practice expectations related to Safety and Risk [now called Child and Family] Assessments
- Determine training needs relating to assessment and make provision to meet those needs.
- Review cases referred to Community Intervention Programs to assure appropriate outcomes.

*Progress on Activities to Date:*

- The new Safety Assessment policy, protocol, and training were completed. (1999-2000)
- The new Safety Assessment was incorporated into MACWIS. Follow-up reviews were completed in all districts to identify additional training needs around the new Safety Assessment tool. (2000-2001)
- Data are periodically generated from MACWIS on whether Safety Assessments are completed and documented within stipulated time frames. Data indicates that there is need for more improvement in this area. (2000-2001).
- QA staff reviewed all abuse/neglect reports assigned to Community Intervention Programs to examine how the cases were handled. (1999-2001)
- Close consultation between Bureau staff and the Community Intervention Programs on service expectations, practice protocols, ASFA requirements, and the respective roles of the Programs and District staff have clarified roles and responsibilities and resulted in smoother interaction. (1999-2001)

*Activities for 2001-2002:*

- Identify steps to increase the percentage of Safety Assessments completed and documented within accepted time frames. Regularly use MACWIS data to monitor progress on this.
- Continue to provide support and training for staff regarding the Safety Assessment tool
- Finalize changes in the Risk (now Child and Family) Assessment, build it into MACWIS, provide needed training on the new tool to staff, and implement its use.



- Continue to review cases referred to Community Intervention Programs to assure appropriate outcomes.
- Take steps to assure that case plans and planned service interventions directly address risk factors that led to abuse/neglect.
- Assure that all repeat reports of abuse/neglect are documented as official reports and that decisions on cases with two or more reports are critically reviewed. This work includes: clarifying definitions of "new report," "substantiated report," and "repeat substantiation;" enhancing MACWIS' ability to flag repeat reports and determine how many substantiated reports are repeat substantiations; training staff on how repeat reports should be documented/recorded; developing policy and practice expectations to assure that all current or new cases with a history of two or more reports are reviewed to see that they are handled appropriately; and developing a process for implementing the policy (e.g., including training for supervisors, creating a checklist that supervisors can use to review such cases).
- Establish a policy, practice expectations and a process for critical QA and supervisory review of intake reports and decisions to assure quality and consistency.
- Discuss risk and safety issues, and the impact of repeat maltreatment on children with the courts and Assistant Attorneys General. This includes: clarifying practice guidelines and standards for handling neglect and maltreatment, and training BCFS and court workers on those standards; working with the Court Improvement Project to establish minimum standards for appropriate court involvement in neglect cases; working with the Judicial Symposium planning committee to incorporate training about the impact of repeat maltreatment, especially physical neglect and emotional maltreatment; working with Assistant Attorneys General on how Bureau staff can build stronger cases in these areas; and re-evaluating the appropriate threshold for petitioning for a court order to protect children.

## **RECOMMENDATIONS TO IMPROVE PERMANENCY OUTCOMES**

*In addition to assuring child safety, child welfare workers also strive to assure that children and youth have a stable environment in which to thrive. Two of the federal ASFA outcomes concern this need for permanency:*

- Children have permanency and stability in their living situations*
- The continuity of family relationships and connections is preserved for children*

*Two of the eleven outcomes in Maine's FY2000-2004 State Plan also address permanency issues. The status of each of these Plan outcomes is reviewed in this section.*

### **PLACEMENT RESOURCES MEET THE NEEDS OF CHILDREN**

#### *Indicators:*

- There is a recruitment process in place which addresses each type of placement resource needed and reflects the agency's ability to assess, approve and train all appropriate families*
- Increased number of placement resources based on identified need for each type of service*
- Increased quality of placement resources*
- Increased number of foster and adoptive families that represent ethnic and racial diversity of children for whom placements are needed.*
- Increase in number of relative placements and placements of children in Kinship Care*
- Increase in number of qualified adoptive placements for children who will not be returning to their biological parents*

#### *Activities:*

- Continue development of public/private partnerships to adequately address the agency's recruitment needs*
- Develop and implement a plan to focus on assessment, approval and training of potential placement resources*
- Develop clear expectations and goals for the provision of treatment level foster care*
- Review current array of treatment level placement resources in relationship to the needs of the children in the Department's custody.*
- Increase efforts to recruit families for children of all ethnic and racial backgrounds.*
- Develop policy and protocol for relative placement and kinship care*
- Complete and implement single study for foster/adoptive homes*

- *Develop and implement a needs assessment for each child entering foster care to assure the most appropriate level of care.*
- *Conduct annual reviews of child placing agencies to assure that standards of care for children in treatment level foster care are met.*

*Progress on Activities to Date:*

- *Through a partnership with International Adoption Services Centre, Inc., and collaboration with Adoptive and Foster Families of Maine, the Bureau has developed a statewide recruitment and retention plan for foster and adoptive parents (see page 51). Through agreements with private agencies, a concerted effort is underway to heighten public awareness of the need for placement resources. (2000-2001)*
- *The Department's Staff Education and Training Unit and the Child Welfare Training Institute continued to develop the scope and depth of their training for foster and adoptive parents. The Department also helped to plan and deliver training for Group Care providers, and it cosponsored specialized training for private practitioners, private agency staff and staff of other departments. (1999-2001)*
- *A Treatment Network Team (composed of representatives from child placing agencies, foster/adoptive parents, and Bureau staff) reviewed and revised the "Program Standards for Treatment Foster Care in Maine" to more clearly reflect the goals and expectations of the Department and to assure that the Standards address critical elements of practice related to safety, well-being and permanency planning for children. (1999--2001)*
- *Concerted efforts have developed in-state resources allowing children to return from residential facilities outside of Maine. In particular, the Department worked closely with several agencies to increase supervised living services for teens, homes for children needing integrated mental health and substance abuse treatment, sex offender treatment services, homes for children with developmental disabilities, bridge homes, staff secure treatment homes, and residential treatment. (1999-2000)*
- *The Commissioner of the Department has given higher priority to diversity in the agency's recruitment efforts. This includes greater emphasis on hiring staff that reflect the racial/ethnic/cultural composition of those the Department serves, which should increase the sensitivity of agency services. The new statewide recruitment plan for foster and adoptive parents also is based in part on a realization that the pool of available families should reflect the diversity of children in the State who need adoptive and foster homes. (2000-2001)*
- *Standards on relative placement and kinship care has been developed. (2000-2001)*
- *The standards and process for a single study licensing both foster and adoptive homes (known as Family Standards) was completed, and training was done for Department staff. (1999-2000). Training on Family Standards was provided for appropriate private agencies. (2000-2001)*
- *A committee began work on developing criteria for determining the most appropriate placement for children entering care. (2000-2001)*

- The Bureau's Quality Assurance staff completed an annual review of all child-placing agencies. Annual reviews have been expanded to include a case review component which will provide opportunity for discussion of specific case plans and activities by staff from the Department, the child placing agencies, foster parents, and others involved in case/treatment planning. (1999-2001)
- MACWIS capacity was enhanced to better identify kinship placements. (2000-2001)
- Bureau and Child Welfare Training Institute staff received specialized training in permanency assessment from the National Resource Center for Special Needs Adoption. (2000-2001)

*Activities for 2001-2002:*

- Continue to explore ways to assure that adequate placement resources exist to meet the needs of children in the least restrictive setting.
- Continue annual reviews of child placing agency programs of treatment-level care.
- Expand training curricula for Department staff regarding issues unique to kinship care, so that they can more effectively identify potential resources and increase awareness of the special benefits to children who can live with family members.
- Continue to assess implementation of the combined process for licensing both foster and adoptive homes (i.e., Family Standards).
- Continue to strengthen efforts to search for relatives who might provide kinship care. This includes considering Bureau policy changes emphasizing the importance of kinship care, greater supervisor efforts to assure that caseworkers search for relatives beginning in the assessment phase and document that search in the case record, and supporting and expanding current projects related to kinship care. Also, explore changes in State law to create additional legal options that might promote kinship care (e.g., guardianship).
- Continue work on the following foster care issues: develop and implement an improved system for assessing the needs of children entering care; develop statewide criteria for when children should be placed in a therapeutic home; and develop procedures to establish clear goals for children in therapeutic care, monitor their progress toward those goals, and assess further need for therapeutic care. The system will be finished, and the needs of all children in care assessed, by the end of 2001-2002.
- Continue implementation of the coordinated, comprehensive statewide recruitment and retention plan for foster and adoptive homes.
- Continue efforts to use interstate resources to facilitate timely adoptive or permanent placements for waiting children.
- Redevelop policy to reflect new permanency assessment and train staff across all program areas.

**BCFS STAFF FACILITATE PERMANENCY FOR CHILDREN IN THE CARE AND CUSTODY OF THE DEPARTMENT IN TIME FRAMES CALCULATED TO MEET THEIR NEEDS.**

*Indicators:*

- *Policies support early permanency planning for children*
- *District supervisors monitor case practice to assure cases are transferred to Children's Services Units within appropriate time frames.*
- *All available and pertinent case information is gathered in a timely manner and is documented in MACWIS.*
- *Cases have case plans which establish measurable goals, time frames and services required to meet the permanency needs of the child.*
- *Increased use of concurrent case planning to achieve earliest permanency for children.*
- *Cases reassigned from one worker/unit to another worker/unit will have a completed case summary that includes current status and case plan.*
- *Cases with the goal of adoption will be reviewed by district management and referred to International Adoption Services Centre, Inc., when appropriate to facilitate timely finalization.*
- *Decisions regarding open cases will conform to time frames set forth in ASFA.*
- *Caseworkers will have meaningful contact with children on their caseloads at least once every three months.*
- *Decrease in number of caseworkers per child.*
- *Decrease in the number of placements a child experiences.*
- *Decrease in the number of children and youth in long-term foster care.*
- *Increase in the number of children and youth adopted.*
- *Increased number of youth with Independent Living plans, when appropriate, which contain specific goals and timeframes.*

*Activities:*

- *Review and revise policy to reflect changes in federal and state laws concerning permanency planning for children in care and custody of the Department.*
- *Assure that policy sets forth expectations for meaningful contact between caseworkers and the children on their caseloads at least once every three months.*
- *Identify and meet training needs relating to changes in policies.*
- *Review practice to assure completion of tasks necessary to move children into adoption placements in a timely manner and develop strategies to reduce barriers.*
- *Develop and implement a concurrent case planning system.*
- *Identify and meet training needs relating to concurrent case planning.*
- *Develop criteria for transfer of cases from one worker/unit to another worker/unit.*

*Progress on Activities to Date:*

- *Policies were reviewed to assure that changes in federal and state laws concerning permanency planning have been incorporated. (1999-2001)*
- *Policy has been clarified requiring in-person review of the well-being and safety of children in out-of-home placement by their caseworkers at least once every three months. (2000-2001)*
- *Safety Assessment and Family Standards trainings were completed for staff. (1999-2000)*
- *Staff developed a new Child and Family Assessment form and protocol, to build on the new Risk Assessment tool. (2000-2001)*
- *QA staff reviewed cases of children whose parents' rights had been terminated, in order to identify barriers to achieving permanency. (1999-2000)*
- *QA staff routinely review several cases each month to assure ASFA compliance and to identify barriers to early permanency. (2000-2001)*
- *Staff analyzed data on the frequency of caseworker contact with children on their caseload, showing that about 80% of cases were seen as required by policy and practice expectations. The importance of regular contact between caseworkers and children was emphasized, and the percentage of cases seen as required by policy and practice expectations subsequently improved to over 90%. (2000-2001)*
- *Treatment foster care and group care contractors received training in use of an assessment/instructional tool to bring more consistency to life skills assessment and instructional practice statewide. (2000-2001)*

*Activities for 2001-2002:*

- *Identify and take further steps to assure that there is meaningful contact between caseworkers and the children on their caseloads according to policy.*
- *District supervisors will continue to monitor case practice to assure that interventions and activities occur in a timely manner.*
- *Incorporate the new Child and Family Assessment tool and the new Well-being/Safety Review tool into MACWIS, and implement them statewide.*
- *Clarify policy and improve practice and documentation around sibling visitation. Assure that QA reviews examine whether the case planning process has been used to address visitation issues.*
- *Create a plan to develop BCFS policy, practice expectations and infrastructure to implement concurrent planning, so that permanency is addressed earlier in all cases. Use information on how concurrent planning has been developed and implemented elsewhere (e.g., how concurrent planning can affect service timing, the role of biological family, how foster parents are recruited and trained, and other BCFS processes), as well as technical assistance from the National Resource Center for Foster Care and Permanency Planning to do this.*
- *Create a system (including enhanced MACWIS capacity and QA reviews) to closely monitor whether the State meets ASFA deadlines assuring movement toward permanency. Identify and address any barriers to meeting those deadlines.*

- *Increase staff and provider awareness of available post-adoption services, and continue to increase families' use of post-adoption support services (in part through the Maine Adoption Guides initiative). Continue to provide training for therapists on post-adoption services and on the unique needs of adoptive families so they can help to avoid adoption disruptions and strengthen adoptive families.*
- *Continue to identify and address any causes of delay in the legal clearance process. Ensure that all documentation is done as cases progress, so there are no "holes" in the paperwork when clearance is attempted.*
- *Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children. Assess the effectiveness of district efforts to do this (e.g., by assigning an adoption staffer to work with a CPS unit).*
- *Complete Department policy and practice expectations designed to limit the use of long-term foster care as a goal for children in care. Identify long-term foster care cases, and assure that QA examines "compelling reasons" for those cases on a regular basis. Educate courts regarding the ASFA requirements on "compelling reasons" and how to balance those with concerns about attachment and placement stability.*
- *Develop a way of collecting "compelling reasons" that are entered on the Child Plan window in MACWIS to provide a periodic report for review.*
- *Consider seeking statutory changes to make a wider range of permanency options available to the Bureau (e.g., authorizing legal guardianships).*
- *Review existing visitation policy and practice expectations (e.g., their frequency, the goals of visitation, how visitation is documented). Train BCFS staff in conducting effective visitation, and share piloted visitation training with staff, supervisors and foster families.*
- *Collaborating with the Child Welfare Training Institute and the Muskie School to develop a training for care providers and adolescent casework staff on how to use "best practices" in life skills assessment and instruction.*

## **RECOMMENDATIONS TO IMPROVE CHILD AND FAMILY WELL-BEING OUTCOMES**

*In addition to specific concerns about safety and permanency, child welfare work also strives in general to promote the well-being of children and their families. Three of the federal ASFA outcomes address this:*

- Families have enhanced capacity to provide for their children's needs*
- Children receive appropriate services to meet their educational needs*
- Children receive adequate services to meet their physical and mental health needs*

*One of the eleven outcomes in Maine's FY2000-2004 State Plan also tackles well-being issues. The status of that Plan outcome is reviewed below.*

### **BCFS STAFF ASSURE THAT CHILDREN IN THE CARE AND CUSTODY OF THE DEPARTMENT HAVE THEIR PHYSICAL, DEVELOPMENTAL, EMOTIONAL AND BEHAVIORAL HEALTH NEEDS AND THEIR EDUCATIONAL NEEDS MET.**

#### *Indicators:*

- Children and youth in the custody of the Department will have their initial physical, developmental and mental health needs assessed.*
- Referral for medical, dental and mental health treatment is made in a timely manner and treatment is provided as identified by assessment.*
- Children will receive appropriate educational services as identified in the assessment.*
- Increase in the number of youth graduating from high school.*
- Decrease in the number of cases where youth graduate from high school but lack the skills needed to achieve independent adulthood.*
- Increase in the number of youth attending post-secondary schools.*
- Children and families receive post-adoptive services to meet their needs.*

#### *Activities:*

- Review need for training of staff on medical and mental health needs of children.*
- Review practice and develop protocol if needed to assure that thorough physical, developmental, emotional and behavioral assessments are performed in a timely manner.*
- Review adequacy of resources to meet the mental health needs of children and families.*
- Review quality and timeliness of provider reports and identify needed changes.*
- Identify unmet treatment needs of children and families and develop strategies to meet those needs.*



- *Review Life Skills training provided to youth in out-of-home care and develop standards for provision of same.*
- *Review needs for training staff on life-skills assessment and training.*
- *Continue to meet the goals of the Child Welfare Demonstration Project.*
- *Review the range of available services available to children and families, and identify the ones most in need of expansion (e.g., substance abuse, domestic abuse and therapeutic services; dental care).*

*Progress on Activities to Date:*

- *Staff have effective input into training, and the Department makes many workshops and seminars available to staff. (1999-2000)*
- *The Department continued to monitor timely provision of physical, developmental, emotional and behavioral assessments. Staff understands the need to complete this work in a timely manner, and the assessments are usually performed in a timely manner when resources are available. (1999-2001)*
- *Availability of mental health services to meet the needs of children and families varies geographically, with more resources in populous areas of the State. Agreements like the one between the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services are addressing development of a comprehensive mental health infrastructure for children with mental health needs (ref. CFSP FY2000-2004, p. 46). (1999-2001)*
- *An independent living needs assessment policy was developed for children in treatment foster care, group care, and residential treatment. The Independent Living program continued efforts to bring more consistency to life skills assessment and instructional practice statewide, including training for staff from all treatment foster care and group care contractors in use of an assessment/instructional tool. The Department also collaborated with the Child Welfare Training Institute to develop a training for care providers and adolescent casework staff on how to use "best practices" in life skills assessment and instruction. (1999-2001)*
- *Progress on the Child Welfare Demonstration Project is discussed in Addendum F. (1999-2001)*
- *Reviewed Life Skills training provided to youth in out-of-home care, and implemented standards for that work. (2000-2001)*
- *QA staff routinely review cases to assure that case plans contain appropriate goals and time frames. (2000-2001)*

*Activities for 2001-2002:*

- *Take steps (e.g., including additional training for BCFS staff) to assure that parents and providers are meaningfully involved in the case planning process from the beginning.*
- *Work with the court system to identify possible improvements in the way case reviews are conducted during the court process. Collaborate with the Court Improvement Project to promote an update of the Court Report, possibly to be done by the National Child Welfare Resource Center in cooperation with the ABA. Work with the Court Improvement Project to assure that the system is*

meeting ASFA mandates (e.g., that the status of each child is reviewed at least every six months by the courts; that each child in foster care has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter; that termination of parental rights proceedings comply with ASFA provisions; that foster parents and relative caregivers of children in foster care are notified and have an opportunity to be heard in any review or hearing held with respect to the child). Where areas for improvement are identified, work with the Court Improvement Project to provide training for judges or other court personnel; courts that are viewed as being strong in case review can be used as models for those courts that need to improve in this area.

- Re-examine Bureau policy requiring caseworker safety/well-being visits with children every 3 months. Assure that frequency of visits is part of each case plan, that training and supervision emphasize the need for workers to have individual conversations or visits with children, and that QA staff monitor frequency of visitation.
- Increase staff focus on gathering pertinent medical and genetic histories (this is important to the adoption process for adoptive parents' and children's understanding of their medical/health backgrounds, and it helps the Bureau to meet the children's medical needs while in custody).
- Training and supervision should re-emphasize how important it is for staff to share medical records with foster parents.
- Continue to compile comprehensive, detailed information on gaps in current services for children and families served by BCFS (e.g., using MACWIS, contractor reports, surveys of stakeholders, feedback from other State departments), and establish a long-range plan to expand, or provide for, those services. Gaps need to be identified statewide, for each district, and for various client groups, and the Bureau needs to create a process for regularly updating this information. Analysis should include possible gaps mentioned in the last federal review: psychiatric evaluations; post-adoption support; placements for adolescents, especially juvenile sex offenders; visitation centers with trained monitors; substance abuse treatment services; services for persons with mental retardation; sex offender treatment; placements for pregnant or parenting teens; psychological evaluations/infant mental health assessments; intensive in-home services; child psychiatrists; dentists who accept Medicaid; specialized treatment for sexual abuse victims; and transportation to services.
- Continue to focus on improving Department relationships with the mental health system to ensure that the mental health needs of children and parents are being met. This includes working with DMHMRSAS through the Interdepartmental Planning Group, gathering more complete information on the mental health needs of children and parents (see above needs assessment), and using the training and technical assistance services of the National Resource Center for Children's Mental Health at Georgetown University as needed.
- Emphasize more strongly that intervention and services must specifically address risk factors leading to abuse/neglect. Take steps to assure that case plans specifically address relevant child abuse and neglect issues, and that they clearly

*state the issues the family needs to address. Likewise, assure that planned service interventions directly address identified risk factors.*

- *Take steps to ensure that service providers are clear on the expectations and desired outcomes of their work with families. This includes: developing clear practice standards governing how and when referrals are made to service providers; training caseworkers, supervisors and service providers how to implement those standards; clearly communicating Department expectations to providers; educating providers about ASFA and its related safety, permanency and case planning expectations; and assuring that service providers submit written reports on the progress of clients, including direct reference to the risk factors that led to abuse/neglect. Assure that BCFS staff remain active in cases even when a case management agency is involved.*

## **RECOMMENDATIONS TO STRENGTHEN THE CHILD WELFARE SYSTEM**

*Three of the eleven outcomes in Maine's FY2000-2004 State Plan address organizational and administrative issues that can impede effective and efficient child welfare practice. This section describes progress on those three outcomes.*

### **DEVELOP AN OPERATIONS MANAGEMENT PLAN TO IMPROVE COMMUNICATION, IDENTIFY BARRIERS TO EFFECTIVE SERVICE DELIVERY, MANAGE DAILY OPERATIONS AND ESTABLISH A COMMON SET OF MANAGEMENT STANDARDS.**

#### *Indicators:*

- *Increased compliance with Service Planning Requirements/ASFA requirements*
- *Increased implementation and utilization of MACWIS*
- *Increased analysis and monitoring of caseloads*

#### *Activities:*

- *Establish an accurate baseline of information on current workload*
- *Establish caseload standards for CPS, CS and adoption services*
- *Integrate MACWIS into District operations at all levels*
- *Insure case assignment process supports sound case management*

#### *Progress on Activities to Date:*

- *Work has continued on establishing accurate baseline data on current workload (1999-2001)*
- *Caseload standards for child protective services (15 to 20 cases), children's services (18 to 22 children) and adoption (15 to 18 children) were established. (2000-2001)*
- *MACWIS has continued to be integrated into operations at all levels. (1999-2001)*
- *Time frames for activities have been established, and a tracking tool is in place in MACWIS for child protective services. (1999-2001)*
- *The case assignment process was continuously monitored to assure that it supported sound case management. (1999-2001)*
- *Management helped to develop performance standards as part of the State of Maine's implementation of performance budgeting. (2000-2001)*
- *The Bureau began work to integrate the operations management plan, State performance measures, ASFA outcome measures, and the program improvement plan developed from the federal pilot review into a comprehensive Bureau plan. (2000-2001)*

*Activities for 2001-2002:*

- *Finish integrating the management plan, state performance indicators, ASFA outcome measures, and the program improvement plan into a comprehensive organizational plan.*
- *Finalize tracking tools for adoption, foster home licensing, and children's services, incorporate them into MACWIS, and implement their use.*
- *Continue to enhance the Bureau's ability to provide accountability information to the legislature and the public.*
- *Build on the Department's strong Quality Assurance effort by establishing a formal "quality assurance loop," a process for reporting QA findings to key operating staff, designing and implementing improvements based on those findings, monitoring the impact of those improvements, and making further adjustments as needed.*
- *Continue outreach to the Native American tribes, and continue to work on State/tribal agreements and improved implementation of ICWA. Consult more closely with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family serving agencies (e.g., through the Child Welfare Advisory Committee), and include their major concerns in the goals and objectives of the CFSP.*
- *Establish standards for group homes based on CWLA standards.*

## **DEVELOP ENHANCEMENTS TO THE MACWIS SYSTEM TO MEASURE AND DOCUMENT BASELINE DATA AND PERFORMANCE CHANGES BASED ON CRITICAL SYSTEMS OUTCOMES.**

The Department remains strongly committed to developing the operational and reporting capabilities of MACWIS, and this work will be ongoing for the foreseeable future. Based on the results of the SACWIS review in September 1999, as well as on changing operational needs of the Bureau, a long list of enhancements has been prioritized and is being implemented in 2000-2001. More enhancements and modifications will be required as policy and practice continue to change.

*Progress on activities to date: Enhancements already completed during 2000-2001 include:*

- *Created an interface linking Bureau workers and the State Water Lab. Bureau staff can now use MACWIS to request water tests for foster, adoptive and group homes and for residential facilities, and the Lab records the results directly into the MACWIS system, expediting the work, saving time and avoiding paper shuffling.*
- *Incorporated the changes needed to implement the combined study/approval process for foster and adoptive homes.*
- *Last year the new Safety Assessment was incorporated into MACWIS. This year small changes in the Safety Assessment module were made so that it works better for caseworkers in the field.*
- *Enhanced the financial module to include account codes on vendor checks, clarifying the audit trail.*
- *Made various small changes to documents in MACWIS (e.g., case plan forms, letters, legal summaries) to better assure compliance with ASFA.*
- *Developed a way to merge records when more than one record was accidentally created for a child, eliminating errors caused by the duplication and partial records.*

*Activities for 2001-2002:*

- *Continue to enhance MACWIS' ability to generate statistical reports allowing the Bureau to closely monitor the outcomes of its work and its implementation of policy and practice.*
- *Complete the following planned enhancements by December 2001:*
  - *Speed the work of Central Intake workers by replacing client address and duplicate reports fields.*
  - *Build in licensing rule changes made in connection with the latest IV-E audit.*
  - *As soon as the Bureau finishes clarifying its policies on Well-being checks, build these into MACWIS operations to help assure timely adherence to the policy changes and enhanced child safety.*
  - *Incorporate the new Child & Family Assessment into MACWIS.*
  - *Add the automated IV-E eligibility determination module to the system.*

## **BCFS OFFERS SUPPORTS AND INCENTIVES TO RETAIN STAFF AND TO ENHANCE RECRUITMENT EFFORTS.**

*This is an area of ongoing concern. The Bureau is committed to retaining staff and enhancing recruitment efforts, but the tight job market and State salary levels make it increasingly difficult to compete for qualified staff.*

### *Indicators:*

- *Decrease in caseworker turnover*
- *Increase in job satisfaction as reported by BCFS staff*

### *Activities:*

- *Identify critical tasks (e.g., paralegal functions) and utilize case aides and/or other designated staff to routinely perform those tasks.*
- *Clarify and standardize expectations of other paraprofessionals to perform tasks that free up caseworker time from performance of routine tasks not requiring their particular skills.*
- *Work with District management to identify ways to provide incentives to staff.*
- *Develop opportunities for meaningful field placement and supervision for caseworkers pursuing higher education.*

### *Progress on Activities to Date:*

- *Most District offices are using case aides or other designated staff for various functions. (1999-2000)*
- *The Department has improved opportunities for staff to attend national conferences and specialized instate training. (1999-2000)*
- *The Department has continued to offer on-site MSW classes and has made it easier for staff to conduct field placement activities through block field placements. (1999-2001)*
- *The Department has stepped up recruitment through job fairs, targeted newspaper advertisements, and the Internet. (1999-2001)*
- *The Bureau successfully worked with Personnel and Human Resources to expedite response and hiring time for applicants, in addition to enhancing the advertising and search process. (2000-2001)*
- *The Bureau has worked to better recognize and appreciate the efforts of veteran staff (e.g., by providing an incentive raise for staff completing their third year of employment, and recognition at the fall conference). (2000-2001)*

### *Activities for 2001-2002:*

- *Increase the effectiveness of recruitment by the Internet.*
- *Develop and implement a strategy to recruit Canadians.*
- *Develop a recruitment video.*
- *Recruit minority students from the field instruction unit.*

## **TRAINING OUTCOMES**

Finally, two of the eleven outcomes in Maine's FY2000-2004 State Plan deal with training for child welfare staff, a key factor driving effective child welfare work and staff job satisfaction. The status of these two outcomes is detailed below.

### **CASEWORKERS WILL RECEIVE INITIAL TRAINING DESIGNED TO PROVIDE OPPORTUNITIES TO PRACTICE AND DEVELOP THE SKILLS THEY NEED FOR BEST CASEWORK PRACTICE.**

#### *Indicators:*

- New worker training is viewed as ongoing
- New caseworkers have opportunities to practice learned skills prior to assuming responsibility for managing a caseload.

#### *Activities:*

- Review current pre-service curriculum and presentation methodology.
- Explore feasibility of providing practice opportunities during training through the use of mentors
- Review information from the self-assessment forums to identify training needs of new staff.

#### *Progress on Activities to Date:*

- Committees representing each component of the Pre-Service training continued to regularly evaluate and recommend revisions, as needed, to the curriculum, and BCFS staff were involved in this process. Goals have been to increase emphasis on practice standards, support and develop the supervisory role in training, develop a feedback loop with BCFS to keep Pre-Service current, improve transfer of learning from classroom to casework, and identify the role of mentors during the first two years of casework. Revisions have been made before each round of training to reflect changes in policy, law and practice expectations. (1999-2001)
- The current program was expanded to include workshops on the following for two years: Attachment, Dynamics of Sexual Abuse, Working with Batterers and Domestic Violence Issues, Caseworker Documentation, Substance Abuse, and Medical Indicators of Child Abuse. In addition, follow-up training by local staff on practice issues is offered in the larger Bureau offices around the state, as well as ongoing MACWIS training and support for workers and supervisors.
- At the end of Pre-Service, trainers meet with new staff and their supervisors to identify additional training needs beyond Pre-Service and the core courses in the first few years.
- Child Welfare Training Institute staff participated in district and statewide committees to identify and address training needs. Information from the Child



*and Family Services Review self-assessment forms was incorporated into training plans. (1999-2001)*

*Activities for 2001-2002:*

- The new Safety Assessment tool for Child Protective decision-making was built into Pre-Service training this year; the new Child and Family Assessment (the tool for the next phase of the caseworker's work) will be integrated in 2001-2002. In addition, decision-making for permanency, visitation and concurrent planning will be integrated into all training programs (including Pre-Service and ongoing training for staff).*
- Use the Child Welfare Training Institute's new capability for Web-Based Training. Beginning with the Job Shadowing Curriculum. The interactive model for this program will require the new worker to document experience, demonstrate competencies in documentation and other areas (as relevant to the job shadow experience), and report regularly to the person's supervisor and the training team.*
- Integrate training on decision-making in child protective services into current pre-service curriculum.*

**STAFF RECEIVE ONGOING TRAINING TO PROVIDE THEM WITH THE SKILLS NEEDED TO PERFORM THEIR JOBS AND ASSURE QUALITY SERVICES TO CHILDREN AND FAMILIES.**

*Indicators:*

- *Increased proficiency in use of new technology*
- *Ongoing training to meet the specific needs of staff at all levels is provided according to a plan designed for that purpose.*
- *Opportunities for staff to participate in identifying the types of training they want and need are routinely offered.*

*Activities:*

- *Assess ongoing needs for computer training and assure that needs are met*
- *Assure that training is provided to BCFS staff and other stakeholders regarding ASFA*
- *As possible and appropriate, respond to identified staff needs as a result of the self-assessment and other input from staff regarding training.*

*Progress on Activities to Date:*

- *MACWIS training/updates and other technology training is offered on a regular basis. Because MACWIS is so central to performing the Department's case work, need for additional MACWIS training is continuously assessed (1999-2001)*
- *ASFA training is provided to new staff during Pre-Service Training (1999-2001)*
- *Staff have input regarding training needs and serve on committees to review and revise the Pre-Service curriculum. (1999-2001)*

*Activities for 2001-2002:*

- *Provide continuing training on ASFA implementation (e.g., ASFA requirements and its related safety, permanency and case planning expectations) to Bureau staff and to staff of service providers and other appropriate stakeholders. A consultant from the National Resource Center for Foster Care and Permanency Planning will do three ASFA trainings around the State in September 2001 for staff and providers. The consultant will also do a train-the-trainers session in September; the teams trained there will continue to offer sessions on ASFA thereafter.*
- *Plan how to address additional training needs identified in the findings/recommendations from the Child and Family Services Pilot Review (e.g., information sessions for judicial staff on safety issues and the impact of repeat maltreatment on children; training on how to limit use of long-term foster care as a goal; training emphasizing the importance of sharing children's medical records with foster parents).*
- *Work with the Child Welfare Training Institute to add outside stakeholders to its advisory board.*



***CHILD WELFARE COMPONENT PROGRAM  
NARRATIVES***



## **CHILD WELFARE SERVICES**

*Services available to children and families who come to the attention of the Department include preventive and support services, protective services, family preservation, time-limited family reunification services, adoption promotion and support services, foster care maintenance, and programs designed to assist older youth in the transition to independent living.*

## **CHILD PROTECTIVE SERVICES**

*A key Bureau of Child and Family Services' function is to examine allegations of child abuse and neglect, determine the degree of harm or threatened harm to the child, and assure as far as possible the child's future safety. Between September 1999 and August 2000, the Department received 15,110 referrals regarding possible child abuse and neglect, involving a total of 22,738 children. Of these, the Department determined that 6,033 reports (40%) did not rise to the level of child abuse or neglect, concluding that they were inappropriate for action by the Bureau. Examples of these cases include poor parenting practice, parent-child conflict, conflicts over custody or visitation, and families in financial, physical or emotional crisis.*

*Of the reports taken, 4,533 (30%) were assigned to Bureau caseworkers for complete assessments. Another 4,012 cases (27%) were judged to present low or moderate risk to children and were referred to non-profit Community Intervention Agencies for assessments and voluntary services, if appropriate. Of the remainder, 308 reports (2%) were judged appropriate but not assigned for investigation, and 137 (1%) were linked to cases that were already open.*

*While the 1999 federal Pilot Child and Family Services Review found that the Bureau has a number of strengths in its child protective work (e.g., the wide range of social services it provides to children and families through contracts with private providers), it also found several areas where the Bureau needed to improve (e.g., by better addressing repeat maltreatment, assuring that services address underlying causes of abuse/neglect). The Bureau has completed or is undertaking the important initiatives listed below to enhance child safety in Maine. In carrying out this work, the Bureau often collaborates closely with other agencies and individuals in the community.*

### **Safety Assessment Implementation**

*In order to conduct thorough, uniform assessments of suspected child abuse and neglect, the Bureau uses two assessment models: the **Safety Assessment** model and the **Child & Family Assessment** model.*

*During the summer of 2000, the Bureau defined a new policy for safety assessment, rewrote the corresponding procedures for Child Protective Safety Assessments, and*

trained Bureau field staff statewide on the new assessment procedures. Safety Assessment training has since been done for other Bureau staff (e.g., Licensing and Intake) so that they have basic familiarity with this important element of the Bureau's work.

The purpose of the Safety Assessment is to determine if abuse and neglect has occurred (or is threatened to occur), the level of safety for each child, and what intervention may be needed to keep a child safe. A Safety Assessment is done for all reports assigned to a Bureau caseworker for assessment. If it is determined that a child's safety is compromised, the caseworker helps the parent/caregiver to develop a "safety plan" that addresses those issues that will keep the child safe. If this plan is likely to provide for the safety of the child, the Bureau may determine that continued involvement with the family is unwarranted.

During Spring 2001, the Bureau assessed implementation of this policy and application of the new assessment tool. The Bureau is reviewing how supervisors use the Safety Assessment tool in the supervision of workers. Case reviews and interviews with supervisors provided information that the Bureau and the Child Welfare Training Institute are using to develop training and technical system plans. Each district will have its own plan for improving implementation of Safety Assessments, to meet each district's unique needs.

#### Child & Family Assessment

The Bureau has completed development of the Child & Family Assessment, a new tool that draws on the Safety Assessment to determine the underlying causes that led to abuse and neglect. Such an Assessment is done when the "safety plan" is unlikely to provide for the safety of the child beyond two weeks without the continued involvement of the Bureau. The Child & Family Assessment aims to determine how likely it is that a child will be abused or neglected in the foreseeable future, and the parent's capacity and willingness to change. It builds on the Safety Assessment but does not duplicate the process or content. This assessment process must be completed within three weeks of completing the Safety Assessment.

The Bureau is currently designing and implementing incorporation of the Assessment tool into MACWIS. Staff statewide will be trained and the Assessment tool will be implemented in Fall 2001.

#### Community Intervention Program

District supervisors may refer a report of abuse or neglect to one of the eight Community Intervention Program agencies, private agencies that contract with the Bureau to respond to low or moderate risk reports and offer services to those families on a voluntary basis. This program, begun in November 1998, was intended to address a staff shortage at the Bureau while enabling the Bureau to respond to the growing numbers of reports of child abuse and neglect. A number of steps were taken

*in 2000-2001 to strengthen this program: the Bureau clarified its expectations of the agencies and educated them further in key ASFA requirements (e.g., the preeminent importance of assuring child safety, the need to keep services time-limited and to focus those services on possible causes of neglect or abuse), reporting on the effect of the agencies' work was improved, and efforts are underway to reassess how agencies are paid for their work.*

#### *Rural Domestic Violence/CPS Collaboration*

*The Bureau began an intense collaborative process with the domestic violence response community about six years ago. Initial work focused on improving mutual understanding of the role of domestic violence advocates and of Child Protective Services staff. The collaboration has continued to strengthen since then. Most recently, four domestic violence specialists were placed in four of the Bureau's eight Districts to provide case consultation, assist in Safety Assessments, and provide training. As a result, the Bureau's response to cases where domestic violence co-occurs with child abuse and neglect is more appropriate and more effective.*

#### *Court Improvement Project*

*The Court Improvement Project is a multi-year federal grant program designed to help state court systems improve their handling of child abuse and neglect cases. The grant requirements include an initial assessment by the State of its courts' handling of child protection matters and the development of recommendations for their improvement. This was completed in Maine in March of 1997. The Court Improvement Project continues its efforts under the grant to implement and monitor improvements for the handling of child protection matters within the court system. The Bureau's Program Improvement Plan, in response to the federal Pilot Child and Family Services Review, includes efforts to educate judicial officials on the impact of abuse/neglect, and to assess courts' adherence to ASFA requirements in their work.*

#### *Child Abuse and Neglect Councils*

*The Department of Human Services provides funds to these community-based councils located in each county of the State. The Councils initiate and coordinate child abuse prevention activities at the local level. Funded activities include: prevention education programs; public education on child abuse issues; collaborative efforts with other agencies to develop needed resources for children and their families; trainings in the area of mandatory reporting; and development of a resource directory.*

#### *Maine State Police/CPS Protocol*

*The Maine State Police and Child Protective Services have joint responsibility to investigate child death cases where the cause of death may be homicide. To assure that*



effective collaboration occur on these difficult and often complex cases, the two agencies developed a protocol to cover:

- investigation/assessment procedures
- release and sharing of information procedures and guidelines
- communication lines
- decision-making
- conflict resolution

In practice, this protocol has worked well and been used to resolve some critical conflicts resulting in better investigative outcomes. This is a dynamic protocol that is changed to accommodate new laws and new circumstances.

#### Children's Emergency Response Program

BCFS entered into contracts in 1992 with the Lewiston and Portland police departments. Under the contracts, the Bureau agreed to fund an officer whose primary purpose is early intervention with families in order to identify and ameliorate problems early on, thereby preventing or reducing risk of child abuse and neglect. Working closely with the Bureau, the officers conduct an initial assessment and make referrals as appropriate. The officers also work with Bureau caseworkers in the investigation of sexual abuse cases, emergency interventions, and court-ordered removal of children from their homes as necessary.

#### Keeping Children Safe Downeast

The Bureau, WHCA and the Regional Medical Center at Lubec formed a committee to support Washington County families and children, ages 0-6, in dealing with the long-term impacts of violence and trauma. This initiative involves the community, child serving agencies and government at different levels in an effort to ensure the availability of appropriate, timely services. The group has applied for a federal grant for funding.

#### Policy Development

In an effort to ensure best practice standards and effective management within the Bureau, BCFS continually reviews policies and procedures. In addition to the policy initiatives mentioned above, the Bureau is working on policies in the following areas:

- **Concurrent Planning:** The Adoption and Safe Families Act (ASFA) requires states to achieve permanency for children in a timely manner. For families where reunification efforts have not worked in the past, or which may be unable to make necessary behavioral changes, BCFS will implement a two-track plan with the Court's involvement. While vigorously pursuing rehabilitation and reunification efforts with a family, the Bureau will also develop an alternative plan for use in the event of failed reunification.

- *Well-being Reviews: The Bureau is currently reviewing its policy that requires caseworkers to interview children every three months during their foster placement. By examining other states' practices, the Bureau is looking to determine if modifications of this policy would be appropriate.*

### **CHILDREN'S SERVICES PROGRAM**

*The number of children in the care or custody of the Department of Human Services grew by 60% between January 1993 (1,989 children) and January 2001 (3,190 children). However, most of this growth occurred between 1993 and 1999. From January 1999 to January 2001 the number of children in care/custody only increased by 208 (7%). The table at the end of this section provides a snapshot profile of the children in care as of May 16, 2001.*

*During the coming year, the Bureau will continue to offer voluntary, time-limited in-home support services from community-based private agencies to families with the goal of family reunification. These services will be expanded to cover a larger geographic area. BCFS will also continue offering a wide range of other services to children and families through contracts with provider agencies, as well as undertaking further efforts to close gaps in those services.*

*The Bureau is continuing efforts to more effectively match children's needs with their placements. A Child Assessment Workgroup was convened in December 2000 to develop a system to regularly assess the needs of each child in State custody in order to determine the appropriate level of care and service, and to assure that the services being delivered are supporting the goal of permanency for every child. The Bureau's purpose is to meet the child's needs in the least restrictive setting, while minimizing the disruption and trauma experienced by the child. The workgroup has reviewed assessment tools and chosen a method used by DMHMRSAS and other agencies, developed final drafts of necessary assessment instruments, and created a database for aggregate results. Current projects include monitoring a pilot program conducted by Child Development Services, and conducting the Bureau's own pilot program. Based on pilot information, the workgroup plans to:*

- *start assessing all children in care*
- *identify the training needs of field staff and providers*
- *identify any needed changes to MACWIS*
- *develop an implementation plan for communicating both the programmatic intent as well as the fiscal impact to providers and field staff by July 2001.*

*In addition to the work of the Child Assessment Workgroup, we will also address a step-down process for children in treatment-level care who have successfully met identified goals and can function in a less restrictive setting. Proposed changes to the foster care licensing rules (see the "Licensing" section on page 45) allow foster homes to have a*

*“step-down” slot to permit a child to remain in a successful placement while ending therapeutic service delivery, so the child is in a less restrictive environment. The Department will, through the Maine Caring Families foster care program, also add a step-down program for youth in residential settings who are able to move to a less restrictive setting with a continuation of clinical and other supports. This would allow youth to gain the confidence and skills at a pace tailored to their needs and abilities in a more normalized environment.*

*The Bureau will take steps to enhance the effectiveness of family visitation. BCFS will continue contracting for some visitation services with private agencies. A subcommittee of the Treatment Network Team (composed of BCFS staff, private agency staff, and foster parents) has established new guidelines for family visitation that have been added to the newly rewritten “Program Standards for Treatment Foster Care in Maine.” The guidelines include options to provide the optimum family-like setting while providing for the safety and privacy of visit participants. The importance of documentation and a training component to visitation is also highlighted.*

*Training on the Family Standards (the new unified foster and adoption licensing/approval process) was provided to private child placing agencies on December 14 and 15, 2000. Progress in implementing the Standards has been tracked by licensing and adoption supervisors in several ways: adoption and licensing units have been encouraged to meet on a regular basis in their District to assure that practice is consistent across both program areas; informational meetings for potential foster and adoptive parents are conducted jointly; supervisors are being given information on how to use MACWIS reports to help them monitor implementation; and statewide supervisor meetings have been held quarterly with Central Office staff during the first year of the Standards implementation. Based on this year’s experience working with the new Standards, the Bureau will actively solicit staff input on ways to further improve their implementation, strengthening services and more effectively responding to potential resource families.*

*The Bureau will continue to collaborate with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) on the “Accessing Mental Health Crisis Services” project. This pilot project was initiated through a memorandum of understanding between the Commissioners of the DHS and DMHMRSAS. The program is designed to provide a new system for accessing emergency out-of-home placements when children are experiencing a mental health crisis. Through contracts with Sweetser Children’s Services in Cumberland County and with Crisis Response Services in York County, services are provided to: determine the child’s needs for an out-of-home placement (on-site) whether or not the child is in the State’s custody; authorize and arrange for the placement to be made; and follow through with resolution of the crisis if the child is in State’s custody.*

*The Bureau, in partnership with private agencies, has implemented a new plan for enhancing recruitment and retention of foster and adoptive parents in Maine (see the section on “Recruitment of Foster and Adoptive Families” on page 51). This effort aims*

to create a pool of parents more closely matching the demographic and cultural diversity of children in State care, and reduce the probability that children must be placed outside their home communities.

The Bureau will also continue work in the following areas in order to further strengthen its Children's Services.

#### Relative Placement/Kinship Care

The Bureau will continue to more strongly emphasize permanency through relative placements and kinship care in the coming year. Placing a child with relatives can offer the child familiarity, comfort, acceptance, continuity and a sense of belonging to a family. These benefits can mitigate the trauma caused by abuse/neglect and subsequent removal of children from their home. When children are ordered into the Bureau's custody, Bureau policy dictates that relatives be given priority consideration as temporary or permanent placement resources. The Bureau has reemphasized the importance of assessing possible relative placements to all casework and supervisory staff during the past year. It is also more closely monitoring pursuit of relatives as possible placements and will consider whether any further policy changes are needed to support this emphasis.

The Bureau is operating a pilot project with Community Health and Counseling Services (CHCS) in Penobscot, Piscataquis and Aroostook counties. CHCS meets with families identified as possible placements for children and provides a written assessment of a family's willingness and ability to care for the children. The pilot project also includes "family group conferencing," in which members of an extended family meet for a facilitated discussion to identify the family's resources for the child in care or coming into care.

The Bureau also collaborates with Families and Children Together (FACT) and Adoptive and Foster Families of Maine (AFFM) to run support groups for families providing kinship care. This service is available in Washington County, the Bangor area, and southern Maine.

#### Pediatric Rapid Evaluation Program (PREP)

This partnership between MaineGeneral Hospital and the Bureau is designed to provide a physical and mental health screening for all children entering foster care in a five-county area. One emphasis of the screening is the trauma that can be associated with child abuse and neglect. The screening identifies problems requiring either immediate intervention (e.g., previously undiagnosed asthma) or requiring further evaluation (e.g., extreme mood shifts). The program includes a pediatrician and a child psychologist. Foster parents, caseworkers and treatment providers receive the screening reports so that the most effective services can be provided to the children. This program has improved health care for foster children, provided additional supports to foster parents, and assured timely and effective services. The program re-evaluates the children after 6-8 months to see if the services they receive reduce the impact of the abuse and

*neglect they experienced. Plans are being made to replicate this program in the northern section of the State.*

#### *Attachment Workgroup*

*This multi-disciplinary workgroup involves Bureau staff, private agencies, private treatment providers and a representative from the Department of Mental Health, Mental Retardation, and Substance Abuse Services. The group was established as a result of conflicts between Bureau standards for the treatment of children in State custody and approaches some therapists employ to address attachment issues. Certain treatment interventions could put licensed foster parents out of compliance with the Bureau's licensing rules regarding child management. The group examines research related to attachment intervention and helps the Bureau to develop policy for staff when they work with children in treatment. Guidelines will be established to better define when to make a referral for attachment treatment, which approaches are appropriate, and who is qualified to make decisions concerning attachment interventions.*

#### *Public Health Nursing*

*Because the Bureau of Public Health Nursing and the Bureau of Child and Family Services often serve the same families, the two bureaus have developed a signed working agreement to clarify reporting requirements, information sharing, and conflict resolution. The agreement also mandates joint training and district level meetings to take place at least yearly, and sets forth the principles of joint case planning. The agreement is reviewed every two years.*

#### *Maine Youth Center Caseworker*

*A Department of Human Services caseworker is stationed at the Maine Youth Center in order to streamline and coordinate services to children who are committed to the Center and yet are in the Department's custody. While technically the Department's custody is suspended while a youth is committed, this program recognizes and addresses the need to plan for the youth cooperatively in order to maintain a regimen of treatment and plan for their eventual discharge. The caseworker's responsibilities include: participating in the initial mental health diagnostic review, attending and participating in the quarterly clinical team meetings, providing a communication link between the Bureau's district offices and the Maine Youth Center, and conducting all well-being reviews for the Bureau's children at the Youth Center.*

#### *Mental Health Resource Development*

*The Bureau works with the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to achieve the following:*

- Return all Maine children to Maine communities: The number of children in out-of-state placements has been reduced from 260 in the spring of 1998 to the*

present number of 116, through the development of 320 new placement options in Maine. One hundred additional placement options are in development.

- *Maximize the use of children's psychiatric hospital beds in Maine:* The Bureau is focusing on more aggressive discharge planning, increased reliance on transitional programs, and enhancement of community crisis services.
- *Enhance services for children and youth with mental retardation and autism:* The Bureau aims to improve in-patient hospital services and strengthen community-based services.
- *Assessment of all children in care (see above).*
- *Enhance services for homeless youth:* Pursuant to Maine legislation passed in 2000, stakeholder groups in Portland and Bangor are exploring innovative, collaborative and youth-driven services for unaccompanied and at-risk youth. Their work will include providing low-barrier access to basic services for homeless and runaway youth, providing casework services on-site, increasing housing for youths 14 to 17 years of age, expanding educational programs for the youths, and developing and implementing an evaluation mechanism to ensure the potential to replicate the project statewide.
- *Develop new residential resources for children:* DHS, DMHMRSAS, the Maine State Housing Authority and the Department of Education collaborate to identify options.

#### Office of Substance Abuse

Because of the high incidence of substance abuse in Maine, the Bureau is examining how to enhance services around this issue. The Bureau is currently discussing a collaboration with the Office of Substance Abuse to co-fund the hiring of a substance abuse professional to be located in one of the BCFS district offices.

#### Policy Development

In addition to its work on promoting relative/kinship care (see above), the Bureau is currently examining several other policies relating to Children's Services, including:

- *Concurrent Planning:* The Adoption and Safe Families Act (ASFA) requires states to achieve permanency for children in a timely manner. For families for whom reunification has not worked in the past, or for whom the ability to make necessary changes may not be possible, BCFS will implement a two-track plan, with the Court's involvement. While vigorously pursuing rehabilitation and reunification efforts with a family, the Bureau will also develop an alternative plan to be used in the event of failed reunification. Policy around concurrent planning is being developed with technical assistance from the National Resource Center for Foster Care and Permanency Planning.
- *The Youth Leadership Advisory Team:* Comprised of youth between the ages of 15 and 21 who are or have been in the care and custody of the Department of Human Services, this group is helping the Bureau to develop additional policy on sibling contact, both surrounding placement and visits to children in care.

- *Well-being/Safety Reviews: The Bureau is currently reviewing its policy that requires caseworkers to interview children every three months in their foster placement. By examining other states' practices, the Bureau is looking to determine if modifications of this policy would be appropriate.*

**Profile of Children in Care or Custody of the Department of Human Services**  
**May 2001**

As of May 17, 2001, Department had 3,228 children in its care/custody. This number included:	
Gender	<ul style="list-style-type: none"> <li>• Female 47.3%</li> <li>• Male 52.6%</li> </ul>
Age	<ul style="list-style-type: none"> <li>• Less than 2 years old 8.2%</li> <li>• 2-3 years old 7.9%</li> <li>• 4-10 years old 29.6%</li> <li>• 11-14 years old 24.9%</li> <li>• 15-17 years old 22.2%</li> <li>• 18 years old or over 7.3%</li> </ul>
Race/ethnicity	<ul style="list-style-type: none"> <li>• White 77.1%</li> <li>• Black 2.2%</li> <li>• Native American Indian/Alaska Native 1.3%</li> <li>• Asian 0.5%</li> <li>• Multi-racial 1.1%</li> <li>• Native Hawaiian/Pacific Islander &lt;0.1%</li> <li>• Unable to determine 17.8%</li> </ul>
Location	<ul style="list-style-type: none"> <li>• In foster care placements 48.8% (of which 24 children, or 1.5%, are in relative foster homes; and 3 children, or 0.2%, are out of state)</li> <li>• In various types of residential facilities 22.9% (of which 71, or 9.6%, are in out-of-state residential facilities)</li> <li>• In adoptive placements 4.6% (of which 14 children, or 9.5%, are in relative homes; and 7 children, or 4.7%, are out of state)</li> <li>• Foster children on their own 2.7%</li> <li>• In corrections facilities 1.7%</li> <li>• With birth parents 2.1%</li> <li>• In emergency shelters 0.3%</li> <li>• In independent living apartments 0.3%</li> <li>• In unlicensed placements 12.3% (of which 291 children, or 73.0%, are with relatives)</li> <li>• In other placements 4.3%</li> </ul>
Case type	<ul style="list-style-type: none"> <li>• Children in protective custody 70.0%</li> <li>• Children in adoption unit 23.4%</li> <li>• Children voluntarily placed in Department care 6.6%</li> </ul>

Overall, the children in DHS care had been in state custody an average of 38 months. The average length of time in care by age group was: Birth to 1 year old, 9 months; 2-3 years old, 17 months; 4-10 years old, 30 months; 11-14 years old, 43 months; 15-17 years old, 48 months; 18 years old and older, 81 months.





## LICENSING

*The Bureau of Child and Family Services is responsible for licensing all of the State's foster homes. Two years ago, supervisory responsibility for licensing staff was shifted from the Central Office to District offices. Last year, a person with programmatic supervisory responsibility was added within the Bureau's Central Office to help promote consistency in licensing practice across the State.*

*As of October 2000, the State had 1,438 licensed foster homes. This represented a substantial increase from the number of homes available between 1983 and 1996, which ranged between 886 and 1,190. However, it was also a significant reduction from the peak of 1,736 homes in October 1998. In part this reflected a decline in the number of new foster home applications from 379 in October 1998 to the more historically typical figure of 246 in October 2000. The newly implemented campaign to recruit additional foster and adoptive households (see page 51) aims to increase both the number of available homes statewide and the demographic match between those homes and the pool of children needing placements.*

*Many changes are underway or planned for the licensing function. The most critical has been evaluation of the licensing status of all foster homes and renewed efforts to bring them all into compliance with ASFA and other federal regulations.*

*The Bureau has implemented a tool that licensing staff is using to track both new and renewal applications. This tool enhances the ability of staff to license foster homes in a timely manner and gives supervisors a better tool to monitor and assess staff performance.*

*The foster and specialized foster home licensing rules have been rewritten to bring them into conformity with the new Family Standards (the single study for foster and adoptive homes); these draft rules will soon go out for public hearing and should be approved and implemented no later than September 2001. The proposed new licensing rules also bring the rules and qualifications of providers into conformity with ASFA requirements. Finally, these proposed rules, the Program Standards for Treatment Foster Care in Maine, and the foster/adoptive family recruitment and retention plan clarify issues such as limits on the number of respite placements for specialized foster homes.*

*An ongoing series of trainings for licensing staff was started within the past year to further strengthen their job-related competencies. All staff have now completed the core curriculum offered by the National Association for Regulatory Administration (NARA), and trainings will continue this year on the dynamics of abuse and neglect, safety assessment, ethics, forensic interviewing, decision-making, and management for supervisors.*

*Historically, licensing staff was seldom trained in basic child welfare practice, since it was assumed that their regulatory function did not require up-to-date knowledge in those areas. However, the Bureau now recognizes how important it is for licensing staff to understand all aspects of the Bureau's work and is examining several ways to provide this knowledge to licensing personnel in the near term. One option is to incorporate current, basic Bureau practice into licensing training, with special attention to how it impacts the foster home licensor. Another option is to have licensing staff attend portions of the basic training required of new child welfare caseworkers.*

*A curriculum will be developed in conjunction with the Child Welfare Training Institute on permanency assessment to enhance staff understanding of permanency planning and appropriate placements for children in the Department's care.*

*Efforts continue to help coordinate the work of licensing and adoption staff as they apply the new Family Standards. Licensing and adoption supervisors have frequent contact in the Districts, and joint meetings are held between personnel from the two program areas to discuss implementation of the standards. Supervisors also attended a quarterly, statewide meeting with Central Office staff during the first year of implementation to provide the supervisors with necessary support and to facilitate joint problem-solving.*

*The Bureau has continued its collaboration with the Fire Marshal's Office to assure timely fire inspections of foster homes. Monthly meetings between the two offices began in March 2000 to foster inter-agency communication. Communication has improved as a result, and it has filtered down so that it is no longer just between administrative personnel. Licensing staff now have direct contact with the Fire Marshall's Office as issues arise. Fire Marshall's staff also meets with MACWIS staff as needed to correct/enhance the computer interface between the two agencies.*

## **ADOPTION SERVICES**

### **Program Overview**

*An adoption program staff of 45 caseworkers, 8 supervisors and 1 adoption program specialist covers all eight districts in the State of Maine. This staff provides a range of adoption services to a population of 677 children who have been legally freed for adoption (under Title 22 MRSA section 4050 to 4058) and to their birth, foster and adoptive families. We have increased the number of legalized children from a ten-year average of 110 children per year to 423 legally adopted children in calendar year 2000.*

*The children served by adoption services live in a range of placements, including family foster care (related and non-related), therapeutic foster care, residential care facilities and group homes, as well as relative adoptive care, foster parent adoptive care, legal risk and traditional adoptive placements.*

*The primary services provided include assessing and preparing the child for adoptive placement; assessing and educating foster parents who are transitioning to adoption; recruiting and educating new adoptive families; matching and placing children with families; supporting and stabilizing the adoptive family system; and post-legalization funding and support services.*

*The federal Adoption 2002 Initiative challenged states to double the number of legally adopted children between 1998 and 2002. In meeting this challenge, Maine has more than tripled the number of adoption legalization from a baseline of 112 children in FFY 1998 to 347 children in FFY 2000. As a result, Maine received the Adoption 2002 Excellency Award in December 2000. We project to legalize an additional 500 children in FFY 2001.*

### **Adoption Assistance Program**

*The Bureau's adoption assistance program expands eligibility criteria beyond the federal definition to also include children at risk of developing future problems based on their birth families' medical and genetic history or the child's own history of maltreatment. Presently the program provides a combination of financial subsidies, Medicaid and reimbursement of non-recurring adoption expenses for 1,500 children and their adoptive families. This program has seen an increase of over 100 % in the past 3 years.*

*In August 2000, Medicaid eligibility was changed in order to provide Maine Medicaid for any qualifying child with special needs who resides in Maine and whose family has signed an adoption assistance agreement from any state. This brings Maine DHS into compliance with federal requirements for states that have child welfare demonstration projects and that are eligible for the Adoption 2002 initiative.*

*The Bureau is committed to an ongoing effort to educate staff and families about the adoption assistance program. As part of that effort, an Adoption Assistance Handbook was produced and distributed in January 2001 for use by families and by DHS and private agency staff. This handbook will be updated again by January 2002.*

*The Bureau is now revising its rules for the adoption assistance program to ensure compliance with new federal policy PA-0101 that was issued in January 2001.*

#### *Enhancing Capacity through Public/Private Partnerships*

*The Department of Human Services contracts with private agencies to expand its ability to provide timely, quality services for children and their families. For example, the Bureau offers the opportunity to partner with all non-profit private adoption agencies in Maine. BCFS contracts with a lead agency (International Adoption Services Centre, Inc.) to oversee these sub-contracted agencies and help to assure consistent standards of service. The Bureau also has successfully contracted for home study services since 1996, allowing BCFS adoption caseworkers to concentrate their efforts on securing permanent adoptive placements and preparing children for them. A final example of public/private partnership is the Child Welfare Demonstration Project (Maine Adoption Guides—see separate discussion in Addendum F).*

*In the coming year, the Bureau will continue to contract with and provide funding for private agencies and practitioners for the following services:*

- Assessment of and education for foster and adoptive families*
- Post-legalization adoption services statewide. This continuum of services includes advocacy, family education, information and referral, respite, community supports, medical/genetic research and other search issues, mediation and problem-solving, crisis management and comprehensive child-focused and family-centered assessments, recommendations and referrals.*
- Recruitment and retention of foster/adoptive and kinship families that reflect the racial, ethnic, national origin and cultural composition of children in State care. This includes child-specific as well as general recruitment activities. (See "Recruitment of Foster and Adoptive Families" below for details.)*

#### *Family Standards*

*As the first step in the Bureau's recruitment plan for foster and adoptive families, it combined its foster and adoptive care standards into one set of guidelines covering the entire process from initial inquiry through approval and licensing. After an intense collaborative effort that began in July 1998, the new policy took effect on June 1, 2000. The Bureau is giving high priority to this system redesign, scheduling ongoing quarterly meetings with all District licensing and adoption supervisors to provide technical assistance and support. During July 2001, the Bureau will review the first year of this*

statewide system change and assess the need for any policy or implementation changes.

### ASFA Compliance

The Adoption and Safe Families Act focuses heavily on the importance of assuring that children in State care be moved as soon as possible into a stable, permanent living situation. The Bureau has made the following strides in assuring permanency for our children in its adoption-related work:

- Built into our child welfare informational system (MACWIS) the capacity to document efforts to locate, place and legalize a permanent family for children in State custody.
- Developed and implemented an adoption tracking tool to help caseworkers and supervisors efficiently and effectively manage the child's progress through the adoption process.
- Funded child-specific and general recruitment services to help attract potential adoptive parents. Our electronic photo listing/web page ([www.adopt.org/me](http://www.adopt.org/me)), done in partnership with the National Adoption Exchange, has been in place since October 1999. We have placed 22 children in the past year with the help of this initiative, and expect an increase the FY 2002. Maine DHS is also providing staff to help build the new federally-funded national web site.
- Continued to reduce inter-jurisdictional and geographic barriers by contracting for services with the private sector. This also allows our staff to be more responsive to the needs of children and families crossing county and state lines.
- Provided education sessions on ASFA requirements and expectations to groups of adoptive and foster parents, therapeutic agencies and social work groups.
- Reviewed all of our adoption and permanency-related policies to assure compliance with ASFA.
- Opened our post-legalization adoptive parent and child support groups to all adoptive families, whether they adopted through DHS, a private agency (domestic or international), independently or a relative. We are also developing a Resource Guide to post-adoption services for all adopting families. This is planned for publication by August 2001.
- Tracking DHS adoption disruption (post-legalization) and the number of children who come into DHS custody after a disrupted international adoption. Through MACWIS, we are able to capture the rate of adoption dissolution and can determine whether or not there was an international adoption. Revisions need to be made to our information system to capture the precise information, including name of agency that is required for ASFA compliance.

### Ongoing Needs and Challenges

The 1999 Maine legislative session authorized 15 new adoption caseworker lines for the Bureau, but with no funding attached. The plan was to secure the needed funding from federal Adoption 2002 incentives. We have hired and so far been able to fund eight new caseworkers on this soft money. When this initiative funding ends after 2002, we

*will have to replace the soft funding with another source or lose those caseworker lines and the increased productivity they have generated.*

*A significant change in BCFS focus and philosophy has involved the timeliness of services to our children and families in the area of adoption. In the past year, BCFS developed a new management plan adding time frames for moving children and families through the adoption process. The Bureau now expects that the foster parent adoption process will be completed nine months from the time a child is legally cleared for adoption and enters the adoption unit. Studies of adoptive families (done either by BCFS staff or a private agency) must be finished in four months, with all required documents in the case record. Each caseworker is expected to complete at least eight legalized adoptions each year. This increased emphasis on more timely results is an ongoing challenge for some staff, and the Bureau is committed to helping its workers adjust successfully to these expectations. Our large increase in the number of adoptions is a sure sign of progress in this area. The adoption tracking tool mentioned above will help management hold staff more accountable for the concrete results of their work.*

#### *Goals for the Adoption Program*

*The short-term goals are:*

- To increase permanency for children in State care by boosting adoption legalizations from 347 in FFY 2001 to 500 in FFY 2002*
- To increase our rate of foster parent adoption from 70% to 75% of total legalizations*
- To increase the number of relative adoptions*
- To decrease time in foster care before legalized adoption*
- To increase placement stability (including legalized adoptive families)*
- To increase our pool of adoptive families to reflect the racial, ethnic, national origin and cultural composition of children in our care*

*In the long-term, goals are:*

- To increase our emphasis on permanency planning for older and disabled children and teens*
- To expand support services for adoptive families post-legalization*
- To continue to build our capacity through partnerships with private adoption agencies statewide.*

#### *Policy Development*

*The Adoption Program Manager has written a new draft of the entire adoption policy, and it has been reviewed by adoption supervisors. This policy will move forward to Bureau management for approval and will be released for general comment. The policy is expected to be finalized by the end of 2001.*

## **RECRUITMENT OF FOSTER AND ADOPTIVE FAMILIES**

*During FY2001 Maine's Department of Human Services/BCFS completed a draft plan for recruiting and retaining foster and adoptive parents for children in State custody. In part this responds to requirements of the Multi-Ethnic Placement Act/Inter-Ethnic Adoption Provision, which mandate the State to diligently recruit potential foster and adoptive parents that reflect the ethnic and racial diversity of the children in State custody for whom adoptive and foster family resources are needed. A contract has been completed for implementing this recruitment/retention plan, and this will be a key priority in FY 2002.*

*The plan assumes that retention is responsible for 90% of recruitment success. If the Bureau effectively responds to and supports experienced foster and adoptive families, those families will share their positive experiences with others. This word of mouth is the most effective way to recruit new foster or adoptive families. Every DHS staffer, from the Commissioner's Office to front line staff who answer the phone, must be responsible and committed to set the tone of being foster and adoptive parent friendly. Parents need to be rewarded, respected and, most of all, their opinions need to be heard and valued.*

*The recruitment design includes providing potential foster and adoptive families throughout Maine information about the characteristics and needs of the available children, the nature of the foster care and adoption process, and the supports available to foster and adoptive families.*

*The principles underlying the plan include:*

- Families are to be brought into the process for mutual selection and decision-making*
- Characteristic of foster children are to be described in positive and realistic terms*
- Services shall be child centered and family focused*
- Foster and Adoptive families are valued and respected*
- Families are to be empowered and supported, from the initial inquiry, throughout their involvement with DHS*
- The system and services that work with foster and adoptive families will be culturally competent and community based*
- The diversity and strength of all communities will be utilized to both develop and support family resources*
- Foster and Adoptive families will be involved at every stage of the plan*
- Strategies for implementation must be continuous and comprehensive*
- Communication and information sharing are essential and ongoing*



*Stemming from these principles, the objectives of the recruitment/retention plan are:*

- 1. To establish a statewide foster and adoptive care committee of key stakeholders to serve as a resource and oversee implementation of the plan*
- 2. To use research on effective marketing strategies in conjunction with the qualities of successful foster/adoptive family resources*
- 3. To provide culturally competent services at all key points, including public service announcements, the initial prospect inquiry, intake, the informational meeting, and the family preparation (study and education) process*
- 4. To implement a statewide plan for foster and adoptive care promotion, advertising and public relations*
- 5. To develop quality assurance mechanisms to measure outcomes and ensure key stakeholder involvement*
- 6. To ensure the continued support and participation of families in providing foster and adoptive care*

*The following specific activities will be undertaken to increase retention of foster/adoptive families:*

- Conduct exit interviews with foster and adoptive parents to learn more about how we can improve their experiences*
- Expand use of foster and adoptive families in staff training*
- Better match children with parents by 1) increasing focus on motives/expectations of parents, 2) providing full disclosure to foster parents prior to placement and 3) increasing visiting, prior to placement, as much as possible*
- Provide increased support to all members of the foster/adoptive families, including birth children*
- Heighten our awareness of and support during the grief and loss families experience as children are moved*
- Encourage all foster and adoptive parent to participate in support groups and mentor/buddy systems*
- Place children in a level of care that best fits their needs, not one that is most readily accessed*
- Make teamwork “meaningful” and not just a buzzword*
- Treat all families with RESPECT*

*Finally, the plan includes the following specific following recruitment activities:*

- Be sure that all staff are clear about the fact that recruitment must be based on retention, and that all staff are recruiters*
- Educate media about the issues in foster care and adoption*
- Use more public services announcements*
- Connect private sector staff with DHS staff to facilitate seamless entry for families, from initial inquiry through placement*

- *Work with Districts to target recruitment to the population of children most needing care*
- *Focus on families for children, not children for families.*
- *Do not bring families through the process that we will not place children with*
- *Involve foster and adoptive families directly in as many of the activities as possible*
- *Increase general community support and responsibility in recruiting foster and adoptive families*
- *Believe that what we do is incredibly important*

### **INDEPENDENT LIVING PROGRAM**

*The Independent Living Program continues to provide services mainly through six specialized Life Skills Educators across the state. Despite the need for more such educators, the Bureau has been unable to gain approval for those positions. The specific activities and services provided by the Program are described in the Chafee Independent Living Plan for FFY 2001-2004 (included as Addendum A in this Plan document).*

*Among significant recent developments for this program, the Muskie School of Public Service at the University of Southern Maine, in collaboration with the National Resource Center for Youth Services and others, has begun a project to deliver and disseminate a competency-based curriculum for adolescent caseworkers throughout New England. This project builds on existing youth development and caseworker competency models used in the field of child welfare. Maine and Connecticut have been identified as pilot sites, and work has begun to develop the curriculum.*

*The Muskie School has also received a three-year grant from national AmeriCorps for ten AmeriCorps volunteer mentors to be matched with older youth in foster care so they can work with them in specific life skills areas that will help to ease their transition to independent living as an adult. AmeriCorps volunteer mentors, who are carefully screened and receive specialized training, are currently placed in three Department regional offices; each volunteer mentor works with five older youth in care. Included in the volunteer mentor's responsibilities is helping the youth develop their own life skills portfolio. The AmeriCorps grant also offers these services to youth under the care of the Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services.*

*During the past year, the Program continued its efforts to bring more consistency to life skills assessment and instructional practice statewide, including training for staff from all treatment foster care and group care contractors in use of an assessment/ instructional tool in June 2000. During 2001, the Program is collaborating with the Child Welfare Training Institute and the Muskie School to develop a training for care providers and adolescent casework staff on how to use "best practices" in life skills assessment and instruction.*

*The Bureau also continues to support the activities of the Independent Living Program's Youth Leadership Advisory Team (YLAT). This Team is a statewide organization of about 55 youth between the ages of 15 and 21 who are or have been in the care and custody of the Department of Human Services. These youth have joined together to serve as the "voice" for the needs of all youth in care. The Bureau provides support and funding for a Youth Leadership Advisory Team Coordinator. In the past year, members*

*of YLAT have testified before the Maine Legislature, helped the Bureau to develop its policies around older youth in care, participated in trainings for caseworkers and foster parents, developed the nation's premier "Answers" Handbook, and raised public awareness on critical foster care issues. More information on YLAT's work is available on its website, [www.ylat.usm.maine.edu](http://www.ylat.usm.maine.edu).*

## CASE REVIEW/QUALITY ASSURANCE UNIT

Originally called the Administrative Case Review Unit, this Unit was created in the 1980's to ensure that each child in State custody had an appropriate substitute care placement, that the Department was working to develop appropriate plans for permanent placement of the child, and that Department staff were providing the services needed to move the child to permanent placement as soon as possible. Administrative Case Reviews were scheduled midway between annual judicial reviews, assuring that every child's case was reviewed every six months as required by State and federal statute. Administrative Case Review meetings involved all providers working with the child; the child's case plan was discussed, and recommendations were made for any needed changes to it.

Beginning in September 1997, Unit staff also began designing additional types of quality assurance reviews for the Bureau of Child and Family Services. In July 1998, changes in State law stipulated that all case reviews would thenceforward be judicial, eliminating the Administrative Case Reviews. By July 1999, the Unit had shifted almost entirely to conducting quality assurance reviews and studies.

The Unit currently has eight case review/quality assurance staff, each working with one of the Bureau's eight district offices. Their duties include the following.

### Internal Reviews

Each month, Unit staff must review ten Bureau cases selected randomly in their Districts, including both Children's Services and Child Protective Services cases. They analyze safety, permanency and well-being for children in foster care. For Protective cases, they assess the process and thoroughness of the safety assessment and case progress beyond that assessment. Staff write a report on each case they review, and these are available to district administrators, supervisors and caseworkers. Data collected from the case reviews is documented on a grid that tracks all the state and federal protections that are required in a case. These grids are sent to district administrators monthly.

### Administrative Case Reviews

The Unit still conducts Administrative Case Reviews at the special request of Bureau staff. Cases of children with a long-term foster care agreement are also reviewed yearly if they have not been reviewed judicially.

### Long-Term Foster Care Agreement Recommendations

As addressed in policy, supervisors/caseworkers refer cases for review to the Case Review/QA staff that they deem appropriate for a long-term foster care agreement. QA

staff examine case files, assess the permanency plan, and pose any questions about the appropriateness of the plan for the child. The reviewer then makes a permanency plan recommendation in writing.

#### Therapeutic Foster Care Agency Reviews

In September 1999, the Unit began reviews of therapeutic treatment foster care agencies. Sixteen therapeutic agencies were reviewed between September 1999 and June 2000. Each review began with interviews of agency staff to discuss how the agency was structured and provided services. Twenty percent of the agency's cases were randomly selected and reviewed; staff also did in-home interviews with foster parents about their experiences with the agency, and interviews with Bureau staff who had worked with the agency. Unit staff produced a report on each agency's strengths and needs, including recommendations for improvement. Letters were sent to the agency directors outlining these findings.

In December 2000, QA staff began follow-up reviews focusing on the cases that were covered in the initial agency review. The purpose is to look for each child's progress in terms of safety, permanency and well-being; the transition the agency provided for children who were moved to another placement; and the agency's ability to help children moving to a goal of adoption or to another adoptive home. Staff also review two new cases selected by the agency; this involves a meeting of all involved service providers to discuss the case and assess if the agency's plan is the most appropriate one for the child. Staff documents all findings in writing, and presents their analysis of agency strengths and needs, as well as recommendations, to agency staff in an exit interview. At that interview, agency staff provide feedback about the review, discuss the review team findings, and ask questions. The final review team findings are put into a written report and summarized in a letter to the agency director; agencies are asked to respond within one month on their plans to address the recommendations. Follow-up reviews of five agencies were done by March 2001; this included Maine Caring Families, the Bureau's own therapeutic foster care program.

#### Community Intervention Program Reviews

In October 1999, the Unit reviewed the eight community agencies that provide intervention and services for low- and moderate-risk reports of abuse and neglect. After an initial look at how each agency provides services to the cases referred by the Bureau, reviewers read ten to twelve cases per agency, focusing on: the nature of the current risk of harm; the appropriateness and timeliness of the referral to the agency; the timeliness of the agency intervention; the nature of the intervention used; the assessment tools used; the types of services provided to address abuse/neglect issues; the appropriateness of the in-home services for the family or the reason that services were not provided; the availability of the services required by the family; the level of the family's cooperation with the agency; the goals of treatment as they are explained to the family; and the reports provided by the agency addressing the specific issues of abuse/neglect. The reviewers summarized their findings in a written report, and letters

were sent to the agency directors giving them feedback about their agency's strengths and needs, as well as QA staff recommendations for improvement.

Follow-up reviews with the agencies were done in April and May 2001. These reviews focused on: the length of time and methods used to contact clients; the protocol used to interview family members; the assessment process and analysis; the appropriateness of the community resources provided or arranged by the agency; the level of risk assigned to the case by the agency as compared to the level of risk assigned by the Bureau; the length of time the case was open; the process used to refer cases back to the Bureau; and the closing summary sent to the Bureau when the agency closed the case. Roughly 20% of cases received by the agency in a given month were reviewed, and written findings were again shared with the agencies.

### Community Intervention Program Data Analysis

Each quarter, each District's intake reports are reviewed to examine the level of risk of the cases assessed by Bureau staff and those referred to Community Intervention Agencies. The purpose of this report is to assure that appropriate cases are being sent to the agencies.

In addition to the above activities, the Unit sometimes receives requests for special studies of particular interest to Bureau Management (for example, a recent review of foster home records to determine the timeliness of license renewals and fire and water inspections).

### Expansion and Formalization of Unit Work

The Unit's efforts will be even more crucial as the Bureau implements its new Program Improvement Plan, which was developed principally to address the findings of the pilot federal review in 1999. That Plan includes clarification of policy in several areas of practice, expanded training for Bureau staff, and enhanced data to track Bureau outcomes for children and families. Equally important, the Unit will be called upon to track and analyze a broader range of the Bureau's work, and a process will be formalized to assure that Unit findings in fact are used to further strengthen the Bureau's work.

In addition to the Unit's current responsibilities, it will focus on additional policy and practice areas targeted for improvement in the Plan. For example, the Plan calls on the unit to monitor the following, among others:

- Staff efforts to identify relative placements
- Sibling visitation practice
- Degree to which cases adhere to the various ASFA deadlines
- Whether children are placed in the most appropriate, least restrictive level of care
- Whether children in therapeutic homes have clear goals and are making progress toward those goals

- *Whether long-term foster care cases have documented "compelling reasons" for those placements*
- *Handling of, and decisions made, in repeat maltreatment cases*
- *Whether case plans and service interventions specifically address the factors jeopardizing the safety of children*
- *Parental involvement throughout the case planning process*
- *Quality and consistency of Intake reports and decisions*
- *Frequency of personal visits between caseworkers and children in their caseloads*

*To assure that findings from the Unit's reviews are actually used to further strengthen the Bureau's work, the process for using Unit recommendations will be reviewed and strengthened before the end of 2001. Specifically, the QA process will clearly stipulate who will receive copies of Unit reports (including District and Central Office administrators and those doing the work under study), who is responsible for assuring that the reports are reviewed, time frames for identifying practice changes based on Unit recommendations, time frames for implementing identified practice changes, and how the effectiveness of changes based on Unit recommendations is monitored. It is critical that Unit findings be used to inform a formal continuous improvement system for the Bureau's work on behalf of children and families.*





## ***FINANCIAL DETAIL***



**PROPOSED USE OF IV-B, SUBPART 2 FUNDS**  
**Promoting Safe and Stable Families**

*The Bureau of Child and Family Services proposes to use funds to promote safe and stable families to support recruitment and retention of foster and adoptive families, and to increase Bureau capacity to identify and support kin placements, enhance family-focused practice, and provide services to strengthen family functioning.*

*The enhancement of family-focused practice is one of the Bureau's priorities. This includes improving our ability to provide services that help to preserve the family unit, as well as exploring ways in which we can continue to work with and support family reunification efforts. Intensive home-based family preservation services and time-limited reunification services are available to many families who are eligible for Medicaid. Over \$1,800,000 is expended in the Supported Families Program which provides both family preservation and time limited family reunification services. Two thirds of the cost is covered by Medicaid. Additionally, over \$1,600,000 in Medicaid funds is used for intensive home-based mental health services to families at risk of dissolution. IV-B funds will be used to support some intensive home-based services for families who are not eligible for Medicaid and for the development and delivery of additional services designed to support reunification. A total of 20% of the funds will be used for family preservation and reunification work.*

*New initiatives, including child and family assessment and motivational interviewing are planned and will be discussed more fully in the 2002 CFSP. These initiatives are intended to strengthen the Bureau's ability to work more effectively with families to prevent dissolution of the family unit.*

*Last year the Bureau, in partnership with International Adoption Services Centre, Inc., began a statewide program to recruit and retain foster and adoptive homes to meet the placement needs of children in the Department's custody. A resource line is now available as a single point of contact for families seeking information and services connected with foster care and adoption. This resource line also responds to general community requests, and provides a single point for tracking support and advocacy groups, and new initiatives. Child-specific recruitment develops individualized plans for a particular child based on that child's background and needs.*

*The Bureau proposes to use 25% of IV-B subpart 2 funds to continue support for recruitment and retention through this initiative, **A Family for ME**, with particular emphasis on developing approaches to recruit families that reflect the unique characteristics and needs of specific communities. Exploring ways to support and retain placement resources will also be a focus of upcoming work.*

*We propose to use part of this allotment for new initiatives designed to enhance our ability to work more effectively with families where substance abuse is a contributing factor to the threatened dissolution of that family unit. In partnership with the Office of Substance Abuse, we will work to expand substance abuse services for clients. Additionally, the Bureau will work with the judiciary to establish a child maltreatment and evaluation program, and continue support of parenting education programs and a pediatric evaluation project. Twenty percent of funds will go to these initiatives.*

*The Bureau also proposes to continue its support of **Family Connections**, a program that provides educational, legal and financial information to family members providing kinship care. The program also sponsors group meetings/support groups and training, as well as providing referral services, family activities, and a library of books and videos.*

*Additionally, the Bureau plans to work with other agencies to expand efforts to locate, assess and support family members who may be willing and able to provide for the children of their relatives. A total of 20% of IV-B funds will be directed for Kinship/Relative Care initiatives.*

*The remaining 15% of the funds will be used for ongoing work to establish a system of care that can quickly respond to the permanency needs of children. Work began last year to develop a plan to assess every child entering foster care to assure the most appropriate, least restrictive placement. Instruments to accomplish this task are currently being tested through assessment of children already in care. Final development and implementation of this plan will be accomplished during this year.*

**CFS-101, PART I: ANNUAL BUDGET REQUEST FOR TITLE IV-B, SUBPART 1 & 2 FUNDS, CAPTA,  
AND CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

**FISCAL YEAR** 2002 **OCTOBER 1,** 2001 **through SEPTEMBER 30,** 2002

<b>1. State or ITO</b> Maine		<b>2. EIN:</b> 016 00000 - AC	
<b>3. Address:</b> 221 State Street State House Station #11 Augusta, Maine 04333-0011		<b>4. Submission:</b>  <div style="text-align: center;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Revision         </div>	

<b>5. Estimated title IV-B, Subpart 1 Funds</b>		
a) Total Estimate		1,800,380
b) Federal Share [75% of 5(a)]		1,350,285
c) State/ITO Match [25% of 5(a)]		450,095

<b>6. Estimated title IV-B, Subpart 2 Funds</b>		
a) Total Family Preservation Services	10%	150,561
b) Total Family Support Services	40%	602,243
c) Total Time-Limited Family Reunification Services	10%	150,561
d) Total Adoption Promotion and Support Services	25%	376,402
e) Total for Other Service Related Activities (e.g. planning)	15%	225,841
f) Total Administration		
g) Total Estimate [6(a)+6(b)+6(c) + 6(d) + 6(e) + 6(f)]		1,505,608
h) Federal Share [75% of 6(g)]		1,129,206
i) State/ITO Match [25% of 6(g)]		376,402

**7. Indian Tribal Organizations Only (Title IV-B, Subpart 2 Only)**  
 If additional funds become available to ITOs, the ITO may apply in advance for and match these funds. Specify the amount of additional funds the ITO will apply for and match.  
 Total Amount \$ \_\_\_\_\_ Federal Share (75%) \$ \_\_\_\_\_ ITO Match (25%) \$ \_\_\_\_\_

**8. Child Abuse Prevention and Treatment Act (CAPTA), Basic State Grant (BSG) Only.**  
 Please include any additional funds requested as a result of reallocations that may occur.  
 Estimated BSG Amount \$ 129,254, plus additional allocation, as available.

<b>9. Chafee Foster Care Independence Program</b>	<b>FEDERAL</b>	<b>STATE</b>
Total Estimate of State's share of \$137.9 million	737,309	184,327

**10. Certification by State Agency**  
 The State agency or Indian Tribe submits the above estimate and request of funds under title IV-B, subpart 1 and/or 2, of the Social Security Act; for States only, CAPTA BSG and the CFCIP, and agrees that the estimated expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with the ACF Regional Office and has been determined to meet all the requirements of the Act, for the Fiscal Year ending September 30.

Signature and Title of State/Tribal Agency Official  <div style="font-family: cursive; font-size: 1.2em;">Kevin W. Conner</div>	Signature and Title of Regional Office Official  <div style="height: 40px;"></div>
Date _____	Date _____



State or IT Maine

For FFY OCTOBER, 2000 TO SEPTEMBER 30, 2001

										(k) NUMBER TO BE SERVED [ ] Families [ ] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
SERVICES/ACTIVITIES	TITLE IV-B		CAPTA	CRCR	TITLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV- A	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds		
	(a) I-CWS	(b) II-PSSF										
1 PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	296	300	150			770				830		Reports of abuse/neglect Statewide/ Reservation
2) PROTECTIVE SERVICES	56											
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,100						2,000		4,370		
(A) PREPLACEMENT PREVENTION												All Children in foster care Statewide/ Reservation
(B) REUNIFICATION SERVICES												
4. TIME-LIMITED FAMILY REUNIFICATION SERVICES	100	200						800		209		
5. ADOPTION PROMOTION AND SUPPORT SERVICES	100	202										All eligible children Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	8				16,600					2500		
(B) GROUP/INST CARE					10,900					154		Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.					6,273							
8) INDEPENDENT LIVING SERVICES	60			690								
9) ADMIN & MGMT	479	30		100	7,000							
10) STAFF TRAINING		21			2,500					264		
11) FOSTER PARENT RECRUITMENT & TRAINING	150				64					71		
12) ADOPTIVE PARENT RECRUITMENT & TRAINING	150				30					49		
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING									524	82		
14) TOTAL	1,399	1,832	171	790	43,367	770			3,024	6,029		

\* States Only, Indian Tribes are not required to include information on these programs





State of ME Maine

For FFY OCTOBER, 2001 TO SEPTEMBER 30, 2002

											(k) NUMBER TO BE SERVED  [ ] Families [ ] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
SERVICES ACTIVITIES	TITLE IV-B		CAPTA	CFCF	TITLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV- A	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds			
	(a) I-CWS	(b) II-PSSF											
1 PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	296	300	150			770				830		Reports of abuse/neglect	Statewide/ Reservation
2) PROTECTIVE SERVICES	56												
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,100						2,000		4,370			
(A) PREPLACEMENT PREVENTION												All Children in foster care	Statewide/ Reservation
(B) REUNIFICATION SERVICES													
4. TIME-LIMITED FAMILY REUNIFICATION SERVICES	100	200						800		209			
5. ADOPTION PROMOTION AND SUPPORT SERVICES	100	202										All eligible children	Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	8				16,600				2500				
(B) GROUP/INST CARE					10,900								Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.					6,273					154			
8) INDEPENDENT LIVING SERVICES	60			690									
9) ADMIN & MGMT	479	30		100	7,000								
10) STAFF TRAINING			21		2,500					264,			
11) FOSTER PARENT RECRUITMENT & TRAINING	150				64					71			
12) ADOPTIVE PARENT RECRUITMENT & TRAINING	150				30					49			
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING								524		82			
14) TOTAL	1,399	1,832	171	790	43,367	770			3,024	6,029			

\* States Only, Indian Tribes are not required to include information on these programs



### **MAINTENANCE OF EFFORT**

*The Department of Human Services maintains a system of financial reports and audits to assure documentation of spending levels. Contracts with provider agencies are monitored fiscally and programmatically through quarterly reports.*

*The total budget for the Bureau of Child and Family Services is over \$279,700,000. This includes \$152,830,727 in State general funds for services to children and families. An additional \$770,329 from Social Services Block Grant funds is available for services. Other funding sources for the Bureau's work include Title IV-E, Medicaid and federal grants.*



**ADDENDUM A:**

**INDEPENDENT LIVING SUMMARY AND STATE  
PLAN**





## **PROGRAM REPORT**

### **TITLE IV-E INDEPENDENT LIVING PROGRAM MAINE DEPARTMENT OF HUMAN SERVICES**

#### **FEDERAL FISCAL YEAR 2000**

This Program Report covers the programs, services, and activities for which Title IV-E, Section 477 and Title I, Improved Independent Living Program, Public Law 106-109, Chafee Foster Care Independence Act of 1999, amending section 477 of the Social Security Act, funds were expended and disbursed between October 1, 1999 and September 30, 2000.

#### **OVERVIEW OF SOME STRATEGIES USED TO MEET THE NEEDS OF THE ELIGIBLE POPULATION:**

An ongoing strategy has been to train Department contracted treatment foster care, group and residential care providers to use a single life skills assessment, independent living case planning, and instructional tool. In June of 2000 all Department contracted care providers were trained to use the Ansell "Competency Based Assessment System" in their independent living preparation practice with older youth in care.

Use of the CBA system became a requirement for all contracted treatment foster care and group and residential care service providers in Maine beginning in Fall 2000. This is expected to bring uniformity in independent living life skills assessment, independent living case planning, and service provision throughout the state provider network. Because our older youth in care often move from one placement to another, this enables them to continue to work on identified life skills goals in their new placement using the same systemic model and avoid the frustration of repeating life skills instruction. All contracted agencies have been notified regarding the Department's expectations with regard to the use of the CBA system and the documentation that is required to be provided to the youth's Department caseworker.

A number of treatment foster care agencies and group and residential care agencies have expanded their program services to include "congregate" and "scattered site" apartment program





services for youth in care between the age of 17 and up to the age of 21. The Independent Living Program Manager has been involved in ongoing discussions with various programs throughout the state regarding the expansion of their programs to include this particular type of placement option for older youth in care. These programs currently exist in the major cities of the state and a few of the more rural areas of the state. Three or four agencies are now in the planning phase of extending their program services to include these program services.

Life Skills workers continued to provide consultation and assistance to foster care and group care providers that enabled them to teach basic life skills in the home. The Department's Life Skills workers prioritize their work for youth who are in living situations where they are receiving minimal independent living preparation support. Each Life Skills worker is assigned to specific Department district offices statewide and work directly with each office's Children's Services casework and supervisory staff in their respective offices. Referrals to Life Skills workers are received directly from each district's Children's Services caseworkers who consult with the Life Skills worker with regard to the areas of life skills need for the youth. This has proven to be the most effective way to maintain direct communication and consultation between the Life Skills workers and their district office caseworker and supervisory staff. This also ensures that the appropriate independent living preparation services are being provided to the youth who are referred for services. The Life Skills workers are also very well connected with a broad range of resources and programs in the community to which they refer many of their youth for specific services.

The Independent Living Program continues to provide services primarily through the six specialized Life Skills workers and a contract with the University of Southern Maine's Muskie School. The contract with the USM Muskie School operates and oversees the Community Mentoring program for southern Maine, coordinates the activities of the state's Youth Leadership Advisory Team, provides training and support for the Life Skills workers and their supervisors, and assists with planning and conducting the annual Teen Conference.

## **1. DESCRIPTION OF ACTIVITIES CONDUCTED AND SERVICES PROVIDED**

### **Training and Independent Living Program Service Provision Education and Awareness:**

During the past year, discussions were begun with the state's Child Welfare Training Institute staff with regard to the independent living training needs for the state's foster care, group care, and residential care providers. These discussions occurred as a result of the passage of the Chafee Foster Care Independence Act of 1999 and the requirement of providing independent living preparation training for foster care providers. As was mentioned earlier in this program report, some specific training on conducting life skills assessments and creating independent living case plans was completed in June 2000 (Competency Based Assessment System). Additional independent living topics will be incorporated into the training curriculum offered by the Child Welfare Training Institute catalogue for FFY-2001 and will be incorporated into the

DHS Bureau of Child & Family Service's Title IV-B training plan. Independent living preparation topics have been identified and will become part of the ongoing training curriculum.

A statewide Independent Living Conference was conducted on April 27, 2000 to provide information about the Chafee Foster Care Independence Program to the "stakeholders" identified under the Chafee Program. The purpose of the conference was to share the new requirements of the Chafee Program and to update Departmental staff and statewide service providers with regard to Independent Living Program efforts in Maine. Questions and comments were received from the conference attendees regarding the Chafee Program and the program priorities of the Independent Living Program in Maine. Included in the group attending the conference were representatives from the Native American tribes in Maine. Consultation with the tribes has continued. We expect to have an agreement with the tribes in Maine within the next year that will enable them to provide culturally appropriate independent living preparation services for their youth. Funding support from Chafee funds will be allocated for the tribes to be able to provide these services.

In September 2000, three trainings were offered for foster parents and group and residential care staff. Two of the trainings were entitled "Promising Approaches: Preparing Youth for Life After Foster Care." One of these training sessions was conducted in the southern Maine area and one in the northern Maine area. The third training was conducted in central Maine and was entitled, "Revitalizing Work With Youth in Care through Youth Development." All three trainings were presented in collaboration with the University of Maine's Muskie School and the National Resource Center for Youth Services at the University of Oklahoma. These training sessions were funded out of Maine's Chafee dollars.

#### **Development of Independent Living Apartment Programs and Collaborative Efforts with Federal and State Agencies:**

During the past year, one agency in Maine continued to operate a "scattered site" apartment living program. This program became available two years ago with the consultation and assistance of the Independent Living Program staff and other staff in the Department's Bureau of Child and Family Services. This agency recently expanded their apartment living program to the city of Portland, Maine and will soon expand to the cities of Lewiston and Bangor. Current apartment living sites include the cities of Waterville, Augusta, and Portland. Orientation to the program can occur on site so that the youth does not have to leave their school program, or employment. Youth in care who are living in these apartments are doing very well and very pleased that this living arrangement is available. Youth in these apartments gradually assume more financial responsibility for their living costs and have the option of remaining in the apartment after the age of 21 if they are able to assume the total costs of the apartment. There are three other agencies in the state that operate a "congregate apartment" living program and several other agency group homes who have restructured their program to focus on independent living preparation services.

During the past year and a half, we have engaged in preliminary discussions with four other agencies that are very interested in expanding their existing programs to include either a congregate, or scattered site apartment program component. We plan to continue discussions with these programs with regard to getting their programs into operation under a per diem reimbursement rate agreement with the Department. However, current state budget shortfalls have necessitated putting a hold on any new program development at this point.

We feel that some of our older youth in care need to experience “apartment living” through a somewhat structured program with appropriate guidance and support available if needed. In our negotiations with agencies planning to operate apartment living programs, we include the expectation that the youth gradually assume more financial responsibility for their rent and other living expenses. This expectation is built into the per diem rate cost calculations.

In the fall of 2000, the Independent Living Program Manager met with the Commissioner of the Department of Labor in Maine to begin exploring ways to improve access for other youth in care with the Department’s Career Centers throughout the state. Representatives from Casey Family Services, the University of Southern Maine’s Muskie School, a former state representative, and Career Center staff were also part of this meeting. A follow up letter was sent to the Commissioner indicating that we would like to work more closely with the staff of the Department’s Training Resource Center to assist older youth in care with choosing a career path. We expect to continue discussions with the Department of Labor with regard to collaborating for the benefit of our older youth in care. Our Life Skills workers have been working with the staff in the state’s Career Centers during the past few years to refer youth that they are working with for services. Career Centers now house the state’s Vocational Rehabilitation services program. The Career Centers are now structured as “one stop shopping centers” which has made accessing services more convenient.

#### **Housing Support for Older Youth in Care and Quality Assurance:**

Our Department’s Life Skills workers are particularly adept at linking older youth in care with housing support programs offered by federal, state, and non-profit agency programs as well as working directly with local landlords to secure an apartment for some older youth in care who are between ages 18 and up to the age of 21. We are careful not to create financial hardship, or stress for the youth. However, we do expect that our older youth in care who are living in an apartment gradually assume more of the financial responsibility for their living costs. Over the past year, we have noticed that more youth between the ages of 18 and up to the age of 21 are living in their own apartment arrangement with a private landlord. More than 50 older youth continuing in care in Maine are living in an apartment separate of any agency program. The youth’s Children’s Services worker, or Life Skills worker guides the youth with the process of finding the apartment and negotiates a per diem payment rate with the landlord. Most youth in apartments are paying at least a portion of their own rent out of their employment earnings. In

most cases, the Department pays half of the monthly rent, at least initially. The funds used to support these apartment living arrangements are state funds that are part of the Department's budget. This type of living arrangement is by far cheaper than a placement under an agency program's per diem rate and it allows the older youth to experience the most realistic living arrangement possible while remaining in care. Of course, not every older youth in care is ready to manage this kind of living arrangement. We recognize that we need a variety of apartment living arrangements available to meet the needs of all our older youth who are continuing in care after the age of 18.

The Department has been providing funding support for a number of years for older youth in care between the ages of 18 and up to the age of 21, who are living in apartments, or other living arrangements under the Department's voluntary extended care agreement policy (V9). In most cases, state child welfare funds are being used to support the youth's placement because these youth are no longer eligible for Title IV-E reimbursement. We remain committed to continuing to provide financial support for youth between the ages of 18 and up to the age of 21 to prevent our youth from leaving care and being in a "homeless," or "transient" living situation. The Chafee program's provision that allows for program funds to be expended for "room and board" expenses for older youth in care has been used to assist older youth in care with their living costs when other funding support hasn't been available. Because of the systemic supports outlined above, we've found that we rarely have needed to use Chafee funds for room and board costs.

During FFY-2000, we continued to utilize one specialized Department Quality Assurance staff position to provide program assistance for the Independent Living Program. This staff person has been evaluating the quality and content of the life skills assessment, independent living case planning, and instruction provided for older youth in care by contracted agency programs and our own Department caseworkers. The role of the Quality Assurance staff person has been expanded to include more administrative and program initiatives support for the Independent Living Program.

#### **Life Skills Worker Services and Youth Leadership Development Activities:**

During FFY-2000, the Department's six specialized Life Skills workers continued to work in a focused and efficient manner. They are a highly competent group of individuals with a great deal of experience delivering comprehensive independent living program services to the older youth in care that they worked with. These Life Skills workers are particularly effective in developing trusting relationships with the youth that they are working with. We have found that these relationships have given our older youth in care hope for a productive and meaningful future once they leave Departmental care. This is what our youth have repeatedly told us is helping to make a significant difference for them as they make their plans for their future. Life Skills worker's experience working with older youth in care ranges from 5+ years to more than 12 years. Our Life Skills workers have been using group work sessions, whenever possible, to assist adolescents with learning basic life skills, to provide information about topics such as

opportunities for higher education, and to talk about the benefits of remaining in the care of the Department after age 18. During the past year, some group sessions were co-facilitated by a Life Skills worker and an agency staff person at the agency program. During the past year, more of our older youth in care received group life skills instruction from contracted foster care, group care, and residential care programs. Group life skills instruction has increased with the requirement that contracted agency programs use the Competency Based Assessment system model. The CBA system includes a number of group life skills instructional activities.

Our Life Skills workers continued to provide a great deal of assistance to older youth in care between the ages of 18 and up to the age of 21. Services provided included direct service support, advocacy, referral to community programs, employment skills training and support, and referrals to mental health and substance abuse service support. Referrals to employment training and support programs were made for a significant number of our older youth in care to help them with job readiness and job maintenance skills that included efforts to help the youth find a "career track" to pursue. Many youth who were referred for these services have special employment support needs and many were referred to other state programs such as vocational rehabilitation services.

During the past year, a number of older youth in care were referred to the Department of Mental Health, Retardation, and Substance Abuse Services prior to the age of 18 so that they would receive the adult services offered by the Department after the age of 18. These services included permanent housing support, mental health services, employment support services, social support services, and any other services that were required. Our Life Skills workers were often directly involved with the transition planning for a significant number of youth with these special needs.

Our Life Skills workers and Children's Services workers also continued to assist youth who were reaching the age of 18 with reapplication for medical coverage. These youth apply for continued medical coverage after age 18 under the state's Medical Assistance Program. Most of our older youth who were in care, or continued in care after age 18, qualified for continued medical coverage. The few that did not qualify for continued coverage were working full time and did not qualify for coverage based on income guidelines.

During FFY-2000, each Life Skills worker was responsible for, and worked with, a regional Youth Leadership Advisory Team (YLAT) of older youth in care. Each group participated in planned leadership activities and had meetings on a regular basis. One regional group recently planned and conducted a roller skating event to which they invited younger children in care. All regional groups received training during the summer of 2000 on how to develop their YLAT website in their local area which is in the process of being linked with the main YLAT website. ([www.ylat.usm.maine.edu](http://www.ylat.usm.maine.edu)) Every member of the regional YLAT groups were also members of the statewide YLAT. A number of YLAT members were consulted for the revising of the Department's voluntary extended care policy for older youth continuing in care between the ages of 18 and up to the age of 21. Work on revising this policy began during the summer of 2000

and was completed in early 2001. (see articles in enclosed Common Ground magazine pages 24 and 25) Several YLAT members were selected to attend the "Destination Future 2000" conference in Chevy Chase, Maryland in September 2000.

In August 2000, six members of Maine's and six members of New Hampshire's youth leadership groups participated in a joint overnight trip in New Hampshire. There was discussion about the services for older youth in care available in each state and what they felt older youth in care needed to make a successful transition out of care. The youth leaders from each state compared notes on the differences in each state's available services for older youth in care. There was also time for having fun together such as tubing down the Saco River and a hike to the highest waterfall in New Hampshire. Plans are being made to conduct a similar trip in Maine during the summer of 2001.

Outdoor, adventure activities continued to be available for older youth in care during FFY-2000. The trips varied in length from one day to up to three or four days. Life Skills workers co-led trips regionally using a number of different service providers. Trips were planned in a cost-effective manner that allowed for more youth to participate in the trips. Day trips included skiing and snowboarding (including lessons), deep sea fishing, and learning how to golf! The longer trips included winter dog sledding, cross country skiing, mountain biking, kayaking, hiking, technical rock climbing, and canoe trips. Maine offers an excellent natural environment for these trips. The trips have proven to be a particularly effective way to enhance our relationships with the youth, to seriously discuss their feelings about their future, and to talk about their educational and career plans as well as any other problems that they might be struggling with. We have found that our older youth tend to open up and talk about their fears and feelings about being in care and what might happen to them once they leave care. Our Life Skills workers have a great deal of experience with planning and conducting these trips. Life Skills work with youth who participated in trips during the past year has continued with most all of the youth involved. Some of the youth who participated in a trip were working with a Life Skills worker prior to participating in an outdoor adventure trip.

On February 22 and 23, 2000, Maine's third annual Youth Leadership Advisory Team Summit was conducted at the Samoset Resort in Rockland, Maine. 33 youth leaders and 14 staff persons attended the Summit. The youth who attended participated in the Summit assisted with the planning for the 10<sup>th</sup> annual Teen Conference, developed a strategic plan for 2000, formed a youth speaker's bureau, and worked on developing a newsletter and YLAT brochure. Funding continued to be provided to support a part time YLAT Coordinator to help our YLAT members accomplish their goals. The YLAT newsletter, "Be Yourself," The Voice of Youth in Care," has recently been published and is mailed to youth in care who are between the ages of 14 and 21. The newsletter is edited by an older youth in care. The YLAT also was able to acquire 6 computers that have both newsletter and website software packages installed in them. Each regional YLAT group has one of these computers. Two YLAT members have been working on the website during the past year. A copy of the YLAT's 2001 Youth Summit Planning Session

and Workgroup minutes are enclosed with this report. This documents progress made on the YLAT's goals for 2000 and outlines goals for 2001.

The 10<sup>th</sup> annual (2000) Teen Conference was planned by our youth leadership members and conducted on June 27, 2000 at the University of Southern Maine. The theme for the conference was "Celebration!" The keynote speaker was Ms. Ralvena Coffey from the Canadian Youth in Care Network. Our youth leaders co-facilitated some of the workshops for the youth and adults. Youth who had helped to plan the Teen Conference ten years ago came to the conference and were part of a facilitated panel at the end of the day. They had positive comments to make about what had happened for older youth in care over the past few years to improve opportunities for a successful transition out of care. Once again this year, adult care providers and Department casework staff were invited to attend the conference and had a set of workshops available separate of the workshops designed for youth. The afternoon was reserved for a variety of fun activities including a "dunk your casework" tank that was a big hit! Our youth leaders created a new award for this conference called the "Friend of Youth in Care Award." This award was given to Representative Michael Brennan who sponsored the tuition waiver law that was enacted and put into effect in September 2000. Representative Brennan is a strong advocate for our older youth in care. We also awarded the "Brad Levesque Award and Scholarship" to a youth in care who was completing her post-secondary education program. A scholarship donated by a local Lions Club and Fleet Financial Group of \$1,500 was awarded to this young woman. The Lions Club and Fleet Financial Group have graciously provided the funds for this scholarship for the past four years. This young woman has since graduated and has a full time job with excellent benefits! Plans for the 11<sup>th</sup> Annual Teen Conference are now completed. The conference will be conducted on June 28, 2001 at Colby College in Waterville, Maine.

The southern Maine Community Mentoring program continued to operate effectively. More than 30 older youth in care remained matched with a mentor. There continued to be a need for male mentors. Outreach via the media, that included televised public service announcements to recruit more male mentors, had limited results. During the past year, we the Department collaborated with the University of Southern Maine Muskie School to expand mentoring to other parts of the state. The Muskie School submitted a proposal to the federal AmeriCorps program that was approved for 3 years of funding in the Spring of 2000. The Department of Human Services has sites based in Department district offices in five other areas of the state. There are currently 3 AmeriCorps mentors on site who are matched with five youth with a fourth AmeriCorps mentor about to be hired. These AmeriCorps mentors are working with the youth they are matched with on life skills portfolio development and employment, education, and other identified life skills goals. It is our goal to make mentoring for older youth in care a sustained independent living program component. With the AmeriCorps mentors who are matched with youth in other parts of the state, we expect that more than 50 older youth in care will be matched with a mentor.

The Independent Living Program continued to provide varying levels of financial support for 47 older youth in care in a post-secondary education program for the 1999-2000 school year, using



Chafee funds, to supplement other forms of non-loan financial support under federal and local student financial aid. The state's tuition waiver law went into effect for the school year beginning in September 2000. There are over 20 older youth in care receiving the benefit of the tuition waiver for the 2000-2001 school year and more than 65 older youth in care in a post-secondary educational program. It appears that that tuition waiver has led to an increase in the numbers of older youth in care participating in a post-secondary educational program. Two years ago, the Department's Commissioner approved providing state funds for youth who would become 21 years old who had not completed their post-secondary education undergraduate degree. Youth who might qualify for this additional support need to meet minimal academic criteria to be eligible for this continued financial support. During the 1999-2000 school year, 5 youth who became 21 years of age qualified for this additional financial support. This brings the total number youth receiving this type of assistance over the past 3 years to 11 youth. We continued to present post-secondary education as an attractive and attainable life skill goal for older youth in care.

## **B. Program Improvement and Support**

As mentioned earlier in this report, there continued to a Quality Assurance staff person who was assigned to focus on the quality of services provided for youth who were eligible for Independent Living Program services. With the changes made in connection with the Adoption and Safe Families Act, this staff person's role necessitated changing and expanding of the scope of their activities connected to the Independent Living Program. The Quality Assurance staff person has been conducting on-site reviews of programs providing independent living preparation services to look at the quality of independent living and life skills services available for youth in these programs and to offer any needed technical assistance. Expansion of this staff person's role will now include program and technical support for the Independent Living Program's major program initiatives such as the Community and AmeriCorps mentoring projects, Youth Leadership Development activities, program support for the Department's district Life Skills Educator's local projects, and any other program initiatives that develop over the next few years. This Quality Assurance staff person is now supervised directly, and assigned tasks by, the Independent Living Program Manager.

During the past year, we looked at the need to have life skills assessment and independent living case planning for older youth in care, who were not living in a Department contracted treatment foster care, group, or residential care facility, that was consistent with the Competency Based Assessment system model that the contracted agencies were using. The Independent Living Program Manager and our Bureau's Deputy Director met with the Department's District Program Managers and Children's Services Supervisors over a period of 6 months from the Fall of 2000 to the Spring of 2001 to devise a life skills assessment tool and independent living case plan format that was consistent with what the foster and group care agencies were using. This process was recently completed and is in place. We now feel that we are consistent with life skills assessment and independent living case planning for all older youth in care in Maine.

During the past year, much progress has been made in the Independent Living Program's ability to track and evaluate outcomes for older youth in care as they transition out of care. The automation of the Child Welfare system has been of great assistance in gathering the necessary information. This information is transferred to a specialized Independent Living Program database used to tracking outcomes in areas of educational status, employment status, living arrangement, and issues affecting the youth's educational and employment status. During FFY-2000 and 2001, we have been refining the database to reflect the collection of information that should enable us to track the outcome measurements being developed under the Chafee Foster Care Independence Program. Further refinements to the state's automated child welfare system may need to be made as well. We are looking forward to working with Federal Administration for Children and Families staff to continue to develop meaningful outcome indicators and measures.

## **2. INCORPORATION OF TITLE IV-E INDEPENDENT LIVING PROGRAMS INTO A COMPREHENSIVE PROGRAM**

Title IV-E Chafee Foster Care Independence Program activities in Maine have continued to be an integral part of a continuum of independent living program services which include informal learning, formal instruction, "scattered site" apartment living, and some aftercare support.

Activities and services for older youth in care to acquire necessary life skills continues to be provided by specialized Department of Human Service's staff, by agencies with contracts with the Department, and by therapeutic and non-therapeutic foster homes, group homes, transitional independent living programs, and other programs providing these type of services for older youth in care. The Independent Living Program Manager continued to meet with several group home providers during FFY-2000 to discuss plans to expand their independent living programming. There has been increasing interest in developing both "scattered site" and "congregate site" apartment living programs.

Aftercare services are primarily available through the Department's Life Skills Caseworkers who may provide services for youth up to the age of 21 who were discharged from care after their 18th birthday, directly, through referral to community agencies, or both. The Department's Extended Care Agreement (V9) for youth who have aged out of care at age 18 was revised during FFY-2000 and put into effect in February 2001. The revision of the Extended Care Agreement policy has resulted in all older youth in care having a fair opportunity to take advantage of the continued support of the Department, both financial and otherwise, up to the age of 21.

We have also continued to work toward the goal of filling the gaps in the continuum of Independent Living Program services in the following two areas: 1. Encouraging foster parents and other service providers to begin life skills work with youth at an earlier age, so that when they reach age 16 our Life Skills staff will be able to focus on more specific planning around

education and employment issues. Many foster parents and group care providers are already working both formally and informally with youth younger than age 16 on learning basic life skills. If a youth younger than age 16 is living in a placement under a contracted provider agency, it is highly likely that this type of life skills work is taking place. 2. Finding ways, including mentoring, for someone to be available for our older youth even after they leave care. As was mentioned earlier, considerable progress has been made to expand mentoring for older youth in care to other parts of the state. Our Life Skills Caseworkers are very helpful to the youth that they work with in terms of making sure that they have "someone there" for them after they leave Departmental care.

### **3. PURPOSES FOR WHICH FUNDS WERE SPENT**

During FFY-1999, Title IV-E, Section 477, funds were expended to:

- Increase and enhance educational achievement, vocational and employment skills, and the academic knowledge of older youth in foster care.
- Improve and enhance the skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- Increase the knowledge and practical functioning of older youth in care by helping them learn daily living skills.
- Expand the resources available to youth in their community as they transition out of care to living on their own.
- Increase our older youth in care's knowledge of how to access and utilize resources in their community.
- Promote open communication between older youth in care and between older youth in care and adults in the foster care system.
- Encourage and promote meaningful and productive communication between older youth in care and Department management staff. (e.g. Youth Leadership Advisory Team activities, etc)
- Expand the capacity of Departmental staff, foster parents, group care providers, and other adolescent service providers to assess the life skills strengths and needs of youth in care to enable them to acquire the skills necessary to function as young adults in the community.
- Increase the availability of, and access to, diverse resource materials by Departmental staff and foster parents for their use in assisting older youth in care to acquire life skills.
- Develop a sound basis for Departmental policy, programs, and practice related to preparing older youth in care for a productive life after they leave Departmental care. Policy is now in place that promotes increased opportunities for older youth in care to successfully transition out of care.

#### **4. OUTCOMES**

Some data is now available to begin to assess the extent to which Independent Living Program services have assisted older youth in care to transition successfully out of care. Information on the Independent Living Program's database provides outcome information, in most cases, with regard to the youth's living arrangement, educational status, and employment experience when they leave care. The database also tracks the number of years that an individual youth has been the recipient of ongoing Independent Living Program services, the extent of those services, and whether or not the youth has been receiving life skills services from an agency program as well. This database information is being maintained relative to all older youth in care who are not receiving direct services from one of our Independent Living Program's Life Skills Educators. We now have more specific information available on the educational status of youth in care who are receiving Independent Living Program services that includes, not only the grade level of the youth, but the level of their actual academic functioning. (i.e. special education needs and vocational education needs) Information is available as well for older youth in care, whether they are receiving Independent Living Program services or not, who are transitioning for continued services to the Department of Mental Health, Vocational Rehabilitation, Adult Protective, or other community based services. One limitation that currently affects the quality of the information gathered from the Maine Automated Child Welfare Information System (MACWIS) is the nature of the information recorded in the youth's record in the system. On occasion, it is difficult to determine from the automated case record, what the youth's true educational status, or special needs are. However, in most cases the information is adequate, or excellent. Life Skills Educators are reporting complete and detailed information for the youth that they are working with. Having access to this information has made it possible for us to be in a better position to gather meaningful data with regard to several outcome areas that we anticipate will be identified under the Chafee Program.

#### **5. ADDITIONAL INFORMATION**

##### **A. Characteristics of Eligible and Participant Youth**

##### **Eligible Youth**

On October 1, 1999 there were 815 youth in Departmental care who were, or would become, eligible for Independent Living Program services for some portion of Federal Fiscal Year 1999. An additional 71 youth between the ages of 16 and 18 entered Departmental custody after that date and were also eligible for services during FFY-2000. Of the total of 886 program eligible youth in care, 474 (53.49%) were determined to be Title IV-E eligible. Most of the remaining 412 program eligible youth were determined not to be eligible for purposes of Title IV-E reimbursement. A few youth's Title IV-E reimbursement eligibility determination was pending or was in the process of being re-determined. Some older youth in care were determined to be ineligible for Title IV-E reimbursement due to living in an unlicensed foster care placement.

However, some of these youth were moved during FFY-2000 to a licensed placement and subsequently did become eligible for IV-E reimbursement.

These numbers include all eligible youth regardless of the length of their eligibility during this time period. Of these eligible youth, 235 were discharged from the Department's care before October 1, 2000. This was 18 fewer youth discharged from care than for the previous year. 50 youth were discharged from care on their 18th birthday because they were unwilling to sign the Department's Voluntary Extended Care Agreement in order to remain in care beyond their 18th birthday. 81 youth were discharged from care to the custody of a parent before the age of 18 by judicial review court order. 95 youth were discharged from care after their 18th birthday due to deciding not to continue with the Extended Care Agreement, successfully achieving self-sufficiency, not keeping with the terms of the agreement primarily in the area of not being in an educational program, or reaching the age of 21. The remaining 9 youth were either adopted prior to age 18, or dismissed to the custody of a relative prior to age 18.

Of the total of 886 eligible youth who were in care at any point between October 1, 1999 and September 30, 2000, 478 (54%) were males and 408 (46%) were females; 824 (93%) were Caucasian, 24 (2.70%) were Native American, 15 (1.69%) were African-American, 17 (1.91%) were Hispanic, and 6 (.67%) were Asian.

The ages, as of October 1, 1999 for all youth eligible during any portion of FFY 1999 were:

<b>AGES</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
Age 15	122	129	251
Age 16	105	143	247
Age 17	97	126	223
Age 18	47	43	90
Age 19	25	23	48
Age 20	12	14	26
<b>TOTAL</b>	<b>408</b>	<b>478</b>	<b>886</b>

As of October 1, 1999, the living arrangements for these youth were:

Foster home or other non-relative home	
Group home or residential treatment facility	
Apartment, living with peers, transitional independent living program	
Correctional facility	
Parents	

Relative other than parent	5.19
Hospital	2.14
Emergency Shelter	2.82
College dorm	1.80
Whereabouts Unknown	2.92

Of those eligible at some point during FFY 2000, the length of time these youth had been in care on October 1, 1999 (or would have been had they not been discharged) was:

Less than 6 months	55	6.74%
6 months to 1 year	51	6.25%
1 to 2 years	133	16.31%
2 to 3 years	132	16.19%
3 to 4 years	86	10.55%
4 to 5 years	87	10.67%
5 to 6 years	60	7.36%
6 to 7 years	61	7.48%
7 to 8 years	43	5.27%
8 to 9 years	29	3.55%
9 to 10 years	22	2.69%
10 to 11 years	13	1.59%
11 to 12 years	14	1.71%
12 to 13 years	14	1.71%
13 to 14 years	5	.61%
14 to 15 years	5	.61%
15 to 16 years	2	.24%
16 to 17 years	0	0
17 to 18 years	1	.12%
18 to 19 years	2	.24%
19 to 20 years	0	0
20 to 21 years	0	0
<b>TOTAL</b>	<b>815*</b>	<b>100%</b>

\*71 youth between the ages of 16 and 18 entered Departmental care after October 1, 1999.

#### **Participant Youth**

347 youth in Departmental care during FFY 2000 received services funded by the Chafee Foster Care Independence Program. 148 (43%) were males and 199 (57%) were females. 322 (93%) were Caucasian, 9 (2.59%) were African-American, 5 (1.44%) were Native American, 9 (2.59%) were Hispanic, and 2 (.57%) were Asian. Of the 347 youth receiving Independent Living Program services, 180 (51.87%) were determined to be Title IV-E eligible at the beginning of

FFY-2000. The remaining 167 youth were determined not to be eligible for purposes of Title IV-E reimbursement.

The ages of the 347 participant youth, as of October 1, 1999, were:

AGES	TOTAL	FEMALE	MALE
Age 15	52	33	19
Age 16	88	53	35
Age 17	99	55	44
Age 18	57	33	24
Age 19	34	18	16
Age 20	17	7	10
<b>TOTAL</b>	<b>347</b>	<b>199</b>	<b>148</b>

As of October 1, 1999, the recipients of Independent Living Program services were living in the following placements:

Foster home or other non-relative home	147 (43%)
Group home or residential treatment center	81 (23%)
Apartment, living with peers, transitional independent living program	48 (14%)
Parent/s	17 (5%)
Relative other than a parent	22 (7%)
Correctional facility	4 (1%)
Hospital	4 (1%)
Emergency Shelter	5 (1%)
College dorm	15 (4%)
Whereabouts Unknown	4 (1%)

As of October 1, 2000 those served under Independent Living Program funds had been in the Department's care (or would have been had they not been discharged from care) for the following lengths of time:

Less than 6 months	4	1%
6 months to 1 year	6	2%
1 to 2 years	29	8%
2 to 3 years	49	14%
3 to 4 years	60	17%
4 to 5 years	38	11%
5 to 6 years	41	12%
6 to 7 years	22	6%
7 to 8 years	32	9%

8 to 9 years	15	4%
9 to 10 years	14	4%
10 to 11 years	11	3%
11 to 12 years	4	1%
12 to 13 years	9	3%
13 to 14 years	7	2%
14 to 15 years	1	.3%
15 to 16 years	3	1%
16 to 17 years	2	.5%
17 to 18 years	0	0

The majority of youth served with Independent Living Program funds were students in a range of secondary, special education, un-graded, alternative education (adult education, or GED preparation, and vocational educational programs. 40% (139) of the youth served were, or became, high school graduates, had their GED, or were youth who were in a post-secondary educational program. More than 40 youth served were in a post-secondary educational program. 71% (248) youth served were employed at some point during FFY-2000, or had some previous employment experience. 99 youth served had never had any employment experience. In the total Independent Living Program eligible population, 423 (49%) of the youth were employed at some point during FFY-2000, or had some previous employment experience. Nearly all of the youth were employed part-time. Some youth were employed only during the summer months, particularly if they were under age 18. Most jobs continued to be available in the central and southern parts of the state and were minimum wage jobs. Some youth experienced difficulties with maintaining responsible employment because they were unprepared for employer expectations with regard to employment, or exhibited irresponsible choices with regard to their employment.

Seventy-one of those receiving Independent Living Program services were discharged from the Department's care or custody at some point during FFY-2000. 49 of these youth were discharged from Departmental care after they became 18 years old. These youth had been on the Department's Voluntary Extended Care Agreement (V9). Most of these youth were discharged from care due to not keeping the terms of the V9 Agreement; mostly by not being in an educational program, or deciding not to continue the agreement. Some of these youth successfully transitioned out of care, or became 21 years of age. 9 youth were discharged from Departmental care at age 18 because they refused to sign the V9 Agreement. 11 youth were dismissed to the custody of one of their parents prior to age 18. One youth who was in voluntary care was dismissed to the care of her parent, and one youth was adopted.

55% of the youth receiving Independent Living Program services in FFY-2000 also received independent living/life skills services in FFY-1999. 30% of those youth receiving Independent Living Program services in FFY-2000 also received independent living/life skills services in both FFY-1998 and FFY-1999. This has enabled most of these youth to move along a continuum of



services that has helped them make a successful transition out of care and into the community. Life Skills caseworker activities continue to focus on working with youth around educational and career aspirations and to reengage youth who are not in school in an educational program. Provision of services to pregnant and parenting youth also remains a Life Skills caseworker priority. There were 41 youth in care in the total eligible Independent Living Program population who had children during FFY-2000. Of these 41 youth who had children, 11 of their children were in Departmental custody. As of September 2000, there were an additional 18 young women who were pregnant.

Most Independent Living Program eligible youth are now receiving independent living and life skills services through their foster home program, group home program, or residential service provider. A significant number of youth who are not being served directly by a Life Skills Caseworker are receiving individual and group independent living and life skills education services in through their group and residential care provider, or treatment foster care home. The progress made with respect to incorporating improved independent living and life skills practice into foster care agency programs in Maine has been mentioned earlier in this report. Youth receiving Independent Living Program services are telling us that these services are helping them prepare for leaving care. A significant amount of progress has been made during FFY 2000 to build a system that provides comprehensive supports for youth as they plan their transition out of Departmental care.

## BCFS Policy and Advisory Planning Session YLAT Youth Summit

- 1) In reviewing the summary of last year's strategic plan we discussed:
  - A. 2000 Goals, what we said we were going to do:
    - ✳ Influence DHS policies that have major effects on youth in care
    - ✳ Better communication throughout the system
    - ✳ Increase sensitivity to individual needs
  - B. Suggestions for Improvement:
    - ✳ Revised V-9
      - Less Strict=more appealing to sign: workers able to individualize
      - Benefits more youth
      - Less control for worker, more youth; more for youth. More balanced
      - Increases opportunities
      - More youth going to college
      - Up to age 21 → some deadline flexibility (increase age to 23)
    - ✳ Meetings with Commissioner and Bureau Director
      - Ability to speak to commissioner DIRECTLY about issues, don't have to go through 'channels'
      - Give commissioner chance to hear REAL issues directly-not 2<sup>nd</sup> or 3<sup>rd</sup> hand
      - Same for legislative committees
      - Same for training
      - Personalizes stories and issues, see emotions and experiences=increases impact of information
      - Puts face and name to story and experience
      - Helps 'ground' director and commissioner
      - Out of their offices and back to the 'front line'
      - Reminds them of what's REAL and why they are there
    - ✳ Director and commissioner follow through ,
    - ✳ Keeping commissioner and director accountable
    - ✳ Enforcing policies in place
- 2) The mission statement from last year is "all good."
- 3) Brainstorming:
  - A. Increase V-9 age to 23 (2)
  - B. Follow through with director and commissioner keeping them accountable and enforcing policies already in place (3)
  - C. Sibling Rights (1)
  - D. Tuition Waivers? (2.5)
    - ✳ Non U Maine Schools
    - ✳ Out of state schools
    - ✳ 1 semester or one year off between (V-9) (2)
  - E. Graduation and going to college

## Teen Conference Planning Session YLAT Youth Summit Work-Group Minutes

- 1) In reviewing the summary of last year's strategic plan we discussed:
  - We said we were going to make youth feel more comfortable about being in care, celebrate our 10-year anniversary, and celebrate DHS.
  - We actually did everything we said we were going to do.
  - The good that comes from our work and accomplishments is that we learn, meet new people and get new perspectives, kids feel more comfortable about being in care, a feeling that you are not alone, embracing diversity, learning/taking on new responsibilities, kids are able to understand the system a little better, building self-esteem, networking.
  - Suggestions for improvements would include exercise/activity between speakers or active involvement with speaker.
- 2) **Mission Statement:** In reviewing the mission statement drafted last year (Feeling more comfortable about being in care), we drafted a new mission statement for this year:  
*Teen conference is all about learning through communicating in reference to many options available to youth in care.*  
This statement reflects our values and hopes when it comes to the Teen Conference specifically. Being more comfortable in care is a bigger goal involving the Teen Conference and other youth activities (YLAT, etc.) The mission statement (above) isn't as abstract; it is more to the point.
- 3) Discussion about activities:  
*What can we do to educate others about the Teen Conference (and expand the realm of the Teen Conference)?*
  - Article in foster parent newsletter
  - Lowering the age of those who can attend
  - Put info on the website
  - Inform caseworkers about the importance of the teen conference and why teens should go.
  - Flyers? With contact numbers for questions
  - Educate the media
  - Documenting Teen Conference here (in Maine) to spread to other states
  - Need to think about foster care in general, not just in Maine—reach out to other states.
  - *Who benefits if YLAT accomplishes these topics?*
  - Youth in care
  - Parents/foster parents
  - Public...more awareness. Ends some myths about kids in care
  - Caseworkers/Life Skills Workers
  - Group Home Staff
- 4) Priorities:
  - Lowering age requirement, keeping in mind the maturity some learning groups focused on (example) 15-17 year olds (+) 18-21 year olds, etc., but having the fun stuff for all ages together.
  - Age appropriate groups? Maybe, for example, the 15-17 year old group could have a group on some basic V-9 information, what's available with YLAT, etc., leadership skills development, etc.
  - With the older group (18-21 y.o.) for example, they could focus on college information, Independent Living, financial aid, etc.
- 5) Who will do WHAT and WHEN? (Describe to people who may not have been to one).
  - This group will inform the rest of the summit members of the idea to lower the age requirement for the Teen Conference from 16 to 15. We'll do that today.

## YLAT Community Education & Training Events Planning Session

### YLAT Youth Summit Work-Group Minutes

- 1) *What did we say we would do last year?*
  - A. Review agenda
  - B. Newsletter
  - C. Website
  - D. Plan teen conference
- 2) *What are our goals for community training?*
  - A. Television
  - B. Community service day
  - C. Educating professionals
  - D. Video for CWTI
- 3) *Accomplished what?*
  - A. Website on the brochure
  - B. Newsletter completed
  - C. T.V. interview with channel 13 (YLAT Quilt)
  - D. Bangor Daily news article (now on website)
  - E. Pre-Service Training for DHS (CWTI)
  - F. YLAT member now staff at Muskie, newsletter to go to all DHS caseworkers and foster/adoptive parents
- 4) *What good comes from our accomplishments?*
  - A. Pre-service trainings excellent for caseworkers to have. Good feedback from caseworkers, gives them insight into what needs to get done
  - B. Each year keeps getting better
  - C. Educated the public (T.V. newspaper) showed public that foster kids are not "bad kids"
  - D. Spread YLAT awareness! Educated all caseworkers and other youth in care. Make YLAT more available for kids, younger than 16. Older YLAT kids meet with younger kids to tell them about it, they'll look forward to it.
- 5) *Can we improve what we've done?*
  - A. Improving communication within YLAT and state
  - B. 'Blackboard' chat room, computer based training, could be an effective tool
  - C. Improve quality of foster parents coming in
  - D. More public speaking in school, public (reducing stereotypes)
  - E. Improving educating public, re: foster care (could create more mentors and foster parents)
  - F. Connecting with foster parent/mentor groups, re: recruitment and education
  - G. Big brother/big sister partnerships; relate with kids (roller-skating group 7-12 yrs. With YLAT group, as an example)

- 6) *Mission Statement*

Help kids in foster care to be and feel safe. Educate people about who kids really are.

*Youth in care coming together to educate the community about their strengths and needs, and reaching out to younger youth in care.*

- 7). *Brainstorm future YLAT activities*
  - A. Educating: -more trainings
  - Set better examples as individuals-find out what YLAT members are doing
  - Better public education

## Newsletter and Publications Planning Session YLAT Youth Summit Work-Group Minutes

- 1) Topics and themes for future newsletters:
  - A. Letter to the editor (Dear Crystal)
  - B. Adoption
  - C. Foster homes (and smoking-the Bill)
  - D. Reminder articles from when younger youth are taken (teddy bear, etc)
  - E. College Tuition Waiver
  - F. High school issues/challenges
  - G. Peer pressure
  - H. Knowing where you stand
  - I. Emotional issues
    - ✧ Poems
  - J. Issues important to all youth (in care or not)
    - ✧ Sexuality
    - ✧ Illness
    - ✧ Etc
  - K. Youth stories of inspiration
  - L. Sexual harassment
  - M. Horoscopes
  - N. Recognition of other youth groups/agencies
    - ✧ Casey Family Services
    - ✧ Youth alternatives, etc,
  - O. Youth stories of INSPIRATION
  - P. Calendar of Events
    - ✧ Birthdays (Can we do that?)
  - Q. Why we like YLAT and YLAT activities
  - R. Diversity and unity of YLAT
    - ✧ The groups
    - ✧ Openness of members (ideas)
    - ✧ National status
    - ✧ Get together and focus on common concerns
  - S. Connection
    - Activities
- 2) What we like About the YLAT Newsletter
  - A. Pictures
  - B. Articles
  - C. Q&A
  - D. Designs/graphics
  - E. Poems
  - F. Stories
  - G. (Baby Blue) Paper
  - H. Information pertinent to kids in care
  - I. Readable

## Younger Youth in Care Planning Session YLAT Youth Summit Work-Group Minutes

- 1) In reviewing the summary of last year's strategic plan we discussed:
  - A. What YLAT has done in the past:
    - ✧ Handbook
    - ✧ Newsletter
    - ✧ Teen Conference
    - ✧ Website
    - ✧ Youth Panels
    - ✧ Effect youth indirectly
  - B. Suggestions for improvement:
    - ✧ Can improve by making it more young youth oriented
- 2) Mission Statement  
To give younger youth a clearer idea of what is taking place In their lives and that they are not alone.
- 3) Activities YLAT can do/focus on:
  - A. Children's version of handbook
    - ✧ Younger youth input on what they want to know
    - ✧ Ages 3-8 years old
    - ✧ Coloring book/activity book that can be shared
    - ✧ Conference/camp for younger kids with older kids mentoring it
    - ✧ Encourage honesty
    - ✧ DO NOT give false hope
  - B. Positive Outcome
    - ✧ Kids would have a better understanding of what's going on in their lives
    - ✧ Kids would have better self-esteem
    - ✧ Give children a sense of community
    - ✧ Gives kids more contacts/resources
    - ✧ Shows them others care
    - ✧ Allows them to be kids
  - C. Who benefits?
    - ✧ Everyone!
    - ✧ Foster families
    - ✧ Caseworkers
    - ✧ The younger youth
    - ✧ The older youth
    - ✧ Biological family
    - ✧ Future generations
- 4) Priority for activities:
  - A. Coloring/activity book (ages 3-8)
  - B. Handbook (children's version ages 8-12)
  - C. Conference/camp with older youth mentoring

**YLAT Website Planning Session**  
**YLAT Youth Summit Work-Group Minutes**

- 1) What do we need?
  - A. Flash page
  - B. Information
  - C. What's going on in other places?
  - D. Regional Pages
  
- 2) Links to forms
  - A. Taxes
  - B. Financial aid
  - C. Colleges
  - D. Career exploration
  
- 3) Goals
  - A. Information contacts
    - ★ Page for providers
    - ★ Page for caseworkers
  
- 4) Things to work on:
  - A. Regional pages
  - B. Resources
  - C. Media
  - D. Conference Pages
  - E. More Polices
  - F. Message Board
  - G. Chat rooms
  
- 5) How do we get questions out to youth in care?

Attachment A

CHECKLIST FOR PREPARING THE CFCIP STATE PLAN, FEDERAL FYs 2001-2004

Please provide the page number where each section can be located in the plan.

- ☒ 1. The State Agency (or agencies) that administers, supervises or oversees the programs carried out under the plan is identified. On page #: 26
- ☒ 2. The State Agency has indicated that it will cooperate in national evaluations of the effects of the programs implemented to achieve its purposes. On page #: 26
- ☒ 3. The State has described its program design, which includes goals, strategies, and an implementation plan for achieving the purposes of:
- Helping youth make the transition to self-sufficiency;
  - Helping youth receive the education, training and services necessary to obtain employment;
  - Helping youth prepare for and enter post-secondary training and educational institutions;
  - Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults; and,
  - Providing financial, housing, counseling, employment and other appropriate support and services to former foster care recipients between 18 and 21 years of age. On page #: 4-15
- ☒ 4. The State has set a reasonable definition of "room and board" and provided the definition in the application. On page #: 8,9
5. The State has described how all political subdivisions are served by the program. On page #: 4,5
- ☒ 6. The State has identified and described how eligible youth are being served by the program to achieve independence. On page #: 4,5
- ☒ 7. The State has described how it involved the public and private sectors in helping adolescents in foster care achieve independence. On page #: 4-9, 13, 14, 15, 18-20
- ☒ 8. The State has described the objective criteria that was used for determining eligibility for benefits and services under the programs; and the process used for developing program criteria. On page #: 22, 23
- ☒ 9. The State has provided a description of how it ensures fair and equitable treatment of benefit recipients. On page #: 22, 23
10. The State has provided a description of who it consulted with in developing the plan, and the ways in which this was accomplished. On page #: 1
- ☒ 11. The State has provided a period of public comment which allows "all interested members of the public 30 days to submit comments on the plan" and submitted the results of public comment in the application. On page #: 1
- ☒ 12. Attachments A and B have been signed and dated by the State's Chief Executive Officer or delegate (if authorized by State law).
13. The State has identified the amount of Federal funds for which it is applying. On page #: 26, 26a

Kevin W. Concoman  
Signature of Chief Executive Officer's Designee  
Commissioner, Department of Human Services

June 1, 2001  
Date

\* The Human Service's Commissioner is authorized by state law to be the Chief Executive Officer's designee for signing this document.





APPLICATION AND STATE PLAN  
TITLE IV-E INDEPENDENT LIVING PROGRAM  
FEDERAL FISCAL YEARS 2001 - 2004

The Maine Department of Human Services submits this application and state plan for Federal Fiscal Years 2001 - 2004 under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999 in order to carry out programs designed to assist adolescents in care and custody to make a successful transition from foster care to independent living, specifically adolescents 16 and older.

In compliance with the new Chafee Foster Care Independence Program requirements, there are older youth in care represented on the Bureau of Child and Family Service's Child Welfare Advisory Committee. Independent Living service providers are represented on the CWAC as well as representation from the Native American community. The Child Welfare Advisory Committee is legislatively authorized to advise the Department of Human Services on the development of policy and programs that affect the well being of children, youth, and families and to reinforce the Department's awareness of the needs of Maine's children, youth, and families. The Child Welfare Advisory Committee membership includes representation from other state agencies, providers of services to children, older youth and families, foster and adoptive parents, the Native American community and other stakeholders who have an interest in the activities of the Department's Bureau of Child and Family Services. The Maine's draft FFY 2001 - 2004 Chafee Foster Care Independence Program Application and State Plan was submitted to the Child Welfare Advisory Committee on April 11, 2001 for statewide distribution for the required comment period of 30 days. The Chafee Application and State Plan was also distributed to some of the members of the Independent Living Program's Youth Leadership Advisory Team for comment as required by the CFCIP.

No written comments were received from stakeholders after the 30 public comment period ended. The 30 day comment period was actually extended by two additional weeks to allow for any further comments on the Chafee Plan. A few verbal comments were received. These individuals said that they felt that the Chafee Plan covered the areas necessary to continue building and maintaining a good support system for older youth transitioning out of care in Maine. Other individuals said that they felt that Maine was doing a good job with helping youth with higher education plans, career plans, and developing employment maintenance skills. Maine's Youth Leadership Advisory Team was cited as being an excellent component of Maine's Independent Living Program. There were a few questions from individuals who wanted some clarification with regard to some of the information contained in the Chafee Plan. The Independent Living Program Manager provided the necessary clarifying information to these individuals. Some frustration was expressed with the residential licensing function in the state with regard to licensing transitional independent living programs for older youth in care. The licensing rules and regulations were seen as being somewhat restrictive in terms of being focused on younger youth in care. In addition, there has been an ongoing shortage of available licensing staff that has meant a longer wait for the licensing process for a new program to be completed. There have been some improvements in this area over the past two years.



## DESCRIPTION OF POPULATION TO BE SERVED

In March 2001, adolescents ages 16 to 18 comprised 14.98% of the total population of children in the custody of the Department. There are 2,968 children in custody up to age 18 with 479 between the ages of 16 and 18. There are an additional 150 youth who are not yet 16 years of age as of the end of March 2001 who will become 16 years of age before the end of September 2001. Youth who "aged out" of foster care at age 18 and continued in care, on a voluntary basis, between the ages of 18 to 21 comprised 7.16% (229 youth) of the total population, a slight increase (.91%) from the previous year. The trend for youth 18 and older remaining in voluntary care has increased over the past 3 years. More youth, ages 18 up to the age of 21, remained in Departmental care this past year (229) than in the previous year (219). For those ages 16 to 18, females outnumbered males, 51% to 49%. For those youth 18 and older: 55% were males and 49% were females. NOTE: 90 youth left care between October 1, 2000 and March 31, 2001.

Of the youth in Departmental custody up to the age of 18 and including those who remained in voluntary care after the age of 18, 93.77% were Caucasian, 1.58% were African-American, 2.32% were Native-American, 1.58% were Hispanic, and .73% were Asian. These percentages were close to what they were in FFY-2000.

Of the total number of youth ages 16 up to the age of 21 in the Department's custody or continued voluntary care after the age of 18, the following data represents the percentages with regard to the lengths of time these youth have been in Departmental custody, or continued voluntary care (through March 31, 2001):

less than 6 months	5.06%	between 5 & 7 years	16.66%
less than 1 year	6.32%	between 7 & 10 years	13.60%
between 1 & 2 years	15.08%	between 10 & 12 years	4.11%
between 2 & 3 years	13.60%	between 12 & 15 years	3.58%
between 3 & 4 years	13.71%	more than 15 years	.73%
between 4 & 5 years	8.43%		

The majority of youth in the Department's custody and continued voluntary care, ages 16 up to the age of 21, during FFY-2000 lived either in a family foster home, group or residential program. Most foster homes are designated as "treatment," or "therapeutic," and are programs operated by non-profit agencies contracted by the Department to provide services to youth in care. Nearly all group and residential programs are in a contractual relationship with the Department. The following data reflects the percentages with regard to these youth's living situation, or status as of March 2001:

Foster home (non-therapeutic/therapeutic, foster parent adoptive/other	283 youth (33%)
Group home (includes residential/therapeutic & independent living	278 youth (32%)
Living independently (includes apartments, or post-secondary school	99 youth (12%)
Institutionalized (includes correctional, medical, mental health facilities	81 youth (10%)
Other living arrangements (includes shelters, runaway, self-placement	29 youth (3%)
Parents, relatives, older siblings	88 youth (10%)

The above data includes an additional placement category of "parents, relatives, and older siblings. We now have some agencies in Maine who have developed an apartment living program as an extension of their foster and group care program services. More of our older youth in care are being referred to these programs now that they are available. Some of our older youth in care are living in an apartment as arranged with a private landlord. There are currently approximately 60 older youth in voluntary extended care ages 18 up to the age of 21 who are successfully living in their own apartment outside of any agency.

None of the youth, ages 16 up to the age of 21, were married as of March 2001. 23 youth between the ages of 16 and up to the age of 21 had children. This includes female as well as male parents. Some young mothers lived with the father of their child, a man who was not the child's father, or on their own with their child. Eleven mothers lived with their child in their foster home, or group home. Ten children were living with their mothers in an apartment, with the parents of the child's father, or with a relative of their own family. Six children were in Departmental custody and 2 children were legally freed for adoption.

During the past year, the Department's six Life Skills Caseworkers provided independent living program services to 188 youth ages 16 to 18. They provided independent living program services to an additional 152 youth in voluntary extended care between the ages of 18 and up to the age of 21. Another 130 to 140 youth were provided life skills services in transitional independent living programs, treatment foster home programs, group home programs, or residential programs. 274 youth who were "aging out" of foster care at age 18 signed the Department's Voluntary Extended Care Agreement ("V9") for purposes of completing high school, a GED, or going on to a post-secondary educational program. 152 of those youth on the V9 Agreement received services from a Life Skills Caseworker. 340 total youth between the ages of 16 and up to the age of 21 received services from a Life Skills Caseworker during the past year. The following data represents the number of youth, by age groups, known to have received some form of independent living program services over the past year:

between age 20 and 21	18youth
between age 19 and 20	26youth
between age 18 and 19	48youth
between age 17 and 18	91youth (214 total youth were in this age category)
between age 16 and 17	86youth (250 total youth were in this age category)
between age 15 and 16	71youth (250 total youth were in this age category)

Ages 15+ to age 18 youth, known to have received some form of independent living program services, represent 35% of the total population of youth in that age group over the past year. This represents a 1% increase over the previous year. There was a significant increase in the number of youth in Departmental custody that became eligible for independent living program services during the past year. We are projecting that at least 35% of youth in this age group will receive independent living program services during the coming year. With the same number of Life Skills staff available, we will be working to maintain at least the same level of services for FFY's 2001-2004.

## OVERVIEW OF SOME STRATEGIES USED TO MEET THE NEEDS OF THE ELIGIBLE POPULATION:

An ongoing strategy has been to encourage foster care, group care, and residential care providers to provide quality independent living assessment and instruction to youth in their care. The Ansell "Competency Based Assessment and Tracking System" is now formally used by all Department contracted treatment foster care and group and residential care service providers in Maine. This came about as a result of bringing the initial training on the CBA model into Maine in March of 1998. Agencies reported that the CBA system was an effective way to work with older youth in care and many agencies incorporated the system into their practice with older youth in care at that time. However, up to that point, use of the CBA system was optional.

Use of the CBA system model became required for all contracted treatment foster care and group care service providers in Maine beginning in the fall of 2000. Free federal technical assistance was approved for the "train the trainer" CBA training for all contracted treatment foster care and group care programs in Maine. The training took place from June 14 to 16, 2000. This has brought uniformity in independent living life skills assessment and service provision throughout the state treatment foster care and group and residential care provider network. Because our youth often move from one placement to another, this will enable them to continue working on identified life skills goals in their new placement using the same systemic model and avoid redundancy within the system of care. A letter went out from our agency contract management staff person and the Independent Living Program Manager in early June 2000 informing them of the Department's expectations with regard to use of the CBA system in their work with older youth in care. A follow-up letter was sent to the contracted agencies in February 2001 with specific information about what life skills assessment and independent living case plan materials should be sent to the youth's caseworker for incorporation into the youth's child welfare case record.

The Independent Living Program Manager has been meeting with a large greater Bangor area agency service provider during the past two years to discuss expansion of their program services to include a community based "congregate apartment" living program component for young women in custody between the age of 17 and 18 and for those young women continuing in voluntary extended care after they "age out" of foster care at age 18. This agency is collaborating with another agency in central Maine that operates a "scattered site" apartment program. This program would like to expand their "scattered site" apartment program into the greater Bangor area and would like to work with the "congregate site" apartment program to transition youth from the "congregate site" program into the less structured "scattered site" apartments. Both programs are expected to be in operation in the summer, or early fall of 2001. Three other agency programs have begun preliminary planning for extension of their programming to include an apartment living component.

Life Skills caseworkers have also continued to provide consultation and assistance to foster care and group care providers that enabled them to teach basic life skills in the youth's place of residence. The Department's Life Skills caseworkers prioritize their work for youth who are in living situations where they are receiving little or no independent living and life skills education support. Each of our current Life Skills caseworkers are assigned to cover all of our state's district offices and to work directly with each office's Children's Services casework staff

and supervisors in their respective offices. Referrals to Life Skills caseworkers are received directly from each district's Children's Services caseworkers for youth who are at least 15+ years of age. We find that this is the most effective means to maintain direct communication and consultation between our Life Skills caseworkers and their district office casework and supervisory staff. This ensures that appropriate independent living preparation services are being provided to the youth who are being referred. The Independent Living Program Manager has been, and will continue to be, available to Children's Services caseworkers and supervisors, foster parent groups, and other care providers to encourage them to work with their adolescents to acquire basic life skills. During the past four years, various YLAT members have continued to speak with members of the provider community and the public about the needs of older youth in Departmental care.

The Independent Living Program continues to provide services primarily through six specialized Life Skills caseworkers and a contract with the University of Southern Maine's Muskie School. The strategies mentioned previously enable the Life Skills caseworkers to focus their work on youth who are getting little or no life skills services support and act as Independent Living "consultants" for those agencies and foster parents who are providing services directly to the eligible youth. The contract with the USM Muskie School operates and oversees a mentoring program, assists with planning and conducting the annual Teen Conference, and provides training and support for Life Skills caseworkers and supervisors.

## STATUS OF CURRENT INDEPENDENT LIVING EFFORTS

### **TRAINING AND INDEPENDENT LIVING PROGRAM SERVICE PROVISION EDUCATION AND AWARENESS:**

Training on topics such as life skills assessments, independent living case planning, adolescent grief and loss issues, teaching positive decision making, and other independent living case management skills continues to be offered to all Departmental caseworkers and other staff of the Department's Bureau of Child and Family Services. Additional training will be formally incorporated into the training curriculum being offered by the state's Child Welfare Training Institute as required by the Chafee Foster Care Independence Program for the training catalogue for the year beginning 10/1/2001. The four specific training areas have been selected based on survey input from foster parents, group care providers, and other individuals who work with older youth in care. Maine's Title IV-B Training Plan is being amended to incorporate this training into the training curriculum and will be available to the foster care and group care provider community beginning in the fall of 2001.

The University of Maine's Muskie School for Public Service was recently awarded a grant for a period of three years to develop a competency based curriculum for Children's Services caseworkers that work with adolescents. Maine and Connecticut are identified as pilot sites for this project. Caseworkers who work with adolescents will be receiving extensive competency based training that will improve their skills with regard to assisting their youth to achieve positive transition outcomes. This project will contain a "youth development" approach by involving older youth in care in both the design and delivery of the training. Two of the Independent Living Program's Life Skills caseworkers and one Life Skills supervisor are involved in the process of designing the competency curriculum. We are excited about the

positive results that we expect to see as a result of this project and how it will improve transition outcomes for older youth in care.

A statewide Independent Living Conference was conducted on April 27, 2000 to inform all "stakeholders" with regard to the new Chafee Foster Care Independence Program requirements and to update Departmental staff and statewide service providers with regard to Independent Living Program efforts in Maine. Questions and comments were received from the attendees with regard to the new Chafee law and the program priorities of the Independent Living Program in Maine. Included in the group attending, were representatives from the Native American tribes in Maine who were informed of the new Chafee requirements regarding services for youth in care who are Native American. The Child Welfare Advisory Committee has Native American representation as well. The CWAC is utilized as another means to keep the Native American community in Maine informed about independent living program services available for youth in care who are Native American.

There are 22 Native American youth currently in custody or continued voluntary care, between ages 15 up to the age of 21 who were committed to Departmental custody by the civil courts in Maine as opposed to the tribal courts. These youth are receiving the benefits of Independent Living Program services. We are consulting with the tribes in Maine to address the independent living preparation needs of Native American youth who are under the tribal court's custody. Our Department's management staff will work with the Independent Living Program Manager and continue to meet with the tribal representatives to develop culturally competent independent living program services for youth under the tribal court's custody. Discussions will include the need for independent living preparation training for Native American youth that will address the unique needs of this group of youth. Part of the process of meeting with tribal representatives will include gathering information from them regarding how they are currently working with their older youth with regard to independent living preparation skills how the tribes will provide these services themselves under Chafee. We are also discussing the possibility of using a portion of our Chafee funds under a written agreement with the tribes to provide their own culturally appropriate independent living preparation services for their older youth.

Independent living and life skills services for adolescents in Departmental care/custody continues to move along the continuum of the informal, formal, and experiential methods needed for them to learn the necessary basic life skills they will need for living successfully in the community. These services are more accessible and available than they have been previously. During the past year, more agencies serving adolescents have both formally and informally incorporated independent living and life skills instruction into their daily programming. As was mentioned earlier, life skills assessment and instructional practice is more uniform for all contracted group and residential care providers, and for treatment foster care providers.

More specific guidance on conducting good life skills assessments and creating a quality independent living case plan was recently provided to the Department's District management and supervisory staff. In November 2000, casework supervisors requested specific guidance for their staff with regard to conducting life skills assessment and creating improved independent living case plans for older youth in care. This issue arose as a result of recognizing that not all older youth in care were living in a contracted group or residential care



program, treatment foster home, or independent living apartment program, or may not be receiving direct services from a life skills caseworker. A life skills assessment and independent living case plan format was developed and shared with all Department District Managers and supervisory staff between December 2000 and March 2001. This has just been put into place for use by Departmental casework staff when completing their life skills assessment and independent living case plan with the youth. The life skills assessment tool covers the same "core life skills" areas that the Competency Based Assessment System covers. Prior to this, the caseworker's life skills assessments and independent living case plans varied in content to some degree. We now expect that every older youth in care will be receiving the same type of life skills assessment and be addressing the same independent living case plan needs no matter where they live. The process of bringing the foster care system into greater uniformity with regard to life skills assessments and independent living case planning practice has taken some time to complete. We believe that we have now reached this goal.

#### **DEVELOPMENT OF INDEPENDENT LIVING PROGRAMS AND COLLABORATIVE EFFORTS WITH FEDERAL AND STATE AGENCIES:**

One agency in Maine has a "scattered site" apartment living program operating in a number of large cities and towns in Maine. This was put into operation over two years ago with the consultation and assistance of the Independent Living Program staff and other staff in the Department's Bureau of Child and Family Services. This agency has recently expanded its program services into the greater Portland, Maine area and will be planning to establish the program in the Bangor and Lewiston, Maine areas within the next few months. Youth in care who are living in these apartments are doing very well and are very pleased that this type of living arrangement is now available. Young adults have the option of remaining in these apartments after age 21 with the understanding that they assume the financial responsibility for all living costs. One other Bangor area agency, Community Health and Counseling Services, are about to begin operation of a "congregate apartment" program for young women in Departmental care. Over the past year and a half, we have engaged in preliminary discussions with four other agencies who are very interested in expanding their existing programming to include either a "congregate site" or "scattered site" apartment program component. A greater Bangor area agency, CARE Development, which operates both treatment foster care homes and group care homes covering a wide area of the northern part of the state is interested in establishing both "congregate and scattered site" apartment programs. A western Maine agency, Rumford Group Homes, has submitted a proposal for a "scattered site" apartment program in their area. Another treatment foster home agency in the northern part of the state has indicated interest in developing a community based apartment program. In addition, an agency in the greater Bangor area serving the needs of youth with special needs and challenges has also indicated an interest in serving older youth in care from that specific population. We are very pleased that more agencies are interested in providing this badly needed resource for our older youth in care. We plan to continue discussions with these programs with regard to expansion of program services to include these community based apartment living programs.

We feel that some of our older youth in care need to experience "apartment living" through a somewhat structured program with the appropriate guidance and support available if needed. We are asking any agencies interested in providing this type of program service, to include the expectation that youth placed in an apartment gradually assume more financial responsibility for their rent and other living costs as they are able to do so. This is being built into the per

diem cost calculations. We feel that this will lessen our youth's dependency on "systems" to cover all of their support costs and better prepare them for what it will take for them to be able to eventually financially be able to care for themselves in the community.

As was mentioned earlier, life skills services are being delivered both formally and informally within foster homes, group, and residential care homes where adolescents are residing. The Independent Living Program Manager continues to meet, and have contact with, service providers and local service provider coalitions to explore ways to work together more efficiently to provide independent living and life skills support to the adolescents they serve. A recent example of this was the Independent Living Program Manager's presentation at the Maine Group Home Providers Association in February 2001.

The Independent Living Program Manager met with the Commissioner of the Department of Labor in Maine in November 2000 to begin to explore ways to improve the way older youth in care link with the Career Centers throughout the state. Representatives from Casey Family Services, the University of Maine's Muskie School, a former state representative, and Career Center staff were also part of this meeting. A follow-up letter was sent to the Commissioner indicating that we would like to examine the possibility of working more closely with the staff of the Department's Training Resource Center to assist older youth in care with choosing a career path. We expect continued discussions with the Department of Labor with regard to collaborating for the benefit of our older youth in care.

Casey Family Services in the Portland, Maine area has recently begun exploring the possibility of linking with United Parcel Services to make employment slots available for older youth in care in Portland, Lewiston, and Brewer, Maine. Casey and UPS have successfully operated a program like this in the greater Baltimore, Maryland area. There are several organizations that are on the planning committee for this program including the local Department of Labor's Career Development Center's staff. The proposal for this project was presented to UPS in May 2001. The prospects for Maine becoming a site look very promising at this point.

In January 2001, the Independent Living Program Manager met with a Section 8 housing Program Manager at the Maine State Housing Authority to have preliminary discussions about eligibility for housing for older youth in foster care under the new HUD guidelines that will make housing and services available for former youth in care between ages 18 and 21. One of our life skills caseworkers was also part of this first meeting to discuss the nature of the expanded program. We shared mutual concerns about the limit of 18 months for service provision under the program. However, we felt that our Independent Living Program Life Skills caseworkers would be able to supplement the services offered through the housing program and could identify youth to be referred to the program. We expect to know more about this new program in the coming months.

#### HOUSING SUPPORT FOR OLDER YOUTH IN CARE AND QUALITY ASSURANCE:

The Department intends to set aside up to \$36,800 of the Chafee program's funds for each FFY year from 2001 through 2004 for use for apartment security deposits, monthly rent, and other apartment living expenses for those youth who have aged out of Departmental custody at age 18 and are in need of assistance. Some of these funds will also be used for dormitory and meal plan costs for youth who are in a post-secondary program if other free financial aid is not

sufficient to cover those costs. In certain situations, these funds may be used to cover apartment security deposits and the first month's rent if other resources are unavailable. Because of the Department's continued financial support for older youth in care under the Extended Care Agreement Program, we expect to have minimal need for use of Chafee program funds for housing support. We do not anticipate needing to use a substantial amount of Chafee funds for room and board because our Bureau supports the living costs for older youth in care between age 18 and up to age 21 using state dollars.

Our Department's Life Skills caseworkers are particularly adept at linking older youth in care with housing support programs offered by federal, state, and non-profit agency programs as well as working directly with local landlords to secure an apartment for some older youth in care. The rental arrangements with local landlords usually consist of the Department paying for at least half of the monthly rent with an expectation that the youth pay the remaining portion of their apartment living costs. We are particularly careful not to create financial hardship, or stress for the youth. However, we do expect that our older youth in care who are living in an apartment situation, particularly after the age of 18 and up to the age of 21, gradually assume more of the financial responsibility for their living costs. It is expected that our contracted agency's apartment living programs also have a built in component of expecting older youth in their program to gradually assume more financial responsibility for paying their own bills.

The Department has been providing funding support for a number of years for older youth in care after the age of 18 and up to the age of 21 who are living in apartments if they are continuing in care on the Department's Voluntary Extended Care Agreement. (V9) In most cases, state child welfare funds are being used to support these type of living arrangements because these youth are no longer eligible for Title IV-E reimbursement. Many youth who are living in their own apartments are paying a portion of their apartment living costs through their part-time employment earnings. Some of the Department's apartment payments are being made directly to landlords and other payments are being made on a per diem basis through an agency's apartment living program. We are committed to continuing to provide financial support for youth after the age of 18 and up to the age of 21 to prevent youth from leaving care and being in a "homeless," or a "transient" living situation. The new Chafee law provision that allows for Independent Living program dollars to be utilized for room and board will enable us to assist youth with their living costs, if needed.

We continue to utilize one specialized Department Quality Assurance staff position to provide additional program support for the Independent Living Program's major initiatives. This staff person will provide additional Independent Living Program support for program initiatives such as the mentoring program, youth leadership development activities, working with service providers to address independent living training needs, and other tasks as assigned. The Department's Independent Living Program Manager, Director of Bureau Operations and Quality Assurance Supervisor consult on a regular basis with regard to effective use of the Quality Assurance staff person. As part of the quality assurance effort, the Quality Assurance staff person will also continue to evaluate the quality and content of the life skills assessment and independent living case planning of contracted agency programs and department caseworkers.

## LIFE SKILLS CASEWORKER SERVICES AND YOUTH LEADERSHIP DEVELOPMENT ACTIVITIES:

The Department's 6 specialized Life Skills caseworkers continue to work in a focused and efficient manner. They are a highly competent group of individuals with much experience in delivering comprehensive independent living program services to the adolescents that they are working with. Each Life Skills caseworker has several years of experience working with youth in the Department's care. These Life Skills caseworkers are particularly effective in terms of developing trusting relationships with the youth that they are working with. We find that these relationships give older youth in care hope for a productive future once they leave Departmental care. This is what they say is helping to make a significant difference for them as they plan to make a successful transition out of care. Life skills-staff casework experience ranges from 5+ years to more than 12 years. The Department's Life Skills caseworkers are using group work sessions to assist adolescents with learning basic life skills whenever possible. Some groups have been co-facilitated by Life Skills caseworkers, some have been conducted by a single Life Skills caseworker, and some are co-facilitated by a Life Skills caseworker and an agency staff-person. More of our older youth are now receiving group life skills instruction conducted by contracted group and residential care programs and treatment foster care programs. Group life skills instruction has increased in contracted agency programs using the Competency Based Assessment system.

Our Life Skills caseworkers provide a great deal of assistance to older youth continuing in voluntary extended care after the age of 18 and up to age 21 in terms of direct services, advocacy, and referral to community programs that provide long term housing with appropriate support, employment skills development and support, and mental health services support. These services include working directly with these youth to link them with existing federal, state, local, and non-profit employment support programs that assist older youth with job readiness and job maintenance skills as well as additional direct service provision by our Life Skills staff with regard to these areas. Referrals to employment training and support programs are made for a significant number of older youth in care by our Life Skills caseworkers; particularly for those youth who have special employment support needs. Many youth are referred to the state's Vocational Rehabilitation service's program as well as private employment preparation agency programs statewide prior to age 18 so that these services will already be in place when the youth ages out of foster care at age 18. These services continue into adulthood for these youth.

A significant number of our older youth in care are referred to the Department of Mental Health, Retardation, and Substance Abuse Services prior to the age of 18 so that they may receive the adult services this Department offers after the age of 18. These services include long-term housing and support, mental health services, employment support services, social support services, and any other services that may be required. Our Life Skills caseworkers are often directly involved with the transition planning for youth with these special needs. Our Life Skills caseworkers also work in collaboration with the youth's Department of Human Services caseworker and agency staff to make appropriate mental health services referrals for youth who are not linked to any Department or agency program.

Our Life Skills caseworkers and Children's Services caseworkers also assist youth, after age 18 and up to age 21, with access to medical coverage. They assist these youth with reapplying for continued medical coverage after age 18 through the state's Medical Assistance Program. Most youth who aged out of foster care at age 18, or continue in voluntary extended care after age 18, qualify for continued medical coverage through this program. The few that do not qualify for continued medical coverage through this program are working full time and do not qualify for coverage based on income.

Each Life Skills worker is responsible for, and is working with, a regional Youth Leadership Advisory Group. Each group participates in various planned leadership activities on a regular basis. One regional group recently planned and conducted a roller skating event to which they invited younger children in foster care. All regional groups received training on how to develop their youth leadership website in their local area which is being linked with the main website address shown below. Other planned regional YLAT projects during the coming year include community service projects, continuing the development of the YLAT website ([www.ylat.usm.maine.edu](http://www.ylat.usm.maine.edu)), and participating in developing Bureau of Child and Family Services policies regarding youth in care. Several of our YLAT members and two of our Life Skills staff attended the "Destination Future 2000" conference in Chevy Chase, Maryland in September 2000. YLAT members will be attending the 2001 conference as well. These are just a few examples of activities that the leadership team are involved in.

In August 2000 six members of Maine's and six members of New Hampshire's youth leadership groups participated in a joint overnight trip in New Hampshire. There was much discussion about the services available in each state and what they thought older youth in care needed in order to make a successful transition out of care. Youth leaders "compared notes" on the differences between each state's services for older youth in care. There was also time for fun together such as "tubing" down the Saco River and a hike to the highest waterfall in New Hampshire. This was a most worthwhile trip!

Outdoor, adventure based programming continues to be available for youth selected by the Life Skills caseworkers. Trips vary in length from one day to up to five days. Life Skills caseworkers have been "teaming up" regionally to co-lead and plan these trips using a number of different adventure program service providers. Trips are being planned in a more cost effective manner that sometimes includes a larger number of youth involved. Examples of day trips include skiing and snowboarding (including lessons) and a deep sea fishing trip. The longer trips include dog sledding, cross country skiing, mountain biking, kayaking, hiking/work projects, technical rock climbing, and canoe trips. Adventure trips are an effective way to develop relationships with the youth; to discuss their educational and employment plans as well as other issues that they are struggling with. The Department's Life Skills caseworkers have a great deal of experience with planning and conducting these trips. They are also very creative with devising the "themes" of these trips and using a variety of the state's resources in a cost effective manner. Life Skills caseworkers are required to submit a trip proposal to the Independent Living Program Manager which includes a description of the purpose of the trip, activities planning, safety plan, and itemized costs. All trips are subject to the approval of the Independent Living Program Manager. Most of the youth who have participated in one of the adventure challenge trips continue working with a Life Skills caseworker after the trip. Many of these youth were working with a Life Skills caseworker prior to going on a trip.

On February 22 and 23, 2001, Maine's fourth annual Youth Leadership Advisory Team Summit was conducted at the Samoset Resort in Rockland, Maine. 32 youth leaders and 14 staff-persons attended the Summit. The youth assisted with the planning for the 11th Annual Teen Conference, developed a "Strategic Plan" for 2001-2002 for producing a video for other youth in care as well as the public, forming a "Youth Speaker's Bureau," youth to youth mentoring, working with Department staff with regard to relationships for siblings who are in care, sending team representatives to a national youth in care leadership conference this coming fall, participating in the state's Judicial Symposium and in the development of the state's Child Welfare Plan. A neat part of the Youth Summit was a training conducted by former state Representative Michael Brennan with regard to legislative advocacy. A mock legislative hearing was conducted with youth playing the various roles. This was great fun and demonstrated the valuable capacities and insights our older youth leaders have with regard to issues. The issue they selected to deal with was the rights of siblings in care to have contact with each other.

Two years ago, funding was made available by the Bureau of Child and Family Services to support a part time staff person to coordinate the activities of the Youth Leadership Advisory Team and to expand the mentoring program currently in place in southern Maine. The YLAT Coordinator has been of immense help in getting the YLAT activities more organized and focused. An Independent Living Program newsletter, "Transitional News," is being printed on a quarterly basis sent out to youth in care from the age of 14 and up to age 21 as well as Departmental staff. The newsletter is being edited by a youth in care. (recent copy enclosed) The YLAT has 6 computers available with website and newsletter software installed for each of the regional YLAT groups to use. These computers became available when the Portland Department office was moved to a new location. Two youth in care have been working on the YLAT website and co-presented a workshop on website development at the "Pathways to Adulthood" Conference in Austin, Texas in April 2001.

During the past year, the Youth Leadership Advisory Team helped to accomplish two very important goals. The first was the revision of the Department's Voluntary Extended Care Agreement policy. 17 youth in care worked with Independent Living Program staff to revise this policy that affected youth who remain in voluntary extended Departmental care after age 18 and up to the age of 21. (see attached revised policy) This was a major accomplishment in that it gave youth remaining in voluntary extended care a greater voice in creating their extended care agreement and allowed for greater flexibility in making decisions regarding the agreement. The youth in care who participated in the revision process provided valuable insights as to what should be included in the revised policy. The revised policy makes it difficult for an older youth in care who was "aging out" of foster care at age 18 to refuse continued services after the age of 18. The revised policy went into effect in February 2001. The second major goal that was achieved was the revision of the nationally recognized foster care handbook, "Answers." The revised edition of the handbook incorporated nearly all of the recommendations made by a survey of foster care handbooks conducted by the Child Welfare League of America. (copy enclosed) Youth leaders have been going to local Department offices to talk about the handbooks with child welfare staff. We are very proud of our youth's meaningful involvement in projects like this!

The 10th Annual (2000) Teen Conference was planned by youth leadership members and conducted on June 27, 2000 at the University of Southern Maine. The theme for the conference was "Celebration!" The keynote speaker was Ms. Ralvena Coffey from the Canadian Youth in Care Network. Youth leaders co-facilitated some of the workshops. Youth who had attended the first Teen Conference ten years ago were also present and were part of a facilitated panel presentation at the end of the day. It was good to hear about where they were now and about some of the struggles they have encountered along the way. Once again, adult care providers were invited and had a set of workshops available separate of the workshops for youth. The afternoon was reserved for a variety of fun activities including a "dunk your caseworker" tank! Our youth leaders created a new award called, "Friend of Youth in Care" for this conference. This award was given for the first time to Representative Michael Brennan who sponsored the tuition waiver law that was enacted this past year and who is a strong advocate for the needs of older youth in care. We also awarded the "Brad Levesque Award and Scholarship" to a youth in care who is pursuing their post-secondary education. A \$1,500 scholarship was awarded to the recipient of the award. A local Lions Club and Fleet Bank have graciously provided the funds for the scholarship for the past three years. The planning for the 11th annual Teen Conference is complete. The date for the conference is June 28, 2001 and will be at Colby College in Waterville, Maine. (see enclosed conference brochure)

#### SUPPORT FOR POST-SECONDARY EDUCATIONAL ASPIRATIONS:

The tuition waiver law for youth in voluntary extended care who were planning to attend one of the state supported post-secondary schools went into effect in the fall of 2000. This law enables any youth who was in Departmental custody or voluntary extended care at the time they graduated from high school, or got their GED, to be eligible for a tuition waiver for any of Maine's university and vocational technical schools, including Maine Maritime Academy. During the 2000-2001 academic year there were 24 youth who were eligible for the tuition waiver. The law has a cap of no more than 25 freshman students per year on the waiver. We nearly hit the cap in the first year the law was in effect! Of the 24 youth initially declared eligible for the waiver, 4 either dropped out of school, or were academically disqualified. However, two other freshman students transferred in the spring of 2001 to one of the schools covered by the tuition waiver. We are very pleased at how the new law is working for the benefit of older youth in care. The tuition waiver operates as a "straight waiver" meaning the waiver is applied to the student's account before other forms of federal and local non-loan financial assistance. Youth in care are required to apply for free federal financial assistance by completing the Free Application for Federal Student Aid in order to cover non-tuition costs. For students who are attending post-secondary schools not under the tuition waiver law, the Department continues to set aside a portion of the Chafee program funds to supplement the student's other forms of grant and scholarship assistance. We recently heard that part of President Bush's budget plan included an additional national allocation of 60 million for college scholarships for older youth in care. We are very excited about this possibility as it would help us support more older youth in care with post-secondary education and technical training.

Supporting the higher educational aspirations of youth in care continues to be a major focus of Maine's Independent Living Program. During the 2000-2001 academic year 70 older youth in voluntary extended care were in college, vocational technical school, or in another post-secondary educational program (14 more than last year) supported, in part, with Chafee

program funds, or Title IV-B funds. (12 more youth in the state's Adoption Assistance Program are being provided with post-secondary educational financial support) The Department's Life Skills caseworkers strongly encourage and support the youth they work with to complete high school and make plans to attend a post-secondary educational program. Over the past 7 or 8 years the numbers of youth in Department care going on to a post-secondary educational program remained fairly steady; between 50 and 60 per academic year. This is the first year that the number of older youth in voluntary extended care in a post-secondary educational program has increased significantly. This increase may be somewhat attributable to the implementation of the state foster care tuition waiver law. We were able to acquire used Department computers to be available on loan for our post-secondary education youth who need them. Several of our older youth in care who are in a post-secondary program have these computers for use in their program coursework.

During the past two years, there has been considerable discussion about the establishment of a "community college system" in Maine. This would ease Maine's high school graduates into the world of post-secondary education in a less intimidating manner. Establishing a community college system in Maine would be of great benefit to older youth in care. Many older youth in voluntary extended care aren't ready to attend traditional post-secondary educational program, but may be good candidates for a community college program. We are hoping that this system will be in place, through Maine's Technical College system, within the next two years. A number of Legislative leaders are also strongly supporting the idea of increasing post-secondary educational opportunities for all youth in Maine. We are most pleased by this emphasis because it will also benefit older youth in Departmental care.

#### **COMMUNITY MENTORING PROGRAM FOR OLDER YOUTH IN CARE:**

The AmeriCorps Mentoring Program in southern Maine has been in operation for the past three years. More than 30 mentoring matches have been made and more mentoring matches will be made in the near future. Some members of our Youth Leadership Advisory Team have mentioned the idea of "youth to youth" mentoring becoming a possibility. We are exploring the feasibility of that idea on a broader scale through the Youth Leadership Advisory Team.

We recently began collaborating with the University of Southern Maine Muskie School to expand the AmeriCorps mentoring project to other parts of the state. The Muskie School submitted a proposal to the federal AmeriCorps program that was recently approved for funding. This project will serve older youth in the care of the Department of Human Services and the Department of Corrections and be available for 3 years. The Department of Human Services is to have 10 AmeriCorps members available, in teams of two each, to provide direct mentoring services to youth at five sites located where these type of services are needed the most. The Department of Corrections is also receiving 10 AmeriCorps mentors who will be working out of the Maine Juvenile Drug Court program. Referrals to the AmeriCorps mentors would come directly from Life Skills casework staff and other Departmental casework staff who work with older youth in care. Our goal is to make mentoring a sustainable part of the Independent Living Program in Maine statewide. Mentors have been hired at some of the sites in other parts of the state and are actively working with older youth in care on portfolio development and life skills goals. The University of Southern Maine's Muskie School community mentoring site in southern Maine has been operating for about 3 years. More than 30 older youth in care are matched with mentors in that part of the state at the present time.



We recognize that older youth in care need people who will remain involved with them after they leave care. We highly value the efforts of the community mentors who are matched with our older youth in care. With the statewide expansion of the program, we are hoping to see an additional 40 or 50 older youth in care matched with a mentor.

#### **ADDITIONAL INDEPENDENT LIVING PROGRAM SUPPORT:**

The Department's Commissioner continues to assign a Special Assistant to the Independent Living Program to access business, political, and media resources for the benefit of older youth being served by the Independent Living Program. The Special Assistant has been successful in getting some funding for things like an annual college scholarship award and funds to purchase items for other youth in care during the Christmas season. The Special Assistant has also solicited support by speaking to various community groups such as local Lions Clubs and other community groups. In addition, the Special Assistant has a contact at Fleet Bank who is in a position to authorize donations of funds for scholarships, or for other Independent Living Program activities that benefit youth in care. We will continue to utilize the services of the Commissioner's Special Assistant to access both cash and in-kind support for the Independent Living Program in Maine.

### **SUMMARY OF PROBLEMS AND BARRIERS TO SUCCESSFUL INDEPENDENT LIVING TRANSITIONS FOR FOSTER CARE YOUTH**

Adolescents in Departmental care in Maine need consistently available assistance from adults they trust in order to acquire the many life skills that they will need to function "interdependently" in the community as they are leaving care. They also need to have well established community supports in place once they leave Departmental care; a "safety net." Unfortunately, a number of older youth are leaving care with little or no community supports in place despite the best efforts of the Department's caseworkers and care providers. We have found that offering youth the option to remain in voluntary extended care as they "age out" of custody at age 18 has greatly increased the opportunity for an older youth in care to make a successful transition into their adult life. We strongly encourage our youth to accept this option as they approach the age of 18. However, despite encouragement to take advantage of remaining in voluntary extended care with the Department up to the age of 21, some youth choose to return to live with a family member, friends, and sometimes adult shelters. If a youth refuses continued service support after age 18, it is usually because they have consistently refused most services prior to age 18. These are often youth who have lived in residential treatment programs, or correctional facilities, and who have had numerous placement disruptions while in Departmental care.

The diversity of the target population, their transience, and geographic location is still a challenge in terms of all older youth being able to receive the full continuum of independent living and life skills education services. Most youth in care between the ages of 16 and up to the age of 21 are receiving independent living preparation and life skills training services. As was mentioned earlier, the life skills assessment and independent living case planning service system has improved a great deal over the past three years. There are some youth who refuse independent living preparation services. Maine is a predominantly rural state that makes it

extremely challenging for the Department's Life Skills caseworkers to bring youth together to receive life skills education in a group setting. However, most Life Skills caseworkers are able to at least provide some independent living and life skills education either during an adventure trip, in a several week group session format outside of trips, or as part of a youth leadership planning activity. As was mentioned earlier, contracted group and residential care agencies and treatment foster care agencies are using a consistent life skills assessment and independent living instructional model. This has brought uniformity to life skills assessment and independent living case planning and practice statewide. A great deal of the Life Skills caseworker's contact with youth is individual which is important in terms of achieving desired outcomes with the youth. Few older youth in care refuse independent living and life skills services. Most gladly accept this kind of assistance.

Overall, more youth in care between the ages of 16 and up to the age of 21 are receiving independent living and life skills services either directly from a Life Skills caseworker, or from foster parents and group care providers. Now that the state's Maine Automated Child Welfare Information System (MACWIS) is up and running, the Independent Living Program staff has been able to access information about every youth in care who is eligible for services. From this information it can be determined what an individual youth is receiving for independent living preparation services and what progress they are making on identified life skills goals. All Life Skills caseworkers know how to utilize the automated information system to access independent living and life skills information for each youth referred to them and are recording their work with youth in the automated system on a regular basis. The Independent Living Program Manager maintains a database, separate of MACWIS, based on information found in each youth's automated case record and from detailed information provided by the Life Skills caseworkers regarding the youth that they are working with. Life Skills caseworkers and Children's Services caseworkers are recording life skills assessment information, the independent living case plan, and the progress made on life skills goals in the youth's automated case record. The Independent Living Program Manager uses the database that is separate of MACWIS to track independent living program outcomes for those youth not working directly with a Life Skills caseworker. In this way we are able to obtain a more complete and accurate "picture" of what is happening with all Independent Living Program eligible youth in terms of their involvement in independent living and life skills education.

The specific needs of our older youth in care and their readiness to learn independent living and life skills varies considerably. The youth's experience, before and during foster care, continues to affect their willingness and ability to recognize the need for, and to participate in, independent living program services. Many youth entered Departmental custody prior to adolescence, and a number of youth entered care well into their adolescence. These youth have come into their current living situations from a number of different living arrangements; their own dysfunctional families, a restrictive institutional program, a less restrictive foster family home, a group care facility, or numerous short-term emergency shelter, or homeless shelter programs. The frequency with which some of these youth move from placement to placement has a negative effect on their ability to receive independent living and life skills education services with any consistency. A number of our older youth in care have had at least 10 different living arrangements since being in Departmental care. The average number of "placements" that an older youth has had by the time they are nearly 18 years old is between 4 and 7. This is probably the most significant factor affecting their ability to learn basic independent living preparation life skills. As was mentioned earlier, the fact that contracted

service provider agencies use the same life skills assessment and instructional materials should help in terms of providing consistency of life skills assessment and instruction for youth moving to another placement.

Frequent moving also affects the older youth's ability to keep up in school. Moving to another placement often occurs in the middle of a school term. The new school system sometimes has incomplete information about the educational needs of the youth transferring into their school. It is not uncommon for a youth in care to be 19 years old when they graduate from high school and to have been enrolled in a number of different school systems. It is not uncommon for a 17 year old in care to be in the 9th or 10th grade. There are some youth who've been out of school for significant periods of time due to behavioral instability. Nearly 50% of older youth in care are, or have been, in special education programs for identified mental functioning deficits, or behavioral reasons. The youth's grade level is often not a true "indicator" of their actual functioning in terms of literacy and other academic skills. The Department's Children's Services caseworkers and Life Skills caseworkers continue to work with schools to insure that the youth's educational needs are being met. The Independent Living Program Manager has been working with the Quality Assurance Program Manager in terms of meaningfully addressing the youth's educational, or vocational plan as part of the state's quality assurance effort.

As was mentioned earlier, a number of youth in care choose not to continue, or are not eligible to continue, in the Department's voluntary extended care program once they reach age 18 despite encouragement to do so. They may have had a difficult experience while in foster care and distrust the caseworkers, or care providers that have worked with them. Some older youth view Departmental extended care as just another way to exert what they have always viewed as negative "control" over their lives. The relationship that they have had with their caseworker, or care provider is particularly critical in terms of how they will view the possibility of extended care with the Department. As was mentioned earlier, the voluntary extended care policy was recently revised with youth leadership involvement. Major improvements were made to the policy that made it a more positive policy to allow for more individualistic consideration of the youth's needs after the age of 18 and up to age 21. This may be the first time that older youth in care have had an opportunity to participate in the development of policy affecting their lives. The process of involving youth leaders in this policy revision process was written up for an article in a New England social work publication and a national independent living newsletter sponsored by the National Resource Center at the University of Oklahoma.

The Independent Living Program staff continues to maintain, as a primary emphasis, the establishing of meaningful relationships with caring adults that often results in improved educational and community integration outcomes. A number of youth leaving care do not have supportive adults and peers in the community available to assist them following their discharge from care. Some return to immediate family members, other adult relatives, or older siblings only to find out that the support that they hope for isn't there. Others may be living in a community they are unfamiliar with and need to establish a number of connections with the community. As was mentioned earlier in this narrative, the mentoring program has been expanded to statewide by means of a three year AmeriCorps grant. New sites include Portland, Ellsworth, Machias, Lewiston, and Augusta, Maine. We are hoping that this

STATE CHIEF EXECUTIVE OFFICER'S  
CERTIFICATIONS  
(continued)

- (6) The State has made every effort to coordinate the State programs receiving funds provided from an allotment made to the State under subsection (c) with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974 (see Attachment E for a listing of the Transitional Living Program Grants); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
- (7) Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such tribes; and benefits and services under the programs are made available to Indian youth in the State on the same basis as to other youth in the State [Section 477(b)(3)(G)];

Date(s) of consultation: 4/27/2000, 5/31/2000, 4/11/2001, 5/18/2001

- (8) Adolescents participating in the program under Section 477 of the Act participate directly in designing their own program activities that prepare them for independent living and the adolescents are required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
- (9) The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

Kevin W. Concomer  
Signature of Chief Executive Officer's Designee \*  
Commissioner, Maine Department of Human Services

May 30, 2001  
Date

\* The Human Service's Commissioner is authorized by state law to be the Chief Executive Officer's designee for signing this document.



**STATE CHIEF EXECUTIVE OFFICER'S  
CERTIFICATIONS  
for the  
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM**

As Chief Executive Officer of the State of Maine, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place as of September 30, 2000:

- (1) The State provides assistance and services to youth who have left foster care because they have attained 18 years of age and have not attained 21 years of age [Section 477(b)(3)(A)];
- (2) Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year is expended for room and board for youth who have left foster care because they have attained 18 years of age and have not attained 21 years of age [Section 477(b)(3)(B)];
- (3) None of the amounts paid to the State from its allotment are expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
- (4) The State uses training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
- (5) The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];

Date(s) of consultation: 1/19/2000, 4/27/2000, 6/20/2000, 9/28/2000,  
10/23/2000, 10/27/2000, 2/1/2001 2/7/2001,  
4/6/2001, 4/11/2001

2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner;
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1);
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);
6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;
7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;
8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations;
9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A-102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80) and;

### CERTIFICATIONS

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child Welfare Plan to be submitted before the end of June 2001.

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).
2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).
3. Debarment Certification (45 CFR, Part 76.500).

Attached are also the additional certifications (Attachment B) required for the Chafee Foster Care Independence Program as signed by the state's Chief Executive Officer's designee.

CFCIP Funds Requested

Federal Funds Requested \$ 737,309

State Match Amount \$ 184,327

Sources Third party contributions\* \*(see "State Match" section of FFY-2001-2004  
In-kind\* Application and State Plan on page 26 for further  
explanation)

Amount of Federal Funds to be Used for Room and Board \$ 36,800 (see page 8 of FFY-2001-2004  
Application and State Plan)

States must also complete line 9 of the CFS-101 that they submit with their Annual Progress and Services Report by June  
30, 2001.

I certify that I am authorized to submit the CFCIP application for FY 2001 funds in the State of

Maine

Application submitted by:

Kevin W. Concannon  
Name

Commissioner, Department of Human Services\*  
Title

Kevin W. Concannon  
Signature

June 1, 2001  
Date

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of ACF Regional Administrator or Hub Director

\* The Human Service's Commissioner is authorized by state law to be the Chief Executive  
Officer's designee for signing this document



## STATE MATCH

The Maine Department of Human Services requests all of it's share of the FFY-2001 Chafee Foster Care Independence Program Amount; \$737,309.

The State is providing the required 20% state matching funds of \$184,327 as required by the Chafee Foster Care Independence Program.

The State is also applying for, and offers to match additional funds that may become available through any reallocation of Independent Living funds. The minimum of reallocated funds the State will accept is \$1.00. The maximum amount, for which the State wishes to be considered, is \$25,000.00

The State match for funds over the basic amount includes in-kind and third party contributions, based on the Department's cost allocation plan; state funds which are not currently being used as match for other federal funding sources.

## RESPONSIBLE STATE AGENCY

The State's Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Human Services is 1-01-600-0001A6. The Department of Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E.

The Department of Human Services agrees to cooperate in national evaluations of the effects of the Independent Living Program's services.

The information is the same as recorded on Attachment C, State Information on the Independent Living Program, which was appended to the FFY-1994 Application and State Plan.

Please see Attachment A, "Checklist for Preparing the CFCIP State Plan, Federal FY's 2001-2004.

## ASSURANCES

Please see Attachment B as part of the ACF - Chafee Foster Care Independent Living Program additional certification requirements.

The State assures that:

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services;

## BUDGET AND EXPENDITURES

### FFY's 2001 -2004

The following amounts are budgeted for independent living programs, services, and activities, on a yearly basis for FFY's 2001-2004.

The projected expenditures for each year for FFY's 2001 - 2004 are:

a. State Funds	\$184,327	
b. Title IV-B	\$ 60,000	
c. Title IV-E Independent Living Program	\$737,309	
I. Department Personnel/ Administration (Staff travel is included in these costs) One Program Manager/Specialist One Quality Assurance Specialist Six Life Skills Caseworkers	\$468,000*	(*costs expected to increase for FFY's 2002-2004)
II. Contracted Services	\$ 75,000	
University of Southern Maine, Muskie School. Youth outreach including maintaining and expanding community mentoring program, technical assistance and support for the Youth Leadership Advisory Team, assistance with planning and conducting the Teen Conference, and technical support for I.L. Program staff.		
Agreement with Native American tribes	\$ 18,000	
III. Other		
Educational and vocational services, post-secondary education tuition, books, fees,	\$ 90,000**	(**there are 20+ more older youth in care in a post-secondary education program (2000-2001) compared to last year)
Adventure based life/employment skills/self esteem building trips	\$ 30,000	
Other group and individual activity costs related to supporting transitional independent living planning and preparation for community living/I.L. conference costs	\$ 19,309	
HHS approved indirect administrative charges	\$ 37,000	

eligible. These youth may move in and out of a licensed placement several times during the coming year affecting their Title IV-eligibility.

## EXPECTED RESULTS AND OUTCOMES

The programming services described in this plan are expected to result in the following transitional independent living outcomes for older youth in care:

1. Greater accessibility and availability of activities that enable older youth in care to gain the necessary life skills to facilitate their successful transition from care to living interdependently in the community; including intense focus on completing high school, pursuing a post-secondary educational program, and improved career planning and preparation skills for securing and maintaining employment.
2. Availability of services and activities that are proven to be effective in enabling older youth in care to acquire and be able to demonstrate the use of necessary life skills. All Departmental Life Skills Caseworkers will complete a life skills assessment and use a tracking format that will measure the youth's ability to perform life skills tasks in identified core life skills areas such as employment preparation, money management, using community resources, communication, decision-making and problem solving, and housing. At least 55% of the youth working with a Life Skills Caseworker will be able to demonstrate basic competencies in the identified core life skills areas.
3. Greater integration of preparation for interdependent living strategies, concepts, and activities within the Department's Children's Services caseworker's practice. New caseworker trainings, conducted through the Department's Child Welfare Training Institute, will continue to include presentations by both older youth in care and independent living program staff relevant to the provision of independent living life skills services to older youth in care.
4. Policy and practice with older youth in care that promotes the acquisition of interdependent living skills while they are still in care. And policy and practice that enhances effective discharge planning; offering youth in care the best possible opportunities for making a successful transition from the Department's care into the community.
5. Transitional independent living case planning for older youth in foster care that more effectively focuses caseworker tasks on activities which prepare youth for successful transition from Departmental care, or custody with measurable outcomes in the various life skills competency areas. 100% of youth eligible for Independent Living Program services will have a written Transitional Independent Living Plan in place. This plan will be reviewed and revised once every six months with the youth's involvement. Progress made on identified independent living goals will be clearly addressed with revisions to the goals made as necessary.
6. Engender the greater involvement of community agencies, businesses, and concerned individuals in the development and delivery of effective services which promote life skills development, facilitates a successful transition from Departmental care, and supports an interdependent community living plan. Youth will be able to demonstrate competency in core skills competencies.

Maine's criteria for determining eligibility for Independent Living Program services is to accept all referrals for older youth in care residing in the state regardless of whether or not they are Title IV-E eligible. The criteria for continued work with youth in care after age 18 and up to the age of 21 is governed by the newly revised extended care policy ("V9") (see attached copy of V9 policy)

The Department does not discriminate with regard to referrals of our older youth in care for Independent Living Program services with regard to race, sexual orientation, religious affiliation, or any other factor which might prevent an older youth in care from receiving the benefit of program services. Our goal is to provide every older youth in care, particularly those youth after age 18 and up to age 21, every opportunity to take advantages of the services available through the state's Independent Living Program.

This information is also included in Attachment C, State Information on the Independent Living Program, that was amended to the FY Application and State Plan.

NOTE: The Department's Life Skills caseworkers accept referrals for services for a selected number of youth who are under the age of 16. Some youth under age 16 are currently participating in youth leadership activities. There are also some youth under age 16 who attend other program activities such as the Teen Conference. All youth in care between the ages of 14 and up to age 21 receiving the Independent Living Program's newsletter on a quarterly basis. We are currently unable to serve the needs of youth under the age of 16 in a comprehensive way with our current Life Skills staff resources. However, there are a number of treatment foster care and group and residential care providers who provide independent living and life skills preparation services to youth under the age of 16. Two examples of this are the Casey Family Services foster care program and the Good-Will Hinckley group and residential care program. The Independent Living Program Manager has had discussions with a number of these service providers to encourage them to begin independent living and life skills work with youth before the age of 16.

#### Number of Youth Anticipated to be Eligible and Served

Based on the ages of children and young adults in the Department's custody, or voluntary extended care as of June 1, 2000, it is estimated that 810 youth age 16 or older will be in care, or custody at any given time during Federal Fiscal Year 2001. At total of 950, or more will be eligible for Title IV-E Independent Living Program services for at least some portion of Federal Fiscal Year

2001. It is expected that these numbers of older youth in care will slowly increase each for each year through FFY 2004.

410 of the 950 youth, age 16 or over, expected to be in care during FFY-2001 will be IV-E eligible. Of those 410 IV-E eligible youth, 122 are expected to participate in independent living program services. 540 non-Title IV-E eligible youth, age 16 or over, are expected to be in care during FFY-2001. Of those 540 non-IV-eligible youth, 218 are expected to participate in independent living program services. There are between 20 to 25 former youth in care who are expected to participate in independent living program services. IV-E eligibility determination is currently pending for 3 youth, 16 and over, who are new in custody. It is anticipated that there will be some youth who are living in a non-licensed placement and will be non-Title IV-E

**Goal 3: Enhance and maintain quality services that adequately prepare youth in foster care for transition from care to self-sufficient adulthood.**

Objective 1: To include youth in the child welfare planning process. Youth will be represented on the Child Welfare Advisory Committee for FFY's 2001 through 2004. To continue to utilize the Youth Leadership Advisory Team to provide information to Departmental staff and community service providers regarding the needs of youth in care. The YLAT "Speaker's Bureau" presentations will be planned and conducted the YLAT Coordinator on a regular and ongoing basis through FFY-2004.

Objective 2: To work with the Administration for Children and Families and their consultants to identify independent living program outcome measures with a focus as to how these outcomes will accurately measure the youth's successful transition out of care. Outcome measures will be identified with progress reported on measures for each FFY 2001-2004.

**Goal 4: Effective communication and partnership with, and among youth, state departments, community agencies, interested businesses, and individuals.**

Objective 1: To continue to meet with representatives of other state departments, representatives from community agencies, members of the business community, and individuals on an ongoing basis for FFY's 2001-2004 to improve access to independent living preparation services for older youth in foster care.

Objective 2: To continue publication of the Independent Living Program's youth leadership newsletter on a quarterly basis and to continue work on the youth leadership website ([www.ylat.usm.maine.edu](http://www.ylat.usm.maine.edu)) on an ongoing basis for FFY 2001-2004.

## **YOUTH TO BE SERVED**

### **Election of Population**

The Department of Human Services elects for eligibility for programs under the Chafee Foster Care Independence Program, all youth regardless of Title IV-E eligibility. Program eligibility includes:

- a. Youth, age 16 or older, for whom foster care maintenance payments are being made with Title IV-E funds.
- b. Non-Title IV-E eligible youth, age 16 or older, who are in foster care under the custody of the state.
- c. Youth, or young adults under age 21, who were in foster care under the responsibility of the state on, or after their 16<sup>th</sup> birthday. This latter population are integrated into the state's overall planning for discharge and aftercare services. These youth will be provided services in accordance with the newly revised policy and procedures established for this purpose.

**Goal 1: Expanded services for older foster care youth that includes greater availability and access to a continuum of services and activities that enable youth to adequately prepare for leaving foster care and live interdependently in the community**

Objective 1: To continue to increase the number of available of community based sub-contractors for aftercare for youth in apartment living to assist them as these youth transition from specialized independent living programs. The goal is to have at least 4 new programs this type developed and in place by the end of FFY 2004, September 30, 2004.

Objective 2: To quantify and evaluate the effectiveness of the sub-contractor currently managing a statewide community and work-site mentoring program for older youth in care. Quantification and evaluation will occur once a year for FFY's 2001-2004 as required by the Department and the AmeriCorps grant.

Objective 3: To continue to utilize the district's independent living program staff to act as consultants for agencies and programs providing independent living preparation services. This will occur on an ongoing basis for FFY's 2001-2004.

**Goal 2: Integration of preparation for adulthood concepts and activities into the casework practice of all staff who work with older youth in the care of the Department.**

Objective 1: To implement the newly revised guidelines with regard to life skills assessment and independent living case planning practice for all older youth in care for all Department casework staff by October 1, 2001. The objective is improvement in systemic consistency in practice for all Department casework staff, treatment foster care providers, and group and residential care providers. Quality Assurance Managers will oversee the quality and content of the life skills assessments and independent living case plans on an ongoing basis.

Objective 2: To conduct the 11th annual Teen Conference for independent living program youth, foster care caseworkers, care providers, and others who work with youth who are transitioning out of care and into the community. The 11th Annual Teen Conference is scheduled for June 28, 2001 at Colby College in Waterville, Maine. The Teen Conference will be planning and conducted each year through FFY-2004.

Objective 3: To incorporate specialized independent living and youth development training topics into the training curriculum available through the Child Welfare Training Institute beginning in the Fall of 2001. Training will be available for foster care providers, group and residential care providers, and Department staff. Consult with staff from the University of Southern Maine's Muskie School the Department's management and supervisory staff, and the care provider community with regard to selection of training topics on a yearly basis through FFY-2004.

programs that have strong independent living and life skills services. Some of the proposals selected for funding have included mentoring program components as well. A number of quality community based programs offering these types of services have been funded through the Juvenile Justice Advisory Group as a result of the RFP process.

The Independent Living Program Manager has also been a member of the statewide Committees on Transition and Maine Transition Network for the past three years. The COT/MTN is a state non-profit agency designed to assist all youth with special needs with their transition out of high school into a career track or post-secondary education program. The service population includes a number of older youth in care with special transition needs. The Independent Living Program Manager is a member of the Executive Committee of the COT and has supported their recent federal grant proposals to the U.S. Department of Education for expansion of their state program services. Some of our Life Skills caseworkers are members of the COT regional boards. More state government agency staff and private agency staff are becoming aware of the needs of older youth in foster care as a result of the above connections.

Many youth in Department custody/care are also involved with the mental health, corrections, labor (vocational rehabilitation services), or education departments of the state. Representatives from these departments have been invited to participate, or attend Independent Living Program activities such as the annual Teen Conference. There has been increasing openness to the idea of working together for the benefit of older youth in care. A Department of Human Service's caseworker continues to work directly out of the Maine Youth Center to assist in making appropriate plans for youth transitioning into the community from the Youth Center. As mentioned earlier, there have been ongoing discussions between the Department of Human Services and the Department of Mental Health and Retardation and Substance Abuse Services with regard to effecting improved transitions for older youth to the adult services offered by DMHMRSAS. Information about programs that serve the needs of older youth in care regarding educational planning, job skills attainment and maintenance, and other independent living life skills programs continue is disseminated to Departmental caseworkers so that they can refer youth to these programs. Linkages that are made with public and private service providers will increase the likelihood that more of our older youth in care have access to services which lead to positive interdependent living outcomes. This should help reduce the negative impact of some of the barriers and problems mentioned earlier in this section.

## DESCRIPTION OF SERVICES AND ACTIVITIES PLANNED

The programs, services, and activities described in this section are to be carried out in whole, or in part, with Title IV-E, Section 477 funds allotted for Federal Fiscal Year 2001-2004 under the Chafee Foster Care Independence Program Act of 1999. Consistent with the Department's priorities, the CFCIP plans for FFY's 2001-2004 are integrated into the existing five year Title IV-B Child and Family Services Plan (CFSP). CFCIP plans are based on the Department's experience with previous strategies, on recommendations made by a sub-committee of the Child Welfare Advisory Committee, and on the requirements of the Chafee Foster Care Independence Program Act of 1999. The focuses on four major program goals:

All of the things mentioned above can present themselves as barriers with regard to effective delivery of independent living program services for older adolescents. However, there is an increased level of awareness of the needs of older adolescents in foster care. Improved transitional independent living planning is being done. Using our older youth to "speak out" on behalf of the needs of other youth in care has proven to be an effective way to get the "message" out about not neglecting the needs of older youth who are transitioning out of care. While we realize that we have limited control over some of the problems individual youth experience while in the Department's care, we feel that much progress has been made in getting the voices of our older foster youth heard by others in the foster care system.

Foster parents, group and residential care staff have enhanced their skills with regard to assessing, planning for, and teaching independent living life skills. We have made some progress with regard to training care providers with regard to the principles of youth development and provision of quality life skills education to older youth in care. A series of trainings for group, residential and foster care providers were conducted in September 2000. The topics included "Promising Approaches: Preparing Youth for Life After Foster Care" and "Revitalizing Work with Youth in Care Through Youth Development." During the past few months we have been working the state's Child Welfare Training Institute and the University of Southern Maine's Muskie School to incorporate quality independent living and youth development training into their yearly training curriculum. We expect that these curriculum additions will be in place for the coming year. We will also request approval for federal technical assistance funds for specific trainings whenever possible.

Life Skills caseworkers are continuing their consultation with foster parents who are providing life skills services to the youth in their home. The moves from placement to placement that take place for many youth interrupt their independent living and life skills learning to some degree. Some care providers may see their role as solely being "caretakers" of the youth. Others are somewhat anxious about the "liability" of allowing a youth in their home to participate in "experiential" life skills activities. Some group care providers may be overly protective in this sense for fear of violating their licensing regulations. The Independent Living Program Manager has been participating for the past two years in a licensing task force that has been revising all licensing rules and regulations. Part of the revisions include less restrictions with regard to programs that provide independent living life skills services. This has resulted in more agencies being willing to consider establishing community based apartment living programs for youth who are between the ages of 17 and up to the age of 21. Some barriers have been removed with regard to this.

There are sometimes problems that arise from a lack of knowledge and collaboration within and between the various state departments. An example of this would be some of the difficulties effecting the transition for older youth in care from the Department's Child and Family Services to the adult services provided by other state Departments and programs. Discussions are under way to improve the way that this transition takes place for specific older youth in care. The Independent Living Program Manager has been a member of the state's Juvenile Justice Advisory Group for the past four years and a member of the Prevention and Grants Committees. As a Prevention and Grants Committee member, the Independent Living Program Manager participates in making decisions about programs that will be funded as a result of RFP'S. (requests for proposals) Recent proposals selected for funding have included



program will assist some of our older youth in care with making long lasting connections with their community.

We are encouraged that more care providers, both foster home and group home, are recognizing the importance of starting independent living and life skills education with youth before they turn 16 and become eligible for the services of Maine's Independent Living Program. This enables the Department's Life Skills caseworkers to begin their work with some of these youth at a more advanced stage in the continuum. Some care providers have been providing life skills services before the youth is 16.

Maine's Independent Living Program staff continue ask that caseworkers, foster care providers, and group care providers at least explore the possibility of members of the youth's own family being able to provide some form of independent living support for them as they near the time of transitioning out of care; especially if the youth is planning to return to live with a family member. Many youth in care are planning to return to live with a family member at age 18, with or without Departmental approval; in an attempt to reestablish meaningful contact with members of their birth family. Because of this, we feel that we should assist these youth with making that contact and include family members in the transitional independent living planning. The Department's Life Skills caseworkers and Children's Services caseworkers use this approach taking into account any safety issues that might be of concern. The revised extending care policy also addresses the issue of youth who may be living with someone in their family as they near age 18.

More adolescents in care need specialized therapeutic foster care, residential care, or in/out patient mental health and substance abuse services. It takes considerable time and effort to effect specialized placements for adolescents. Some youth wait a significant length of time for a placement and become understandably frustrated while waiting for a placement opening. They sometimes run away from a placement while they are waiting; frustrating for both caseworker and the youth. It takes time to "pick up the pieces" when this happens. A number of older youth in care refuse to live in what they view as a more "restrictive" setting with program rules they don't agree with. Approximately half of those youth entering care each year between the ages of 14 to 17 have been adjudicated of juvenile criminal offenses and are on probation. Most of these youth also require specialized placements and educational services as well as various treatment services. The Department of Human Services Commissioner has assigned one of his staff to work on developing specialized placements in Maine for older youth in care who are in out of state residential placements. The Independent Living Program Manager has been working with this individual in terms of what type of resources are needed for these older youth who are returning to Maine. The number of older youth in care living in out of state residential placements has been significantly reduced over the past two years.

The number of children and adolescents entering care is increasing without an increase in casework staff and that can have an adverse affect on services for older youth in care. Turnover of casework staff has been, at times, a significant problem as well. The recent passage of the national Adoption and Safe Families Act has placed an important emphasis on requiring the Department to move much more quickly toward a "permanency plan" for children entering custody. The Department's district program caseworkers and supervisors have sometimes found it to be difficult to balance the permanency planning needs of younger children with the transitional independent living needs of older youth in care.

**ADDENDUM B:**  
**CHILD DEATH/SERIOUS INJURY REVIEW**



# ***Report of the Maine Child Death and Serious Injury Review Panel***

**A Multidisciplinary Committee of the  
Maine Department of Human Services**

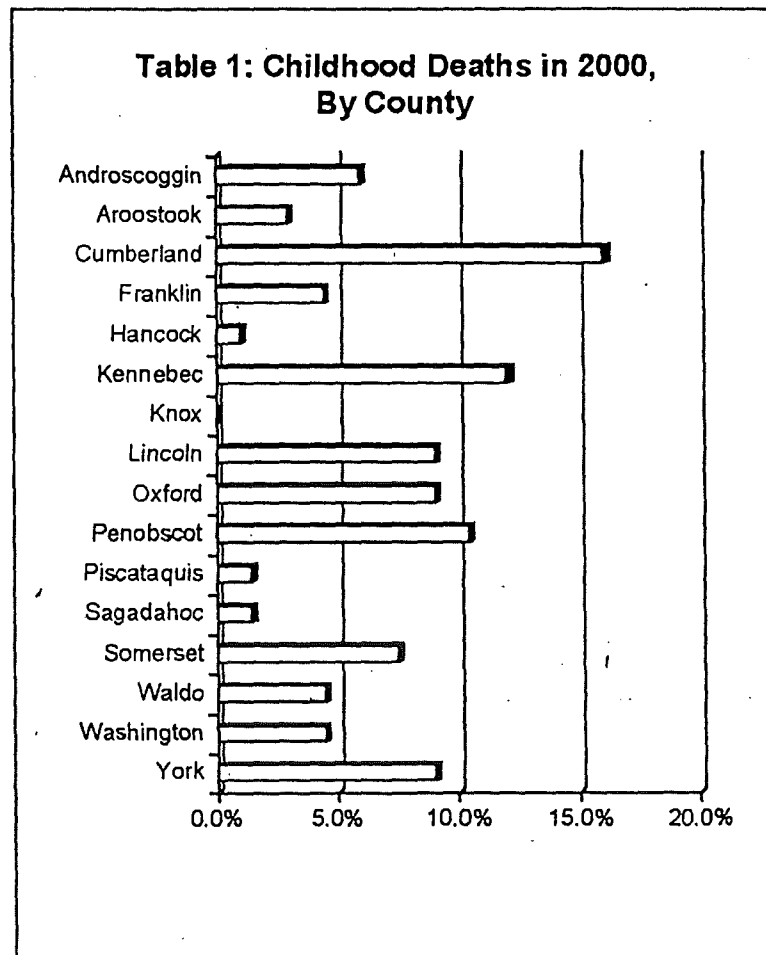
**May, 2001**

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## *All Childhood Deaths in 2000*

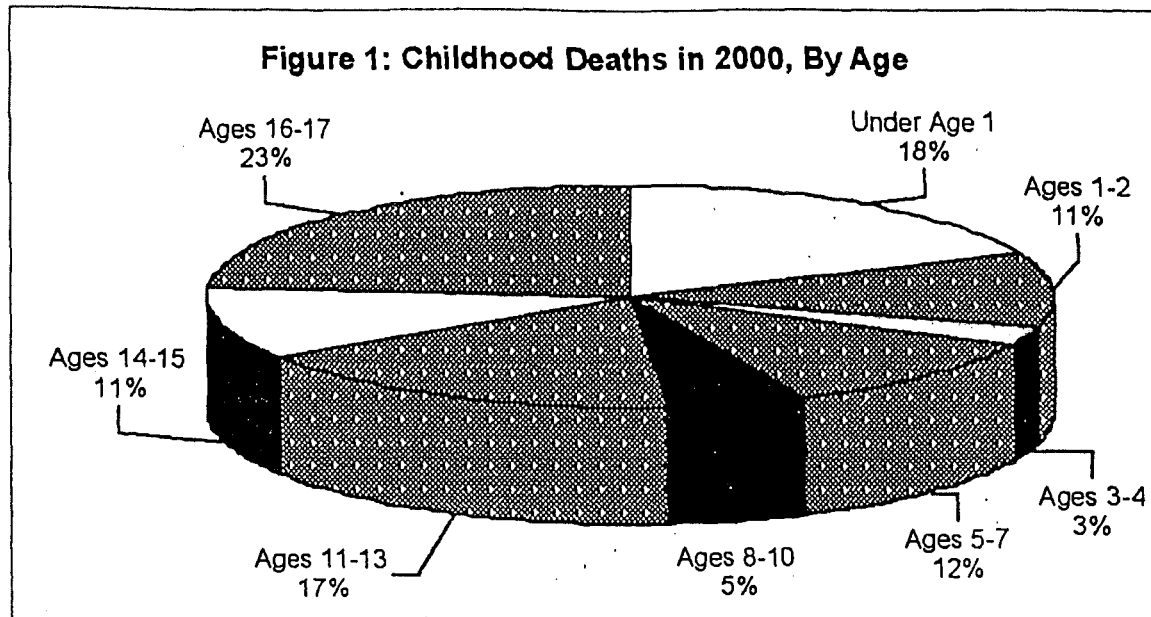
In the year 2000, 67 children, (defined as under the age of 18), died in the state of Maine.<sup>1</sup> Most of these deaths, 16.4%, occurred in Cumberland County, followed by Kennebec (12.0%) and Penobscot Counties (10.4%). Table 1 displays the break down of deaths for each county.






When considering each individual age between 0 and 17, most deaths occurred to children under the age of one (21%), followed by children age 17 (15%). Figure 1

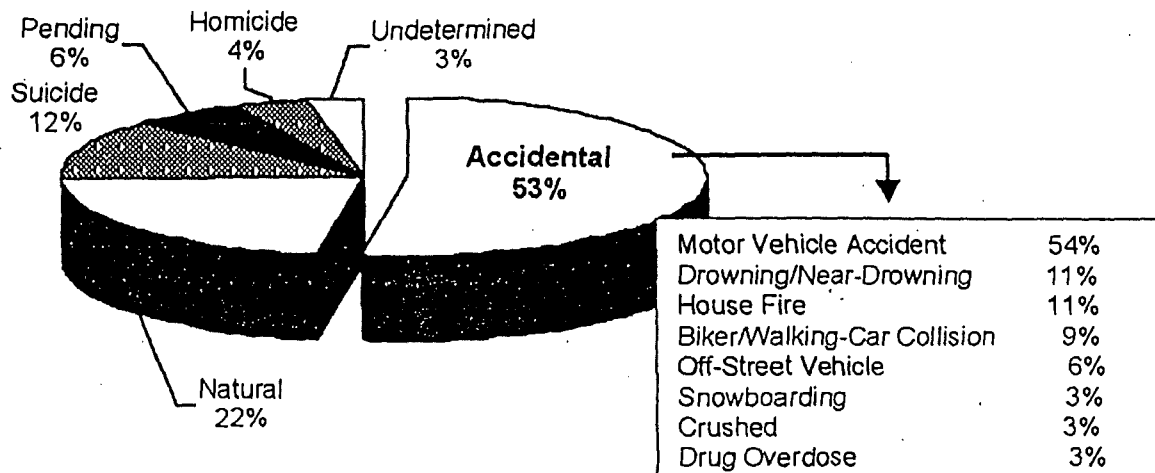
<sup>1</sup> All of the data about children's deaths in Maine in the year 2000 was obtained from the State of Maine, Office of the Chief Medical Examiner.

groups children into age categories. Children under the age of five made up 36% of the deaths; children over the age of 13 made up 39% of the deaths.



With regard to causes of death, most were accidental (53%) followed by natural causes (22%) and suicide (12%). Figure 2 displays the kinds of accidents which occurred. Within this category, the most common type of death was a motor vehicle accident (54%). There were only three children who were the victims of homicides. One individual died from a gunshot wound caused by a friend. Another died from smoke inhalation in a fire that was determined to be arson and the third child died from multiple trauma caused by child abuse, where the perpetrator was the mother's boyfriend.

Table 2: Child Homicides in 2000		
		
Age 15	Age 17	Age 21 months
Intentionally shot in the chest by a friend	Died of smoke inhalation. House was intentionally set on fire by friend	Multiple trauma caused by abuse; perpetrator was the mother's boyfriend

**Figure 2: Causes of Death in 2000**



## ***Maine Child Protective Services Data in 2000***

In the year 2000, 4,820 new reports involving 10,607 children were assigned to a case worker for a complete assessment. Of these assessments, 4,728 were completed by December 31, 2000 and 52% of the cases, or 2,283 were substantiated for some type of maltreatment. The highest rate of substantiation (63%) was out of the Rockland office, located in Knox County; the lowest rate of substantiation (46%) was out of the Augusta office, located in Kennebec County.

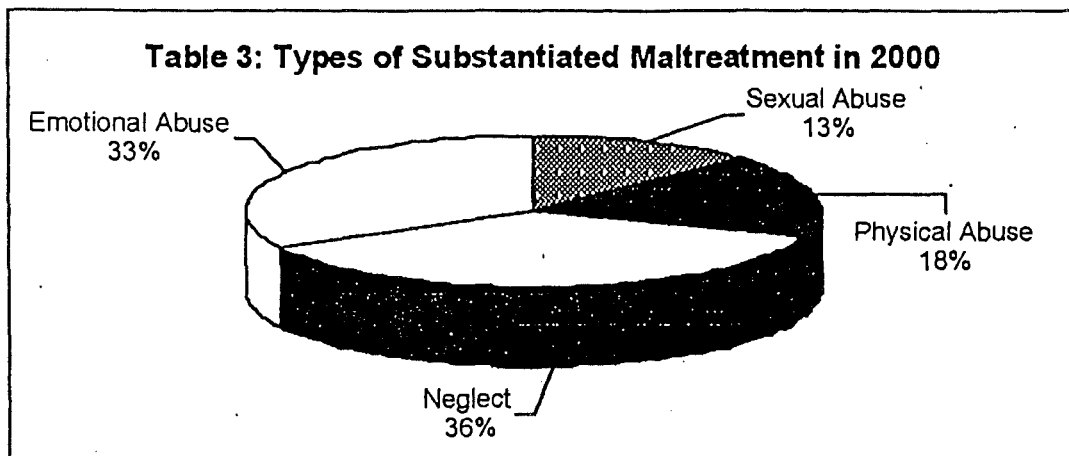
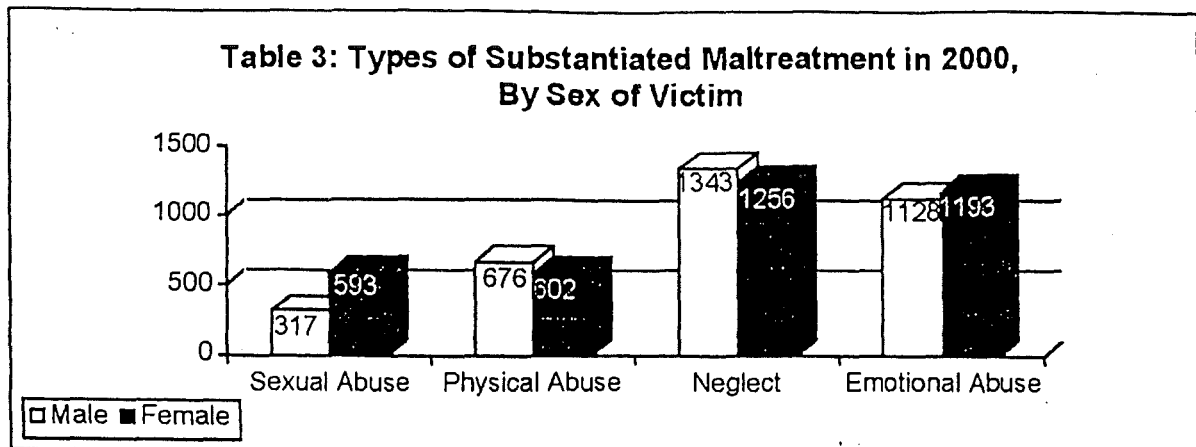
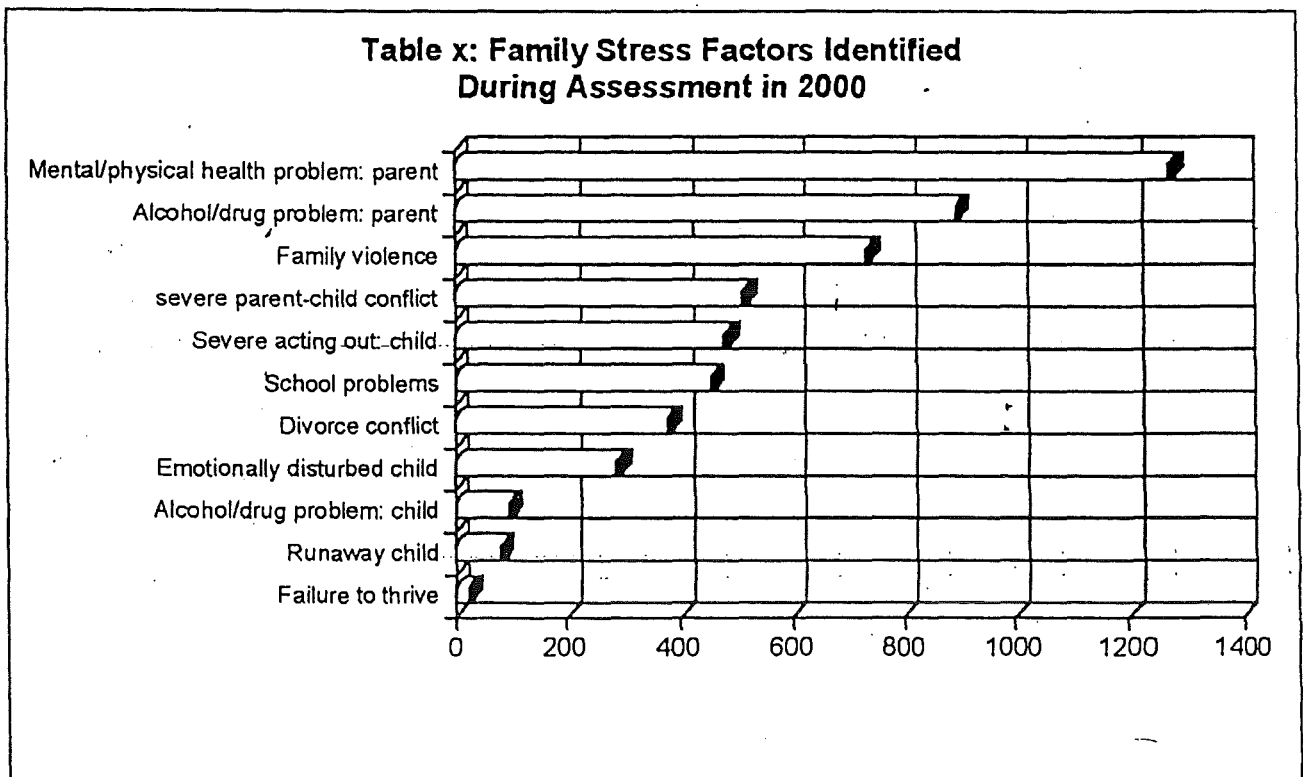


Figure 3 displays the proportions of the different kinds of maltreatment which were substantiated: emotional abuse (33%, n=910), sexual abuse (13%, n=910), neglect (37%, n=2,599) and emotional abuse (33%, n=2,321). Maltreatment was substantiated in 2,283 cases, and there were 7,108 difference instances of maltreatment. Thus, many children in the state of Maine are the victims of more than one kind of maltreatment.

Table 3 illustrates the gender breakdown for each kind of maltreatment. Among the categories of emotional abuse, neglect and physical abuse, roughly half of the victims in each case were female: 51%, 48% and 47%, respectively. With regard to sexual abuse, 65% of the victims were female.



The Department of Human Services noted the presence of a number of family stress factors while completing assessments. Each of these factors are noted in the table below. The three most common stress factors were the presence of a parental mental or physical health problem (24%), alcohol or drug abuse by a parent or caretaker (17%) and family violence (14%).



## *Case Reviews in 2000*

The Maine Child Death and Serious Injury Review Panel meets monthly and reviews the deaths of Maine children from a "systems" point of view. The Panel reviews approximately 10 cases each year, unless an individual case consumes two months. In the year 2000, the Panel reviewed the death of only seven children, as several of the cases were quite complex and demanded more than two months worth of work.

All of the deaths or serious injuries reviewed in 2000 actually occurred in the previous two years. As already noted, the Panel only reviews a few deaths each year and is also limited from reviewing cases which are pending in the criminal justice system. As illustrated in Table 4, the children which the Panel reviewed ranged in age from seven weeks to 13 years. Six of the reviews involved deaths and one involved a serious injury.

Table 4: Cases Reviewed in 2000				
Age	Sex	D/SI*	Abuser	Circumstances of Case
2	M	SI	Mother's boyfriend	Severe head trauma
4 wks	F	D	Father	Asphyxia
5 mos	M	D	---	Asphyxia
9 mos	F	D	Mother	Cardiac Arrest
13 yrs	M	D	Suicide	Gun shot
11 yrs.	F	D	Step-father	Strangulation
7 wks	M	D	---	Inconclusive

\*D=Death; SI=Serious Injury

The family characteristics for the cases which were reviewed are displayed in the table below. The age of the mothers and fathers at the time of the serious injury or death is noted. Mothers' ages ranged from 18 to 37; fathers' ages ranged from 20 to 39. Parents, in general, had a low level of education and most of them were either not married, or had divorced from the victim's parent. About half of the families had domestic violence in the home, as well as parental mental health problems; however, problems with substance abuse were less prevalent. All of the mothers were quite young at the age of their first child and some of the parents experienced abuse in their childhood, although there is an absence of information in this category. Almost half of the mothers had re-married or had boyfriends who lived with them. In each of these

instances, the mother's new partner was the perpetrator, or significantly contributed to the family's problematic circumstances. About half of the families moved frequently, meaning several times within a year, often residing with extended relatives, or renting a single room for the entire family. Most of the families which were reviewed had either been reported to the Department of Human Services for suspected maltreatment, or had prior involvement with the Department regarding the safety of children.

<b>Table x: Family Characteristics of Cases the Panel Reviewed</b>							
<b>Family Trait</b>	<b>Case #1</b>	<b>Case #2</b>	<b>Case #3</b>	<b>Case #4</b>	<b>Case #5</b>	<b>Case #6</b>	<b>Case #7</b>
Mother's Age	35	29	18	21	37	34	22
Father's Age	--	37	20	27	--	39	24
Mother's Education	--	Some TechSch	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade	--	HS	8 <sup>th</sup> Grade
Father's Education	--	HS	10 <sup>th</sup> Grade	HS	--	--	HS
Marital Status (Parents of child)	Not married	Married	Not Married	Married	Divorced	Divorced	Not Married
Domestic Violence in Home	--	No	No	--	Yes	Yes	Yes
Parent Substance Abuse Problem	--	No	No	--	No	Yes	Yes
Mental Health Issues	No	Yes	No	--	No	Yes	Yes
Age of Mother at Birth of First Child	33	20	14	21	21	21	17
Mother: Abused as Child	No	No	No	--	--	Yes	Yes
Father: Abused as Child	--	No	No	--	--	--	Yes
Mother Cohabiting with Boyfriend or Re-Married	Yes	No	No	No	Yes	Yes	No
Moving Frequently	No	Yes	Yes	--	No	No	Yes
No. of People in Residence	3	4	7	3	6	4	5
No. of Siblings in Home	0	1	2	0	3	1	2
Prior DHS Reports or Invol.	No	Yes	Yes	No	Yes	No	Yes

A dash (--) indicates that information is unknown.

## ***2000 Findings and Recommendations of the Panel***

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The Panel developed nearly twenty-five findings and recommendations in the seven cases it reviewed. Most of the findings focused on systems issues which, in the opinion of the Panel, deserve further attention from professionals or agencies working with children. However, some of the findings also high-lighted progress or excellent collaborative work. Below, are three common findings each coupled with recommendations, when appropriate.

### ***Finding A***

The Panel found that caseworkers often fail to adequately develop service agreements, thoroughly assess the safety of a relative placement, or fail to follow Departmental policy to ensure the safety of children.

### ***Recommendation A***

First and foremost, the Panel recommends that caseworkers follow safety planning procedures as out-lined Departmental policy. This would include the use of kinship care assessments, properly and thoroughly assessing parents' capacity to parent before service delivery and providing children with timely and appropriate placements to meet the needs of children's psychological, emotional and physical development. Finally, the Panel recommends that caseworker supervisors need more clinical supervision over the work that they perform, and that the Department needs an increase in funding to lower case loads for both supervisors and front-line staff.

### ***Finding B***

There were several instances in which the Panel found that the psychological evaluations performed on the parents, or the treatment provided to parents, were limited in depth and scope, and often the recommendations given by providers had little relevancy to the findings of the evaluator. There was also an inability to recognize when the safety of children was jeopardized and required intervention. This lack of depth and

conceptualization often hindered the work of the Department or put the lives of children at further risk.

### ***Recommendation B***

The Panel recommends the development of more training for mental health providers on how to link recommendations with identified risk factors. It also recommends the initiation of professional collaboration to provide peer-review and the development of standards for conducting parenting assessments. These trainings, collaborative work and standards should utilize current literature in the field of psychological evaluations.

### ***Finding C***

Law enforcement officials and child welfare case workers continue to improve their working relationship. In a number of instances, the Panel applauded their collaborative work to protect the safety of Maine children.



**ADDENDUM C:**  
**INDIAN CHILD WELFARE ACT**





## INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act (ICWA), passed in 1978, attempts to protect the interest of Indian children and promote the stability and security of Indian tribes and families. It sets forth a unique set of standards that are applied to Indian children who come in contact with the child welfare system. The Act also gives tribes standing in all cases involving Indian children. The Director of the Division of Child Welfare serves as the liaison from the Bureau to Tribal officials and assures the Bureau's compliance with the Act.

### Review of 5 Year Goals

1. A Tribal/State training collaborative process will be set up to plan for and implement training related to diversity and caring for Indian children in out of home care. The Child Welfare Training Institute is providing support to this effort.

This goal was accomplished with 5 day training programs for all DHS staff, AAG's and foster parent representatives. In addition an on-going 1 day training program to be delivered by Tribal representatives is now in place.

2. In Penobscot, Washington and Aroostook counties meetings will be held between Departmental and Tribal representatives to:

- Identify areas that need improvement in how the State and Tribes work together in the area of child welfare.
- Develop and implement written agreements/protocols that outline how the Tribes and State will work together on child welfare issues.

A written working agreement is in place between the Penobscot nation and the Department of Human Services. There is no written agreement between the Passamaquoddy Tribe and DHS but regular meetings are held between the Department and the child welfare Department at the Pleasant Point Reserve.

The Department has been meeting with the representatives of the Houlton Board of Maliseets but no written agreement has been reached. These negotiations are hampered by the fact that the State maintains jurisdiction in all Maliseet cases, as there is no reservation and no Tribal Court. There is a draft agreement. In most cases involving Maliseet children joint planning is done between the Tribal ICWA Coordinator and Departmental staff.

3. Using the Maine Indian Tribal State Commission (MITSC) as a facilitator to explore what is required for the Penobscot Nation and the Passamaquoddy Tribe to become IV-E eligible.
4. As MITSC has identified child welfare as a priority for the coming year, Department staff will use this vehicle to identify issues of conflict and to develop resolution of those conflicts.

The four Tribes have formed the Abenaki Child Welfare Coalition which they have designated as the agency to collaborate and coordinate with the Department on child welfare matters. The Department continues to meet with this group every other month.

It has not been possible to finalize the draft Tribal/State IV-E agreement. Tribes are hopeful they will be authorized to seek IV-E funds directly. Even the two largest Tribes in Maine are small with limited staff and infrastructure. And while their child welfare programs operate very effectively, the documentation required would place tremendous demands on such small systems.

#### New Long Range Goal

1. Efforts to maintain existing efforts that have improved Tribal/State relations.

- On-going training
- Bi-monthly meetings
- Development of new cultural sensitivity activities

#### Activities This Past Year

- The four Tribes have established the Abenaki Child Welfare Coalition to serve as the group working with Department representatives. This group meets with the Department every other month and at other times when needed to problem solve or undertake joint activities.
- Poster with ICWA information are designed and at the printers.
- Two Chaffee planning sessions have been held.
- 10-E funding information was distributed and discussed at a bimonthly meeting. An evaluation of the capacity of the Passamaquoddy eligibility was conducted by the ICWA liaison from the Department.
- ICWA training has been added to the on-going training plan of the Department to be developed by Tribal representatives.

#### Activities for the Coming Year

- Develop new statewide training.
- Continue bi-monthly meetings to deal with mutual interests.
- Finalize Chaffee plans.

**ADDENDUM D:**

**CHILD ABUSE PREVENTION AND TREATMENT  
ACT (CAPTA)**



## CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

The CAPTA State Grant Program exists to improve each state's response to abused and neglected children by providing funds to enhance the state agencies' child protective activities.

### Compliance Update

Maine continues its compliance with all eligibility requirements, except for the requirement related to sharing certain information in child death and near death cases. Our statute does contain the provision related to child death cases, but does not have "near death" stated specifically in statute. The Department submitted a proposal to the Legislature during this year's session to remedy this situation, but the proposal did not pass. The Department will submit this legislation again during the next session.

### CAPTA Requirements

There have been no changes in Maine's compliance with the requirement for a Citizen Review Panel, expungement of records, Review of Substantiation Decisions, Disclosure of Information in Child Fatality or Near Fatality and not requiring reunification when certain aggravating circumstances are present.

### Summary of Citizen Review Panel Findings and Recommendations

#### 1. Finding

The Department's development and implementation of the Safety Assessment policy and procedures provides more focused information gathering and more timely, supported case decisions. However, the application of this process is uneven from district to district, and from unit to unit. The Department has since undertaken activities to enhance Safety Assessment implementation focusing on the role of the Supervisor.

#### Recommendation

The Department continues their focused, concerted effort to support Casework Supervisors' efforts to make the necessary changes in the way that caseworkers conduct safety assessments. The Department should continue to assure the availability of appropriate clinical supervision for Supervisors.

#### 2. Finding

The Department fails to accurately conceptualize their cases both prior to and after the initial assessment process.

#### Recommendation

The Department needs to develop effective tools to enhance staff capacity to give the appropriate meaning to the information gathered during the assessment process.

3. Finding

The workload for child welfare caseworkers has increased significantly in the last 5 years due to increased reporting, more multi-problem families and the new Federal requirement. The Department has not requested the necessary resources to meet these demands. This has impacted on the quality of the work provided to children and families.

Recommendation

The Department seeks from the Legislature the necessary resources to provide quality services to abused and neglected children and their families.

### **CHILD MALTREATMENT PROJECT**

The original project ended when temporary budget considerations changed Bureau priorities. The project is being reconstituted/revised and moved within the District Court system. The Clinical Director has been hired.

#### **Project Activities**

- Establish a planning committee of all stakeholders to design the project.
- Clarify the outcomes for the project.
- Develop training for the evaluators.
- Develop judicial guidelines for the use of evaluations.
- Update the clinical protocol.

### **PROVIDER TRAINING PROJECT**

The Department in conjunction with the Child Abuse Action Network is seeking to expand the number of providers able to provide treatment to abused and neglected children throughout the State of Maine. Currently there is a grave shortage of providers with the expertise to deal with the impact of abuse and neglect on children. This project will be a combination of a train the trainers and mentor development program. The goal is to have the participants who attend this training take back the information to other providers in their geographical area.

#### **Activities for the Coming Year**

- Hire a training coordinator.
- Develop an oversight/planning committee of providers and Department staff.
- Design the curriculum.
- Identify participants.
- Arrange for presenters.
- Begin delivering.
- Design “carry-back” requirements and accountability systems.

## INTRODUCTION: THE CHILD ABUSE ACTION NETWORK

The Maine Department of Human Services (the Department) is the state agency designated to apply for Children's Justice Act (CJA) grant funding. The Department's Division of Child Welfare is the administrative agent for Children's Justice Act grants. This Division has maintained a joint planning process with the state's Child Abuse Action Network, (CAAN) the entity designated by the Governor to receive CJA funding. CAAN functions cooperatively with the Department and with the Edmund S. Muskie School of Public Service. The Network's mission is to establish policies and programs designated to provide (a) the handling of child abuse and neglect cases in a manner that limits trauma to children; (b) the handling of cases of suspected child abuse or neglect-related fatalities; and (c) the investigation and prosecution of child abuse and neglect cases.

To that end and pursuant to its by-laws, CAAN has established a Steering Committee and several standing committees. The standing committees address training, coordination and systems issues, quality assurance, professional standards and protocols. The Network is broad-based and multidisciplinary, and includes but is not limited to individuals from the categories outlined in the Children's Justice Act.

The Child Abuse Action Network mission is unique in that it focuses primarily on addressing the needs of professionals working in various disciplines. By undertaking a host of activities in past years, CAAN has enhanced the knowledge, skills and collaboration of professionals in Maine who intervene in child abuse and neglect cases, as a specific approach to meeting the grant requirements. The network has been very effective in creating an improved system for child protection in Maine, utilizing its multidisciplinary approach.

Since 1989 (with the exception of a period between 1994 and 1995), staffing to the Network was provided under contract to the Muskie School of Public Service at the University of Southern Maine. Under this contract, a variety of training, public awareness and research projects have been conducted. These include state-wide interdisciplinary conferences, a study of juvenile sex offenders, establishment of a state-wide system of training to identify the incidence of young sex offenders, publication of *Child Abuse And Neglect: The Maine Health Perspective* and a directory of treatment providers for victims, survivors, offenders and families involved in child maltreatment.

The staff's mission continues to be to assist CAAN as follows: (1) to further broaden multidisciplinary participation, (b) to coordinate the Network's projects and goals, (c) to analyze and make recommendations regarding on-going staff and resource needs to develop a framework for future activities, and (d) to plan, coordinate and facilitate an annual CAAN retreat so as to accomplish its yearly review/reassessment and planning process.





## MAINE CHILD ABUSE ACTION NETWORK PROGRAM PERFORMANCE REPORT March 2000-April 2001

(Please note that in the following pages, the three-year CAAN recommendations are written in bold italics. The proposed activities for 2000-2001 are written in regular italics, followed by actual activities and outcomes for 2000-2001, which are written in plain type.)

### A. Investigative, Administrative and Judicial

#### RECOMMENDATIONS

1. *The Department of Human Services (DHS), with collaboration of other State Departments and the support of CAAN, should establish a systematic review of the effectiveness of new departmental procedures and changes in state and federal laws (i.e., Title 22) as they pertain to issues of child maltreatment.*
2. *CAAN will continue to support the efforts for forensic interviewing within both the Department of Human Services and law enforcement offices.*
3. *There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments is recommended.*
4. *There have been many improvements made within Maine's judicial system during the past three years. CAAN will continue to support further improvements in this area (i.e., Court Improvement Project).*

#### ACTIVITIES TO MEET EACH RECOMMENDATION

##### Number A1

##### Recommendation

*The Department of Human Services, with collaboration of other State Departments and the support of CAAN, should establish a systematic review of the effectiveness of new departmental procedures and changes in state and federal laws as they pertain to issues of child maltreatment.*

##### Proposed Activities for 2000-2001

*The development of a subcommittee was not fully achieved in the year 1999-2000, as the implementation of the new Maine Automated Child Welfare Information System (MACWIS) was still under way. For the coming year, CAAN will assist in the development of a subcommittee, which will be responsible for the establishment of a utilization review. This committee will use the program statistics provided by MACWIS to review performance of state-wide changes in procedures as mandated by the Adoption and Safe Families Act of 1997 (ASFA).*

### Actual Activities for 2000-2001

CAAN completed a complete review of departmental and procedural changes as were mandated by the Adoption and Safe Families Act of 1997. This report was submitted to the Department of Human Services in January, 2001.

### Outcomes for 2000-2001

The review of the departmental procedures informed child welfare professionals about the changes which the Department recently adopted to comply with ASFA and to better meet the needs of Maine children.

## **Number A2**

### Recommendation

***CAAN will continue to support the efforts for forensic interviewing within both the Department of Human Services and law enforcement offices.***

### Proposed Activities for 2000-2001

*We recommend that DHS, in collaboration with the Child Welfare Training Institute, continue in their training of Forensic Interviewing in the remaining five of the eight districts which were not completed in the previous year. This training, which included lectures, discussion, use of videotaping and role-playing, will continue to include Child Protective Caseworkers and law enforcement officials. The Network also stresses the importance of periodic "refresher" trainings for DHS staff to ensure that interviewing skills remain current.*

### Actual Outcomes for 2000-2001

Two regional training sessions were held to on the issue of forensic interviewing. The first session, held in mid-coast Maine, trained 28 individuals and the second, held in central Maine, trained 16 individuals. This training, which was conducted by Departmental staff, addressed the need for law enforcement and child welfare professionals to work collaboratively in cases of child maltreatment. Interviewing techniques and a comparison of protocol and procedures, were among the issues which were addressed.

Moreover, a planning group, consisting of Maine State Police, Department personnel and a medical professional has convened to plan a joint training session for child protective caseworkers and law enforcement officers.

### Outcomes for 2000-2001

As the Department trains small groups of employees, CAAN expects to see improvement in that particular area over time. With these trainings, the Department aims to:

1. Further strengthen the relationship between the Department and the law enforcement community.
2. Increase knowledge of how to better serve children among both child protective case workers and law enforcement officials.
3. Increase the opportunity to work cooperatively with individuals from other fields ; increase the opportunity to gain an understanding of each other's profession.
4. Decrease the occurrence of miscommunications and misunderstandings between the professions and thus, better treatment of children.

Although not necessarily measurable or immediately apparent, all of these objectives were met the trainings.

**Number A3**Recommendation

***There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments is recommended.***

Proposed Activities for 2000-2001

*Now that monies have been reserved specifically for this event, CAAN will continue in their efforts to help facilitate the development of protocols for the medical community to follow in cases of child abuse fatalities, and will sponsor a workshop for 100 public-health professionals to educate them in the warning of child fatalities. Additionally, CAAN will advocate for more thorough investigation of all adults in the homes where child fatalities occur.*

Actual Activities for 2000-2001

There has been increased communication and clarification about procedures, roles and responsibilities between all agencies and departments which handle child abuse fatalities. More specifically, the Office of the Medical Examiner issued their updated protocols to homicide investigators. Additionally, the Department of Human Services revised their protocol regarding child fatalities and provided this document to the Maine State Police. Finally, the training for professionals in the medical community has yet to be completed.

Outcomes for 2000-2001

The revised protocols for dealing with child fatalities will help to facilitate communication and understanding between the different agencies handling these deaths. Although these developments have not brought about significant changes as of yet, they have worked to strengthen the relationship which already exists between these agencies.

**Number A4**Recommendation

***There have been many improvements made within Maine's judicial system during the past three years. CAAN will continue to support further improvements in this area (i.e., Court Improvement Project).***

Proposed Activities for 2000-2001

*The Network will support and help to shape the next annual Judicial Symposium, which will be held in June of 2000. The focus of this event will be to train judges on matters pertaining to the neglect of children.*

Actual Activities for 2000-2001

The Judicial Symposium was held in June, 2000. This particular year addressed the issue of child neglect and featured national speaker Linda Katz, who spoke about concurrent planning.

Outcomes for 2000-2001

Judicial Symposiums do not generally bring about immediate results, because changing the philosophical approaches to institutions, such as families, take course over a period of time. Nonetheless, we do routinely see small changes which reflect judges' newly acquired information about the needs of Maine children.

## **B. Experimental, Model and Demonstration Programs**

### **RECOMMENDATIONS**

- 1. DHS should begin to explore the relationship between substance abuse and child maltreatment.**
- 2. Efforts to update and revise The Multidisciplinary Decision-Making Model for Child Abuse in Maine: A Manual for Professionals will be supported by CAAN. Additionally, the manual should continue to be widely distributed throughout the State of Maine.**
- 3. There should be continued collaboration between DHS and the State Forensic Service to support the completion of the Child Maltreatment Risk, Impact and Intervention Evaluation Manual; update the Child Maltreatment Risk, Impact and Intervention Annotated Bibliography; and assess the effectiveness of the State Forensic Services Child Abuse and Neglect Evaluation Project.**
- 4. There is a need for training opportunities and support systems to be in place which assist with problems of "burn-out" among individuals who work with issues pertaining to and persons involved with child maltreatment.**
- 5. CAAN continues to support efforts to effectively intervene with and learn about juvenile sex offenders in the State of Maine.**
- 6. There should be continued efforts to facilitate effective interventions in cases where domestic violence and child maltreatment are present in the same home.**

### **ACTIVITIES TO MEET EACH RECOMMENDATION**

#### **Number B1**

##### **Recommendation**

***DHS should begin to explore the relationship between substance abuse and child maltreatment.***

##### **Proposed Activities for 2000-2001**

*The Network will establish a subcommittee that will be comprised of members from public and private agencies, as well as private treatment providers. This committee will work to identify program initiatives that would meet the needs of families requiring services from both child welfare professionals and substance abuse providers. Moreover, CAAN will assist the Department of Human Services in advocating for state monies to initiate several pilot programs to help families dealing with these dual problems.*

##### **Actual Activities for 2000-2001**

The Child Abuse Action Network was officially invited by the Director of Substance Abuse Services, Department of Mental Health, Mental Retardation and Substance Abuse Services, along with the Director of the Division of Child Welfare for the Department of Human Services, to be an organization which will oversee the development of a working relationship between substance abuse professionals and child welfare professionals in the state of Maine. The subcommittee noted above is in the early stages of development, and will be comprised of child protective caseworker

supervisors and providers from Women's Addiction Services Council. This subcommittee will begin meeting every-other month in April, 2001.

Moreover, in October, 2000 the Child Abuse Action Network published conference proceedings from No Safe Haven: Children of Substance-Abusing Parents, which was held in March, 2000. This event was attended by approximately 300 professionals in Maine. Each participant was mailed a copy of the proceeding, which was also placed on CAAN's website ([www.maineaan.usm.maine.edu](http://www.maineaan.usm.maine.edu)).

#### Outcomes for 2000-2001

There are no measurable outcomes for this activity at this time. However, there is significant dedication to this issue from professionals in each discipline, which is evident by the eagerness of individuals to become involved in this dialogue. We anticipate that this subcommittee will foster a growing respect between the two fields in Maine, spontaneous and cooperative collaborations, an understanding of each other's discipline and more important, better services for children and their families.

### **Number B2**

#### Recommendation

***Efforts to update and revise The Multidisciplinary Decision-Making Model for Child Abuse in Maine: A Manual for Professionals will be supported by CAAN.***

***Additionally, the manual should continue to be widely disbursed throughout the State of Maine.***

#### Proposed Activities for 2000-2001

*The full manual will be made available on the Network's newly launched website ([www.maineaan.usm.maine.edu](http://www.maineaan.usm.maine.edu)). Moreover, CAAN will sponsor two or three training sessions for up to 150 professionals who work with children about the contents of the manual.*

#### Actual Activities for 2000-2001

Three hundred copies of the manual were published in August, 2000. Over one hundred manuals were distributed to DHS caseworkers. Another 100 were distributed at an event sponsored by the Maine Department of Corrections for correctional officers and 50 more were handed out at the request of the Maine Bar Association. Over 800 letters were sent to school nurses and social workers informing them of the on-line version made available on CAAN's website. Finally, there were numerous phone calls from individuals requesting copies to assist them in their professional work.

#### Outcomes for 2000-2001

CAAN is very optimistic that the Directory is being well-used by professionals state-wide who work with children needing services daily. There have been excellent anecdotal responses to the directory by professionals who use it to find providers for their clients.

### **Number B3**

#### Recommendation

***There should be continued collaboration between DHS and the State Forensic Service to support the completion of the Child Maltreatment Risk, Impact and Intervention Evaluation Manual; update the Child Maltreatment Risk, Impact and***

***Intervention Annotated Bibliography; and assess the effectiveness of the State Forensic Services Child Abuse and Neglect Evaluation Project.***

Proposed Activities for 2000-2001

*There are no new proposed activities for this recommendation. The Departmental support for this project was removed late in 1999. The only plans are to complete the Manual by October, 2000.*

Actual Activities for 2000-2001

The publication date of the Manual was postponed, however, it is to be released from the publisher by the end of April, 2001.

Outcomes for 2000-2001

There are no outcomes achieved as of yet. However, we expect that the completion of the Manual will help the Department to better serve children by having a more comprehensive tool to guide them.

**Number B4**

Recommendation

***There is a need for training opportunities and support systems to be in place which assist with problems of "burn-out" among individuals who work with issues pertaining to and persons involved with child maltreatment.***

Proposed Activities for 2000-2001

*The Network will sponsor a day-long symposium on child abuse fatalities. Among other things, the issue of burn-out will be addressed for those professionals who work with cases of child maltreatment which result in death. Moreover, CAAN will continue with its second year of "Treatment Provider Training Series," which, in part, addresses many of the treatment options and issues which providers encounter in the services they provide for children. The series this year will be comprised of three training sessions for up to 75 professionals at each event.*

Actual Activities for 2000-2001

For reasons which are more thoroughly explained in the following section, CAAN was unable to sponsor the symposium on child abuse fatalities. Moreover, the second year of the training series has been delayed because of changes in training recommendations and formats. The series is scheduled to begin in the fall of 2001. More details about this are presented in the latter portion of this application.

Outcomes for 2000-2001

There were no outcomes achieved for this recommendation.

**Number B5**

Recommendation

***CAAN continues to support efforts to effectively intervene with and learn about juvenile sex offenders in the State of Maine.***

Proposed Activities for 2000-2001

*CAAN continues to support the on-going collaborative efforts of the Department of Corrections and DHS in examining Maine juvenile sex offenders and their level of needed services. In the coming year the Network supports the Departments in the efforts to use the newly created Juvenile Sex Offender Risk and Needs Assessment*

*Schedule to collect data on juveniles and to evaluate existing programs in an effort to develop a continuum of care to meet the needs of these youth.*

Actual Activities 2000-2001

The data collection, using the Juvenile Sex Offender Risk and Needs Assessment Schedule, has been completed and the results are finalized. A training session based on the results of the study was developed and delivered for juvenile correctional staff and juvenile institutional staff members throughout the state. More specifically, there were three regional trainings held which yielded training for over 100 individuals on the status and needs of juvenile sex offenders in Maine. Sue Righthand, the principal investigator of the study, was the trainer in each of these events.

Outcomes for 2000-2001

Once again, the outcomes of this activity do not have an immediate impact on the Maine child welfare system. However, there were important changes in the knowledge held by professionals regarding juvenile sex offenders in Maine and this knowledge will shape our approach to this population.

**Number B6**

Recommendation

***There should be continued efforts to facilitate effective interventions in cases where domestic violence and child maltreatment are present in the same home.***

Proposed Activities for 2000-2001

*The Network supports the efforts of DHS to work collaboratively with professionals in the domestic violence community to look at the products of their combined efforts in a critical way. We especially recommend that they review the protocols for intervening in homes where there are problems of both domestic violence and child maltreatment. Finally, we suggest that child protective caseworkers and domestic violence experts meet regularly in work group sessions to discuss these pressing issues.*

Actual Activities for 2000-2001

There is now a domestic violence professional in four of the Department's eight districts. These professionals are available for case consultation and assist in actual case assessments.

Outcomes for 2000-2001

Child welfare and domestic violence professionals have begun to incorporate their work with one another in a more meaningful way. This had led to an increase in knowledge and understanding of violent families for both disciplines. This increase in knowledge helps professionals to be more aware of the warning signs of child abuse in families and thus, to better serve children.



## **C. Legal and Procedural Reform**

### **RECOMMENDATIONS**

- 1. When parents, either by their actions or inactions, contribute to the death of a child, their legal responsibility should be thoroughly assessed. When indicated, parents should be held legally accountable for the death. Furthermore, criminal sentences for the death of a child should be commensurate with those applied to criminals who kill adults.***

### **ACTIVITIES TO MEET THE RECOMMENDATIONS**

#### **Number C1**

***When parents, either by their actions or inactions, contribute to the death of a child, their legal responsibility should be thoroughly assessed. When indicated, parents should be held legally accountable for the death. Furthermore, criminal sentences for the death of a child should be commensurate with those applied to criminals who kill adults.***

#### **Proposed Activities for 2000-2001**

*The Network will sponsor a day-long symposium for up to 75 professionals, which will address issues around child deaths caused by maltreatment. The focus of the day will be to explore the issue of sentencing in child abuse deaths, although other topics will be covered as well. Speakers from across the nation, including the National Center for the Prosecution of Child Abuse will be invited to present at this event.*

*Additionally, CAAN will continue to explore other issues related to sentencing in child deaths, such as when so-called "non-offending" adults fail to provide protection for children.*

#### **Actual Activities for 2000-2001**

The Symposium on the Sentencing and Prosecution of Child Abuse Fatalities was scheduled for September 20, 2000. CAAN arranged for Ryan Rainey from Washington, D.C. to speak on national child death laws and for Helen Smith, an Oregon State District Attorney, to speak about Oregon's child death law. However, only 17 participants registered to attend the event and therefore, it was initially postponed. CAAN eventually cancelled the event, because of the impression that the state's attention to the matter had currently passed and our opportunity influence policy and procedures was currently passed.

#### **Outcomes for 2000-2001**

There were no outcomes for this activity.

## MAINE CHILD ABUSE ACTION NETWORK RECOMMENDATIONS FOR 2001-2004 & PROPOSED ACTIVITIES APRIL 2001-MARCH 2002

(Please note that in the following pages, the three-year CAAN recommendations are written in bold italics. The proposed activities for 2001-2002 are written in regular italics along with the proposed outcomes.)

### A. Investigative, Administrative and Judicial

#### RECOMMENDATIONS

1. ***CAAN will continue to support the efforts for forensic interviewing within both the Department of Human Services and law enforcement offices.***
2. ***There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments is recommended. Finally, there is a need for increased education and the development of protocols for the medical community with regard to this issue.***
3. ***There have been many improvements made within Maine's judicial system during the past three years. CAAN will continue to support further improvements in this area (i.e., Court Improvement Project).***
4. ***CAAN will educate professionals who work with children about issues pertaining to child welfare through the publication of Child Abuse and Neglect: The Maine Health Perspective. This newsletter will be published bi-annually.***

#### ACTIVITIES TO MEET EACH RECOMMENDATION

##### **Number A1**

##### Recommendation

***CAAN will continue to support the efforts for forensic interviewing within both the Department of Human Services and law enforcement offices.***

##### Proposed Activity for 2001-2002

*CAAN will sponsor a two day training session on forensic interviewing for child protective caseworkers and law enforcement officers. The event is intended to cover medical identification of child abuse, the causes and consequences of child abuse, case preparation, law case and interviewing techniques for both child welfare caseworkers and law enforcement officers. Approximately 100 individuals will be trained at this event, which will likely be held in the later part of 2001.*

##### Proposed Outcomes for 2001-2002

*It is expected that this training session will foster working relationships between caseworkers and Maine law enforcement. There will also be an increase in knowledge about roles and responsibilities when investigating abuse and finally, the acquisition of new interviewing skills.*

**Number A2**Recommendation

***There is a need for state agencies to develop further improved methods of investigating and managing cases involving child fatalities. Moreover, improvements in the collaboration and coordination between all departments is recommended. Finally, there is a need for increased education and the development of protocols for the medical community with regard to this issue.***

Proposed Activities 2001-2002

*There will be the continued multidisciplinary work on cases of child fatalities through the Maine Child Death and Serious Injury Review Panel. Collaborative work will also be enhanced through joint forensic interview training between DHS caseworkers and law enforcement officers. Educational and collaborative work will be completed at two upcoming conferences which focus on child maltreatment: Child Abuse Conference, held at Colby College in Waterville, Maine in July, 2001 and the Annual Spurwink Conference on Child Abuse in Portland, Maine in September, 2001. DHS personnel contribute to the planning of these events, both of which are hosted by the Spurwink School. Finally, there will be at least 2 training sessions for a total of 100 medical professionals about protocols when dealing with child fatalities.*

Proposed Outcomes 2001-2002

*Continued collaborations between multiple agencies will facilitate a better working relationship when future deaths are encountered. Furthermore, the development of protocols for the medical community will help to identify deaths associated with maltreatment and may also help to protect the safety of surviving siblings.*

**Number A3**Recommendation

***There have been many improvements made within Maine's judicial system during the past three years. CAAN will continue to support further improvements in this area.***

Proposed Activities 2001-2002

*The Departments of Judiciary and Human Services will initiate the Child Maltreatment Evaluation Program. This program will provide the court with comprehensive, researched-based psychological evaluations in highly complex cases. Toward this effort, CAAN will provide information, consultation and expert opinion for the program.*

Proposed Outcomes 2001-2002

*CAAN anticipates that this new program will provide the court with high quality examinations of parents working with the Department. During the first year of the project, the Department will implement this program throughout the state and to develop a pool of psychologists capable of performing evaluations for the Department.*

**Number A4**Recommendation

***CAAN will educate professionals who work with children about issues pertaining to child welfare through the publication of "Child Abuse and Neglect: The Maine Health Perspective." This newsletter will be published bi-annually.***

Proposed Activities 2001-2002

CAAN will publish two editions of "Child Abuse and Neglect: The Maine Health Perspective." Each edition will be distributed to roughly 1,500 professionals who work with children in Maine.

Proposed Outcomes 2001-2002

The newsletter will allow the community to become aware of CAAN publications, CAAN conferences and training, and timely issues which CAAN is currently addressing. Otherwise, there are no other outcomes proposed.

## **B. Experimental, Model and Demonstration Programs**

RECOMMENDATIONS

1. **CAAN supports the development of a collaborative relationship between DHS and the Maine Office of Substance Abuse. More specifically, CAAN recommends that substance abuse professionals work along side child welfare professionals in some of the Department's district offices.**
2. **CAAN recommends the development of a work-group and training to address the issue of integrating specialty-focused treatment among mental health providers. This will provide a common base of knowledge for providers working with children and will provide support for individuals who work with issues pertaining to and persons involved with child maltreatment.**
3. **CAAN supports the joint efforts of DHS and the Department of Corrections to utilize information obtained in joint research projects related to training juvenile staff about juvenile sex offenders.**
4. **There should be continued efforts to facilitate effective interventions in cases where domestic violence and child maltreatment are present in the same home.**

ACTIVITIES TO MEET EACH RECOMMENDATION**Number B1**Recommendation

**CAAN supports the development of a collaborative relationship between DHS and the Maine Office of Substance Abuse. More specifically, CAAN recommends that substance abuse professionals work alongside child welfare professionals in some of the Department's district offices.**

Proposed Activities 2001-2002

CAAN will bring together substance abuse treatment professionals and child welfare professionals to address their related work with regard to child maltreatment and services to families. In the coming year, these professionals will meet between four and six times to begin collaborative work and to discuss training sessions for the year after next. The Department and the Office of Substance Abuse also plan to place a licensed substance abuse counselor in the Department's Washington County office. This individual will be available for parental substance abuse assessments, full evaluations and case consultation.

Outcomes for 2001-2002

*Both of the activities proposed above will begin to lay the foundation for true collaborative work between the Department and the Office of Substance Abuse within the coming years. Most of the developments for 2001-2002 will bring about measurable changes, but will open lines of communication and will possibly influence philosophical thinking about providing services to families.*

**Number B2**Recommendation

***CAAN recommends the development of a work-group, combined with training to address the issue of integrating specialty-focused treatment among mental health providers. This will provide a common base of knowledge for providers working with children and will provide support for individuals who work with issues pertaining to and persons involved with child maltreatment.***

Proposed Activities 2001-2002

*CAAN will target providers with at least five years experience, who work at a managerial level, or who have a private practice. It is the goal of the Network to provide this training to individuals who have the capacity to incorporate the training into their daily work, and into the work of others in their agency or practice. We will provide this training for approximately 20 providers throughout the state. The training sessions would be framed and treated much like a course, with monthly readings and required attendance. This activity will require additional funding from an outside source and may not be completed by March, 2001.*

Proposed Outcomes 2001-2001

*This training will provide a unique way of working with and providing treatment for maltreated children, which may have the capacity to influence treatment statewide. Outcomes of this training will include a monograph, a common base of knowledge for providers and the development of regional peer groups which will provide support for clinicians grappling treatment modalities.*

**Number B3**Recommendation

***CAAN supports the joint efforts of DHS and the Department of Corrections to utilize information obtained in joint research projects related to training juvenile staff about juvenile sex offenders.***

Proposed Activities 2001-2002

*In the coming year, there will be continued joint trainings for DHS and Department of Corrections staff addressing the assessment of juvenile sex offenders for the community, family and self. CAAN will assist with these trainings by providing professionals for panel presentation, resources and consultation.*

Outcomes 2001-2002

*CAAN anticipates that joint trainings will enhance the working relationship between DHS and the Department of Corrections, and that the skills acquired at the trainings will help to better meet the needs of children and their families.*

**Number B4**Recommendation

***There should be continued efforts to facilitate effective interventions in cases where domestic violence and child maltreatment are present in the same home.***

Activities 2001-2002

*The Department, in collaboration with state domestic violence experts, will review the protocols for jointly handling cases of child maltreatment and domestic violence.*

*Upon completion, the protocol will be distributed to all of the Department's regional offices and to domestic violence professionals state-wide.*

Outcomes 2001-2001

*The review and redesign of the domestic violence and child welfare protocols will strengthen the collaborative relationship between the Department and family violence professionals, thus aiding workers in the services that they provide to children and their families.*

## **C. Legal and Procedural Reform**

**RECOMMENDATIONS**

- 1. CAAN will participate in forthcoming reviews of Maine's child welfare system to be conducted by a legislative commission.***
- 2. CAAN recommends that the Department use its future Child Death Report 2001 to inform legislative action, Departmental procedures and collaborative multidisciplinary work.***

**ACTIVITIES TO MEET EACH RECOMMENDATION****Number C1**Recommendation

***CAAN will participate in forthcoming reviews of Maine's child welfare system which will be conducted by a legislative commission.***

Proposed Activities 2001-2002

*CAAN will develop a subcommittee which will participate in and help to guide the review of the child welfare system. This will be accomplished by providing the commission with information which CAAN deems to be relevant to the review.*

Proposed Outcomes 2001-2002

*CAAN will ensure that important issues are not over-looked within this review. Other than this, there are no proposed outcomes.*

**Number C2**Recommendation

***CAAN recommends that the Department use its future Child Death Report 2001 to inform legislative action, Departmental procedures and collaborative multidisciplinary work.***

Proposed Activities 2001-2002

*The Maine Child Death and Serious Injury Review Panel, which is a multidisciplinary committee of the Department, will publish its annual report in May, 2001. CAAN will provide consultation and assistance to the Department about this publication.*

Proposed Outcomes 2001-2002

*CAAN anticipates that the contents of this report will be used to influence legislative action, Departmental procedures and collaborative multidisciplinary work. Otherwise, there are no specific outcomes anticipated.*

# MAINE CHILD ABUSE ACTION NETWORK

## BUDGET FOR PROPOSED ACTIVITIES

May 2000 – April 2001

No.	Proposed Activity	Budget Amount
<b>A. Investigative, Administrative and Judicial</b>		
A1	CAAN will sponsor a two day training session on forensic interviewing for child protective caseworkers and law enforcement officers. The event is intended to cover medical identification of child abuse, the causes and consequences of child abuse, case preparation, law case and interviewing techniques for both child welfare caseworkers and law enforcement officers. Approximately 100 individuals will be trained at this event, which will likely be held in the later part of 2001.	\$15,000
A2	There will be the continued multidisciplinary work on cases of child fatalities through the Maine Child Death and Serious Injury Review Panel. Collaborative work will also be enhanced through joint forensic interview training between DHS caseworkers and law enforcement officers. Educational and collaborative work will be completed at two upcoming conferences which focus on child maltreatment: Child Abuse Conference, held at Colby College in Waterville, Maine in July, 2001 and the Annual Spurwink Conference on Child Abuse in Portland, Maine in September, 2001. DHS personnel contribute to the planning of these events, both of which are hosted by the Spurwink School. Finally, there will be at least 2 training sessions for a total of 100 medical professionals about protocols when dealing with child fatalities.	\$0
A3	The Departments of Judiciary and Human Services will initiate the Child Maltreatment Evaluation Program. This program will provide the court with comprehensive, researched-based psychological evaluations in highly complex cases. Toward this effort, CAAN will provide information, consultation and expert opinion for the program.	\$0



No.	Proposed Activity	Budget Amount
<b>A4</b>	<i>CAAN will publish two editions of "Child Abuse and Neglect: The Maine Health Perspective." Each edition will be distributed to roughly 1,500 professionals who work with children in Maine.</i>	<b>\$3,000</b>

#### **B. Experimental, Model and Demonstration Programs**

- |           |  |                 |
|-----------|--|-----------------|
| <b>B1</b> | <i>CAAN will bring together substance abuse treatment professionals and child welfare professionals to address their related work with regard to child maltreatment and services to families. In the coming year, these professionals will meet between four and six times to begin collaborative work and to discuss training sessions for the year after next. The Department and the Office of Substance Abuse also plan to place a licensed substance abuse counselor in the Department's Washington County office. This individual will be available for parental substance abuse assessments, full evaluations and case consultation.</i>                      | <b>\$2,000</b>  |
| <b>B2</b> | <i>CAAN will target providers with at least five years experience, who work at a managerial level, or who have a private practice. It is the goal of the Network to provide this training to individuals who have the capacity to incorporate the training into their daily work, and into the work of others in their agency or practice. We will provide this training for approximately 20 providers throughout the state. The training sessions would be framed and treated much like a course, with monthly readings and required attendance. This activity will require additional funding from an outside source and may not be completed by March, 2001.</i> | <b>\$50,000</b> |
| <b>B3</b> | <i>In the coming year, there will be continued joint trainings for DHS and Department of Corrections staff addressing the assessment of juvenile sex offenders for the community, family and self. CAAN will assist with these trainings by providing professionals for panel presentation, resources and consultation.</i>  | <b>\$10,000</b> |
| <b>B4</b> | <i>The Department, in collaboration with state domestic violence experts, will review the protocols for jointly handling cases of child maltreatment and domestic violence. Upon completion, the protocol will be</i>  | <b>\$5,000</b>  |

<b>No.</b>	<b>Proposed Activity</b>	<b>Budget Amount</b>
	<i>distributed to all of the Department's regional offices and to domestic violence professionals state-wide.</i>	

### **C. Legal and Procedural Reform**

- |           |  |                |
|-----------|--|----------------|
| <b>C1</b> | <i>CAAN will develop a subcommittee which will participate in and help to guide the review which is conducted of the child welfare system. This will be accomplished by providing the commission with information which CAAN deems to be relevant to the review.</i> | <b>\$3,000</b> |
| <b>C2</b> | <i>The Maine Child Death and Serious Injury Review Panel, which is a multidisciplinary committee of the Department, will publish its annual report in May, 2001. CAAN will provide consultation and assistance to the Department about this publication.</i>         | <b>\$5,000</b> |

## MAINE CHILD ABUSE ACTION NETWORK CHANGES IN STATE LAW 1998-2001

There have been very few changes in state law since the last application filed by the Child Abuse Action Network.

1. In 2000, as a result of legislative action, the Department of Human Services, with the assistance of a multidisciplinary committee, reviewed the Department's child protective processes, to determine if official rules needed to be implemented in this regard. The committee recommended that no such action needed to be taken, however, there were other recommendations made for the Department with regard to child protection. Please see the report and recommendations in the Appendix.
2. In this year's legislative session, there were 23 bills proposed addressing the issue of child protection. None of these were initiated by the Department, and the majority were viewed to be harmful to the protection of children.
3. The Department currently has a bill pending which would make the finding failing to protect a child a crime. A copy of the bill is provided below.

Sec. 1. 17-A MRSA §555, sub-§§1 and 2, as amended by PL 1995, c. 110, §1, are further amended to read:

1. A person is guilty of endangering the welfare of a dependent person if that person recklessly endangers the health, safety or mental welfare of a person who is unable to perform self-care because of advanced age, physical or mental disease, disorder or defect.

2. As used in this section "endangers" includes a failure to act only when the defendant had a legal duty to protect the health, safety or mental welfare of the dependent person. For purposes of this section, a legal duty may be inferred if the defendant has voluntarily assumed responsibility for the care of the dependent person as would lead a reasonable person to believe that failure to provide such care would adversely affect the health, safety or mental welfare of the dependent person.

### SUMMARY

This bill amends the law governing when a person is guilty of endangering the welfare of a dependent person by changing the standard to reckless endangerment rather than intentional endangerment. This change would make the standard applied to culpability for endangerment of the welfare of a dependent person parallel to that applied in the law regarding child endangerment.

4. There is also another bill which require that children brought into the Department through the juvenile code would be afforded the same protection as provided by

the Child and Family Services and Child Protection Act. Please find a copy of this legislation below.

**Sec. 1. 15 MRSA §3306-A**, as amended by PL 1999, c. 624, Pt. B, §16, is further amended to read:

**§3306-A. Release or detention at first appearance**

At the juvenile's first appearance or at any subsequent appearance before the court, the court may order, pending further appearances before the court, the juvenile's unconditional release, conditioned release or detention in accordance with section 3203-A. Unless the court orders otherwise, any juvenile put on conditional release by a juvenile community corrections officer remains on conditional release until disposition.

Unless the court orders the juvenile placed in a detention facility in the first court ruling that sanctions, even temporarily, the juvenile's removal from the home, the court shall make findings as to whether:

1. Welfare of juvenile. Continuation in the juvenile's home would be contrary to the welfare of the juvenile; and

2. Mitigating efforts. Reasonable efforts have been made to prevent or eliminate the need for removal of the juvenile from the juvenile's home or no reasonable efforts are necessary because there are aggravated circumstances as defined by Title 22, section 4002, subsection 1-B.

**Sec. 2. 15 MRSA §3314, sub-§1, JC-1**, as amended by PL 1987, c. 720, §5, is further amended to read:

C-1. The court may commit a juvenile to the custody of the Department of Human Services when the court has determined that reasonable efforts have been made to prevent or eliminate the need for removal of the juvenile from the juvenile's home and that continuation therein would be contrary to the welfare of the juvenile. The court may not enter an order under this paragraph unless the parents have had notice and an opportunity to be heard at the dispositional hearing.

Notwithstanding any other provision of law, the court may not commit a juvenile to the custody of the Department of Human Services unless such notice has been served on the parents, custodians and the Department of Human Services in accordance with District Court civil rules at least 10 days prior to the dispositional hearing. A party may waive this time requirement if the waiver is written and voluntarily and knowingly executed in court before a judge.

The Department of Human Services shall provide for the care and placement of the juvenile as for other children in the department's custody pursuant to the Child and Family Services and Child Protection Act, Title 22, chapter 1071, subchapter VII.

The court may impose conditions that may include participation by the juvenile, the juvenile's parents, or legal guardian in treatment services aimed at the rehabilitation and reunification of the juvenile and the parents and reunification of the family.

**Sec. 3. 15 MRSA §3315, sub-§1**, as amended by PL 1997, c. 752, §24, is further amended to read:

**1. Right to review.** Every disposition pursuant to section 3314, other than unconditional discharge, must be reviewed not less than once in every 12 months until the juvenile is discharged. The review must be made by a representative of the Department of Corrections unless the juvenile was committed to the Department of Human Services, in which case such review must be made by a representative of the Department of Human Services. A report of the review must be made in writing to the juvenile's parents, guardian or legal custodian. A copy of the report must be forwarded to the program or programs that were reviewed, and the department whose personnel made the review shall retain a copy of the report in their files. The written report must be prepared in accordance with subsection 2.

When a juvenile is placed in foster care, reviews and permanency planning hearings must be conducted in accordance with Title 22, section 4038. The provisions of sections 4005, 4039, 4041 and chapter 1071, subchapter VI also apply in any such hearing.

**Sec. 4. 15 MRSA §3315-A** is enacted to read:

**§3315-A. Termination of parental rights**

Whenever a juvenile has been in foster care for 15 of the most recent 22 months, Title 22, chapter 1071, subchapter VI applies.

**Sec. 5. 22 MRSA §4055, sub-§1, ¶A**, as amended by PL 1995, c. 694, Pt. D, §48 and affected by Pt. E, §2, is further amended to read:

A. One of the following conditions has been met:

(1) Custody has been removed from the parent under:

- (a) Section 4035 or 4038;
- (b) Title 19-A, section 1502 or 1653;
- (c) Section 3792 prior to the effective date of this chapter; or
- (d) Title 15, section 3314, subsection 1, paragraph C-1; or

(2) The petition has been filed as part of an adoption proceeding in Title 18-A, article IX; and

**SUMMARY**

This bill allows the court to order parents to participate in services when a child has come into Department of Human Services custody as a result of court proceedings governed by the juvenile code. The bill also brings the department into compliance with federal law.

**MAINE CHILD ABUSE ACTION NETWORK:  
STEERING COMMITTEE MEMBERS**Law Enforcement Community**Tim Doyle****(207) 287-7604****FAX: 287-7277***15 years experience. Specializes in investigations of child abuse cases; supervises eight detectives.***Lieutenant, Criminal Investigation Division II****Maine State Police****18 Meadow Road, SHS 52, Augusta, ME 04333****John Dyer****287-3986****(207) 893-7076***18 years as an investigator and supervisor with the Maine State Police specializing in child abuse and neglect.***Sergeant, Criminal Investigation Division II****Director of Mental Health****Maine Correctional Center, Department of Corrections****P.O. Box 260, South Windham, Maine 04082**Criminal Court Judge**Hon. Arthur Brennan****(207) 324-6122***Hears criminal cases including sexual crimes against children. Served as District Attorney, served on several task forces focusing on child abuse and neglect and the Courts.***Justice of York County Superior Court****P.O. Box 160, Alfred, Maine 04002**Civil Court Judge**Hon. Chris Foster****(207) 822-4200***Hears civil cases including crimes against children.***Maine District Court****PO Box 412, Portland, Maine, 04101**Prosecuting Attorney**Alan Kelly, Esq.****(207) 623-1166***17 years experience. Serves on the Child Death and Serious Injury Review Panel. Prosecutes child sexual and physical abuse cases.***Assistant District Attorney****Kennebec County Courthouse****95 State Street, Augusta, Maine 04330****Pauline Lamontagne, Esq.****(207) 287-6944****[pauline.lamontagne@state.me.us](mailto:pauline.lamontagne@state.me.us)****Education Specialist****Department of Education****State House Station 23, Augusta, Maine 04333**

*Takes formal action against education professionals found to have physically or sexually abused children.*

**Mary Ann Saar**  
**(207) 287-4366**

**Associate Commissioner, Juvenile Services**  
Department of Corrections  
State House Station 111, Augusta, Maine 04333

*Former prosecutor of child abuse cases; responsible for programs and services to juveniles; inter-agency collaboration.*

Defense Attorney

**Anita St. Onge, Esq.**  
**(207) 780-5861**

**Child and Parent Attorney, Muskie School, ICFP**  
P.O. Box 15010, Portland, Maine 04112

*Represents parents in criminal and civil proceedings; serves as guardian ad litem in civil child abuse cases.*

Child Advocates

**Jane McCarty, LCSW**  
**(207) 762-7783 Press 4**  
**FAX: 761-0266**

**Therapist in Private Practice, Child Advocate**  
225 Commercial Street, Suite 300, Portland, ME 04101

*Mental Health Professional; provides treatment for victims of child sexual abuse.*

**Debora Shields**  
**(207) 626-0034**

**Representative, Coalition Against Sexual Assault**  
3 Mulliken Court, Augusta, Maine 04330-7242

*Provides services to victims; Advocates for victims in sexual assault cases.*

**Lucky Hollander**  
**(207) 872-7347**

**Director**  
Cumberland County Child Abuse & Neglect Council  
P.O. Box 912, Portland, Maine 04104

*Director of a multi-disciplinary Child Abuse and Neglect Council that provides 1) support services to parents, 2) advocacy for resources for parents and children 3) prevention of abuse and neglect activities 4) public awareness and 5) community education; youth advocate.*

CASA Representatives

**Nonny Soifer, Esq.**  
**(207) 442-0226**

**Director, CASA**  
RR 1 Box 310, West Bath, Maine 04530-9704

*Supervises volunteers serving as guardian ad litem.*

Health Professionals**Ellen Bridge, R.N.****(207) 287-9917****Division of Community and Family Health**

Public Health Nursing

151 Capitol Street, Augusta, Maine 04333

*30 years providing services and supervising others providing services to families where child abuse and neglect is or may be an issue – helped draft the written agreement between Public Health Nursing and Child Protective Services*

**Lawrence Ricci, M.D.****(207) 879-6160, FAX: 871-5668****riccil@aol.com****Pediatrician and Director**

Spurwink Child Abuse Program

17 Bishop Street, Portland, Maine 04103

*22 years as a pediatric child abuse and neglect specialist; Director of the Child Abuse and Neglect Diagnostic Program, Chair of the Child Death and Serious Injury Review Panel; expert witness, nationally recognized expert in diagnosis and photography of child abuse and neglect.*

**Denise Toshach, M.D.****(207) 283-9031****FAX: 284-9826****Pediatrician in Private Practice**

Pediatric Associates

473 Alfred Road, P.O. Box AY, Biddeford, Maine 04005

*Medically evaluates children who may be victims of abuse and neglect; mandated reporter, expert witness.*

**Suzanne Sanbom, R.N.****(207) 247-6709****Representative, Maine School Nurses Association**

HCR 72, Box 5206, East Waterboro, Maine 04030

*Mandated reporter and trainer in child abuse.*

Mental Health Professionals**Neil Colan, Ed. D.****Services****(207) 626-3455****Clinical Director for Child and Family**

Kennebec Valley Mental Health Center

66 Stone Street, Augusta, Maine 04330

*15 years as a clinician working primarily with child victims; a member of the Child Death and Serious Injury review panel; expert witness.*

**Arnold Fuchs, Ph.D.****(207) 839-8748****Psychologist in Private Practice**

83 Flagg Meadow Road, Gorham, Maine 04038

*35 years as a clinician specializing in the treatment of adult sex offender, provides consultation to facilities serving juvenile sex offenders; expert witness.*



**Jim Jacobs, Ph.D.**

**(207) 872-7347**

**FAX: 873-6140**

**70274.2446@compuserve.com**

*18 years experience mental health professional; evaluates and treats victims of sexual abuse; evaluates offenders and serves as expert witness in criminal and civil cases.*

**Psychologist in Private Practice**

**179 Main Street, Suite 410, Waterville, Maine 04901**

**Kay Landry, LCSW**

**(207) 622-0026**

**klinikos@mint.net**

*13 years experience. Provides training and supervision to other treatment providers; expert witness. Mental Health Professional; Evaluates and treats sexual offenders.*

**Therapist, Clinical Director of Klinikos, P.A. & Representative from Maine Council of Churches**

**99 Western Avenue #4, Augusta, Maine 04330-7229**

**Katy Madore**

**(207) 369-9350**

*15 years experience in providing treatment to juvenile sex offenders; 2 years running a group home for latency age children with problematic sexual behaviors.*

**Executive Director, Western Maine Assessment**

**60 Granite Street, Mexico, Maine 04257**

**Pamela Richards**

**(207) 287-7293**

**FAX: 287-6209**

**pam.richards@state.me.us**

*10 years as a public child welfare caseworker; 6 years as the coordinator of the Child Maltreatment Program of the State Forensic Service.*

**Psychiatric Social Worker**

**State Forensic Service**

**State House Station 151, Augusta, Maine 04333**

**Peter Donnelly, PsyD.**

**(207) 871-1200**

**Pdonnelly@spurwink.org**

*Specialty areas in working with children, adolescents and their families (including trauma work); holds a post doctoral certificate in neuropsychology.*

**The Spurwink School**

**899 Riverside Street, Portland, ME 0412**

#### Child Protective Services

**Sandra Hodge**

**(207) 287-5060**

**FAX: 287-5282**

**sandra.s.hodge@state.me.us**

*32 years of public child welfare experience.*

**Director, Division of Child Welfare**

**Bureau of Child and Family Services**

**Dept of Human Services, Child Protective Services**

**State House Station #11, Augusta, Maine 04333**

#### Experience Working with Children Who Have Disabilities

**MacKenzie Harris, Ph.D.**

**(207) 287-4271**

**FAX: 287-4291**

*Clinician specializing in childhood trauma resulting from abuse and neglect.*

*Responsible for services and program development for children with special needs*

**Office of Trauma Services, DMHMRSAS**

**State House Station 40, Augusta, Maine 04333**

*including mental retardation, autism, developmental delays, mental illness; expert witness.*

Parent Group Representative

**Marguerite (Peggy) Jayne**  
**(207) 583-5916**

*Parent Group Representative; Foster Parent*

**Representative, Maine Foster Parent Association**  
RR 1 Box 1543, Harrison, Maine 04040

Additional Members

**Mark Boger**

**Voice Mail: (207) 624-7788**

**Corrections**

**Office: (207) 873-2347**

*20 years of working with juveniles in the criminal justice system – responsible for child welfare/juvenile justice interface between Department of Corrections and Department of Human Services.*

**Regional Correctional Administrator**  
Division of Juvenile Services, Dept. of

18 Colby Street, Waterville, Maine 04901

**Nancy Bouchard**  
**(207) 287-4340**

*21 years in adult corrections – inter-departmental agreements to coordinate offender/victim services and decision-making.*

**Associate Commissioner**  
Department of Corrections  
State House Station #111, Augusta, Maine 04333

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**ADDENDUM E:**  
**CHILD WELFARE TRAINING INSTITUTE**



# **MAINE CHILD WELFARE TRAINING INSTITUTE COOPERATIVE AGREEMENT FOR FY 2002 BCFS TRAINING**

**OCTOBER 2001**

*This Cooperative Agreement is under the auspices of the Memorandum of Understanding between the Department of Human Services and the University of Southern Maine regarding the DHS training institute (5/13/93). This is the eleventh year of a continuation project. In accordance with the General Policy Agreement for the State/University Cooperative Projects, to qualify for exemption from competitive bidding, individual activities must include benefits and responsibilities on the part of the State and University. Following is an outline of the Outcomes (benefits) and Responsibilities under this agreement.*

## **1. Benefits and Outcomes for the State:**

- Concrete deliverables in the areas of staff training, organizational development and planning
- Increased knowledge and skills of BCFS staff, adoptive and foster parents and providers
- Enhanced funding for training and continuing education of BCFS staff, adoptive and foster parents and providers
- Ongoing consultation which allows BCFS to maximize the content expertise of line staff, supervisory staff and management
- Resources and support to stay current in field of expertise
- One (1) student trained as Adoptive and Foster Family Education Coordinators

## **2. Benefits and Outcomes for the University:**

- Internships, assistantships and capstone projects for university students, including one graduate student and two undergraduate students provided with stipends.
- Support for ongoing MSW courses (through onsite course delivery and tuition reimbursement) for all interested staff through the University of Maine System.
- Support for two onsite MSW courses to be collaboratively developed and offered through the University of Maine System.
- Tuition reimbursement that attracts students to university courses.
- Expanding USM's course offerings to non-credit and certificate programs.
- Access to state administrative and program data to conduct research and evaluation studies.
- Resources and support to stay current in field of expertise.
- Contributing to increased efficiency and cost-effectiveness of state government.

- Funding for graduate courses in supervision.
- Promotes and provides for access to new learning technology including interactive video and Web Based Courses.

### **3. Responsibility and Costs for the State:**

- Contributes to direct costs of projects.
- Provides space in state offices for meetings and project work.
- Allows active collaboration of staff in designing and implementing projects.
- Gives access to DHS data, policies, procedures, technology.
- Participates in joint hiring of staff for cooperative projects.

### **4. Responsibility and Costs for the University:**

- Contributes a percentage of assessed indirect as match to project budget.
- Provides space in Augusta and Portland for project staff meetings and training.
- Manages fiscal aspects of project.
- Provides human resources management for project staff.
- Gives access to university resources (library, computer services, telecommunications, etc.).

# **COOPERATIVE AGREEMENT FOR 2000-2001 BCFS TRAINING**

## **I. BACKGROUND**

The Maine Child Welfare Training Institute is the result of a collaborative effort between the State of Maine Department of Human Services/Bureau of Child and Family Services and the Edmund S. Muskie School of Public Service of the University of Southern Maine. The goal of the Child Welfare Training Institute (CWTI) is to coordinate the continued professional and personal development of staff at all levels throughout the Bureau of Child and Family Services (BCFS), as well as providers of child welfare services in Maine, to enhance the quality of services delivered to clients and to advance organizational objectives.

The framework for this training plan, which marks the eleventh year of this partnership, comes from priorities identified by BCFS for the upcoming year and information obtained through studies of child welfare practice in Maine. Training and Professional Development goals are set by various stakeholder groups which share the responsibility to continue to enhance practice and implement the new state and federal statutes impacting child abuse and neglect. In addition, Maine's participation as a pilot site for the new Federal Self Assessment Process in the summer of 1999 afforded staff and stakeholders the opportunity to identify areas for further enhancement of practice in the state. Staff at all levels of the Bureau have proposed training topics. A number of cross-cutting themes have emerged and will be integrated into all training that is offered in the coming year. Examples include: leadership, role clarity, support and retention of staff, further integration of the MACWIS automation system, and casework practice skill development. Targeted areas for improvement, based on the Bureau's Program Improvement Plan, include measures to update and implement policy and practice standards. Current issues for the Bureau based on recent work with the public, the legislature, and other system stakeholders include issues pertaining to Safety, Permanency, and Well-Being for children from the beginning of the Bureau's involvement in a family's life. As always, CWTI will strive to further integrate these issues into training and practice.



## **II. OBJECTIVES**

### ***A. Pre-Service Training:***

- To deliver pre-service training to new BCFS caseworkers.
- To provide coaching, assessment, and ongoing support for new workers and their supervisors.
- To administer, review, and revise curriculum, enhance regional support for the preservice training, and plan for expanded delivery modalities for the training program.

### ***B. Ongoing Staff Training:***

- To deliver centralized in-service training for staff, supervisors and managers.
- To deliver regionalized training programs for staff, supervisors and managers.
- To administer, plan for, and evaluate ongoing staff training.

### ***C. Innovations in Child Welfare Practice:***

- To deliver centralized training in support of administrative initiatives to innovate practice in child welfare.
- To deliver and provide logistical support for Maine's Judicial Symposium.
- To deliver regionalized training in support of administrative initiatives to innovate practice in child welfare.
- To administer and evaluate training-related innovative practice activities.

### ***D. Professional Development Activities:***

- To deliver academic and professional opportunities towards attainment of graduate degrees in Child Welfare related fields for all staff members.
- To support professional development for staff through allocations of funding for Books, Workshop Registration, and Memberships/Journals.

- To provide guidance and oversight for CWTI sponsored Professional Development activities and allocations.

***E. Adoptive and Foster Family Introductory Training:***

- To deliver regionalized training for foster and adoptive parents and relatives providing care and to provide ongoing consultation and feedback to the staff of the Bureau of Child and Family Services to support their work in promoting safe placement and effective care of children.
- To maintain the relevancy and currency of the Introductory Curriculum for prospective foster and adoptive parents and relatives providing care and to ensure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.
- To administer and evaluate Introductory Training within the Adoptive and Foster Family Training Program.

***F. Adoptive and Foster Family In-Service Training:***

- To deliver a range of In-Service training that responds to the professional development needs of foster and adoptive parents.
- To increase access to training by providing a variety of formats and delivery methods and through the use of Outreach Education for Foster Parents (student interns).
- To increase the retention of foster and adoptive parents through provision of training, recognition, and respite.
- To administer and evaluate the In-Service Training Programs within the AFFT program.

***G. Maine Caring Families:***

- To develop and administer a training program for foster parents and staff in the Maine Caring Families Program and to respond to emerging needs in the area of curriculum design and delivery

***H. Specialized Programs Training:***

- To provide centralized training for specialized program area staff in areas which are specific to their role and responsibilities.
- To administer and evaluate the Specialized Programs training program.

***I. Children's Transportation Training:***

- To provide training in the CWTI Children's Transportation Curriculum to all new drivers employed by contracted transportation service providers who transport children.

***J. Post Adoption Services:***

- To enhance the development of the post-adoption program by providing support for ongoing training for staff and providers.
- To expand the availability and effectiveness of post adoption support groups in Maine
- To contribute to the development of resources available to adoptive families by researching and developing adoption preservation services geared to the most pressing needs of children in adoptive placement

### III. WORKPLAN

#### *A. Pre-service Training*

The goal of Pre-service training is to deliver training for new child welfare professionals which provides basic knowledge of national and statewide child welfare practice standards, legal basis and parameters for intervention, and current social work precepts.

This year's training plan will continue the focus on integrating MACWIS and the new federal and state laws into practice. In addition, Web Based Training allows for local delivery of key topics such as Job Shadowing activities, Legal framework for practice, Maine's Automated Child Welfare Information System (MACWIS), and Policy issues for Casework Staff.

#### **Objective One: To deliver Pre-service training to new BCFS caseworkers.**

Pre-service training is a competency-based curriculum that is delivered in a twenty-three (23) day residential format. The new state and federal laws have emphasized timely safety, permanency, and well being for children. As a result, caseworkers must hone in on the critical casework skills including assessment, interviewing, and permanency planning. The ability to assess and work with parents is also a critical part of casework. One aspect of the federal review was to shore up the transfer of learning between the comprehensive Pre-service Training program and the field. CWTI trainers will serve as district liaisons, along with their counterparts from the MACWIS training team, and will be available in the field to assist with transfer of learning. In addition, all new policies and practices will be integrated into the training curriculum. In addition, overhaul of the curriculum will continue in all areas, based on the priorities set by BCFS. Topics within training include: Dynamics of Child Abuse and Neglect; Risk Assessment; Interviewing; Case Planning; Effective Placement Strategies; and introductions to all relevant legal and policy material, including the new state and federal laws pertaining to Child Abuse and Neglect, the Indian Child Welfare Act and the Multiethnic Placement Act. New initiatives in training on Interviewing Techniques for staff are being implemented in Pre-service and Innovative Practices in Child Welfare training. The training in Pre-service and beyond will include a substantial portion of training through videotaping and replay for feedback to allow participants to critique their interviewing style.

During 2001, the Commissioner's office worked with Bureau Management, the Maine State Legislature, and the Governor's office to create new positions within the Bureau, most of which are casework and supervisory positions. In anticipation of these positions, which will be filled by new staff or will be filled through promotion of existing staff, leading to more vacancies, the Pre-service program may need to be delivered more often than in previous years. This increase will also require one additional trainer to work with supervisors and units as the increase in new workers will strain the unit and supervisor ability to assist new staff in role fulfillment.

Just as the use of MACWIS has become an essential part of the work of all BCFS casework staff, the use of computers in training has become an essential part of all CWTI training programs. Pre-service training utilizes laptop computers and a MACWIS training base to assure that caseworkers experience and are assessed on documentation and systems applications within the role they are to fill.

Finally, the use of Web Based Training (WBT) by new staff and their supervisors is in place and will be expanded to include additional topics. The Web Based Training program allows new workers, and workers within their first two years of employment, to participate in online learning in modules from the district offices. This training now includes legal modules and will be expanded to include MACWIS, policy, and other appropriate topics. The program allows workers to participate in activities on line, to report on field activities, and to take quizzes and complete written assignments which then go to the worker's supervisor and training liaison. The functionality also allows for online discussion and feedback as the workers participate. There will be an ongoing need for development and maintenance of this process which will involve training staff from this project and the MACWIS training project.

***Outputs:***

- Up to One Hundred-Fifty (150) new caseworkers will have received twenty-three (23) days of Pre-service training.
- All new casework staff will participate in Web Based Training Modules from their district offices to have ongoing access to training from the start of their employment.

**Objective Two: To provide coaching, assessment, and ongoing support for new workers and their supervisors in the context of the regional offices.**

Pre-service trainers provide consultation to supervisors of new caseworkers in order to support the role of supervisor as coach, to provide continuity between training and practice, and to assist in the development of a follow-up training program for each trainee.

Prior to the commencement of training, the training specialists meet with new caseworkers and their supervisors to discuss the assessment of each employee's learning needs and to plan for activities within and beyond the centralized training program which will assist supervisor and caseworker in assuring thorough job and skill knowledge.

These pre-meetings include a competency-based self-assessment, review of Adult Learning theories, individual learning assessments, resultant planning and instruction in use of Web Based Training materials. In addition, specific Job Shadowing activities may be assigned; some to be completed in the regions, and at least one experience to be conducted centrally.

When the centralized portion of training has been completed, trainers again travel to meet with the supervisor and caseworker to discuss the progress and assessment of worker skill and competency development.

Additional issues for training and development are identified and put into a plan for the first two years of work within the Bureau. Program Administrators have requested that all new staff attend six 'basic issues' training sessions during their first two years of employment. These topics: Sexual Abuse, Domestic Violence, Substance Abuse, Parenting and Attachment, Medical Indicators of Child Abuse and Neglect, and Models for Change, will be offered through national experts in a central location each year.

Ongoing training and support for new workers will also be provided through the Web Based Training modules which continue to be accessible from the districts. Trainers remain available to assist the supervisors.

***Outputs:***

- Supervisors will participate in a half-day meeting prior to and following centralized training which will allow them to consult with trainers and new caseworkers to build a customized development plan (50 contact days).
- New Caseworkers will participate in fifteen (15) days of structured job shadowing and on-site trainings as indicated in plan using Web Based Training materials published through CWTI.
- New Caseworkers will attend six (6) centralized training sessions on the basics of Child Welfare during their first year of employment.
- Supervisors and Trainers will develop a way to integrate job shadowing and post-training supervision to reinforce learning from the residential session.

**Objective Three: To administer, review and revise curriculum, enhance regional support for the Pre-service training and plan for expanded delivery modalities for the training program.**

A curriculum revision workgroup comprised of BCFS and CWTI staff continues to make recommendations for changes to the content and format of the existing curriculum in order to increase the effectiveness of Pre-service. In addition to the core workgroup, BCFS staff with expertise will serve as ad-hoc members. It is expected that a shift of some portions of the curriculum to a regionally based delivery will enhance the integration of training and practice. Part of the planning effort will involve meetings/trainings with supervisors and managers in order to facilitate this transition.

The ongoing development of Web Based Training for new caseworkers continues during this fiscal year.

The Staff Training Committee will continue to meet quarterly to provide oversight of the Pre-service training and to provide input from the regions regarding the training. This committee includes representation from all staff programs and districts, the AAG's office and other key partners in Child Welfare, as identified by the Bureau. The committee will be instrumental in planning for FY 2003 training.

***Outputs:***

- The pre-service curriculum will have been updated to reflect input about ways to effect better transfer of learning from the centralized training to the field.
- Web Based Training modules on MACWIS, BCFS Policy, and other appropriate topics will be developed and deployed.
- The Staff Training Committee (18 participants) will have met four (4) times and will have developed recommendations for FY 2003 training.
- CWTI staff will have sent notice of Pre-service training to potential participants and provided registration, evaluation and record keeping services.

### ***B. Ongoing Staff Training:***

The goal of ongoing training is to deliver training for all child welfare professionals which provides state-of-the-art knowledge of national and statewide practice standards, legal basis and parameters for intervention, and current social work precepts. In addition, staff training is a critical aspect of support in the Bureau's staff retention efforts. In the coming fiscal year, training information and registration will be offered to Bureau Staff and Tribal representatives who address Child Welfare Issues within their communities.

**Objective One: To deliver centralized In-service training for staff, supervisors, and managers.**

The Maine Child Welfare Training Institute continues to collaborate with the DHS Staff Education and Training Unit to provide quality inservice and ongoing training for all staff at the Bureau of Child and Family Services. CWTI identifies key topics for training and SETU will continue to provide support in securing locations and arranging registration for programs through their annual catalog.

Centralized training delivery contributes to consistency of practice in that staff from all areas of the state are exposed to the same content. The following issues impacting practice will be addressed in training during the coming year:

- 1. Adolescent Sexuality*
- 2. Working with Sex Offenders*
- 3. Bipolar Personality Disorder*
- 4. Supporting Relative Placement (2 sessions)*
- 5. Child Behavior Management (2 sessions)*
- 6. Leadership in the Community*
- 7. Building Successful Adoptions*
- 8. Indian Child Welfare Act and Collaboration with Tribal Communities*
- 9. Lifebook Development with Children in Care*
- 10. Effective Caseload Management for Caseworkers*
- 11. Youth Development*
- 12. The Impact of Trauma*



The following workshops will be offered to Casework Staff with experience, based on the number of years they have worked and related to the Caseworker Retention Study:

- 13. Experienced Caseworker Seminar*
- 14. Staff Resiliency in Child Welfare Services*

Specialized Supervisory workshops will be offered as follows:

- 15. Motivational Interviewing and Supervising for Change*
- 16. Supervision and Documentation Issues*
- 17. Leadership in the Community, the Supervisory Role*
- 18. Supervision and Caseload Management*
- 19. Supervision to Prevent Burnout*
- 20. Supervision and Supporting Relative Placement (2 sessions)*

Management level seminars and discussions to build training will include:

- 21. Supervising Supervisors*
- 22. The Manager's Role in Public Child Welfare*
- 23. Management to Prevent Burnout in Staff*

The past fiscal year saw several staff promoted to supervisory positions and this is likely to continue. New supervisors need immediate assistance and support, but due to the relatively small number of supervisors, a standard group orientation is often held after the person has assumed her/his new role. As a result, the supervisory orientation has been modified for individual and small group delivery in the districts with some centralized workshops provided at appropriate junctures. The advantage of this modification is to allow significant individualization based on the person's needs and program responsibility while still promoting group networking through the courses offered centrally. Individual modules include overview of policy and program areas, supervisory techniques, role clarity for the new supervisor, and individual and group supervision. Classes include:

- 24. Myers-Briggs for Supervisors*
- 25. Getting What You Need from MACWIS (provided through separate contract)*  
*Child Welfare Supervision and Information Systems.*

During the previous fiscal year, initiatives to provide a statewide seminar for all staff were well received. The Fall Child Welfare Conference will be held in November and December and will include all staff in an effort to promote staff awareness of current trends in the field on a national basis. In addition, the opportunity to recognize and praise excellence in the field is an integral part of this conference. The theme for this year will be twofold: first to bring all staff to a common understanding and commitment to the Bureau Vision and secondly to use Documentation and Accountability as examples of means to that end. This conference is held twice to allow for coverage and full participation by all 600+ staff.

***Outputs:***

- Twelve (12) training topics, open to all staff and representatives from tribal governments, will have been delivered over fourteen (14) days.
- Two (2) training topics, open to all caseworkers with more than two years of experience, will have been delivered over four (4) days.
- Six (6) training topics related to supervision will be offered to all supervisors over the course of seven (7) days.
- Three (3) topics for Managers and Program Specialists will be offered over the course of three (3) days.
- One-on-One delivery of the New Supervisor Orientation (up to three days of training accomplished in half day sessions) and two centrally held workshops (2 days) will be available for new supervisors.
- Six hundred (600) staff will have had two (2) days of training on emergent issues in child welfare (Fall Child Welfare Conference). (To be offered in two sessions)

**Objective Two: To deliver regionalized training programs for staff, supervisors and managers.**

Regionalized training delivery provides an opportunity for staff to learn within the context of their own unique communities. Trainings delivered in this format often include local professionals from related disciplines, either as presenters or participants, thus strengthening the local response to child abuse and neglect. Topics that are suitable for this training format are identified either by the district staff/training committee in conjunction with their liaison or are selected from a menu of topics disseminated by CWTI. These topics include:

1. *Legal Training*
2. *Interviewing and Videotaping for Feedback*
3. *Psychopharmacology*
4. *The Adoption and Safe Families Act*
5. *Case Planning*

In addition, although provided through separate contract, districts may request and design MACWIS training for delivery in the districts.

Each CWTI training specialist will spend one day per month in the district offices and will work with each District to develop and implement a training plan that is tailored to the training needs of that office.

***Outputs:***

- Twenty-six (26) days of on-site regional workshops (three days each: Sanford/Biddeford, Portland, Lewiston, Augusta, Rockland/Skowhegan, Bangor, Ellsworth/Machias; five days in Aroostook County) will have been delivered.
- Ten (10) days of workgroup training for twenty (20) staff will have been delivered.
- CWTI will have assisted each District in creating its own annual training plan.

**Objective Three: To administer, plan for and evaluate ongoing staff training.**

The Staff Training Committee and the Diversity Training Workgroup overseeing ongoing staff training will continue to meet quarterly to provide oversight of the training plan and to assess the response of staff to the training offered. These committees will be instrumental in planning for FY 2003 training. Tribal representatives and youth who have experienced the Child Welfare System first hand will be invited to join in the Staff Training committee during the coming year. The Co-Director for staff training will regularly attend Management and Regional Operations meetings to update leadership on ongoing staff training.

***Outputs:***

- The Staff Training Committee/Diversity Training Workgroup will have met four (4) times and will have developed recommendations for FY 2003 training.
- CWTI staff will have sent notice of trainings to potential participants, including stakeholders and tribal representatives, and provided registration, evaluation, and record keeping services.

***C. Innovative Practices in Child Welfare***

This goal supports ongoing administrative initiatives that are designed to fundamentally enhance the functioning and the outcomes of child welfare practice within the State of Maine. During the coming year, focus will continue on the impact of the timeframes and practice changes related to the Adoption and Safe Families Act. This year's training will be developed and delivered in conjunction with the Bureau's Program Improvement plan to promote enhanced child focused, family centered practice. As in the past year, when Safety Assessment was a major focus, this year's collaboration will involve follow up with Safety Assessment, statewide training and support for implementation of the Child and Family Assessment as well as the critical skill of Interviewing. As policy development and updating of practice standards continue, particularly in the areas of Permanency and Well-Being for children in care, the management group at BCFS may request additional training. The Bureau's work with two appointed commissions during the summer of 2001 and into the next year will also inform the collaborative partners around prioritization and delivery of training and assistance. In addition, in preparation for the 2003 Federal Review of Maine's Bureau of Child and Family Services, CWTI will identify research and training opportunities to address issues from the 1999 Review. This includes evaluation of the impact of training on areas for improvement and data collection in preparation for the self-assessment portion of the review. CWTI will be prepared to develop and deliver up to four additional training days to be identified during the fiscal year.

Additional work in promoting state of the art management techniques in Child Welfare will be done, including provision for up to 10 days of training and facilitation for the Management and Regional Operations groups (separately and together) to promote ongoing growth and development.

Although this is not a year for the biennial Judicial Symposium, planning for the May 2003 symposium will begin during this time period.

Continued work to implement strategies for appreciation and support of Diversity within the BCFS workforce as well as cultural competence for all staff will also continue with the ongoing work of the Diversity Training workgroup.

**Objective One: To deliver centralized training in support of administrative initiatives to innovate Child Welfare practice.**

The Child and Family Assessment is a continuation of the Safety Assessment Model to assist staff in working with families to assess parental capacity and the safety of families for their children. This model will be trained in a centralized fashion initially, with follow up support and training for supervisors to promote effective implementation. Training to aid staff in utilizing this function within the automated MACWIS system is addressed in the MACWIS training plan and Collaborative Agreement.

The Interviewing Training Workgroup continues to meet to identify and address staff need for training on Interviewing techniques. The integration of videotaping and feedback in Interviewing training will necessitate the purchase of videocameras and monitors to be used in the districts for ongoing taping and discussion. Managers from the Centralized and Regional Operations Staff will participate in a one-day session with an overview of Motivational Interviewing as it can be applied for management strategy and skill building. Motivational Interviewing, which offers staff skills in engaging adult clients in discussion and realization of change to promote safety, will then be delivered in a Train-the-Trainer model for further delivery in the districts.

Issues of Permanency and Well-Being are also going to be the focus of Innovative Child Welfare Practice training and support during this fiscal year. Specific training will be developed as policy is reviewed and disseminated, along with practice standards. Topics currently slated for delivery include Permanency Assessment, Concurrent Planning, Visitation, and Working with Relatives. The prioritization and planning for these topics will continue through the first quarter of the fiscal year for delivery in the spring of 2002.

***Outputs:***

- Training on the new Child and Family Assessment will be delivered to promote the Program Administrator/Supervisory role in implementation as follows:
  - One - one (1) day session on the model and management implications and accountability for Bureau and Regional Managers.
  - Three- two (2) day sessions for Program Administrators and Supervisors on implementing the new tool and their role in ongoing education and support in this effort.
  - Three- one (1) day sessions for all staff with an overview of the policy and tool for Child and Family Assessment.
- One (1) day of training for managers on Motivational Interviewing for Child Welfare Management will be delivered (1 day).
- Two (2) days of a Train-the-Trainer Curriculum covering Motivational Interviewing in Child Welfare Casework will be delivered for 25 participants (2 days).
- Follow up Statewide training on Motivational Interviewing in Child Welfare will be delivered to all Staff in 2-day sessions.
- Statewide training on Concurrent Planning will be delivered in the Spring of 2002.
- Statewide training on topics identified with BCFS Management and other stakeholders will be offered for up to 4 additional days of training for all staff.

**Objective Two: To deliver regionalized training in support of administrative initiatives to innovate Child Welfare practice.**

The National Center for Permanency Planning, located within the Hunter College School of Social Work is collaborating with the Bureau and CWTI to implement a Train-the - Trainer model for assisting staff and stakeholders in understanding the Adoption and Safe Families Act. This training will be held in FY 2001 and will be offered to all staff throughout FY 2002 in a format designed to meet current staff needs for understanding and communicating the spirit and letter of that law and Maine's statute.

During FY 2001, district and central administrators identified a commitment to collaboratively develop and deliver training for promoting improved practice in the area of Visitation. This training project will unite training for staff and for foster parents, bringing the diverse stakeholders together to learn about best practices for structuring and implementing effective visitation plans. Research suggests that excellence in child-centered visitation improves outcomes for children, both in assisting when reunification can occur and aiding children through grief and loss about placement and outcomes when

reunification does not occur. This project will be evaluated through a series of surveys and interviews and will also provide research opportunities for the university and a graduate student.

***Outputs:***

- Six hundred (600) staff will have had training related to the implementation of the Adoption and Safe Families Act.
- CWTI will develop and pilot a Visitation Training Program uniting stakeholders to explore best practices in structuring and implementing effective child-centered visitation plans.
- Six hundred (600) staff will have had ongoing training in a range of interviewing techniques including Motivational Interviewing and Legally Sound Interviewing.
- CWTI and the Diversity Training Workgroup will develop training relevant to the Commissioner's workgroup on diversity and the results of the FY 2001 survey on diversity training needs.

**Objective Three: To administer, plan for, and evaluate training related innovation activities.**

Committees and the committee structure will be adjusted to reflect the growing collaboration among stakeholders in Child Welfare. When possible and appropriate, training for other professionals along with Child Welfare staff will be developed and offered.

In addition, CWTI staff are committed to identifying national and regional trends to promote collaboration beyond Maine. In the coming year, the Co-Director will lead a discussion on effective training on Interviewing in Child Welfare at the National Society for Training and Development Association's annual conference. CWTI will also host the New England Training Directors meeting in Spring of 2002.

***Outputs:***

- CWTI Co-Director and/or staff will have participated in twenty (20) days (forty half-days) of BCFS management meetings.
- CWTI Coordinator for Special Projects will have worked with the Judicial Symposium Planning Committee for the symposium to be held in May of 2003.
- CWTI Staff and one graduate student will participate in activities to support the Bureau's preparation for the 2003 Federal review, including surveys and focus groups with key stakeholders to gather information relevant to outcome measures described in the review process.
- The CWTI evaluation specialist will assist CWTI and the Bureau in identifying means for evaluating practice and progress related to training through the Visitation Pilot Training development and delivery process.
- CWTI Co-Director and members of the Interviewing Training Workgroup will provide leadership in a discussion on effective training at the N.S.T.D.A./A.P.H.S.A conference in Fall, 2001.
- CWTI will host the New England Training Directors meeting in Spring of 2002.
- CWTI Co-Director and/or staff will have participated in eight (8) days of Systems Operations and Regional Operations meetings.
- CWTI staff will have sent notice of trainings to potential participants and provided registration, evaluation and record keeping services.



#### ***D. Professional Development Activities:***

The goals of professional development activities are to promote the learning of new knowledge and skills, to maintain or enhance the academic and professional credentials of BCFS staff and to encourage staff retention. Professional development opportunities outside of the formal training system promote interaction with non-Bureau providers and the University system.

During the past Fiscal year, the Onsite MSW program has had continued success, providing staff course enrollments and leading to 17 staff members matriculating in the graduate programs in the University of Maine at Orono and at the University of New England. During FY 2002, the new graduate program within the University of Southern Maine intends to identify opportunities for participation in this program as well. Several students will be participating in block placement and onsite placement options which will allow staff to continue working with the Department while attaining graduate credit. In some districts, there is an initial expense to providing qualified MSW supervisors for the students. This expense will not be required when the Department has more employees to provide student supervision. In addition, CWTI provides a clearinghouse to identify available, qualified supervisors holding MSW degrees within the Department and in CWTI. Ongoing collaboration between CWTI and the University of New England continues to assist students in paying the tuition difference between the state system and UNE.

Tuition Reimbursement continues to provide course enrollments for students whose needs cannot be met onsite, including those matriculated students whose needs for advanced courses and electives require their participation on the school campuses. In addition, centralized delivery of two courses in Clinical Supervision continues to be available for Casework Supervisors in Child Welfare. Professional Development through Workshops, Book Allocations, and Memberships/Journals continues to be funded under this goal with oversight by the Professional Development Committee and District Program Administrators.

The Clinical Supervisory Mentoring Program pairs individual supervisors with local mental health clinicians for the purpose of consultation regarding complex issues being encountered by the supervisor. Program Administrators have requested further development and expansion of this program during the coming year.

The Professional Development Committee Meets quarterly and provides a unique opportunity to unite the academic and professional organizations in the state with Child Welfare professionals in the effort to collaborate for enhanced practice.

**Objective One: To deliver academic and professional opportunities towards attainment of graduate degrees in Child Welfare related fields for all staff members.**

***Outputs:***

- Ten (10) supervisors will have completed the graduate courses in clinical supervision.
- Thirty (30) supervisors will each have received twelve (12) hours of clinical mentoring.
- \$150,000 will be available to pay for onsite graduate courses in Social Work to be delivered in DHS offices.
- \$15,000 will be available for tuition to the two graduate courses offered through CWTI and the University of Maine at Orono.
- \$150,000 will be available for payment of tuition reimbursement for graduate and undergraduate courses in Social Work.
- \$25,000 will be available for payment of costs associated with supervision and placements.

**Objective Two: To support professional development for staff through allocations of funding for Books, Workshop Registration, and Memberships/Journals.**

***Outputs:***

- \$8,000 will be available for the purchase of books and other resource materials for Districts and Central office.
- \$42,000 will be made available for Workshop Registration fees for all staff, to be distributed through Program Administrators and Central Office Administration.
- \$4,000 will be made available for Journals/Memberships in Professional Organizations for all staff.

**Objective Three: To provide guidance and oversight for CWTI sponsored Professional Development activities and allocations.**

The Professional Development Committee will continue to meet quarterly to review the extent to which BCFS staff have participated in professional development opportunities. The committee will be instrumental in planning for FY 2003 professional development activities.

***Outputs:***

- The Professional Development Committee (10 members) will have met four (4) times and will have developed recommendations for professional development activities for FY 2003.
- CWTI will develop and implement a mechanism for ongoing evaluation and data collection relevant to staff attendance at off-site workshops.
- CWTI will continue to track and inform the Bureau of enrollment, matriculation, and degree/certificate attainment by BCFS staff through the tuition and onsite course programs.
- CWTI will have informed BCFS staff of the amount of professional development funds allocated to each office, assisted the Bureau (upon request) in developing and applying criteria for individual awards and processed the bills and maintained usage records for professional development activities.

***E. Adoptive and Foster Family Introductory Training:***

The goal of Introductory Training is to give prospective foster and adoptive parents, including Native American foster parents and relatives who provide care, the foundation needed to work effectively with children, their families, and the other professionals with whom they will interact as caregivers.

**Objective One: To deliver regionalized training for foster and adoptive parents and relatives providing care and to provide ongoing consultation and feedback to the staff of the Bureau of Child and Family Services to support their work in promoting safe placement and effective care of children.**

Introductory Training is a 24-hour competency based curriculum that encourages participants to explore their motivations for becoming foster and adoptive parents, and the make-up of their family system, including sources of support and areas needing development. Educators strive to develop an atmosphere conducive to self-reflection and disclosure as a means of better understanding how each person can best prepare for the

integration of a child with special needs. Knowledge of the systems with which parents will interact, the impact of abuse and neglect on children, the importance of the birth family and impact of separation on both children and parents are some of the many areas covered. Participants are encouraged to consider others' views, values, cultures, orientation, etc. as essential ingredients in forming constructive working relationships with others in these systems.

***Outputs:***

- Thirty (30) rounds of Introductory Training (24 hours) will be delivered by CWTI educators to 60 participants. Trained staff from private adoption agencies will have the opportunity to co-train with CWTI educators (14,400 contact hours).
- Four (4) rounds of Introductory Training (24 hours) specifically designed for relatives providing care will be delivered by CWTI educators to 80 participants (960 contact hours).
- Follow up reunions will be offered to classes 6 months post-completion of training to provide networking opportunities, education and support to foster/adoptive parents.
- One hour closing sessions will be held with district staff and parents completing training to discuss the impact of training on each participant, highlight strengths and challenges and complete a professional development checklist (960 contact hours).
- Adoptive and Foster Family Educators will develop written summaries for those who complete training and make them available to Bureau staff for their records.
- Regular meetings will be scheduled with district staff to ensure communication remains open and to address any problems that arise during training. A minimum of ten (10) meetings will be scheduled during the year.

**Objective Two: To maintain the relevancy and currency of the Introductory Curriculum for prospective foster and adoptive parents and relatives providing care and to ensure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.**

A curriculum revision workgroup, composed of Adoptive and Foster Family Educators, Bureau staff, educators from private foster care agencies and Training Advisory Committee members, will convene to make annual changes to Introductory Curricula in order to ensure its continued effectiveness in conveying appropriate information to prospective foster and adoptive parents. Bureau staff and others will be invited to comment on any changes. On-site review of private agency training will be provided by CWTI Coordinators to ensure quality and consistency of the curriculum delivery. Private agency staff delivering AFFT curricula will attend an annual two-day review.

New trainers will be encouraged to co-train or observe an entire eight-week Introductory Training prior to training the full course.

***Outputs:***

- Introductory curriculum for relatives providing care and for new foster and adoptive parents will be revised and updated to incorporate changes in federal and state laws, child welfare practice and new training approaches.
- Thirty (30) private foster and adoptive agency staff will receive training on the curriculum in 2 sessions of Training-For-Trainers. Each session is two (2) days. AFFT staff will consult as needed with other trainers, (360 contact hours).
- Sixty (60) private foster and adoptive agency staff will attend a 1 day annual review, (360 contact hours).
- Staff will provide oversight of private agency delivery of training through direct observation of classes to maintain quality of curriculum.
- Staff will produce a video for use in the Introductory Training Curriculum which will provide an overview of the BCFS system, staff roles, and case flow continuum.
- Staff will make use of conferences, training programs and professional reading to ensure practice reflects current thinking in the field and the most current and effective training approaches.

**Objective Three: To administer and evaluate Introductory Training within the Adoptive and Foster Family Training Program.**

The Introductory Training program is designed to build on existing competencies of new foster and adoptive parents. The competency model will be refined as needed to allow its use in effectively evaluating the transfer of knowledge that occurs in this training. With the assistance of an evaluation specialist, tools will be revised to demonstrate this transfer. The link between Introductory and In-Service training will be strengthened through the use of professional development checklists, focus groups, and a database designed to inform staff, and the Bureau, of ongoing training needs of foster and adoptive parents as well as to create a profile of parents in Maine.

***Outputs:***

- Evaluation specialist will conduct studies to measure: the extent to which training improves knowledge and skills, the extent to which training leads to behavioral change after training and longitudinally, and participant satisfaction with trainers, training curriculum and overall training experience.
- The Training Advisory Committee, composed of twenty (20) Bureau, CWTI staff, and foster and adoptive parents, will meet four times (½ day) during the year. District workgroups will meet as needed to ensure training reflects current trends/thinking and is responsive to Bureau/provider needs (320 contact hours).
- Professional development checklists, focus groups and a database will continue to be utilized to assess the education needs of parents just completing Introductory Training. Additional data collection will provide a profile of foster and adoptive parents in Maine, to include educational level, family makeup, type of care, and date of first placement, among other information.

***F. Adoptive and Foster Family In-Service Training***

The goal of In-Service Training programs is to provide training and support to experienced foster and adoptive parents, including Native American parents and relatives providing care, to assist them in their professional development, provide respite and recognition and contribute to the retention of trained and effective caregivers. An important component of this portion of the AFFT program is the development of curricula and other tools that are responsive to the changing needs of caregivers and staff who work with them.

**Objective One: To deliver a range of In-Service training that responds to the professional development needs of foster and adoptive parents.**

***Outputs:***

- 6-8 Core Training Topics will be offered to assist new foster/adoptive parents in acquiring skill development post-completion of Introductory Training. These Core Topics will be offered in both CBT and classroom formats.
- Forty (40) training topics (6 hours each) will be delivered to 25-50 participants statewide. A catalogue describing these programs will be developed in collaboration with the Staff Education and Training Unit and distributed to foster and adoptive parents, including Native American parents, relatives providing care and Bureau staff. This expanded catalogue is designed to offer more opportunities for foster parents to meet annual training requirements. Topics include but are not limited to: Disciplinary

Strategies, Grief and Loss, Understanding Dynamics of Abuse and Neglect, Understanding Kinship Ties, Advocacy, and Child Development (7200 contact hours).

- CWTI will offer a training curriculum "Working with Children Exhibiting Sexual Behavior Problems". This 36 hour, 3-Module curriculum will be offered in 3 sites throughout the state.
- A one-half day (3 hour) workshop on the Adoption and Safe Families Act (ASFA) will be offered at 3 sites throughout the state to 150 foster/adoptive parents and caregivers (450 contact hours).
- 250 participants including foster parents, contract agency staff, clinicians, MCF, and BCFS staff will have had two days (12 hours) of training focusing on issues related to caring for children in the foster care system (CWTI Spring Conference). (3000 contact hours)

**Objective Two: To increase access to training by providing a variety of formats and delivery methods and through the use of Outreach Education for Foster Parents (student interns).**

In-Service Training for foster and adoptive parents and relatives providing care is viewed as essential to the ongoing development of skills contributing to the provision of safe and effective care of children. Many barriers limiting access of parents to training exist: geographic barriers, work schedules, lack of availability of training in some areas, lack of awareness of scheduled training, lack of appropriate child care, etc. Through the use of a variety of training formats and with the support of the Outreach Education for Foster Parents Program, access will be increased. CWTI staff will continue to explore options for training delivery approaches that maximize availability and will expand methods of communication about training events statewide.

***Outputs:***

- A one-day workshop will be available to 120 participants to allow for the design and implementation of the Connect-the-Dots forum. This will lead to a self-sustaining collaborative network between DHS staff, foster parents, and community providers to exchange information, network, and provide input (960 contact hours).
- Correspondence Courses will be offered as an additional format for learning. A variety of topics will be available for home-based educational opportunities.
- Four (4) seminars will be available statewide to foster/adoptive parents. 20 participants will have opportunities for round-table discussions facilitated by a

contract provider. Seminars will be individually structured in length not to exceed a total of 18 hours (1,440 contact hours).

- Through the Outreach Education for Foster Parent Program, 1 student intern will be placed in district offices to work 20 hours per week with Bureau staff and foster parents to identify training needs and assist in eliminating barriers to training (1,040 contact hours).
- Program Administrators in each of the eight districts will be allotted a total of \$10,000 to support requests of foster and adoptive parents to attend training sponsored by other agencies, to purchase training materials or to develop programs within their districts.
- CWTI's website will be updated and expanded to include links to agencies delivering training and support to parents as well as to provide a current schedule of training available through the Institute.
- CWTI will develop a bulletin board forum on the website to allow for networking, information gathering, and problem-solving for the foster parent community throughout the state.
- CWTI staff will develop options for offering web-based In-Service training to correspond with the core training topics developed. These Computer Based Trainings (CBT's) will be offered on the CWTI website.

**Objective Three: To increase the retention of foster and adoptive parents through provision of training, recognition and respite.**

There continues to be a shortage of foster and adoptive parents available to provide care to children in the care and custody of the Department of Human Services. Through recruitment efforts, Bureau staff addresses the need for a range of new placement resources. Residential Training opportunities contribute to the retention of existing resources.

***Outputs:***

- Two (2) weekend Retreats, each accommodating up to 40 experienced parents will be delivered. Foster parents will receive 12 hours of training and team building (960 contact hours).
- One Camp Conference, serving up to 100 families, will be provided. 400 participants will attend 12 hours of training/workshops over 2 days (4,800 contact hours).



**Objective Four: To administer and evaluate the In-Service Training Programs within the AFFT program.**

In-Service training focuses on the development of skills required by caregivers to meet the various needs of children in their care. A range of programs is provided to meet not only the developmental needs of the caregivers, but also to address their need for skill development in specific areas. Ongoing measurement and evaluation of training topics will determine how this information can be delivered to ensure higher retention, transfer of learning and skill development.

***Outputs:***

- Evaluation specialist will conduct studies to measure: the extent to which training improves knowledge and skills, the extent to which training leads to behavioral change after training and longitudinally, and participant satisfaction with trainers, training curriculum and overall training experience.
- The Training Advisory Committee will meet four times during the year, with district workgroups meeting in the interim, to develop specific training programs in response to Bureau priorities and district needs.
- CWTI staff will notify district staff and potential participants of In-Service training programs and will provide for registration, evaluation and record keeping.

***G. Maine Caring Families***

This goal supports ongoing initiatives within the Maine Caring Families Program to assist with organizational development, training design, and recruitment/retention efforts to support both foster families and staff.

**Objective One: To develop and administer a training program for foster parents and staff in the Maine Caring Families Program and to respond to emerging needs in the area of curriculum design and delivery.**

Maine Caring Families is a statewide therapeutic foster care program administered by the Bureau of Child and Family Services. Over the past year, CWTI has worked with MCF staff to develop comprehensive program standards and policies, identify and establish organizational needs/priorities, design/deliver a variety of training, and convene the MCF Advisory Committee. CWTI staff will continue to provide support to the MCF program through various organizational development activities.

### ***Outputs:***

- An eight (8) hour CPR course will be offered to 100 MCF foster parents through community-based medical facilities. (800 contact hours)
- A twenty one (21) hour Behavior Management course will be offered to 175 MCF foster parents (3,675 contact hours)
- An Advisory Committee will be convened, with representation from the various components of the MCF program: staff, support agency workers, and foster/adoptive parents. Fifteen (15) members will have met for four- ½ day planning meetings, (300 contact hours).
- One annual conference, consisting of one and a half days of training/workshops will be provided to 100 participants, (1000 contact hours).
- CWTI staff will work with the MCF Advisory Committee and Regional Coordinators to develop, edit, and distribute a quarterly newsletter.
- Two (2) full days of training for forty (40) Regional Coordinators and MCF Support Workers will be offered related to increasing effectiveness of ongoing support groups for MCF foster parents, (480 contact hours).
- MCF Regional Coordinators will have a total of \$5750 for specialized regional training.
- A monthly 2 hour clinical seminar will be offered to 6 regional coordinators facilitated by a contracted clinician 10 times per year. (120 contact hours)

### ***H. Specialized Program Training***

This goal provides training resources for specialized program staff within BCFS. This includes, but is not limited to, Foster Home Licensing Staff, Quality Assurance Staff, Case Aides, and other staff whose training needs require a specialized curriculum.

The goal of training for the foster home licensing staff is to support their role in preventing abuse and neglect of children placed in settings other than that of their birth parents, including placement with relatives. Training is designed to increase the skills and knowledge of each staff member and to promote greater consistency of practice statewide. The Licensing Staff is now part of the larger Licensing and Regulatory Training Committee through the Department of Human Services Training Institute. CWTI staff will participate on that committee and CWTI will provide appropriate specialized training relevant to the special needs of this group.

The Quality Assurance Staff is dispersed throughout the state and centralized training and discussion is key to information sharing for the unit and for the agency. This group will have one workgroup session in the beginning of the fiscal year and will also have additional workshops identified with the unit below.

The Intake and After Hours Program will be participating in a Work-Flow study in the fall of 2001 which will be the basis for staff training needs assessment for the rest of the year. Their training program may include: development of training on a protocol for taking referrals, work with referents, and communication with districts on referrals.

The Independent Living Specialists have a series of topics that pertain to them and will be open to all caseworkers with adolescent caseloads or an interest in working with Youth. In addition, these staff will also be included in the pilot delivery of a federally funded training program to provide competency-based training for work with adolescents. Following the pilot, a train-the-trainer session will be held to offer team-training groups the curriculum. This program is not funded in this contract, however CWTI staff participate in the ongoing development and review of the program and in identification of interested parties. In addition, an invitational seminar with a national expert on Transitional Youth Housing will be held for staff interested in implementing and working on youth homelessness in Maine.

The role of Case Aides in the bureau continues to evolve. Case Aide orientation and a workshop on the Case Aide role in Visitation will be held during the fiscal year.

Adoption Staff have some additional needs for training beyond the Ongoing Training Objective related to their specialized role in providing ongoing support and crisis intervention beyond adoption. The adoption staff is also doing a great deal of videotaping to assist children and their birth and adoptive families in creating a record of their lives. Specialized training in both of these areas will be delivered in this goal.

**Objective One: To provide centralized training for specialized program area staff in areas that are specific to their role and responsibilities.**

***Outputs:***

- Five (5) days of centralized training and facilitated discussion will be held for Quality Assurance Staff:
  1. *Workgroup Role Clarity Workshop (2 days)*
  2. *Team Leadership in Quality Assurance (1 day)*
  3. *Developing Feedback Loops (1 day)*
  4. *Program and Policy Training (1 day)*

- The following topics will be offered through this contract and will be open to all staff and geared towards Independent Living Specialists and those working with adolescents:
  1. *Education and Youth Aspirations (1 day)*
  2. *Teaching Life Skills for Developmentally Delayed Youth*
  3. *Job Readiness, Career Pathways, and Money Management*
- An invitational seminar will be held for one day on Transitional Youth Housing Models and Options.
- Centralized Intake and After Hours Staff will have up to four days of training based on collaborative discussion and planning following the work-flow study in Fall of 2001.
- Case Aides may participate in training in the following areas (as well as in all staff ongoing training as appropriate):
  1. *Case Aide Orientation*
  2. *Visitation and the Case Aide Role*
- Adoption Staff will have access to the following workshops:
  1. *ASAP Curriculum on Adoption Support and Preservation (2 days)*
  2. *Adoption Crisis Stabilization and Support (1 day)*
  3. *Videotaping Seminars to be delivered on request for district and unit staff.*

**Objective Two: To administer and evaluate the Specialized Programs training program.**

Specialized Program staff will be provided notice of training specific to their functions in addition to ongoing staff training for all BCFS staff. CWTI will develop training, provide notice to staff and assure record keeping and evaluation is completed.

***Outputs:***

- Program Specialists and their workgroups will be able to access a training specialist for assistance in evaluating training needs and training delivery and developing recommendations for training for the coming year.
- The Centralized Intake and After Hours programs will participate in a work flow study in the fall, staffed by CWTI evaluation and project specialists, to identify current training and program goals for these staff groups.
- CWTI will send notice of training to potential participants and provide for registration, evaluation and record keeping.

### ***I. Children's Transportation Training:***

Since 1998, all Transportation Providers who transport children have been required to train all new drivers using the CWTI Children's Transportation Curriculum. Training is provided on-site at the transportation agency and is delivered by a trained team of transportation, child development and Bureau of Child and Family Services staff.

**Objective One:** To provide training in the CWTI Children's Transportation Curriculum to all new drivers employed by contracted transportation service providers who transport children.

CWTI will continue to support this program by providing updates and revisions to the Transportation curriculum; management and training of training teams, (including recruiting new trainers and providing Train-the-Trainers sessions); provision of training materials to training teams; and documentation and evaluation of training programs.

#### ***Output:***

- CWTI will facilitate an annual curriculum review workgroup meeting(s) to solicit feedback and incorporate changes into the training. 5 participants will meet up to 2 times for one-half day (40 contact hours)
- CWTI will convene an annual meeting of all trainers to ensure curriculum revision information is disseminated. 25 participants will attend a 6 hour meeting. (150 contact hours)
- CWTI will contract with child development specialists to deliver the 2 hour training section 25 times each year.
- Six hours of Children's Transportation Training will be provided to an estimated 288 new drivers prior to allowing drivers to transport children. (1,728 contact hours).

### ***J. Post - Adoption Services:***

With more attention focused on the predictable needs of adoptive families, it is incumbent on those working with parents and children to be increasingly aware of the most effective and respectful interventions available for responding to their requests and needs for service and support following legalization. The purpose of this program is to provide for ongoing professional development of BCFS staff and others working directly with children and families affected by adoption and to build in additional opportunities for support for parents.

**Objective One: To enhance the development of the post-adoption program by providing support for ongoing training for staff and providers.**

***Outputs:***

- Two (2) rounds of 18 hour training, based on the ASAP Curriculum, will be delivered to 60 staff and other providers of direct services to families in the Northern and Southern regions of the state (2,160 contact hours).
- 150 Participants will attend a one day workshop in recognition of Adoption Month in November. Training will focus on strengthening support to adoptive families. (900 contact hours)
- CWTI staff will coordinate efforts to develop and deliver 25 trainings to public schools based on the ASAP curriculum. These trainings will be designed to increase adoption awareness and improve clinical skills of professionals working with adopted youth and can be delivered in either a 90 minute, ½ day or full day format.

**Objective Two: To expand the availability and effectiveness of post adoption support groups in Maine.**

As the number of adoptive families continues to grow so does the need for ongoing, high quality and dependable support. CWTI will continue to offer opportunities to group facilitators to address initiatives, Bureau philosophy, and emergent needs of families as well as support for mentoring initiatives.

***Outputs:***

- Two (2) days of centralized training will be offered to thirty (30) support group leaders to share information and resources while increasing the effectiveness of support provided to parents (360 contact hours).
- CWTI will maintain a listing of all current support groups/facilitators on the website with meeting times and locations.

**Objective Three: To contribute to the development of resources available to adoptive families by researching and developing adoption preservation services geared to the most pressing needs of children in adoptive placement.**

Factors consistently identified by adoptive parents as contributing to the dissolution of adoptive placements include behavioral and emotional problems which manifest in a variety of ways and are often associated with issues of loss, attachment, PTSD, sexual abuse, learning disabilities, depression, lack of control, identity development, and other organically-based problems. CWTI will continue to collaborate with BCFS and contract agency staff to ensure that resources and service delivery systems meet the needs of families throughout the state.

***Outputs:***

- CWTI will offer 4 one (1) day workshops "*Transitioning from Foster Care to Adoption*" to 100 participants throughout the state (600 contact hours).
- CWTI will annually revise and distribute a resource manual for adoptive parents which will be regionalized. The manual will provide legal rights information and information on how to access subsidized funds, psychological services, and medical/dental services.
- CWTI staff will produce and distribute a bi-annual newsletter regarding information and updates on the Maine Adoption Guides project.
- CWTI will host quarterly Cross-Agency meetings with BCFS staff as well as International Adoptions and Adoptive and Foster Families of Maine (AFFM) to promote collaborative efforts and increase communication.

**ADDENDUM F:**

**CHILD WELFARE DEMONSTRATION  
PROJECT/MAINE ADOPTION GUIDES SECOND  
ANNUAL EVALUATION REPORT**





**CHILD WELFARE DEMONSTRATION PROJECT**  
Post-Legalization Adoption Services (the Maine Adoption Guides Project)

During FFY 2001, Maine's Department of Human Services continued to implement the Child Welfare Demonstration Project approved by DHHS in Fall 1998. This project allows BCFS to spend funds for post-legalization adoption services not normally covered by Title IV-E funding. The goals of the project are to:

- increase the number of special needs adoptions
- decrease the average length of time that children remain in foster care
- decrease the rate of adoption disruptions (post-legalization)
- improve adoptive family functioning

The project, named the Maine Adoption Guides Project, is now in its third year and is in full statewide implementation. It is the result of a partnership between Maine DHS, Casey Family Services, and the University of Southern Maine/Muskie School and the Child Welfare Training Institute.

The first component of the project focused on providing competency-based training for public and private providers of adoption-related services, with the goal of improving the effectiveness of their services to adoptive families. In the first year (April 1999 to March 2000) the project met its desired outcome of training 260 service providers in adoption competencies. Evaluation results showed that the trainings did improve provider knowledge and skills, which should strengthen services for all adopting families in Maine, leading to improved family functioning and decreased disruptions.

The second component of the Project uses a randomized design to examine whether enhanced post-legalization supportive services for adoptive families can strengthen those families and children, decrease the rate of adoption disruptions, and increase child and family well-being. This phase began with the launch of a pilot in York and Cumberland Counties on October 1, 1999 and opened for full statewide implementation on April 1, 2000. The latest annual report, which was sent to federal staff in March 2001, discusses the initial results of this phase of the project. That report follows.

# MAINE ADOPTION GUIDES SECOND ANNUAL EVALUATION REPORT: EXECUTIVE SUMMARY - March 2001

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## BACKGROUND

The evaluation of the MAINE ADOPTION GUIDES PROJECT, Title IV-E Child Welfare Waiver is conducted for the Department of Human Services, Bureau of Child and Family Services (DHS). It is comprised of two parts: 1.) a process and an impact evaluation of the adoption competency-training program for public and private providers of adoption related services; and 2.) a process and outcome evaluation, and a cost effectiveness/benefit analysis, of the purchase and delivery of guided post legalization adoption support services to children and families. The design of the training evaluation was a nonrandomized pre-post design with follow up interviews to map the impacts of the training on knowledge and application of skills. The design of the post-legalization Adoption Guide support services evaluation is randomized. This Executive Summary will focus on the Guided Services evaluation results to date, for a full copy of the final training evaluation results please contact the evaluator.

The training evaluation component began on April 1, 1999 and continued through end of November 2000. Statewide implementation of the Guided Services model began on April 1, 2000. The entire evaluation will end no later than 9 months after the end date of the Waiver Demonstration Project, on or before December 31, 2004.

This Child Welfare Demonstration Project is the result of planning on the part of the state DHS agency since the mid 1990s. As a result of a series of interactions with parents, adoption agencies and other stakeholders the state DHS developed a specific focus on post-legalization services. This policy and program development was driven by two pressures on the adoption system: (1) increasing numbers of children requiring adoption services; and (2) pending implementation of the Adoption and Safe Families Act. In response to those pressures, state agency managers, parents and non-governmental adoption agencies undertook a process that resulted in this Child Welfare Demonstration Project - Maine Adoption Guides Project.

The guiding principles that drive this initiative are the following:

- Adoption is a life-long process.
- Most adoptive families experience normal crisis in their development.
- Families need more support services post-legalization.
- 

In addition to realizing the need for a more concentrated effort to provide post-legalization services, the initiative also intends to impact the adoption competencies of clinicians providing services to adoptive families. Parents involved in the planning process were forceful in their concerns about an apparent lack of understanding of the dynamics of adoption on families on the part of mental health clinicians.

### ***Adoption Guided Services Description***

The core principle of this program is that adoption is different. The dynamics of a family created by adoption are different from the dynamics of a family created by birth. Adoption is lifelong and its impact creates unique opportunities and challenges for families and communities. Adoption is mutually beneficial to parent, child and society. Society is responsible for supporting and aiding integration and preservation of adoptive families.

This program description will focus on the services to the guided supportive services (experimental) group. The standard services (control) group will get the same level of post legalization adoption assistance services that are presently in place, either through D.H.S. or generally available in the community. The guided service model is intended to differ from the standard practice in several ways, see Figure 1 below for a comparison. In addition, see Figure 2 following for a program logic model of the Guided Services intervention.

We recruit the participants from the overall population of families adopting children with special needs, out of the Foster Care System of DHS. The families are selected at the time they are approved for adoption assistance. We will be covering the entire state of Maine, which includes all eight districts of the DHS. This service delivery will be provided by a partnership of DHS/BCFS and Casey Family Services. It may also include Casey Family Services subcontracting with other service providers to meet statewide needs. Families assigned to the standard services, adoption assistance group will not be eligible for the Guided post legalization adoption services. No family will receive any less service than is presently provided. The long-term plan, based on the positive outcomes of this study, is that these same guided services could be expanded to the general population of adopting families.

This is a community-based delivery of service program designed to be child-centered and family focused. The adoptive parent(s) is viewed as the expert on their child. The adoption staff are guides who consult with the family through the expected and normal crisis in the life of an adoptive family.

**Therefore, the major hypothesis of the study is:**

***Families and children who receive guided supportive services will be strengthened, have fewer dissolutions, and report higher levels of child and family well being than families and children that receive standard services.***

**Figure 1**  
**Post Legalization Program Model Differences**

<b>Program Attribute</b>	<b>Standard Services</b>	<b>Guided Supportive Services</b>
<b>Target Population</b>	Children w/Special Needs, and their Families	Children w/Special Needs, and their Families
<b>Program Goals</b>	Provision of Adoption Assistance Funds	<ul style="list-style-type: none"> <li>- Decrease Dissolutions</li> <li>- Increase Family Strengths</li> <li>- Maintain/Increase Child and Family Functioning</li> <li>- Provision of Adoption Assistance Funds</li> </ul>
<b>Staffing</b>	D.H.S. Adoption Worker	D.H.S. Adoption Worker and Casey Adoption Staff
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>- One time Assessment/ Planning Session</li> <li>- Financial Support for Post Adoptive Services as per Entitlements</li> <li>- Annual Financial Planning for Continuance of Adoption Assistance</li> </ul>	<ul style="list-style-type: none"> <li>- Initial and ongoing support based on family needs identified in "Family Permanency Assessment".</li> <li>- Scheduled check-ins with family and Casey staff at least once every six months.</li> <li>- Permanent assignment of Casey staff to family in an empowerment role.</li> <li>- Financial Support for Post Adoptive Services, not limited to services pre-defined in subsidy agreement.</li> <li>- Annual Financial Planning for Continuance of Adoption Assistance</li> </ul>
<b>Access to Trained Providers</b>	<ul style="list-style-type: none"> <li>- Provided with List of Trained Providers</li> </ul>	<ul style="list-style-type: none"> <li>- Provided with List of Trained Providers</li> <li>- Actively Referred to Trained Providers</li> </ul>

Figure 2 - Maine Adoption Guides - Guided Services Intervention Program Logic Model

INPUTS	ACTIVITIES	OUTPUTS	IMMEDIATE OUTCOMES 0 - 6 MONTHS	INTERMEDIATE OUTCOMES 7 - 18 MONTHS	LONG TERM OUTCOMES 19-48 MONTHS
<ul style="list-style-type: none"> <li>• Social Worker Staff</li> <li>• Financial Supports for Families</li> <li>• Formal and Informal Supports for Families</li> </ul>	<ul style="list-style-type: none"> <li>• Initial Assessment with Family - Strength Based, Family Centered planning</li> <li>• Case Management Activities</li> <li>• Therapy Sessions</li> <li>• Resource Brokerage</li> <li>• Regular Check-ins with Family, at least once every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Social Worker meets with family for initial strengths based, family centered assessment, with DHS/IASC Adoption worker; before legalization.</li> <li>• Regular Check-Ins Occur; at least 2x per year.</li> <li>• Social Worker available to family for case management - supportive services, therapy; ongoing.</li> </ul>	<ul style="list-style-type: none"> <li>• Family is supported and empowered as they respond to their child's needs.</li> <li>• Selected Child(ren) <i>maintains or improves functioning</i>; family, school, social and emotional domains.</li> <li>• Families access needed resources, formal and informal supports.</li> <li>• Family &amp; Social Worker staff expresses satisfaction with Guided Services model.</li> <li>• Adoption is maintained</li> <li>• Few to No Displacements - Child Lives at Home</li> </ul>	<ul style="list-style-type: none"> <li>• Family is supported and empowered as they respond to their child's needs.</li> <li>• Selected Child(ren) <i>maintains or improves functioning</i>; family, school, social and emotional domains.</li> <li>• Adoption is maintained</li> <li>• Few to No Displacements - Child Lives at Home</li> <li>• Families access needed resources, formal and informal supports.</li> <li>• Family &amp; Social Worker staff satisfied with Guided Services model given normal developmental crises.</li> </ul>	<ul style="list-style-type: none"> <li>• Family is supported and empowered as they respond to their child's needs.</li> <li>• Selected Child(ren) <i>maintains or improves functioning</i>; school, social and emotional domains.</li> <li>• Adoption is maintained</li> <li>• Few to No Displacements- Child Lives at Home</li> <li>• Families access needed resources, formal and informal supports.</li> <li>• Family &amp; Social Worker staff satisfied with Guided Services model given normal developmental crises.</li> </ul>

### Program Logic Model: Outcome Definitions

*Family is supported and empowered as they respond to their child's needs.*

- Parent - Child Communication
- Parent - Child Relationship
- Feelings about Adoption
- Attachment
- Satisfaction with Adoption
- Caregiver Health (Stress)
- Quality of Home Life
- Family Cohesion/Adaptability/Satisfaction (FACES II)

*Selected Child(ren) maintains or improves functioning; family, school, social and emotional domains.*

- Juvenile Justice Involvement
- Physical Status
- Emotional/Intellectual Status
- Relations with Peers
- Personality Traits
- Competencies and Problems - Functioning (CBCL, YSR, TRF-CRF)
- Academics/School (CBCL, YSR, TRF)

*Families access needed resources, formal and informal supports.*

- Formal Supports include: Case Management; Respite; Advocacy Support by Case Manager; Counseling/Therapy; Family Therapy; Marriage Counseling; Adoption Support Group; Special Education services; Residential Treatment; and other Institutional Placement.
- Informal Supports: identified by the family - documented.

*Family & Social Worker staff expresses satisfaction with Guided Services model given expected normal developmental crises.*

- Family: Satisfaction with support and services as provided through their Adoption Guide social worker.
- Adoption Guide Social Worker: Satisfaction with their role and performance in the Maine Adoption Guides Program and how they are supported in their work with families.

*Adoption is Maintained*

- The legalized adoption does not dissolve with the child returning to the state's custody and foster care system.

*Few to No Displacements - Child Lives at Home*

- The child/adolescent lives in her/his home on a permanent basis - number of days child is at home. A displacement is when a child/adolescent is hospitalized or otherwise removed from the home in order to receive treatment so that the child may return home. Child is considered not at home when she runs away, is incarcerated, lives somewhere else against parents will or is hospitalized for other than a medical necessity.

# **RESEARCH DESIGN AND METHODOLOGY**

## **A. POPULATION CHARACTERISTICS**

### **1. Guided Services Evaluation**

This component of the project targets children who are in the state child welfare system who are classified as having special needs. The criteria for special needs in Maine results in nearly all children falling into this category. In April 1999, at the beginning of the Project, Maine had approximately 3,100 children in foster care. In January of 1999 there were 641 children requiring adoption services. As of January 2000, there were 806 children requiring adoption services. For the year 2000, 414 adoptions were legalized in Maine an increase from 1999 when 240 children legalized. These figures represent the continuation of an upswing in adoptions in Maine, experienced after a four-year decrease from 1990 to 1994.

## **B. RESEARCH DESIGN AND METHODOLOGY**

### **1. Guided Services Evaluation**

As mentioned above, the Guided Services component of this initiative commenced in November 1999 through March 2000 with pilot implementation of the intervention. This pilot period was crucial for the evaluation as it provided an opportunity to design, test and implement the necessary procedures for random assignment, data collection, data entry and reporting. The pilot period resulted in the implementation of an evaluation process that is fairly well integrated with the two organizations that are part of this Demonstration project. The following is the basic evaluation plan developed for the Guided Services component of the project.

#### **Guided Services Model - Process Evaluation**

A process evaluation is critical in describing the program strengths and weaknesses to guide implementation, and to understand the outcome data. For this project, the process evaluation will include the monitoring of:

- DHS and Casey Family Program Organizational Aspects
- Staffing Structures and Profiles
- Financial Commitments
- Level of Acceptance by Field Staff
- Methods of Project Implementation - Fidelity of Guided Services Model
- Contextual Factors
- Demographic Profiles of Families and Children Served
- Utilization of Services and Unmet Needs
- Satisfaction with Services
- Differences in Experimental and Standard Groups
- Family Assessment of Long Term Permanency Needs
- Results of Individual, Family Focused, Series of Regularly Scheduled "Maintenance" Checkups



## **Outcome Evaluation - Guided Services Model**

The outcome evaluation began in Year 2 of the Demonstration Project on 4/1/2000 and will commence through March 2004. The selection or development of measures and data collection strategies, including a piloting process, was conducted during the Year One, 4/1/1999 - 3/31/2000. The outcome evaluation assesses to what extent the children/families who received the Guided Services Model (experimental group) and the children/families who received Standard Services (control group) differ in regard to a number of outcome measures. The outcome measures include:

- Rates of Adoption Dissolutions
- Number of Days Child in the Home / Displacement Rates
- Assessment of Family Functioning
- Assessment of Child Functioning/Well Being
- Assessment of Access to and Utilization of Services
- Levels of Satisfaction with Services

## **Outcome Evaluation - Research Design**

This study makes use of a randomized design with blocking on a few child and family characteristics. The Figure 3 below outlines the proposed design which is a two-group randomized experimental design such that any family/child meeting the participation criteria will have an equal chance of being assigned to either of the two groups.

**Figure 3 - Outcomes Study Design**

### **Guided Services:**

**Group A**                      Randomization --- (Baseline) O --- X --- O (Every 6 mos.) -- O

### **Standard Services:**

**Group B**                      Randomization --- (Baseline) O ----- O (Every 6 mos.) -- O

This design intends for at least 60 children assigned to the Guided Services - experimental group and 60 children assigned to the Standard Services - control group each year. Actual recruitment will be for 70 children in each group to work against possible attrition. Sample size estimates are as follows:

- Year 2, 2000-2001: 120 children (60E, 60C)
- Year 3, 2001-2002: 240 children (120E, 120C)
- Year 4, 2003-2004: 360 children (180E, 180C)
- Year 5, 2004-2005: 480 children (240E, 240C)

This design results in the following sample sizes for longitudinal study:

- Four years in Project:      120 children
- Three years in Project:     240 children
- Two years in Project:      360 children
- One year in Project:        480 children

### Data Collection

See full report for; (1) a complete description of the measures selected/developed for this component of the evaluation; and (2) a description of the data collection schedule(s).

### Data Analysis Plan

The estimated sample size is sufficient for both descriptive and inferential statistical analyses. Descriptive statistics, such as percentages, rates, frequency distributions and means, will be employed to describe the two groups. Descriptive statistics will be produced to answer each of the evaluation questions. Inferential statistics will be used to test the statistical significance of any differences detected in the descriptive statistics.

## RESULTS

### A. IMPLEMENTATION - PROCESS INDICATORS

#### Guided Services Model Implementation

MAGS -Participation Status by District: March 15, 2001

#### Guided Services (n=69)

	AGE 0-5	AGE 6-10	AGE 11-17	TOTALS
MALE	15	11	2	28
FEMALE	14	18	9	41
TYPE OF ADOPTION - # OF CHILDREN	NON-FOSTER 6		FOSTER 63	69
TYPE OF ADOPTION - # OF FAMILIES	5		31	36

#### Standard Services (n=65)

	AGE 0-5	AGE 6-10	AGE 11-17	TOTALS
MALE	12	17	5	34
FEMALE	13	13	5	31
TYPE OF ADOPTION - # OF CHILDREN	NON-FOSTER 6		FOSTER 59	65
TYPE OF ADOPTION - # OF FAMILIES	6		30	36

### Participation by District (n=134)

Office / District #	Guided Services	Standard Services	ACTUAL NUMBER	TARGET NUMBER
BIDDEFORD / 1	12	10	22	20
PORTLAND / 2	12	6	18	21
LEWISTON / 3	10	10	20	22
AUGUSTA / 4-5	10	9	19	21
BANGOR / 6	8	12	20	22
ELLSWORTH - MACHIAS / 7	8	13	21	20
HOULTON - CARIBOU - FT. KENT / 8	9	5	14	14
TOTALS	69	65	134	140

### Participant Summary - Totals

#### Gender:

46% Males - 62

Guided Services - 28

Standard Services - 34

54% Females - 72

Guided Services - 41

Standard Services - 31

Age:	AGE 0-5	AGE 6-10	AGE 11-17
MALE	27 (20%)	28 (21%)	7 (6%)
FEMALE	27 (20%)	31 (23%)	14 (10%)
TOTALS	54 (40%)	59 (44%)	21 (16%)

#### Type of Adoption:

	NON-FOSTER	FOSTER	TOTAL
# OF KIDS	12 (9%)	122 (91%)	134
# OF FAMILIES	11 (15%)	61 (85%)	72

### Implementation Results

In January 2001, USM research staff concluded the first implementation survey of the Maine Adoption Guides Project in order to assess the project's implementation in its initial year. Telephone surveys were administered to those involved in the project since

its beginning in Fall 2000—23 DHS Adoption Unit Caseworkers, three Casey Family Services staff, four DHS Adoption Supervisors and one DHS Administrator.

Eighty-three percent of respondents agreed the Guided Services model was implemented as intended. Few offered suggestions for improvement, which seemed to indicate the process had been smooth thus far. Ninety percent said they felt well informed about the project and were receiving enough materials.

Every respondent was supportive of the project—81% were very supportive. Related comments included that there is a definite need for post adoption services and that the project is a great idea.

The average amount of time it took workers to introduce the project to families and complete the participation/non-participation paperwork was 58.5 minutes. When asked if allotting this time adversely affects their other work, 58% percent said no. The 23% who responded yes did state that the extra effort would be worthwhile due to the benefit to the families.

All respondents felt project materials, the video, forms and other paperwork were helpful in describing the project to families. When asked if there is any part of inviting the families that is difficult, 73% said no. The most common reason offered from those who said yes was the difficulty of telling families that they were not selected for Guided Services. Some respondents suggested sending materials to the families in advance would make the invitation process easier. Seventy-seven percent of respondents did not think there was anything about the invitation process itself that caused families to not participate.

Families taking part in the project meet with the DHS Adoption Caseworker and the Casey Family Services worker two weeks after agreeing to participate. When asked about this “transition” process, respondents said that working with Casey has gone well and that it is positive to have people invested in a family during legalization. However, some mentioned difficulties in prioritizing the project and coordinating schedules in order to meet the two-week timeframe. Respondents mentioned that DHS workers do not always know the court system’s timeframe. In addition, comments were made regarding the lack of Casey staff in Aroostook County. This has prevented the county’s families from receiving any services and the project from being implemented in that area.

Overall, respondents felt that helpful forces for the implementation process were clear paperwork, regular management meetings, Casey’s involvement, team flexibility, understanding supervisors, and staff willingness to commit extra time. Forces against the process were timeframes and difficulty coordinating schedules of various players. Some felt heavy workloads prevented them from having adequate time to devote to the project.

In general, respondents supported the program and there was consensus that at this stage nothing about the implementation of the project should be changed. As part of the Pre-

Adoption Background Information survey, adoptive parents were asked questions regarding their relationship and satisfaction with DHS adoption caseworkers.

**When asked how frequently the DHS adoption caseworker visited them, respondents answered: n=54**

Frequency of Visits	Number of Responses	Percent of Responses
2 Visits per Week	2	4%
4 Visits per Month	1	2%
2 Visits per Month	3	6%
1 Visit per Month	14	26%
0 (?) Visit per Month	1	2%
4 Visits per Year	10	19%
3 Visits per Year	6	10%
2 Visits per Year	14	26%
1 Visit per Year	3	6%

**When asked if they were satisfied with the DHS Adoption caseworker, 81% were very or somewhat satisfied, while 19% were somewhat or very dissatisfied: n=57**

A. Satisfaction Level	B. Number of Responses	Percent of Responses
Very Satisfied	37	65%
Somewhat Satisfied	9	16%
Somewhat Dissatisfied	9	16%
Very Dissatisfied	2	3%

Satisfied respondents consistently mentioned that caseworkers were helpful, supportive and caring, returned calls quickly and were available when parents needed them.

Comments included:

- Everything was great.
- She was very attentive and responsive to our needs.
- She answered all our questions and was available when needed.
- She was very sympathetic to the child's needs. Returned phone calls immediately. Answered any questions we had or found the answers if she did not know.
- They were informative, respectful, non-judgemental, encouraging and excited about our way of life.
- Adoption worker has been very helpful with needs of children & of us as parents.
- She has been supportive but not overpowering.
- Both caseworkers were very good, very thorough and very caring.
- She was nice and helpful.

Dissatisfied comments included:

- Procedure is very slow.
- It took over 6 mos to get an adoption worker. When we did, it was months before we saw her.
- Didn't receive much information on adoption.
- Sometimes I felt like I kept more in touch with them (updating) than them with me.
- I asked many questions regarding adoption and they could not supply the answers. I had to search out the information on my own.
- I feel that the adoption caseworker was inconsistent in her commitment to the children.
- Because it took her a long time to call me back each time I called.

Respondents were asked how well the DHS adoption caseworker knew them, their family, and their child/ren.

**Results for how well DHS adoption caseworkers knew respondents were: n=55**

Answer	Number of Responses	Percent of Responses
Very Well	28	51%
Somewhat Well	22	40%
Not Very Well	5	9%
Don't Know	0	0%

**Results for how well DHS adoption caseworkers knew the respondent's family were:  
n=54**

Answer	Number of Responses	Percent of Responses
Very Well	24	44%
Somewhat Well	20	37%
Not Very Well	10	19%
Don't Know	0	0%

**Results for how well DHS adoption caseworkers knew the respondent's child/ren  
were: n=53**

Answer	Number of Responses	Percent of Responses
Very Well	22	41%
Somewhat Well	20	38%
Not Very Well	11	21%
Don't Know	0	0%

## B. STATUS OF IMPACT LEVEL INDICATORS

### Select Child Level Outcomes

Unless otherwise noted, the sample size for these select child level baseline results is n=110 or greater; with continual entry to the study, sample sizes change somewhat with each period of data analyses. For a complete set of frequency or other type of descriptive statistical results, please contact the evaluator. Descriptive statistics are continually run, to assist with data cleaning and for data exploration, on all quantitative data in all instruments. Qualitative analyses on the open-ended questions related to child level outcomes will be completed for the Interim Evaluation report.

#### Child Behavior Checklist Scores (N=110): Percent of Child Study Population Indicated for Mental Health Services Referral (Clinical Range)

<i>Internalizing Problems – Clinical Range</i>		
	Frequency	Valid Percent
Non-Clinical Range	79	71.8
Clinical Range	31	28.2
Total	110	100.0
<i>Externalizing Problems – Clinical Range</i>		
	Frequency	Valid Percent
Non-Clinical Range	59	53.6
Clinical Range	51	46.4
Total	110	100.0
<i>Total Problems – Clinical Range</i>		
	Frequency	Valid Percent
Non-Clinical Range	36	32.7
Clinical Range	74	67.3
Total	110	100.0

- Children in study, including previously adopted children in family on IVE subsidy, have a mean number of months in home previous to study entry of 42.15 months.
- Racial characteristics: 96% white, 2% Native American and .7% African American and .7% Other.

- 60% of respondents rated their child's health as excellent, 32% as good and 8% as fair.
- 29% of respondents reported that their child has a clinically diagnosed disability.
- 40% of respondents reported that their child is taking medication for a behavioral health care problem.
- 61% of the children in the study are enrolled in a public school, K-12. 17% enrolled in a regular day care setting.
- Of those children enrolled in a public school setting, 67% have an Individualized Education Plan – receive special education services.
- 76% of respondents report that child is very attached to family members, 11% state moderately attached and 10% state slightly attached.
- 87% of respondents report that family members are very attached to the adopted child with 11% moderately attached.
- 77% of respondents believe that adopted child is very strongly satisfied with adoption, 8% moderately satisfied and 3% slightly satisfied.

## **Parents' Child-Rearing Attitudes and Practices**

The adoptive parents were asked to complete the Child Rearing Practices Report (CRPR) (Block, J., 1965) a 91-item questionnaire that assesses parent's child-rearing attitudes, values, behaviors, and goals. The CRPR covers four general domains: (1) how positive and negative emotions are expressed, handled, and regulated; (2) how parental authority is conveyed, and the specific forms of discipline that are used; (3) the parent's ideals and goals with respect to the child's accomplishments and aspirations; and (4) the parent's values concerning the child's development of autonomy, independence, and self-identity. This scale has been used fruitfully in other research concerning parents' child-rearing orientations, where it has been related to adolescents' personality characteristics (Block, J.H., Block J.H., & Morrison, A., 1981); it has uncovered systematic differences between normal parents and those who are abusive or depressed (Susman, E.J., Trickett, P.K., Iannotti, R.J., Hollenbeck, B.E., Zahn-Waxler, C., 1985; has been used to document considerable continuity in child-rearing orientations over a 9-year time span (Roberts, G.C., Block, J.H., & Block, J., 1984); and has provided a method of indexing the elements of creativity-fostering environments (Harrington, D.M., Block, J.H., & Block, J., 1987). In addition, this scale was used in a D.H.H.S. national research project related to post-adoption conducted by Westat (Sedlak, 1993).

In the CRPR, parents are asked to indicate whether, and to what extent, they agree or disagree with each CRPR item. The actual questions that comprise the instrument are included in the Appendix. Previous research with CRPR has identified 21 child-rearing scales, which reflect different aspects of child-rearing attitudes and orientations (Susman et al., 1985). The topical labels of these 21 scales are listed in the following table. The second column of this table gives the adoptive parents' mean answer score on each scale, which ranged from 1 (Strongly Agree) to 5 (Strongly Disagree). The table is presented with the study results ranked in order of mean score.



**Mean scores for each of 21 child-rearing scales derived from the  
Child-Rearing Practices Report (CRPR) (n=71)**

Child-Rearing Orientation Scales		Mean Score Strongly Agree (1) to Strongly Disagree (5)	Minimum	Maximum	Standard Deviation
1.	Encourage Childs'				
	Openness to Experience	1.59	1.00	3.50	.51
2.	Provide Rational Guidance	1.61	1.00	3.00	.49
3.	Parent/Child Open Expression of Affect	1.70	1.00	3.33	.40
4.	Supervision of Child	1.99	1.00	4.00	.72
5.	Health Orientation	2.07	1.00	3.33	.55
6.	Enjoyment of Parental Role	2.30	1.00	4.00	.66
7.	Parental Maintenance of Separate Lives	2.31	1.33	4.00	.62
8.	Nonpunitive Punishment	2.46	1.33	4.00	.67
9.	Parental Worry	2.56	1.00	5.00	.92
10.	Value Independence	2.66	1.57	3.57	.40
11.	Suppression of Aggression	2.67	1.50	4.00	.54
12.	Achievement	2.80	2.17	3.83	.39
13.	Overinvestment in Child	3.28	2.00	4.33	.50
14.	Protectiveness	3.35	2.00	4.50	.53
15.	Anxiety Induction	3.65	1.00	5.00	.93
16.	Inconsistent Punishment	3.75	1.50	5.00	.86
17.	Authoritarian Punishment	3.79	3.00	4.50	.32
18.	Guilt Induction	3.82	2.00	5.00	.67
19.	Suppression of Sex	3.92	2.75	5.00	.55
20.	Early Training	4.17	2.33	5.00	.62
21.	Negative Affect	4.19	2.50	5.00	.67

## **FACES II (n=67): Measuring Family System Functioning**

- Family cohesion is defined as the degree to which family members are separated from or connected to their family. The emotional bonding that family members have toward one another. Results for the Cohesion score for families are a Mean score of 68.6, SD 5.1 resulting in a moderate type of score on this instrument.
- Family adaptability has to do with the extent to which the family system is flexible and able to change. The ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Results for the Adaptability score for families are a Mean score of 50.1, SD 4.7 resulting in a moderate type of score on this instrument.
- The balanced or moderate levels are hypothesized to be most viable for healthy family functioning and the extreme areas are generally seen as more problematic for couples and families over time (Olson et al, 1992).

## **Additional Select Caregiver / Family Outcomes**

Unless otherwise noted, the sample size for these baseline results is n=71 or greater; with continual entry to the study, sample sizes change somewhat with each period of data analyses. For a complete set of frequency or other type of descriptive statistical results, please contact the evaluator. Descriptive statistics are continually run, to assist with data cleaning and for data exploration, on all quantitative data in all instruments. Qualitative analyses on the open ended questions related to caregiver and family level outcomes will be completed for the Interim Evaluation report.

- 90% of the adoptive families are/were foster parent(s) and adopted child.
- 92% of families have other siblings in home with adopted child.
- 26% of respondents report earning less than \$35,000 annually, 61% earn less than \$65,000 annually and 39% earn more than \$65,000 annually.
- 49% of respondents rated their overall home quality of life as excellent, 47% rated it as good and 4% rated it as fair.
- 92% of the families consisted of a married couple.
- 80% of the primary caregivers are of the same race as the adoptive child.
- 62% of the respondents rated satisfaction with their marriage as very high, 29% as high and 9% as neither high or low.
- 44% of respondents stated that they enjoyed being with their child everyday, in the past month. 48% stated often and 5% stated seldom.
- 32% of respondents rated their level of communication with their child as excellent, 49% as good and 17% as fair; in the past six months.

- 33% of respondents felt child was permanently theirs when he/she first came to live with them, 15% when adoption was finalized and 48% at some other time.
- 32% felt that the feeling of permanency of the adoption effected their marriage/relationship, 62% stated no effect.
- 97% of respondents state that other children in household perceive adopted child as sibling. 94% state that adopted child perceives other children as sibling(s).
- 55% of respondents believe family life is better now than before adopted child came to live with them, 27% state about the same and 12% state not as good.
- 86% of respondents state feeling very strongly satisfied with adoption, 11% moderately satisfied and 3% slightly.
- 72% of the respondents state that they discuss child's birth family with adopted child. 84% of respondents report having contact with the birth family.
- 28% of primary caregivers rate their health as excellent, 51% as very good and 21% as good.

### **C. STATUS OF COST EFFECTIVENESS / BENEFIT ANALYSES**

The evaluator will work cooperatively with D.H.S. and Casey Program staff in the design and implementation of the cost effectiveness/benefit analysis evaluation. State D.H.S. program staff are consulting with D.H.H.S. staff to further define the scope of the cost benefit analysis evaluation. It will be necessary to identify the real direct and indirect costs and benefits; as well as transfer costs and benefits. For each direct, indirect and transfer cost/benefit item indicators need to identified, measures selected, dollar values assigned and assumptions clearly described.

## **DISCUSSION**

The evaluation for the Maine Adoption Guides Project - DHHS Child Welfare Demonstration Project is on target according to established timelines. Products and services are being provided to the state Department of Human Services program manager in a timely fashion. The following are the major accomplishments and ongoing challenges as a result of the first year of the Project.

### ***Accomplishments***

- Designed and implemented a process and impact evaluation of the training program. Provided a final report to Program Manager and trainers for use in their training program planning.
- Implemented a set of procedures for random assignment and process / outcome level data collection for the Guided Services model. Process resulted in statewide referrals to project in a timely fashion with notification of assignment within 24 hours. Data collection occurring so that:
  - For Questionnaire QIA – 97% of surveys entered (Baseline)
  - For Questionnaire QIIA – 96% of surveys entered (Baseline)
  - For Questionnaire QIB – 62% of surveys entered (Wave 1)

- For Questionnaire QIIB – 43% of surveys entered (Wave 1)
- Outcome Measures – 96% of surveys entered; except for teacher reporting forms at 74% (Baseline).
- Data base design, data entry and cleaning procedures finalized for the Guided Services implementation. Data analysis plan implemented.
- Developed and continue with a Parent Advisory Group to the evaluation. This group of 12 parents who have all adopted children with special needs has been extremely valuable in all aspects of the evaluation for the Guided Services component. Group members reviewed and pilot tested instruments, suggested specific outcome indicators and assisted with the design of the invitational process to families. The Parent Advisory Group will continue to meet regularly to review evaluation results and provide advice on the progress of the study.
- Ongoing involvement as a member of the Project leadership group. Participation in this process has enabled the evaluation to be well integrated as the project has evolved the past year. Monthly project meetings, and additional meetings with other project staff, have provided numerous opportunities for collecting information about the context of the project and the processes of its implementation.

### *Challenges*

- Data Collection Processes – Just as noted in the last report, this study relies on managing a data collection process across three different agencies; state child welfare system data, Casey Family Services data and the University data entry system. As much as possible, the data collection and entry process is designed to be electronic in order to alleviate duplicative data entry procedures. However, it is inherently difficult to manage a consistent process across three systems. There has been data base design difficulties with the telephone survey instrument, difficulty in receiving and analyzing administrative data in a timely fashion and this will be an ongoing challenge.
- Study Participant Attrition - A serious concern is how to maintain participants in the study over time. The hope is that the compensation rates will be sufficient, along with a person's general desire to provide information for the improvement of adoption services in the future. However, this may become a serious concern as the study goes forward.
- Reporting – As in any evaluation effort, how the results are used is in many ways the only purpose of the venture. As Wave 1 and 2 results on the Guided Services intervention become available, it will be a challenge to figure out the best, most efficient way to get all this information to the right people through the right medium.

It is expected that as the study commences and the population doubles, many more challenges will emerge. Thus far, based largely on a very supportive atmosphere and dedication to success, the project and evaluation plan are commencing as intended. It is very exciting to be part of an effort that holds so much promise for informing policy and practice on behalf of families adopting children with special needs.

## CONTACT INFORMATION

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