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ANNUAL PROGRESS REVIEW

June 2002

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 2002

TABLE OF CONTENTS

Administration of the Plan	2
Summary Annual Progress and Services Report	5
Review of Outcomes, Indicators and Activities	7
Child Welfare Component Program Narratives	30
Child Welfare Services	31
Child Protective Services	31
Children's Services Program	36
Licensing	44
Adoption Services	46
Recruitment of Foster and Adoptive Families	52
Independent Living Program	55
Case Review/Quality Assurance Unit	58
Financial Detail	62
Proposed Use of IV-B Subpart 2 Funds	63
Maintenance of Effort	65
Addenda	
A. Chafee Foster Care Independence Program Report	
B. Child Death/Serious Injury Review	
C. Indian Child Welfare Act	
D. Child Abuse Prevention and Treatment Act (CAPTA)	
E. Child Welfare Training Institute	
F. Child Welfare Demonstration Project/Maine Adoption Guides	
Interim Evaluation Report	

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. The Bureau of Child and Family Services licenses all foster homes in the State. 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

SUMMARY ANNUAL PROGRESS AND SERVICES REPORT

SUMMARY ANNUAL PROGRESS AND SERVICES REPORT

Maine's Bureau of Child and Family Services (BCFS) continues to make significant progress toward the goals established in the FY2000-2004 State Plan, though there is still much work to do to assure that we provide the best service possible to children and families in our state.

Last year's Plan Update outlined a wide-ranging work agenda driven largely by the Program Improvement Plan that the Bureau developed in response to the 1999 pilot federal Child and Family Services Review. During the program year just ending, two major developments have helped the Bureau to redouble its efforts to strengthen its work across the board.

First, the Bureau's work was thoroughly examined during Fall, 2001, by the Joint Standing Committee on Health and Human Services (HHS) and by the Joint Standing Committee on Judiciary of the Maine Legislature. Both committees generated a series of findings that are included in the planned activities described in this year's Plan Update. The HHS recommendations were particularly significant. For example, the Bureau agreed to several specific goals (for example, making "good faith efforts to decrease the number of children in custody on October 1, 2003 by 5% from the number in custody on October 1, 2002; and increase the number of children placed with relatives on October 1, 2003 by 25% from the number placed with relatives on October 1, 2002") and also committed to report other additional information to the Legislature regularly.

Second, for most of the past year the Annie E. Casey Foundation Strategic Consulting Group has worked intensively with the Bureau on a *pro bono* basis to develop a beliefs-based performance management system to better support its work. Their first step was to help BCFS staff clarify their beliefs about what their work should be and what it should accomplish. The result of that effort was a set of five general beliefs (child safety is paramount; parents have the right and responsibility to raise their children; children deserve to live in a safe and nurturing family; all children deserve a permanent family; and principles of public service will guide us in our work); each of these is being tied to a set of more specific beliefs, outcomes, measures and interventions.

Beyond the beliefs clarification work, the consultants are focusing on four inter-related operational elements:

1. Analysis of daily practice in selected Bureau offices, pinpointing areas where that practice can be improved.
2. A study of the Bureau's budget, including options for improving financial resources and operations.
3. A strategic planning component that integrates all of the Bureau's various plans into a single document.
4. Establishment of a system for retrieving more meaningful and timely management information from the Maine Automated Child Welfare Information System

(MACWIS), the SACWIS system that BCFS uses for its work. This analysis is being done by the Chapin Hall Center for Children and will yield data to improve Bureau decision-making and accountability.

While the work with the Legislature and the Foundation has been extremely beneficial, it has also taken significant time away from the other planned efforts described in last year's Update. Nevertheless, the Bureau has made strenuous efforts to improve, and its strong commitment to further improvement is reflected in this year's Update.

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 three years of the Plan (FY 1999-2000 through FY2001-2002) and by planned implementation activities for FY2002-2003.

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:

- Continued implementation of the newly developed Safety Assessment and its companion Child and Family Assessment, both designed to boost our ability to effectively protect Maine's children
- Continuing to clarify and refine 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 Child and Family Assessments) and an automated IV-E eligibility module, 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

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)

- BCFS took the following steps to increase consistency, responsiveness and efficiency of the Intake Unit's work: conducted a time study to assess staff efficiency and to help the Unit in developing schedules that will meet need and performance expectations, added a staff line, installed individual work stations, and systematized job classifications to improve performance and enhance ability of staff to cover cases for each other. (2001-2002)
- Gathered data on the number of mandated reporters who are unable to reach Intake workers in person. (2001-2002)

Activities for 2002-2003:

- 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.
- Address the inability of some mandated reporters to reach Intake workers in person.
- 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)
- Performance measures for Community Intervention Programs were re-examined and data collection requirements simplified. (2001-2002)
- BCFS invited Community Intervention Programs' staff to join Bureau staff for training on issues relating to their work. (2001-2002)

Activities for 2002-2003:

- 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.
- Continuously review the Community Intervention Programs' data collection and reporting efforts to spot any problems they may have in this area. Assure that performance standards and outcome measures are clear to those Programs.
- Institute a differential response system that ensures maximum use of the skills of the staff of contract agencies and DHS.
- Develop mechanisms to ensure that policy and practice are implemented consistently across the state by DHS and contract agency staff.

***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)
- Finalized changes in the Risk (now Child and Family) Assessment, built it into MACWIS, provided needed training on the new tool to staff, and implemented its use. (2001-2002)

Activities for 2002-2003:

- Continue 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.

- Continue to review cases referred to Community Intervention Programs to assure appropriate outcomes.
- Continue to work with staff 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.
- Assure that the public has access to information on the Bureau’s child welfare work. Put in writing all policies that direct or guide procedural and substantive decision-making by caseworkers, supervisors and other department personnel concerning child protective cases. Make that information available through written materials and by posting the policies on a publicly accessible Internet site (planned to be on-line in January 2003). Provide information about child protection laws and procedures to parents whose children are the subject of child protective investigations and cases.
- Continue to work with staff to improve the quality of assessments and individualized case plans, tailoring child welfare process and services to meet the needs of the child and family.

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)
- The Levels of Care Committee (composed of representatives from the Legislature, the mental health community, foster and adoptive parents, the Child

Welfare Training Institute, private providers, BCFS and group homes) continued to 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 2002-2003:

- 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). Document in all cases that kinship placement possibilities have been fully assessed. Make kinship care policies available in writing to the public.
- The Levels of Care Committee will 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.
- 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)
- The new Child and Family Assessment tool and the new Well-being/Safety Review tool were incorporated into MACWIS and implemented statewide. (2001-2002)
- BCFS began to develop policy, practice expectations and infrastructure to implement concurrent planning, so that permanency is addressed earlier in all cases. Information was gathered on how concurrent planning has been developed and implemented elsewhere, and technical assistance was obtained from the National Resource Center for Foster Care and Permanency Planning. (2001-2002)
- Collaborating with the Child Welfare Training Institute and the Muskie School, The Bureau developed a training for care providers and adolescent casework staff on how to use "best practices" in life skills assessment and instruction. (2001-2002)

Activities for 2002-2003:

- Continue to take active 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.
- Clarify policy and improve practice and documentation around sibling visitation. Continue to assure that QA reviews examine whether the case planning process has been used to address visitation issues.
- Continue to develop BCFS policy, practice expectations and infrastructure to implement concurrent planning, so that permanency is addressed earlier in all cases.

- Continue to develop 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).
- Continue to work with staff on meeting 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.
- Expand the range of permanency options available to the Bureau by developing a proposal for 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.
- Expand options for visitation that are child friendly and family oriented. When a court issues a preliminary protection order, assure that a child has scheduled visitation with his/her parents and siblings within days of the order, unless there is a compelling reason not to schedule such visitation.
- Expedite permanent placement of a child, including kinship care, when reunification is not possible.
- Continue to emphasize stability and continuity in home placements, including placements with the extended family and foster families, as appropriate for the child.
- Identify ways to improve kin and sibling contact and communication.

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. (1999-2002)
- 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 2002-2003:

- Continue to 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.
- Actively develop additional services for children and families (for example, substance abuse and domestic abuse treatment services). Explore use of additional providers for child welfare purposes (i.e., licensed professional counselors, licensed marriage and family therapists). Adopt standards for service providers to help increase the pool of providers. Better integrate provision of services to children and families, including services from schools, human service providers, and different agencies and state departments (including mental health, substance abuse, domestic violence treatment and child abuse services).
- Take steps to expand services for families after reunification.

- 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 the Department of Behavioral and Developmental Services through the Interdepartmental Planning Group, gathering more complete information on the mental health needs of children and parents (see the 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.
- Continue to emphasize 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.
- Develop a mentor system for children in care.
- Take steps to maximize use of resources for early intervention and family preservation services.
- Develop policies setting timeframes for action and benchmarks by which families can measure their progress. In particular, work with the substance abuse and domestic abuse prevention communities to establish appropriate and realistic standards for assessing families' progress.

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 integrated 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. (2000-2002)
- BCFS incorporated tracking tools for adoption, foster home licensing and children's services into MACWIS, and implemented their use. (2001-2002)

- The Bureau initiated a Foster Parent Advisory Group to assure input from foster parents to the Department of Human Services. (2001-2002)

Activities for 2002-2003:

- Continue to enhance the Bureau's ability to provide accountability information to the legislature and the public.
- Continue to 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 a plan for assuring timely dissemination of information to youth, biological and foster families on their legal rights, the court system, and the child welfare process. Consult with legal organizations in Maine to develop this.
- Continue to work on developing a website for child welfare services.

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 was implemented from 2000 to 2002. More enhancements and modifications will be required as policy and practice continue to change.

Progress on activities to date: Enhancements already completed between 2000 and 2002 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.
- Added an automated IV-E eligibility module. Built in licensing rule changes made in connection with the most recent IV-E audit.
- Incorporated the new Child & Family Assessment into MACWIS.

Activities for 2002-2003:

- 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.
- In collaboration with Chapin Hall, implement a new management reports system drawing key information from MACWIS.
- Develop an automatic notification system to inform licensing staff when a fire inspection is due.

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 2002-2003:

- Develop a formal plan for recruitment and retention of staff. Special attention will be devoted to using the Internet and videos for recruitment and better targeting recruitment efforts (e.g., possibly focusing on Canadians or 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)

- The new Safety Assessment tool for Child Protective decision-making was built into Pre-Service training, as was the new Child and Family Assessment (2000-2002)
- The Child Welfare Training Institute implemented Web-Based Training, beginning with the Job Shadowing Curriculum. The interactive model for this program requires 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. (2001-2002)

Activities for 2002-2003:

- Continue to strengthen and update staff training, assuring that the training is tailored to job functions performed by the trainee. In particular, incorporate decision-making for permanency, visitation and concurrent planning into all training programs (including Pre-Service and ongoing training for staff). Also integrate forensic interviewing and expanded supervisor training into curricula.
- Expand the use of Web-Based Training modules for Pre-Service as appropriate.
- Strengthen training for staff of contract agencies, adoptive parents and providers of services, including foster parents. For example, add information on legal issues in foster parent training. See that all training is job-relevant.

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)
- Provided training on ASFA implementation (e.g., ASFA requirements and its related safety, permanency and case planning expectations) to Bureau staff, staff of service providers and other appropriate stakeholders. A consultant from the National Resource Center for Foster Care and Permanency Planning did three ASFA trainings around the State. The consultant also did a train-the-trainers session; the teams trained there will continue to offer sessions on ASFA in the future. (2001-2002)

Activities for 2002-2003:

- Plan how to address additional training needs identified in the findings/ recommendations from the Child and Family Services Pilot Review (e.g., through the Judicial Symposiums and the Court Improvement Project, additional information sessions for judicial staff on safety issues and the impact of repeat maltreatment on children; training for BCFS staff on how to limit use of long-term foster care as a goal; training for BCFS staff 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 receive all allegations of child abuse and neglect in the state, examine those allegations, determine the degree of harm or threatened harm to the child(ren), and assure as far as possible the child(ren)'s future safety. The Department's Intake Unit receives and does initial assessment of reports. Child Protective Services (CPS) caseworkers examine those reports that appear to involve moderate to high risk of abuse, using the Safety Assessment tool to determine if abuse or neglect occurred and what the level of safety is for each child. Where abuse or neglect is substantiated, CPS staff works with families to resolve or mitigate those conditions that led to the abuse or neglect of a child. To do this they use the new Child & Family Assessment protocol to identify those factors that contributed to the abuse and neglect; they then develop with the family a focused plan to change those conditions, so that it is unlikely such abuse and neglect will occur again in the foreseeable future.

In calendar year 2001, the Intake Unit received 15,708 referrals regarding possible child abuse and neglect, involving a total of 24,478 children. Of these, the Department determined that just under 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 remaining reports taken, about 29% were assigned to Bureau CPS caseworkers for complete assessments. About the same number 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, under 2% were judged appropriate but not assigned for investigation, and 1% were linked to cases that were already open.

The Bureau has completed or is undertaking the important initiatives listed below to build on its CPS strengths and remedy its deficiencies, enhancing child safety in Maine. In carrying out this work, the Bureau often collaborates closely with other agencies and individuals in the community.

Safety/Child & Family Assessment Implementation

During 1999-2000, 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. In early 2000-2001, the new Safety Assessments were incorporated into MACWIS.

During Spring 2001, the Bureau assessed implementation of the assessment policy and application of the new assessment tool. Case reviews and interviews with supervisors provided information that the Bureau and the Child Welfare Training Institute used to develop training and technical assistance plans. Statewide a key focus is how supervisors use the Safety Assessment tool in the supervision of their workers. Each district has also developed its own plan for improving implementation of Safety Assessments, to meet their unique needs.

During 2001-2002, the Bureau completed development of the **Child & Family Assessment**, built it into MACWIS, provided needed training on the new tool to staff, and implemented its use. Such an assessment is done when the "safety plan" resulting from a Safety Assessment is unlikely to provide for the safety of the child beyond two weeks without continued Bureau involvement. The Child & Family Assessment aims to determine the underlying causes of abuse and neglect, 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. This assessment process must be completed within three weeks of completing the Safety Assessment.

Implementation of this assessment process is also focusing on supervisors at the District and individual level. This new assessment protocol requires significant changes in the way caseworkers and supervisors carry out their roles and responsibilities. It will also require the Court and community-based service providers to understand the process and purpose of this assessment protocol. Implementation efforts are intense and ongoing.

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 abuse/neglect 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 actions have been ongoing for the last two years to strengthen this program: the Bureau clarified its policy and practice 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), monthly and quarterly reports on the effect of the agencies' work were improved, and the way agencies are compensated for their work has been reassessed. In addition, the BCFS Quality Assurance Unit has begun to periodically examine reports sent to the agencies to assure that those cases were appropriate in level of severity, and it has also examined how the agencies handled a sample of the cases referred to them to identify strengths and weaknesses in that work.

The Community Intervention Agencies have become a major part of the child protective system in Maine. Unlike several years ago, virtually all abuse/neglect reports judged appropriate for investigation by the Intake Unit are now assigned to either Bureau or agency staff. The handling of those cases is increasingly meeting the expectations of the Bureau, and agency practice has been standardizing across the state.

Improving Policy and Practice

In order to incorporate recent developments in best practice, during the past year policy development or revision occurred in the areas of substantiation decisions and parents' access to records. Additional work will be needed in the coming year to implement findings from extensive reviews of the child welfare system done by two committees of the Maine Legislature in fall 2001. Work also continues in areas identified by the pilot federal review in 1999 (e.g., improving the Bureau's ability to identify repeat allegations of child abuse and neglect and the way they are handled, taking steps to assure that case plans and planned service interventions directly address risk factors that led to abuse/neglect, implementing concurrent planning).

Strengthening Intake Unit Capability

Most reports of possible child abuse or neglect are received by the Department's centralized Intake Unit, which writes up the report and makes an initial determination of whether it is appropriate for assessment. Because of the key role of this Unit, a number of improvements have been initiated in the past year, including a time study to assess staff efficiency, some limited additional staff, installation of individual workstations, and improved job classifications. Steps are planned for improving intake policy and practice expectations, assuring that callers to the Unit can get through to workers, establishing Quality Assurance reviews of intake reports and decisions, and incorporating the Intake database into the main MACWIS system.

Rural Domestic Violence/CPS Collaboration

The Bureau began an intense collaborative process with the domestic violence response community about seven 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 and updated last year. 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 plans particular efforts in the near future to educate judicial officials on the impact of abuse/neglect, and to promote 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 occurs on these difficult and often complex cases, the two agencies developed a protocol to cover investigation/assessment procedures, release and sharing of information, communication lines, decision-making and 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 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 comprehensive community-based initiative involves residents, child serving agencies and government at different levels in an effort to ensure the availability of appropriate, timely services. The initiative is funded by a federal grant and is now in its second year of operation.

CHILDREN'S SERVICES PROGRAM

While the number of children in the custody of Maine's Department of Human Services grew by 60% between January 1993 (1,989 children) and January 2001 (3,190 children), most of that growth occurred between 1993 and 1999. Between January 16, 2001, and January 15, 2002, the number of children in care/custody actually decreased slightly (from 3,190 to 3,158). The table at the end of this section provides a snapshot profile of the children in care as of May 14, 2002.

These children were in out-of-home placements that included family foster homes, group homes, residential treatment homes and shelters. The Bureau emphasizes meeting the needs of these children and their families through appropriate placements, services, visitation, and rehabilitation and reunification services. When reunification is not possible, the Bureau strives to provide permanency for the child through adoption.

The Children's Services staff is primarily responsible for serving the children in State care/custody, and their birth and foster families. The first section below gives an overview of the family foster care system in Maine. The rest highlights specific initiatives now underway to enhance this work.

Family Foster Care

Every child has the right to be with his or her biological family provided that the child is safe and not in jeopardy in their home. When children are removed from their home because they are in jeopardy, the Bureau must, in most instances, provide rehabilitation and reunification services to that family and must provide a temporary home for the child – a foster home. Foster care is not generally viewed as a permanent plan for a child. For those children who cannot be returned to their biological parents or relatives, adoption is the preferred plan. The emphasis of foster care is on meeting each child's individual needs and providing permanency plans through rehabilitation and reunification services to families.

Foster parents play a critical role in the child welfare system. They provide stability, a home and a sense of community for the child in their care. Foster parents are expected to assist and facilitate reunification efforts between the child and their parents. They often provide important information about the child to the court and the parties involved in a child protection proceeding. They have right to notice of those proceedings, and to attend and give testimony. Foster parents may also apply for standing in a child protective proceeding.

Once a caseworker has assessed a child's history and current functioning, that caseworker attempts to find the most appropriate foster parent match for the child and develops a case plan outlining a process to achieve the child's needs. The foster parent should be able to meet the child's identified safety, permanency and well-being needs. While

careful **matching of foster parent and child** is always attempted, it may not be possible when more children need a foster placement than there are foster homes available.

Prospective foster/adoptive parents must possess the skills to meet children's needs. To achieve this goal, the Bureau has established one set of **family standards** for both foster and adoptive families. All persons applying to become a foster and/or adoptive resource go through an initial application and screening process to ascertain whether they meet the eligibility requirements of the family standards. Then, an in-depth home study gathers information on family history, background, relationships and values. Applicants must be able to meet the following core standards of foster/adoptive care: commitment; acceptance of and respect for child's prior/current relationships; constructive relationships; established lifestyle; understanding of child development and needs; capacity to meet the intensive needs of a child; and a positive approach to discipline.

The Bureau contracts with the Child Welfare Training Institute (CWTI), a collaboration between the Bureau and the University of Southern Maine's Muskie School, to offer **introductory and in-service training** to foster and adoptive parents. A 24-hour, competency-based introductory training offers prospective foster and adoptive parents a foundation to work effectively with children, children's birth families, and other professionals with whom they will interact as caregivers. Pre-service training encourages participants to explore their motivations for fostering and/or adopting and provides information on the system, the impact of abuse and neglect on children, and the importance of the birth family.

In-service training provides training and support to experienced foster and adoptive parents, helping them in their professional development, providing respite and recognition, and contributing to the retention of trained and effective caregivers. CWTI, in conjunction with Maine Caring Families – the Bureau's statewide therapeutic foster care program – works to design training to meet core requirement needs and the changing needs of caregivers. Training is offered on nearly 20 topics, including Enhancing Self-Esteem in the Foster/Adoptive Family, Alternative Discipline for Foster and Adoptive Parents, and Promoting Healthy Sexual Development. A variety of formats and delivery methods encourage access/participation in trainings. CWTI is working toward offering web-based in-service training for foster/adoptive parents. Curricula from introductory and in-service training are reviewed regularly to ensure continued effectiveness and effective transfer of knowledge.

Federal law requires that all foster homes be licensed in order for a state to be eligible for Federal funding. Authority for licensure is left to the State. The Bureau's **licensing rules** strive to promote quality out-of-home foster care for Maine's children through equitable licensing practice. Applicants must undergo child protective screenings, screenings for fire and safety violations, and criminal history and Bureau of Motor Vehicles checks. A full license is issued for two years. A license may be revoked at any time the licensee fails to comply with the law or with rules and regulations. Licenses may be renewed subsequent to an updated assessment of the family and their ability to meet licensing rules and regulations, a site visit, an updated Bureau of Motor Vehicles

check, and an updated criminal history search. (See the Update section on “Licensing” for more details on the Bureau’s licensing of foster homes.)

There are two **categories of family foster home** licenses: Family Foster Homes for Children and Specialized Children’s Foster Homes. To become a specialized foster home, the primary caregiver must have verifiable experience working with moderately to severely handicapped children and at least one course dealing with the special needs of moderately to severely handicapped children. Specialized licenses are only used for foster homes providing therapeutic foster care either through Maine Caring Families or independent child-placing agencies.

The Bureau makes diligent efforts to **recruit potential foster and adoptive parents**, who reflect the racial, ethnic, national origin and cultural diversity of the children in State custody. See the Update section on “Recruitment of Foster and Adoptive Families” for details on this work.

New and Ongoing Initiatives

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. More specific projects are summarized below.

Start-Up of the Foster/Adoptive Parent Advisory Council

Recognizing the great importance of tapping the expertise of key stakeholders, the Bureau is now developing a foster/adoptive parent advisory council. The committee will have two functions: 1) to provide an avenue for foster/adoptive parents to pro-actively express concerns and opinions to Bureau staff involved in policy and practice decisions, and 2) to provide the Bureau with direct access and a “feedback loop” to the foster/adoptive parent community. Major issues and policy changes will be discussed with this group, which will be composed of one foster and one adoptive parent, chosen by the foster/adoptive parent community, from each of the eight DHS districts.

Enhanced Contacts Between Siblings

The Youth Leadership Advisory Team (YLAT), composed of over 50 older youth in care statewide, approached the Bureau last year about the need to develop better policy on the rights and needs of siblings in the foster care system. The Bureau agreed because it recognizes the importance of trying to place siblings together (when it is safe and in their best interest to do so) and, when this is not possible, for maintaining visitation/contacts between them. The YLAT drafted such a policy and submitted it to the Bureau. It has been revised and is in the approval process. In addition to the sibling policy, there is also

an effort under way to bring Camp-To-Belong to Maine; this is a summer camp experience that reunites siblings separated through foster care for a week at camp.

Improved Levels of Care System

The Bureau has formed a Levels of Care Committee to help develop a continuum of care allowing each child to be placed in the most appropriate, least restrictive environment for his/her needs. A 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 support 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 well-being and permanency needs of the child will be periodically reassessed to determine if a change in placement is needed (for example, a move to a less restrictive environment).

The workgroup reviewed various assessment tools, and sought information from Massachusetts, Washington, Wisconsin, Texas and Illinois to see if the experience of those systems could inform the group's work. Several group members were trained to perform the CALOCUS assessment, and this instrument was piloted on a sample of 100 children in different levels of placement to determine if it is feasible to use with Maine's child welfare population. The main drawback to this tool is that it can only be used with school-aged children, not the Bureau's population of children from birth to age 5.

In March 2002, the workgroup became part of a Levels of Care Committee with its membership expanded to include not only Bureau staff, but also the following key stakeholders: representatives of foster parents, both foster/adoptive parent support agencies, child placing agencies, the Foster Family Treatment Association, the mental health provider community, and the Maine State Legislature's Health and Human Services Committee. This was done to boost cooperation between the Bureau and the foster parent and provider communities, who will be affected by the Committee's recommendations. The expanded Committee is now mapping its work plan. A subgroup will look at the various assessment tools to select and adapt an appropriate assessment process for Maine's child welfare system. Once this is done, the level of care system will be designed based on clear definition of the various levels of children's needs. A reimbursement structure will then be developed to match the established levels of care, policy and procedure manuals will be written, and the MACWIS system will be updated to reflect all changes. Implementation of the new system should begin within the year, perhaps on a pilot basis. Implementation must include strategies for sharing information with key audiences (stakeholders, agency staff, and DHS staff), as well as appropriate training for them.

Enhanced Visitation Practice

The Bureau is continuing its efforts to enhance the effectiveness of family visitation. It is continuing to contract for some visitation services with private agencies, and a subcommittee of the Treatment Network Team has established new guidelines for family

visitation that were added to the “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.

Addressing Emergency Mental Health Needs

The Bureau will continue to collaborate with the Department of Behavioral and Developmental Services (BDS) 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 BDS. 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.

In addition to the above new initiatives, 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 continues to provide services in support of relative/kinship care in Penobscot, Piscataquis and Aroostook counties. Activities include meetings with families identified as possible placements for children, written assessments of families’ willingness and ability to care for the children, and "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.

In addition to collaborative efforts to provide support groups and services for families interested in providing or currently providing kinship care in Washington County, the Bangor area, and parts of southern Maine, the Bureau will be requesting proposals for additional services related to kinship care, including home studies and family group conferencing.

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.

Attachment Workgroup

This multi-disciplinary workgroup involves Bureau staff, private agencies, private treatment providers and a representative from the Department of Behavioral and Developmental 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.

Youth Corrections Center Caseworkers

A Department of Human Services caseworker is stationed at the Long Creek Youth Development Center (formerly 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. BCFS also plans to add a second caseworker to serve as a liaison to the Mountain View Youth Development Center (formerly the Northern Maine Juvenile Detention Facility) in Charleston, Maine. While technically the Department's custody is suspended while a youth is in a juvenile corrections facility, this kind of 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 Long Creek 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 Center, and conducting all well-being reviews for the Bureau's children at the Center.

Mental Health Resource Development

The Bureau works with the Department of Behavioral and Developmental Services (BDS) 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 fewer than 100 presently, through the development of more than 300 new placement options in Maine. 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, BDS, the Maine State Housing Authority and the Department of Education collaborate to identify options.

Development of Concurrent Planning Policy and Practice

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 is working on implementing 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 and the Annie E. Casey Foundation.

Profile of Children in Care or Custody of the Department of Human Services
May 2002

As of May 14, 2002, the Department had 3,184 children in its care/custody. This number included:	
<i>Gender</i>	<ul style="list-style-type: none"> • Female 47.2% • Male 52.8%
<i>Age</i>	<ul style="list-style-type: none"> • Less than 2 years old 8.0% • 2-3 years old 8.0% • 4-10 years old 27.7% • 11-14 years old 25.8% • 15-17 years old 23.5% • 18 years old or over 7.0%
<i>Race/ethnicity</i>	<ul style="list-style-type: none"> • White 77.0% • Black 1.9% • Native American Indian/Alaska Native 1.2% • Asian 0.4% • Multi-racial 2.2% • Native Hawaiian/Pacific Islander 0.1% • Unable to determine 17.2%
<i>Location</i>	<ul style="list-style-type: none"> • In foster care placements 45.7% (of which 16 children, or 1.1%, are in relative foster homes; and no children are out of state) • In various types of residential facilities 25.7% (of which 65, or 7.9%, are in out-of-state residential facilities) • In adoptive placements 5.8% (of which 20 children, or 10.7%, are in relative homes; and 12 children, or 6.4%, are out of state) • Foster children on their own 3.1% • In corrections facilities 1.3% • With birth parents 2.5% • In emergency shelters 0.2% • In independent living apartments 0.2% • In unlicensed placements 12.1% • In other placements 3.4%
<i>Case type</i>	<ul style="list-style-type: none"> • Children in protective custody 71.0% • Children in adoption unit 22.9% • Children voluntarily placed in Department care 6.1%

Overall, the children in DHS care had been in state custody an average of 39 months. The average length of time in care by age group was: Birth to 1 year old, 10 months; 2-3 years old, 19 months; 4-10 years old, 30 months; 11-14 years old, 45 months; 15-17 years old, 49 months; 18 years old and older, 79 months.

LICENSING

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 of Child and Family Services is responsible for licensing all of the State's foster homes; responsibility for licensing daycare and residential programs for children in DHS custody lies outside the Bureau, with the Department's Community Services Center.

Foster home licensing staff are supervised from the Bureau's District offices, though a program specialist for licensing issues is housed in the Bureau's Central Office to help promote consistency in licensing practice across the State. The specialist meets regularly with licensing supervisors and receives monthly updates on the status of all licensing activities statewide.

Federal law requires that all foster homes be licensed in order for a state to be eligible for Federal funding. Authority for licensure is left to the State. In Maine, applicants must undergo child protective screenings, screenings for fire and safety violations, and criminal history and Bureau of Motor Vehicles checks. A full license is issued for two years, and may be revoked at any time the licensee fails to comply with the law or with rules and regulations. Licenses may be renewed subsequent to an updated assessment of the family and their ability to meet licensing rules and regulations, a site visit, an updated Bureau of Motor Vehicles check, and an updated criminal history search.

Licenses are issued for Specialized Children's Foster Homes and for Family Foster Homes for Children. To become a specialized foster home, the primary caregiver must have verifiable experience working with moderately to severely handicapped children and at least one course dealing with the special needs of such children. Specialized licenses are only used for foster homes providing therapeutic foster care either through Maine Caring Families or independent child-placing agencies.

Many changes have been underway for the licensing function. During the past year:

- Licensing status of all foster homes has been reviewed, and an intensive and largely successful effort implemented to bring them into compliance with ASFA and other federal regulations.
- The Bureau finished updating its foster care licensing rules, which will be effective August, 2002. These rules, which regulate the licensing of both Specialized Children's Foster Homes and Family Foster Homes for Children, are designed to better ensure the safety and well-being of children placed in foster homes. The changes, which bring the rules into conformity with the new Family Standards, include additional on-going training requirements for specialized foster homes, limiting the number of children placed in specialized foster homes, updating the rules to come into compliance with the program Standards for

Treatment Foster Care in Maine, and including new federal guidelines regarding applicants with certain criminal histories.

- A tool has been added to the MACWIS management information system to help staff to track, organize and complete licensing activities for both new and renewal applications. This tracking 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.
- A series of trainings for licensing staff was conducted in 2001 to further strengthen their job-related competencies. All staff have now completed the core curriculum offered by the National Association for Regulatory Administration (NARA). Additional trainings have been offered on the dynamics of abuse and neglect, safety assessment, ethics, forensic interviewing, decision-making, and management for supervisors. Recognizing how important it is for licensing staff to understand all aspects of the Bureau's work, BCFS has also examined ways to provide information on basic child welfare practice to licensing personnel, with special attention on how it impacts the foster home licensor.
- Efforts have also continued to help coordinate the work of licensing and adoption staff as they apply the new Family Standards (the single study process for foster and adoptive homes). 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; this provides supervisors with necessary support and facilitates 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 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 meet with MACWIS staff as needed to correct/enhance the computer interface between the two agencies.

ADOPTION SERVICES

The primary permanency goal of the Bureau of Child and Family Services is to help reunify families when such reunification is possible. However, when children cannot be returned to their birth parents, adoption is the next preferred permanency plan. The Bureau is required to actively promote adoption of children into stable families rather than allowing children to remain in the impermanence of foster care.

The Bureau provides a range of adoption services to children who have been legally freed for adoption and to those children's birth, foster and adoptive families. The number of children who have had their birth parents' parental rights terminated and have required adoption-related services decreased slightly from 735 in 2001 to 677 in 2002. At the same time, BCFS also saw a decrease in the number of legally adopted children from 423 in year 2000 to 302 in year 2001. This decline followed a period of significant growth in the number of adoptions as part of Maine's response to the Adoption 2002 initiative; the number of legalizations increased more than 200% between FFY1998 and FFY2001, earning BCFS an Adoption 2002 Excellency Award in December 2000.

The Bureau's adoption staff includes 45 caseworkers, 8 supervisors and 1 adoption program specialist, covering all eight districts in the State of Maine. This staff provides primary services that include:

- Assessing and preparing the child for adoptive placement
- Assessing and educating foster parents 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 support services

Adoption Services works with children who live in a range of placements, including family foster care (related and non-related), therapeutic foster care, residential care facilities and group homes, relative adoptive care, foster parent adoptive care, legal risk and traditional adoptive placements.

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 non-recurring adoption expenses for 1,600 children and their families.

The Bureau is committed to continued efforts to inform and support adoptive families. As part of its ongoing work to educate those families about the adoption assistance program and post-legalization adoptive services, the Bureau produced and distributed a revised “Adoption Assistance Handbook” and a new “Maine Post-Adoption Resource Guide” in 2001-2002. These are available to families, and to DHS and all private adoption agency staff. The Resource Guide can also be found on-line at www.cwti.org and at www.adoptuskids.org/states/me. This allows the Bureau to provide the information very cost-effectively; staff can continuously update the guide, and any interested parties can to download desired information as they need it. The response from our families has been gratifying thus far.

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 Maine Adoption Guides Child Welfare Demonstration Project (see below and Addendum F for details).

The Bureau contracts with private agencies and practitioners for the following services:

- Study/assessment of foster and adoptive families
- Statewide post-legalization adoption services. This continuum of services includes advocacy, family education, information and referral, community supports, medical/genetic research and other search issues, mediation and problem-solving, 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. The “A Family for ME” initiative provides both child-specific and general recruitment activities. (See the Update section on “Recruitment of Foster and Adoptive Families” for details.)
- Help from private not for profit adoption agencies in developing and approving parents who wish to adopt children from the DHS foster care program.

Family Standards

As one 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 development effort, the new policy took effect on June 1, 2000. The Bureau has given high priority to implementing this system redesign, scheduling ongoing

meetings with District licensing and adoption supervisors to provide technical assistance and support, and identifying the need for any further policy or implementation changes.

All persons applying to become a foster and/or adoptive resource go through the same initial application, education and screening process to ascertain whether they meet eligibility standards. Then, an in-depth home study gathers information on family history, background, relationships and values. Applicants must be able to meet the following core standards of foster/adoptive care:

- Commitment
- Acceptance of and respect for a child's prior/current relationships
- Constructive relationships
- Established lifestyle
- Understanding of a child's developmental and individual needs
- Capacity to meet a child's intensive needs
- Positive approach to discipline

They must also complete pre-service training, offered by the Child Welfare Training Institute, a collaborative effort between the Bureau and the University of Southern Maine's Muskie School.

Cross-Agency Collaborative

This year the Bureau formed a cross-agency collaborative that includes the leaders from BCFS, Adoptive and Foster Families of Maine, A Family for ME, the Child Welfare Training Institute and Maine Caring Families. This initiative brings together these key personnel so they can strategize on how to best serve the needs of adoptive families, as well as foster and kinship families. It provides a forum to efficiently and effectively develop and plan for most services required by those families, including education, support, recruitment and retention.

Feedback from Adoptive Families

This year the Bureau also made a special effort to pro-actively solicit adoptive families for feedback to help BCFS further improve service delivery and better meet the needs of children and families. The Bureau directed researchers at the University of Southern Maine to undertake a one-time survey of all parents who have children receiving adoption subsidy payments. A total of 867 questionnaires were mailed out to adoptive parents across Maine. The questionnaire was adapted from a previous adoption assistance study conducted in Illinois (Smith and Howard, 1999). Parents were asked not to give their name or any other identifying information; responses were anonymous. By the end of December 2001, a total of 382 surveys were returned, for a 44% response rate.

The survey yielded information about the status and needs of the adoptive child, family needs, pre-legalization experiences with adoption agencies, and post-legalization service utilization. Most (86%) of the respondents reported that they were satisfied or very satisfied with the adoption experience. Asked if they would adopt their child again, 71% said "yes" and 15% stated that they "probably would." About three-quarters (77%) of the

respondents reported that they would recommend adoption to others. A full report is available to anyone interested in detailed results.

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 Act promotes earlier and more effective permanency planning for children in order to move children more quickly into permanent placements and prevent children from languishing in foster care. The Bureau has focused on meeting both the technical aspects and the spirit of the law in its adoption-related work, and it has continued to expand its efforts in the following areas in the past year:

- 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
- 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.adoptuskids.org/states/me), done in partnership with the National Adoption Exchange, has been in place since October 1999. The Bureau has placed more than 30 children through this tool and has received numerous general inquiries as well.
- Continued to reduce inter-jurisdictional and geographic barriers by contracting for services with the private sector. This also allows Bureau 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

Maine Adoption Guides Project

A special federal Title IV-E Child Welfare Waiver permitted Maine's DHS to begin the five-year Maine Adoption Guides demonstration project on April 1, 1999. The waiver has allowed BCFS to spend funds in the area of post-adoption services not normally covered by Title IV-E funding. This project, a collaboration among Maine's DHS, Casey Family Services and the University of Southern Maine, has the following goals:

- Increase the number of special needs adoptions
- Decrease children's average length of time in foster care
- Decrease the rate of adoption disruptions
- Improve family functioning

Between April 1999 and November 2000, effort focused on providing special training for over 275 private therapists and others who often serve adopting families; the goal was to acquaint them with the unique issues that often arise for adopting households, thus increasing the effectiveness of their services. Evaluation of the trainings indicated that they had clear positive impact on the providers' ability to serve adoptive families.

The second component of the program (a test of a “Guided Services” model for helping to support adoptive families) began statewide in April 2000 and will end no later than December 2004. Recognizing that adoption is a unique experience and that adopting families may need additional help to deal with the normal crises in such families, this model provides a case manager from Casey Family Services to assist adoptive families in accessing needed supports and services after their adoption is legalized.

The Muskie School at the University of Southern Maine is doing a formal evaluation of both parts of the demonstration project, research that will identify which services are most effective in helping Maine’s adoptive families over the long haul. This Project is the only one of its kind in the U.S. and is being closely watched by interested parties across the nation as a potential model for other states.

The Guided Services evaluation uses a longitudinal control group design with random assignment and observations both before the intervention and every six months thereafter for the duration of the study. The outcome evaluation assesses to what extent the children/families who receive the Guided Services Model (experimental group) and the children/families who receive the Standard Services (control group) differ in regard to a number of outcome measures. The outcome measures include:

- Rates of adoption dissolutions
- Number of days the child is in the home/displacement rates
- Assessment of family functioning
- Assessment of child functioning/well-being
- Assessment of access to and utilization of services.

The first interim evaluation of the Guided Services model was completed in December 2001. The model does seem to provide the types of supports that families say they need (education, general support, and therapeutic services for parents), and it appears that it has been implemented generally as intended. The evaluation also compares children and families participating in Guided Services with a similar group of children and families who receive standard post-adoption services, using 34 different measures of child and family functioning/well-being. Initial results of this analysis are encouraging. Looking only at the first-year cohort, there were statistically significant differences on three of the outcomes, all of them in favor of the Guided Services model: caregiver level of trust in the child, degree of family cohesion, and child somatic complaints. There also appear to be positive trends on some other outcomes for the Guided Services model. Since the evaluation of the Maine Adoption Guides Program is still in its very early stages, however, it is far too early to assess the overall success of the pilot program.

Ongoing Changes and Challenges

A significant change in BCFS focus and philosophy has involved the timeliness of adoption services to children and families. The Bureau believes strongly that good practice is timely practice, and it has implemented a management plan specifying time frames for moving children and families through the adoption process. The Bureau expects that foster parent adoptions 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 meet the goal of completing 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 continuous efforts to implement it across the state. Increased movement of children through the system and the significant number of adoptions completed in recent years are a sure sign of progress in this area. The adoption tracking tool mentioned above helps management hold staff more accountable for the concrete results of their work.

Goals for the Adoption Program

The short-term goals are:

- To increase the rate of permanency for children in State care by boosting adoption legalizations
- To increase the rate of foster parent adoption from 75% to 80% of total legalizations
- To increase the rate of relative adoptions
- To decrease children's time in foster care before legalized adoption
- To increase placement stability (including legalized adoptive families)
- To increase the 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 emphasize permanency planning for older and disabled children and teens
- To expand support services for adoptive families post-legalization
- To strengthen and build our capacity through partnerships with private adoption agencies statewide.

ADOPTIONS
Adoption Finalizations by Years

AS OF 6/1/02

Office	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	Pending
Biddeford/ Sanford									63	32	13	26
Portland	17	13	21	34	27	19	32	46	57	31	15	11
Lewiston	26	15	5	18	9	17	30	49	70	28	13	13
Augusta	15	22	10	29	26	32	17	50	92	80	15	22
Rockland											5	2
Bangor	12	16	14	18	35	21	26	30	64	54	12	25
Ellsworth/ Machias						10	29	31	47	60	17	7
Houlton	8	9	16	15	25	15	15	17	30	19	11	2
TOTAL	78	75	66	114	122	114	149	223	423	304	101	108

Adoption Finalizations by Month

AS OF 6/1/02

Month	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002 as of 6/1/02
January	9	1	0	9	5	4	6	9	31	26	24
February	5	9	4	7	15	5	8	17	17	23	12
March	9	7	4	2	18	10	8	17	31	23	23
First Quarter	23	17	8	18	38	19	22	43	79	72	59
April	10	3	15	7	5	9	8	12	36	15	22
May	6	2	12	8	12	6	16	14	44	31	20
June	6	1	8	20	11	10	5	27	22	34	
Second Quarter	22	6	35	35	28	25	29	53	102	80	42
July	6	10	1	8	13	8	16	28	35	18	
August	5	6	5	5	13	16	15	13	34	24	
September	7	10	4	6	10	8	11	11	35	30	
Third Quarter	18	26	10	19	36	32	42	52	104	72	
October	5	11	1	17	7	20	15	15	33	25	
November	5	8	1	12	4	2	18	9	43	22	
December	5	7	11	13	9	16	23	51	62	33	
Fourth Quarter	15	26	13	42	20	38	56	75	138	80	
TOTAL	78	75	66	114	122	114	149	223	423	304	

Pending means that the Commissioner has signed consent, but finalization has not taken place or at least has not yet been reported.

sh/adopts

cc: Kevin Concannon, Commissioner
Karen Westburg, Director, BCFS
Program Administrators
John Levesque, Program Specialist, BCFS
Dana Hall, Division of Information Systems
Susan Harris, BCFS
Peter Walsh
Newell Augur

Sandi Hodge
Diane Towle
Martha Proulx
Michel Lahti
Rose Fraser
Matt Ruel
Kenneth Towns
Ron Wishman

Chris Beerits

RECRUITMENT OF FOSTER AND ADOPTIVE FAMILIES

The Bureau of Child and Family Services recognizes the need for more foster homes in Maine, particularly for children not requiring high-level therapeutic foster care. Insufficient numbers of local foster homes mean that children are more often placed away from their schools and communities, which causes further disruption for the child and complicates family reunification efforts.

During FY2001, the Bureau completed a draft plan for recruiting and retaining foster and adoptive parents for children in State custody. In part this responded to requirements of the Multi-Ethnic Placement Act/Inter-Ethnic Adoption Provision, which mandates the State to diligently recruit potential foster and adoptive parents that reflect the ethnic and racial diversity of the children in State custody who need such resources. Implementation of this recruitment/retention plan was 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. Parents need to be rewarded, respected and, most of all, their opinions need to be heard and valued.

The principles underlying the plan include:

- Families are to be brought into the process for mutual selection and decision-making
- Characteristics 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 and 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 used 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:

- To establish a statewide foster and adoptive care committee of key stakeholders to serve as a resource and oversee implementation of the plan
- To use research on effective marketing strategies in conjunction with the qualities of successful foster/adoptive family resources

- 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
- To implement a statewide plan for foster and adoptive care promotion, advertising and public relations
- To develop quality assurance mechanisms to measure outcomes and ensure key stakeholder involvement
- To ensure the continued support and participation of families in providing foster and adoptive care

The following specific activities are being 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 parents 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

The Bureau's new recruiting and retention campaign was launched in 2002 as "A Family for ME." The campaign aims to attract and keep foster, adoptive and kinship families who reflect the racial, ethnic, national origin and cultural composition of the children in State care. First year accomplishments include creation of a standard packet of information for adoptive and foster families; "Thursday's Child" bi-weekly TV, radio and newspaper recruitment ads; and high visibility in all eight Department districts across the state. Retention activities have included recognition efforts and exit interviews with families leaving the foster/adoptive care system. A cross-agency collaborative that includes lead staff from BCFS, Adoptive and Foster Families of Maine, A Family for ME, the Child Welfare Training Institute, and Maine Caring Families is helping to monitor and further develop the recruitment and retention effort.

INDEPENDENT LIVING PROGRAM

The Chafee Independent Living Program continues to provide services mainly through six specialized Life Skills Educators across the state, and through a contract with the University of Southern Maine's Muskie School of Public Service. Muskie School staff operate the community mentoring program for older youth in care in southern Maine, coordinate the nationally recognized activities of the Youth Leadership Advisory Team, and help to plan and conduct the annual Teen Conference.

A detailed description of the specific activities and services provided by the program since the start of FFY2001 is found in the Program Report included as Addendum A to this Plan Update. Major developments in training/education, program development and collaboration, youth leadership development, and support for post-secondary education are described briefly below

Training, Education and Awareness

The Muskie School of Public Service is in the second year of a three-year federal grant to develop an adolescent casework competencies-based curriculum for caseworkers who serve adolescents in care. Maine and Connecticut are primary pilot sites for this project. More than 30 adolescent caseworkers received training on the casework competencies in January 2002, and "train the trainer" teams are now being developed that will include adolescent casework staff and older youth in care as co-trainers. Youth will be trained on delivery of the curriculum in August 2002. Older youth in care are involved not only with delivery of the curriculum, but also with its design. The goal of the project is to improve casework practice with older youth in care and lead to improved transition outcomes for them.

Since October 2001, five transitional independent living topics were added to the Child Welfare Training Institute's (CWTI) care provider training catalogue. These trainings are available to foster parents, group and residential care providers, and kinship care providers, and all five topics were offered at least once before the end of June 2002. These trainings have been well received and will continue to be offered as part of CWTI's care provider training curriculum.

Program Development and Collaboration

The Chafee Independent Living Program offers youth in care aged 18 to 21 a mix of supervised transitional apartment, congregate apartment, and scattered site apartment living program options. In addition, more youth in continued voluntary Department care from age 18 to age 21 now live in their own apartment under a private landlord arrangement; nearly 60 youth were in this situation during the past year. The Department uses state general funds to support all of the apartment living arrangements for youth in this age range, though some of the young people pay half or more of their own apartment

rent and other costs. The goal is to gradually lessen the young adult's dependency on the government system for all financial support.

The Chafee Program's Life Skills Educators continue to use the Department of Labor's Career Centers for vocational assessments, job skills training and placement, and other programs under the Workforce Investment Act. Since late fall 2001, Casey Family Services and United Parcel Service have partnered to offer the "Maine School to Career Partnership," which is designed to link older youth in care with job opportunities and to help them with career planning at two UPS facilities and five Home Depot sites in southern and central Maine. The Maine State Housing Authority is planning a housing program for at-risk young adults between the ages of 18 and 24. This will be a case managed, subsidized housing voucher program for these youth, with specific case plan expectations for each young adult in the program. Independent Living Program staff are helping to plan this proposed new housing program, which will be located in Portland and Bangor, will hopefully be in operation by fall 2002.

The Independent Living Program Manager has also been meeting with program managers in the Department of Behavioral and Developmental Services (BDS) to discuss how to improve the transition for older youth in care with mental health diagnoses and mental retardation from the foster care system to the adult service system under the BDS. A memorandum of agreement will be developed as part of this effort to guide staff practice in the two departments.

All contracted foster care, group and residential care, and child welfare casework staff now use a consistent life skills assessment and transitional independent living case plan format with all older youth in care. The format used by Department casework staff has recently been revised to be more consistent with the one that foster care and group and residential care providers are using. This has brought increased consistency in independent living preparation and life skills instructional practice as youth move through different placements during their stay in care. The Department's Quality Assurance Unit is reviewing the quality of independent living program service provision on a yearly basis; a Quality Assurance Specialist began to review the work of group and residential care agencies starting in the late fall 2001.

Agreements have been negotiated and signed with all but one of the tribal bands in Maine for use of Chafee funds to provide independent living program services for youth under tribal care. An agreement with the final tribal band should be completed by summer 2002. Under the agreements, each tribe and band in Maine will receive an equal amount of start-up funds to begin providing their own services for their older youth.

The Muskie School has also continued to operate a successful community mentoring program in southern Maine as part of its contract with the Independent Living Program. More than 30 successful mentoring matches have been made during the past year.

Youth Leadership Development Activities

The Maine Chafee Program's Youth Leadership Advisory Team (YLAT), comprised of over 50 older youth in care statewide, has continued to serve as the "voice" for the needs of all youth in care. These youth have presented information at a number of national and local conferences during the past two years and have been interviewed for media stories as well. They have been developing a draft Bureau policy on siblings in care and an activity coloring book about being in foster care for younger children in State custody. They are also preparing a third edition of their foster care handbook for older youth in care, which has been nationally recognized as being the one of the best available. More information on YLAT's work is available on its website, www.ylat.usm.maine.edu.

Post-Secondary Education

The Independent Living Program continues to support the higher educational aspirations of older youth in care by providing financial support from Chafee funds to supplement other forms of federal and local student non-loan financial assistance. The number of older youth in care who are in a post-secondary education program appears to have risen since the state's foster care tuition waiver law went into effect in fall 2000. Two years ago, less than 50 youth were in such programs; now more than 80 are attending in a given academic year. More of the older youth in care seriously consider pursuing their post-secondary education knowing that financial support is there for them.

CASE REVIEW/QUALITY ASSURANCE (QA) 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.

In response to the findings of the Health and Human Services Committee of the Maine Legislature in 2001-2002, the QA Unit now collects additional information that is reported to that Committee quarterly. This data includes: the total of cases reviewed in each program area; case compliance with the Indian Child Welfare Act; case compliance with state and federal timeframes; cases involving kinship placements; types and frequency of child contact with biological family members; the number of placements children have in foster care; the number of children that have to change schools as a result of foster home placement; case compliance in terms of safety/well-being visits; family compliance with reunification services; cases involving substance abuse issues; and cases involving domestic violence issues.

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.

Substantiation Reviews

During 2001-2002, the QA Unit assumed responsibility for reviewing appeals of substantiations. This process is initiated when a letter from a DHS caseworker and supervisor has notified someone that they have been substantiated to have abused or neglected a child. They have the right to appeal this decision by sending a letter requesting that this decision be reviewed. This is a paper review, done by a QA reviewer, of all the information generated by the CPS caseworker who conducted the safety assessment. Reviewers assess whether policy was followed and determine whether the substantiation can be “upheld” or “overturned” based on the facts documented in the case. The result of this appeal process is that the appellant is notified by letter whether the substantiation decision in the case is upheld or overturned, and the basis for that decision. In cases where the substantiation is overturned, the information is changed within MACWIS to reflect that decision.

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.

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).

Continuing Expansion of the QA Unit's Work

The Unit's efforts will be increasingly important as the Bureau continues its efforts to improve its policy and practice across the board, addressing the findings of the pilot federal review in 1999 and the recommendations of the Judiciary and Health and Human Services Committees of the Maine Legislature in 2001-2002. The Unit is increasingly called upon to track and analyze a broader range of the Bureau's work. For example, the description of internal reviews above details a significant expansion of the Unit's work in response to direction from the Maine Legislature. Largely as a result of the findings of the federal pilot review, the Unit also began to monitor the following in the last two years:

- 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

Not only will the Unit's information gathering and monitoring roles be increasingly critical. It will be equally important to assure that findings from the Unit's reviews are actually used to further strengthen the Bureau's work. To accomplish this, the process for using Unit recommendations will be continue to be reviewed and strengthened during 2002-2003. 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 will use funds to promote safe and stable families to continue to support recruitment and retention of foster and adoptive parents, to increase Bureau capacity to identify and support kin placements, enhance family focused practice and provide services to strengthen family functioning.

As discussed earlier in this document, the Bureau's recruitment and retention campaign "A Family For ME" has increased the public's awareness of the need for homes for children throughout the State. Through distribution of literature, television, radio and newspaper ads, the campaign hopes to increase the number of available homes for children which reflect the racial, ethnic, national origin and cultural composition of the children in the Department's custody. An examination of the public views of child welfare in Maine will help inform the process of recruitment.

Retention is a key component of any successful recruitment effort and an important part of "A Family for ME" is geared to providing recognition and support for individuals and families who take these children into their homes and lives.

The Bureau will use 25% of funds to identify and support kin placements. The utilization of kinship care is a primary focus of the Bureau and a commitment has been made to increase kin placements over the coming year.

The Bureau will incorporate into its training the practice standards on relative care build on successful kinship care work that is already in place.

The Bureau requested and will receive additional state funds to enhance kinship work. IV-B funds were used last year to support the expansion of work started the year before to provide education and support to relatives caring for family members. With the additional State funds, community based agencies will provide assistance with home studies and family group conferencing.

Increasing resources to help preserve and strengthen families continues to be a primary goal for the Bureau. 30% IV-B funds will continue to support intensive in-home services, family support services and time-limited reunification services. Family support programs are available to adoptive families as well.

The partnership with the Office of Substance Abuse which began last year will continue. This program is designed to work more effectively with families where substance abuse is a contributing factor to the threatened dissolution of the family unit. Other Family Support projects include the child maltreatment and evaluation program provided through

the courts, the Pediatric Rapid Evaluation Program and parenting education programs throughout the state.

The Bureau will continue to provide intensive home based services to families at risk of having their children removed and time-limited reunification services for those families who are not eligible for Medicaid covered services. Additional state funds were requested in the last legislative session to increase the level of services to intact families. These will be less intensive preventive services available to families who can benefit from early intervention, support and access to resources.

The Bureau will use 15% of the available funds to continue work on a system of care that can respond to the permanency needs of children. This work of the Levels of Care committee is described earlier in this document. Many of the preliminary steps have been completed and a draft plan for implementation is due to be completed this summer.

CFS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

OMB APPROVAL # 0980-0047
Approved through May 31, 2002State or IT MaineFor FFY OCTOBER, 02 TO SEPTEMBER 30, 03


										(k) NUMBER TO BE SERVED [] Families [] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP	(e) TITLE IV- E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(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)	300	305				807					Reports of abuse/neglect	Statewide/ Reservation
2) PROTECTIVE SERVICES	60									830		
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,110						2,000		4,500		
(A) PREPLACEMENT PREVENTION											All Children in foster care	Statewide/ Reservation
(B) REUNIFICATION SERVICES	100	205										
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES	100	210						810		215		
5) ADOPTION PROMOTION AND SUPPORT SERVICES	8										All eligible children	Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE					30,000		3,010		2,650			
(B) GROUP/INST CARE												Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.					7,000					157		
8) INDEPENDENT LIVING SERVICES	66			717								
9) ADMIN & MGMT	480	30										
10) STAFF TRAINING										264		
11) FOSTER PARENT RECRUITMENT & TRAINING	152									71		
12) ADOPTIVE PARENT RECRUITMENT TRAINING	145				30					50		
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING										82		
14) TOTAL	1,411	1,860		717	37,030	807	3,010	2,810	2,650	6,169		

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

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, And Chafee Foster Care Independence Program Fiscal Year 2002, October 1, 2001 through September 30, 2002

1. State or ITO: Maine	2. EIN: 016 00000 - AC
3. Address: 221 State Street 11 State House Station Augusta, ME 04333-0011	4. Submission: <div style="text-align: center;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision </div>
5. Estimated title IV-B, Subpart 1 Funds (25% State match required).	\$ 1,361,032
6. Total Estimated title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.) (25% State match required.)	\$ 1,462,848
a) Total Family Preservation Services.	\$ 146,285
b) Total Family Support Services.	\$ 585,139
c) Total Time-Limited Family Reunification Services.	\$ 146,285
d) Total Adoption Promotion and Support Services.	\$ 365,712
e) Total for Other Service Related Activities (e.g. planning).	\$ 219,427
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 0
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations (25% State match required). a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ _____ b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 438,000	
8. Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant Only (no State match required) Estimated BSG Amount \$ 134,305, plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds (20% State match required).	\$ 753,542
10. Re-allotment of CFCIP Funds (20% State match required). a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ _____. b) If additional funds become available to States, specify the amount of additional funds the State is requesting \$ 226,000	
11. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA BSG and CFCIP, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official
Date <i>Kevin W. Connors</i>	Date <i>7-30-02</i>

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, And Chafee Foster Care Independence Program Fiscal Year 20⁰³, October 1, 20⁰² through September 30, 20⁰³

1. State or ITO <u>Maine</u>	2. EIN: <u>01600000-AC</u>
3. Address: 221 State Street State House Station #11 Augusta, ME 04333-0011	4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Estimated title IV-B, Subpart 1 Funds (25% State match required).	\$ <u>1,821,290</u>
6. Total Estimated title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.) (25% State match required)	\$ <u>1,828,560</u>
a) Total Family Preservation Services 10%	\$ <u>182,856</u>
b) Total Family Support Services (Includes KinCare) 35%	\$ <u>641,996</u>
c) Total Time-Limited Family Reunification Services 10%	\$ <u>182,856</u>
d) Total Adoption Promotion and Support Services 20%	\$ <u>365,712</u>
e) Total for Other Service Related Activities (e.g. planning) 15%	\$ <u>272,284</u>
f) Total Administration (not to exceed 10% of estimated allotment) 10%	\$ <u>182,856</u>
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations (25% State match required)	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ <u>0</u>	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ <u>300,000</u>	
8. Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant Only (no State match required)	
Estimated BSG Amount \$ <u>134,305</u> , plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds (20% State match required).	\$ <u>772,443</u>
10. Re-allotment of CFCIP Funds (20% State match required).	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ <u>0</u> .	
b) If additional funds become available to States, specify the amount of additional funds the State is requesting \$ <u>60,000</u> .	
11. Certification by State Agency and/or Indian Tribal Organization	
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA BSG and CFCIP, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30.	
Signature and Title of State/Tribal Agency Official 	Signature and Title of Regional Office Official
Date <u>6-26-02</u>	Date

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 280,000,000 which includes State general funds for services to children and families and Social Services Block Grant funds for services. Other funding sources IV-E, Medicaid and federal grants.

Funds received under this plan are for activities performed in addition to and not in substitution for activities previously carried on without Federal assistance.

ADDENDUM A:

**CHAFEE FOSTER CARE INDEPENDENCE
PROGRAM REPORT**

State or IT Maine For FFY OCTOBER, 01 TO SEPTEMBER 30, 02

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP	(e) TITLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV-A (TANF)	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds	(k) NUMBER TO BE SERVED [] Families [] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
	(a) I-CWS	(b) II-PSSF											
1) PREVENTION & SUPPORT SERVICES FAMILY SUPPORT)	296	300	127			807						Reports of abuse/neglect	Statewide/ Reservation
2) PROTECTIVE SERVICES	60									830			
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		210			
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	100	210										All egligible children	Statewide/ Reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	8				30,000		3,000		2,600				
(B) GROUP/INST CARE													Statewide/ Reservation
7) ADOPTION SUBSIDY PMTS.					7,000					155			
8) INDEPENDENT LIVING SERVICES	65			717									
9) ADMIN & MGMT	480	30											
10) STAFF TRAINING										264			
11) FOSTER PARENT RECRUITMENT & TRAINING	150									71			
12) ADOPTIVE PARENT RECRUITMENT TRAINING	140				30					50			
13) CHILD CARE RELATED TO EMPLOYMENT/TRAINING										82			
14) TOTAL	1,399	1,840	127	717	37,030	807	3,000	2,800	2,600	6,032			

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

JUNE 30, 2002 PROGRAM REPORT

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM MAINE DEPARTMENT OF HUMAN SERVICES

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, 2000 and September 30, 2001. There is also information with regard to activities under Chafee for FFY-2002 starting October 1, 2001 through May 31, 2002.

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

All Department of Human Services contracted treatment foster care, group and residential care providers are now using a single life skills assessment, independent living case planning, and instructional tool; the Competency Based Assessment system developed by Dorothy Ansell who is the co-Director of the National Resource Center for Youth Services at the University of Oklahoma. In June of 2000 all Department contracted care providers were trained to use the Ansell Competency Based Assessment System (CBA) 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 the fall of 2000. In the summer of 2001, one Quality Assurance Program Specialist was assigned to the Chafee Foster Care Independence Program to begin on site quality assurance reviews with respect to the use of the CBA system at each group and residential care program throughout the state. These on site reviews consist of reviews of individual youth records with respect to the quality of the written life skills assessment and independent living case plan and six month reviews of progress notes on the youth's identified life skills goals. Also included in these on site reviews are observations of group life skills instruction sessions and discussions with individual youth with regard to their independent living case plan. Group and residential program staff are provided with written feedback with regard to quality of their provision of life skills and independent living preparation services.

As of June 2002, about half the contracted group and residential care programs in Maine have been reviewed. The quality of independent living service provision has been good. Some

programs have neglected to send copies of the youth's life skills assessment and independent living case plan to the youth's Department of Human Services caseworker. However, they have agreed to begin doing so. These on site reviews have had the additional benefit of sharing with our group and residential care providers what is happening with the Chafee Foster Care Independence Program in Maine in terms of program priorities. Quality assurance reviews of the remaining group and residential care programs will continue until all programs have been reviewed on-site.

Treatment foster care agency practice with regard to using the CBA life skills assessment and independent living case plan system in their foster homes is being reviewed by the other Quality Assurance managers throughout the state. Life skills assessment and case planning practice has been found to be of good quality in these programs as well.

The use of the CBA system has brought consistency to independent living life skills assessment, independent living case planning, and service provision practice to the foster care provider network. Because our older youth in care often move from one placement to another, this has enabled them to continue to work on identified life skills goals in their new placement using the same systemic model and avoid the frustration of feeling like they are repeating the same life skills instruction when they move to a new placement.

A number of treatment foster care agencies and group and residential care agencies have continued to expand 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. Over the past year, another four or five programs of this type have been established in different areas of the state. The Independent Living Program Manager has been involved in ongoing discussions over the past year 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. The most recent discussion was with a new program designed to serve youth in care between the age of 18 and up to age 21 who have significant mental health diagnoses, sex offender issues, and other behavioral difficulties. Many of these youth will be transitioning to this new program from out of state residential care facilities. The Commissioner of the Department of Human Services has had staff from his office working on the development of programs for youth in care in Maine who have had to be placed in out of state residential care facilities for lack of a program in Maine. Congregate living and scattered site apartment programs now exist in the major cities of the state and in some of the more rural areas of the state as well.

Our Chafee Independent Living Program Life Skills Educators continued to provide some consultation and assistance to foster care and group care providers during the past year and a half. The Life Skills Educator's role in this type of situation is mostly limited to consulting with the care provider in the development of the youth's initial life skills assessment and independent living case plan and discussion of post-secondary educational and career plans with the youth.

The Department's Life Skills Educators have prioritized their work for those youth who are in living situations where they may be receiving minimal life skills and independent living support. Examples of these type of living arrangements are youth who are living with a relative, youth who are living with an unlicensed provider, youth who are living in an apartment under a landlord lease agreement, or youth who are living in another type of living arrangement other than a licensed foster home, group home, or residential care facility. There are only six Chafee Life Skills Educators to serve the needs of our older youth in care in Maine. This is why we felt that it was very important to expect our treatment foster care and group and residential care providers to be doing life skills and independent living preparation work with older youth under their care. In this way, we are able to adequately cover the life skills and independent living preparation needs of the entire population of our older youth in care in Maine.

Each Life Skills Educator 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 Educators are received directly from each district's Children's Services caseworkers who consult with the Life Skills Educator with regard to the life skills and independent living preparations needs for the youth. This has proven to be the most effective way to maintain direct communication and consultation between the Life Skills Educators 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. Our Life Skills Educators 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. They are particularly adept at helping our youth make meaningful connections in the community.

Overall, our Chafee Independent Living Program continues to provide services primarily through the six specialized Life Skills Educators 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 older youth in care in southern Maine, coordinates the nationally recognized activities of our Youth Leadership Advisory Team, and assists with planning and conducting the annual Teen Conference.

As recommended by Region I Administration for Children and Families Program Specialists, we have made the Chafee 2001-2004 Application and State Plan available on our Bureau of Child and Family Services website under "Independent Living." A member of our Youth Leadership Advisory Team did the work on the on the Independent Living web page on the site. There are a number of other documents on the Independent Living web page as well. This information is about to be loaded onto the Bureau's website. There have been several revisions to the Bureau's website in addition to the Independent Living section of the site. We are waiting for the final revisions to be completed before loading all the changes onto the Bureau's website. To access the Independent Living web page go to www.state.me.us and under "Government" select "Department of Human Services." From that point select "Bureau of Child and Family Services." Under that page you will find a selection for "Independent Living."

1. DESCRIPTION OF ACTIVITIES CONDUCTED AND SERVICES PROVIDED

Training and Independent Living Program Service Provision Education and Awareness:

As required by the Chafee Foster Care Independent Act, we have made quality training on various independent living topics available to our foster care and group and residential care providers through our state's Child Welfare Training Institute. These trainings were selected after receiving input from foster parents, group care providers, and other individuals who work with older youth in care. One of our Life Skills Educators is a member of our Child Welfare Training Institute's training advisory committee. Training on independent living topics became available in Fall 2001. Training topics include: "Creating Personal Profiles: Coaching and Teaching Life Skills to Teens in the Foster Care System," "Supporting Youth in Care: Assisting Them in Achieving Their Educational Aspirations and Goals," "Teaching Life Skills for Developmentally Delayed Youth," "A Youth Development Approach to Working with Youth in Foster Care and the Maine Foster Care Youth Leadership Advisory Team," "Promising Practices: How Foster Families Can Best Prepare Youth for Life After Foster Care," and "Developing Career Pathways and Job Readiness Skills for Youth in Care." All of these trainings will be delivered by the end of July 2002 and continue to be available on an ongoing basis.

More specific guidance on conducting quality life skills assessments and developing independent living case plans was provided to our Department's foster care district management and caseworker supervisory staff beginning in November of 2000. This has been an ongoing process since November 2000. Our district's casework supervisors had requested specific guidance for their casework staff with regard to conducting life skills assessments and improving independent living case plans for older youth in care. This request had arisen as a result of recognizing that there were some older youth in care who were not living in a contracted treatment foster care home, or group or residential home who might need some additional support with respect to their life skills and independent living preparation needs. A simple life skills assessment and independent living case plan format was developed with the assistance of three of our Life Skills Educators that includes the same basic "core life skills" needs areas as the Competency Based Assessment system. Our goal was to have a simple, "user friendly" tool available to our adolescent casework staff that was compatible with what our contracted agency programs were using. We believe that we have met this goal using this simplified format.

Another major training effort that began in the Fall of 2000 was the University of Maine's Muskie School's 3 year grant to develop an adolescent casework competencies based curriculum for caseworkers who work with adolescents. Maine and Connecticut have been identified as primary pilot sites for this project. We are currently in the second year of this grant project. Foster care caseworkers have received training on the casework competencies and we are now moving toward the development of "train the trainer" teams that will include both adolescent

casework staff and older youth in care as co-trainers. We are using a youth development approach in that we are involving older youth in care in both the design and delivery of the training on the adolescent casework competencies. Youth will receive training with respect to delivery of the curriculum in August of 2002. Some of our Life Skills Educators and one Life Skills Supervisor were also involved in the designing of the competency curriculum. We expect that this curriculum will improve casework practice with our older youth in care and lead to improved transition outcomes.

Progress Made: Chafee Act Provisions With Respect to the Native Americans in Maine:

During the past year and a half, consultation with the tribes and bands in Maine has been completed with respect to the requirements under the Chafee Act. Extensive discussions were held with the tribal and band coalition, the Wabanaki Coalition, to determine how they would like to see life skills and independent living preparation training and services to be delivered to youth under their care in a culturally appropriate manner. We feel that the tribes and bands in Maine are in the best position to assess the life skills and independent living preparation needs of their youth. We provided the tribal and band representatives with both local and national information with respect to provision of independent living preparation services for youth under tribal care viewing our role in these discussions as being primarily consultative. As a result of these meetings, it was agreed that each tribe and band would submit a proposal to the Department of Human Services Chafee Independent Living Program Manager that outlined how they intended to use Chafee funds and provide data on the numbers of youth under their care between ages 14 and up to age 21.

All three tribal groups and the two bands in Maine have submitted proposals and all have been approved. Contracts have been developed with each tribe and band. Two tribes and one band have recently signed their contracts and Chafee start up funding has recently been disbursed to these groups. The remaining tribe and band are about to submit their signed contracts and start up funds will be disbursed to them upon receipt of the signed contract. Each contract stipulates that both fiscal and program reports are to be submitted to the Independent Living Program Manager on regular basis. We plan to check with each tribe and band periodically to see how they feel they are doing with respect to their provision of independent living preparation services and to be available for any consultation that they may need.

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

During the past year and a half, several agencies developed new congregate, or scattered site apartment programs. One agency in Maine continued to operate a "scattered site" apartment living program and expanded to include another site in Lewiston, Maine. Another site may be set up in Washington County; a rural area of the state. This program became available three 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. Other apartment living sites have been in operation and are located in Waterville and Portland, Maine. Orientation to the program can occur on site so that the youth does not have to leave their school program, or employment situation to become oriented to the program. 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. One other congregate apartment living program located in western Maine has also expanded to include a scattered site apartment living program as well. Other new congregate apartment living, or independent living group care programs have been opened within the past year and a half. Two are located in the northern part of the state and serve older young women in care. Another new program for young women is located in the Saco, Maine area. There are two other new programs serving both young men and women in care located in the greater Portland, Maine area. And finally, there are two new programs in the central part of the state serving the needs of older young men and women in care who have significant mental health needs. There has been considerable growth in the development of programs for older youth in care that focus on independent living preparation and learning life skills. Service providers recognize that this is an important form of service provision for older youth in care.

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. We are working more closely with the staff of the Department's Training Resource Center to assist older youth in care with choosing a career path. 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 which our older youth in care access as well. The Career Centers are now structured as "one stop shopping centers" which has made accessing services more convenient.

A new initiative that involves the state's DOL Career Centers is the partnership collaboration spearheaded by United Parcel Service and Casey Family Services in Maine called the "Maine School to Career Partnership." This is a broad based collaboration designed to link older youth in care with job opportunities and help them with career path planning at UPS facilities in South Portland and Lewiston and at five Home Depot sites in cities in southern and central Maine. A

similar linkage with the University of Maine system is being explored as well. Maine is one of the UPS sites for a project of this type as is Connecticut and the city of Baltimore in Maryland. Maine's model is what is termed a "rural model." We have youth in care employees located at two UPS sites in Maine, at two or three Home Depot sites, and at offices under the University of Southern Maine.

Housing Support for Older Youth in Care and Quality Assurance:

With respect to the Chafee Act, the Maine Chafee Independent Living Program has set aside up to 5% of its annual Chafee funding allocation for use for apartment security deposits, apartment rent, dormitory room and board, and other apartment living expenses for those youth who have reached the age of 18 and remain in the voluntary care of the Department up to the age of 21. We have had minimal need to use Chafee funds for housing support for our older youth in care because we support the room and board costs of older youth in care between age 18 and up to age 21 using our Bureau's budgeted state funds. Maine has been providing this kind of support for many years for its older youth who continue in voluntary care. The point that housing may become an issue for some of our older youth in care is after the age of 21 when both state and federal funding support cease.

Our Department's Life Skills Educators 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 two years, 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 60 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 Educator guides the youth with the process of finding the apartment and helps the youth negotiate 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 Bureau of Child and Family Services budget. This type of living arrangement is far more cost effective than a placement under an agency program's per diem rate and, more importantly, it allows the older youth to experience the most realistic community living arrangement possible while remaining in voluntary 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 program living arrangements available to meet the needs of all our older youth who are continuing in care after the age of 18.

The Department continues to provide funding support 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-2001 and continuing into FFY-2002, we utilized one specialized Department Quality Assurance staff person to provide program assistance for the Independent Living Program. This staff person has been conducting on-site reviews of group and residential care facilities serving older youth in care. He has evaluated the quality and content of life skills assessments, independent living case plans, and the life skills instruction provided for older youth in care residing in these programs. Each group and residential program receives written feedback with respect to the quality of provision of independent living preparation services. The role of the Quality Assurance staff person also includes support to other Independent Living Program initiatives such as activities sponsored by the Youth Leadership Advisory Team.

Life Skills Educator Services and Youth Leadership Development Activities:

During FFY-2001 and into FFY-2002, the Department's six specialized Life Skills Educators continued their 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 work with. These Life Skills Educators are particularly effective in developing trusting relationships with the youth. These positive 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. They say that we treat them with respect and as an "individual" as one older youth in care told us. Our Life Skills Educator's years of experience working with older youth in care ranges from 6+ years to more than 13 years. Our Life Skills Educators 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. However, most of the work that the Life Skills Educators do is directly with the individual youth with respect to their individual life skills goals and needs. During the past year, our older youth in care received group life skills instruction from contracted foster care, group care, and residential care programs.

Our Life Skills Educators continued to provide a great deal of assistance and advocacy for 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 and other supported employment programs.

During the past year, a number of older youth in care were referred to the Department of Behavioral and Developmental Services prior to the age of 18 so that they would receive 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 Educators were often directly involved with the transition planning for a significant number of youth with these special needs. The Department of Human Services and Department of Behavioral and Developmental Services have been working on improving the process of effecting the transition of youth with mental challenges and youth with significant mental health diagnoses from the foster care system to the DBDS adult service system. The Independent Living Program Manager has been working with our district management staff to develop a protocol to govern the transition process between the two Departments for youth who will qualify for adult services. This has been happening over the past year and is expected to continue into the next year.

Our Life Skills Educators and Children’s Services caseworkers also continued to assist youth who were reaching the age of 18 with reapplication for medical coverage as adults. These young adults apply for continued medical coverage after age 18 under the state’s Medical Assistance Program. The Commissioner of the Department of Human Services consulted with the Director of the state’s Medicaid Bureau with regard to the option of expanding Medicaid coverage for youth between age 18 and up to age 21 as described under the Chafee Act. The decision was made to continue the current medical coverage program. Most of our older youth who were in care, or continued in care after age 18, qualify for continued medical coverage under federally established income guidelines used by the Medicaid Bureau. The few young adults who have not qualified for continued coverage were working full time and did not qualify for coverage based on income guidelines. It should be noted that there seems to be more of an issue of medical coverage for those youth who have reached the age of 21 and lose their medical coverage at that point.

During FFY-2001 and continuing into FFY-2002, each Life Skills Educator 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. Some regional groups planned and conducted roller skating events to which they invited younger

children in care along with their foster parents. The Youth Leadership Advisory Team worked on the development of a document published in September of 2001 entitled "Influencing Public Policy in Your State, A Guide for Youth in Care." Several of Maine's Youth Leadership Advisory Team members have presented workshops at out of state conferences during the past year. The YLAT website: www.ylat.usm.maine.edu has been revised and updated during the past year as well. 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. The revised policy is working very well for the benefit of youth continuing in care between the ages of 18 and up to age 21. YLAT members spoke before two legislative committees during the 2001 session of the state legislature. They articulately responded to committee questions regarding the child protective and foster care system. Several YLAT members were selected to attend the "Destination Future 2001" conference in Glorieta, New Mexico in August 2001 and are planning to send representatives to the National Youth Summit in Washington D.C. at the end of June 2002. These are only a few examples of the activities that the Youth Leadership Advisory Team has been involved in.

Outdoor, adventure activities continued to be available for older youth in care during FFY-2001 and continuing into FFY-2002. The trips varied in length from one day to up to three or four days. Life Skills Educators co-lead 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. Structured group activities occur during the longer trips. Examples include completing career exploratory inventories and work project components that the youth are paid stipends for. 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 the prospect of leaving care and what might happen to them once they leave care. Our Life Skills Educators 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 and a half has continued after the trips with most all of the youth involved. Some of the youth who participated in a trip were working with a Life Skills Educator prior to participating in an outdoor adventure trip.

In the summer of 2001, we became part of a unique collaboration of a number of both public and private organizations to create the only program of its type available for older youth in care in the country. The project is entitled, "Experience At Sea." This was spearheaded by one of our major foster care providers in Bangor, Maine, Community Health and Counseling Services. They engaged the participation of an impressive array of both public and private organizations to

support this project in various ways. Twelve older young men in care were recruited for an eight-month voyage at sea aboard a refitted 19th century Grand Banks schooner, the Lettie G. Howard. The schooner is owned by the South Street Seaport Museum in Manhattan. The Museum is one of the important collaborators for this project. The schooner was licensed by the Department of Human Services as a residential care facility and includes a highly regarded interdisciplinary educational component recognized by the Maine Department of Education. The instructors were certified through an organization called the Ocean Classroom Foundation, one of the other unique collaborators for this unusual venture. The young men received either high school credits, or post-secondary education credits from the on-board educational program. The recruited 12 young men began a month-long Outward Bound program in September 2001 to prepare for the trip at sea. In early October 2001, they set sail for a trip down the eastern seaboard and into the Caribbean for the next eight months! Some young men were unable, for various reasons, to complete the trip and returned home. Nine young men successfully completed the voyage and returned to Rockland, Maine harbor in late May 2002 to a rousing celebration ceremony and recognition of their success. Television, newspaper, and radio media were present to do stories on this remarkable event. All young men are being reconnected to the community for both employment and higher education opportunities. We are hoping to be able to continue this project for this coming year. Several young men have already been recruited for the fall of 2002 and there has been discussion of setting up a trip of this type for older young women in care as well.

On February 22 and 23, 2001, Maine's fourth annual Youth Leadership Advisory Team Summit was conducted at the Samoset Resort in Rockport, Maine. 32 youth leaders and 14 staff persons attended the Summit. Youth who attended participated in the Summit assisted with the planning for the 11th annual Teen Conference, developed a strategic plan for 2001-2002, planned youth speaker activities for the coming year, worked on plans for producing a video for other youth in care as well as the public, and working with the Department's staff to develop a policy with respect to siblings who were in care and not living together. In conjunction with the sibling issue, draft policy has been developed and there are plans to have a summer camp experience for siblings separated by foster care based on the Camp To Belong model in Colorado. A neat part of the 2001 Youth Summit was training conducted by former state representative, and now state senator, Michael Brennan with regard to legislative advocacy. A mock legislative hearing was held with our youth leaders playing the various roles. The issue that was selected to debate was the rights of siblings in care to either be placed with each other, or at least have regular contact with each other. Older youth in care are working with our Bureau's management to draft a policy with respect to siblings who are in care and those siblings who are removed from their home leaving other siblings behind. The Youth Leadership Advisory Team Coordinator became full time in September 2000. This has helped the Youth Leadership Advisory Team to become more organized and focused.

On February 20 and 21, the fifth annual Youth Leadership Advisory Team Youth Summit was conducted at the Samoset Resort in Rockport, Maine. More than 30 youth leaders and 14

program staff attended the Summit. The projects that were worked on were drafting an activity, storybook about being in foster care for younger children in care, continuing work on establishing a summer camp experience for siblings in care, and planning for the June 2002 annual Teen Conference. The youth came up with some wonderful ideas for both the content and artwork to be included in the activity, storybook. Themes were identified and neat games and activities for young children were selected for the book. Our youth leaders had wanted to create a book like the "Answers" book for older youth in care for younger children in care. Work is continuing on this project with the assistance of professional artists and other professionals as well. It was a powerful experience to watch the youth leaders create the ideas and artwork themes to be included in the activity book. The youth leaders are also part of an Advisory Committee that was to set up a summer camp for siblings in care for the summer of 2003. A great deal of work and time has gone into this worthy project. We are hopeful that the dream of a summer camp for siblings separated by foster care can become a reality during the summer of 2003.

As part of the work being done on the siblings in care issue, a video production is going to be produced by an organization in Portland, Maine called "YES! To Youth." This is a grass roots organization that produces programs for our local CBS television affiliate using youth as researchers and moderators. YES! To Youth is working with some of our youth leaders, Bureau employees, and others to produce an hour-long show for WGME TV 13 (CBS) on the issue of siblings in care. Videotapes of this show will be made for use as a training tool for child welfare staff and foster care providers. We may also have the production webstreamed so that it can be connected to the YLAT website and viewed over the internet. We expect that this show will be televised before the end of June 2002.

The 11th annual (2001) Teen Conference was planned by our youth leadership members and conducted on June 28, 2001 at Colby College in Waterville, Maine. The theme for the conference was based on the issue of siblings who have been separated by foster care; "Right to Reunite: We Belong Together." The keynote speaker was Ms. Lynn Price, a former youth in care who has established the first summer camp in Colorado, Camp To Belong, for siblings who have been separated by the foster care system. She has been the recipient of the Presidential Medal of Freedom Award and on the Oprah Winfrey show to talk about the issues with regard to siblings who have been separated by foster care. At the Teen Conference, some of our youth leaders co-facilitated some of the workshops for the youth and adults. Once again, adult care providers and Department casework staff were invited to attend the conference. The afternoon was reserved for a variety of fun activities including learning Hip Hop dancing, creating a wall mural, meeting with Lynn Price to talk about the issues regarding siblings in care, playing kickball, and other fun activities. The 2nd annual "Friend of Youth in Care Award" was given to a man who had been in foster care as a youth and has given a great deal of funding and other support for the educational aspirations of youth in the foster care system. We also awarded the "Brad Levesque Award and Scholarship" to two youth in care who had given a great deal of their time and effort to the activities of the Youth Leadership Advisory Team. The Deering Lions

Club and Fleet Financial Group graciously provided the funds for this scholarship for the fifth year.

Planning for the 12th Annual Teen Conference to be held at Colby College on June 20, 2002 has been completed. The theme this year is around raising the level of aspirations for older youth in care. The conference is entitled, "Our Future's So Bright, We Gotta Wear Shades." The keynote speaker is a former foster care youth from Massachusetts who overcame great obstacles to achieve major success both in his personal life and career. Stephen J. Pemberton graduated from Boston College and is now the Vice President of Strategy and Development for Monster.com. He will be giving an inspiring keynote address to the conference attendees. The Brad Levesque Memorial Scholarship Award will be given to a young woman in care who has been one of our most dedicated youth leaders. She is the editor of the Independent Living newsletter, "The Quarterly Advocate," and has presented at numerous workshops at conferences. She is a student at the University of Southern Maine and will be attending a college semester abroad in Mexico in the fall of 2002. The Friend of Youth in Care Award will be given to a woman in southern Maine who was in care as a child and who has given much of herself to directly helping older youth in care make a healthy and happy transition from care. She currently manages a congregate independent living apartment program for youth in care in Saco, Maine. There will be a number of important workshops available in the morning of the conference and lots of fun activities for the afternoon. We are looking forward to spending the day with our older youth in care. (Update on the conference: The 12th Annual Teen Conference was rated as perhaps being the best ever and the most well attended. The Independent Living Program Manager was surprised to learn that he was also awarded the honor of the "Friend of Youth in Care" award)

The southern Maine Community Mentoring program continued to operate effectively. More than 30 older youth in care are matched with a mentor. There continues to be a need for male mentors. Outreach via the media, that included televised public service announcements to recruit more male mentors, has had limited results. The Muskie School received a grant from national "AmeriCorps" in the spring of 2000 to expand mentoring services to other parts of the state. The state Department of Corrections and the Department of Behavioral and Developmental Services were also collaborators on the grant. Unfortunately, these two departments pulled out of the grant in terms of providing matching funds. We were able to provide some mentoring services for older youth in care in the Lewiston area and the Washington county area of the state up to the end of December 2001. However, national AmeriCorps pulled the grant as of the end of December 2001.

The Chafee Foster Care Independence Program continued to provide varying levels of financial support for over 80 older youth, per year, in care in a post-secondary education program for the 2000-2001 and 2001-2002 school years. Chafee funds were used 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 were over 20 older youth in care receiving the benefit of the tuition waiver for the 2000-2001 and 2001-

2002 school years and more than 80 older youth in care in a post-secondary educational program each year. 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. We had over 90 older youth in care in a post-secondary education program at the start of the 2001-2002 school year. There have been a few youth each year that drop out, or fail out of their post-secondary education program. However, most youth remain in their education 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 needed to meet minimal academic criteria to be eligible for this continued financial support. During the 2000-2001 school year, 4 youth who became 21 years of age qualified for this additional financial support. This brought the total number youth receiving this type of assistance over the past 3 years to 11 youth. Unfortunately, we are unable to provide this additional post-secondary educational support due to the state's current budget shortfall. We are exploring other possible options for scholarship support for youth who were in care up to age 21 who need additional funding support to complete their undergraduate degree. We will continue to present post-secondary education as an attractive and attainable life skill goal for older youth in care.

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. The Quality Assurance staff person has been conducting on-site reviews of group and residential care 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. This staff person's duties include program and technical support for the Independent Living Program's major program initiatives such as 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 and a half, 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. Two of our Life

Skills Educators have recently made improvements to the tool that both care providers and our foster care caseworkers find more user friendly. We feel that we are now consistent with the life skills assessment and independent living case planning format 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, 2001, and into 2002, 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 to assist us with gathering the Chafee outcome data as reflected in the final version of the Chafee outcome measurement instruments.

One important current effort being made in FFY-2002 is to define a specific protocol for transfer of our older youth in care who have significant mental health diagnoses and those with mental retardation to the adult services of the Department of Behavioral and Developmental Services and the Adult Protective Services of the Department of Human Services. This has been an area of challenge for quite some time. Our Department's district management staff is working with the Chafee Independent Living Program manager to develop the protocol for transfer of our young adults with these challenges to the adult service programs of DBDS and APS.

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 called Life Skills Educators, 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-2001 and 2002 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 for older youth in care between age 18 and up to age 21.

Aftercare services are primarily available through the Department's Life Skills Educators 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. An important feature of the revised policy is the opportunity for a youth to request to return to voluntary care at any point between the age of 18 and up to the age of 21 if they have chosen to leave care at any point during those ages. These youth are expected to have a plan with regard to their education and employment goals and be willing to work toward those goals. The revised policy has enabled at least five young adults to return to care during the past year and resume working on their independent living goals. As was mentioned earlier, youth in voluntary care between the age of 18 and up to age 21 receive the state funded support of the Department for their room and board needs. Many of these youth are paying a portion of their apartment rent and other living costs.

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, we have found in most cases 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.

3. PURPOSES FOR WHICH FUNDS WERE SPENT

During FFY-2001 and a portion of FFY-2002, Chafee Foster Care Independence Program funds were expended to:

- Increase and enhance educational achievement, vocational and employment skills, and the academic knowledge of older youth in foster care. (Supplemental post-secondary education financial support funded out of Chafee)
- 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. Most of the specific information about the youth educational and other needs are contained the youth's "hard copy" records. However, in most cases the information available on MACWIS 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 hopefully 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, 2000 there were 901 youth in Departmental care who were, or would become, eligible for Independent Living Program services for some portion of Federal Fiscal Year 2001. This number includes youth continuing in voluntary care after the age of 18 and up to the age of 21. An additional 91 youth between the ages of 16 and 18 entered Departmental custody after that date and were also eligible for services during FFY-2001. Of the total of 992 program eligible youth in care, 394 (39.72%) were determined to be Title IV-E eligible. Most of the remaining 598 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. Many youth between the age of 18 and up to the age of 21 were not IV-E eligible due to having graduated high school, or were ineligible for other reasons. 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-2001 to a licensed placement and subsequently did become eligible for IV-E reimbursement. Maine's Chafee Foster Care Independence Program provides services to both Title IV-E eligible youth and non Title IV-E eligible youth.

These numbers include all eligible youth regardless of the length of their eligibility during this time period. Of these eligible youth, 286 were discharged from the Department's care before October 1, 2001. This was 51 more youth discharged from care than for the previous year. 52 youth were discharged from care on their 18th birthday because they refused the offer of the Department's Voluntary Extended Care Agreement in order to remain in care for continued services beyond their 18th birthday. 11 youth were adopted by non-relatives prior to the age of 18 and 2 youth were adopted by relatives prior to the age of 18. 9 youth were transferred to the guardianship and care of the Department of Behavioral and Developmental Services at or shortly after the age of 18. 85 youth were discharged from care to the custody of a parent and 3 were discharged to the custody of a relative before the age of 18 by judicial review court order. 124 youth were discharged from care after their 18th birthday due to deciding, at some point after age 18, not to continue with their Extended Care Agreement, successfully achieving their goals for self-sufficiency, not keeping with the terms of their agreement primarily in the area of not being in an educational program, or due to reaching the age of 21.

Of the total of 992 eligible youth who were in care at any point between October 1, 2000 and September 30, 2001, 527 (53%) were males and 465 (47%) were females; 928 (94%) were

Caucasian, 23 (2.3%) were Native American, 17 (1.7%) were African-American, 16 (1.6%) were Hispanic, and 8 (.8%) were Asian.

The ages, as of October 1, 2000 for all youth eligible during any portion of FFY 2001 were:

AGES	FEMALE	MALE	TOTAL
Age 15	146	154	300
Age 16	120	137	257
Age 17	87	121	208
Age 18	63	68	131
Age 19	33	31	64
Age 20	16	16	32
TOTAL	465	527	992

As of October 1, 2000, the living arrangements for these youth were:

Foster home or other non-relative home	30.8
Group home or residential treatment facility	31.0
Apartment, living with peers, transitional independent living program	10.2
Correctional facility	6.96
Parent/s	5.15
Relative other than parent	6.06
Hospital	3.04
Emergency Shelter	2.13
College dorm	2.63
Whereabouts Unknown	1.93

Of those eligible at some point during FFY 2001, the length of time these youth had been in care on October 1, 2000 (or would have been had they not been discharged) was:

Less than 6 months	58	6.44%
6 months to 1 year	72	8.00%
1 to 2 years	128	14.21%
2 to 3 years	129	14.32%
3 to 4 years	109	12.10%
4 to 5 years	77	8.77%

5 to 6 years	80	8.88%
6 to 7 years	58	6.44%
7 to 8 years	55	6.11%
8 to 9 years	37	4.11%
9 to 10 years	31	3.45%
10 to 11 years	21	2.34%
11 to 12 years	11	1.23%
12 to 13 years	12	1.34%
13 to 14 years	11	1.23%
14 to 15 years	6	.67%
15 to 16 years	4	.45%
16 to 17 years	2	.23%
17 to 18 years	0	0
18 to 19 years	0	0
19 to 20 years	0	0
20 to 21 years	0	0
TOTAL	901*	100%

*91 youth between the ages of 16 and 18 entered Departmental care after October 1, 2000.

PRELIMINARY INFORMATION FOR FFY-2002 ELIGIBLE POPULATION

The information contained in the following paragraphs relates to preliminary data for the Chafee eligible population for FFY-2002 starting October 1, 2001 through May 31, 2002. A more complete analysis of the data for all of FFY-2002 will be submitted for the APSR due at the end of June 2003.

As of May 2002, adolescents ages 16 to 18 comprised 18.63% of the total population of children in the custody of the Department. This represents an increase of 3.65% more than in FFY-2001. There are 2,959 children in custody up to the age of 18 and 10 children in voluntary care up to the age of 18. 551 of these youth are between the ages of 16 and 18. This represents an increase of 72 more youth in care in this age bracket than were in care in FFY-2001. There are an additional 86 youth who are not yet 16 years of age as of the end of May 2002 who will become 16 years old before the end of September 2002.

Youth who "aged out" of foster care at age 18 and continued in care on a voluntary extended care agreement between the age of 18 and up to age 21 comprised 6.82% (217 youth) of the population; a slight decrease (.34%) from FFY-2001. The number of youth remaining under the voluntary care of the Department after the age of 18 has remained consistent over the past three years.

Note: 160 youth left Department custody, or care between October 1, 2001 and the end of May 2002. 34 youth were returned to the custody of a parent prior to age 18. 23 youth declined the offer of voluntary extended care with the Department. 91 youth left voluntary care between the age of 18 and up to the age of 21. The remaining 12 youth who left Departmental care were transitioned to a variety of adult program services, or adult guardianship.

Participant Youth for FFY-2001

395 youth in Departmental care during FFY 2001 received direct services funded by the Chafee Foster Care Independence Program. 166 (42%) were males and 229 (58%) were females. 367 (92.92%) were Caucasian, 9 (2.28%) were African-American, 6 (1.52%) were Native American, 8 (2.03%) were Hispanic, and 5 (1.27%) were Asian. Of the 395 youth receiving Independent Living Program services, 140 (35.45%) were determined to be Title IV-E eligible at the beginning of FFY-2001. The remaining 255 youth were either determined not to be eligible for purposes of Title IV-E reimbursement, or had eligibility determination pending.

The ages of the 395 participant youth, as of October 1, 2000 were:

AGES	TOTAL	FEMALE	MALE
Age 15	75	40	35
Age 16	95	59	36
Age 17	88	49	39
Age 18	76	45	31
Age 19	39	24	15
Age 20	22	12	10
TOTAL	395	229	166

As of October 1, 2000 the recipients of Chafee Foster Care Independence Program services were living in the following placements:

Foster home or other non-relative home	158 (40%)
Group home or residential treatment center	93 (23%)
Apartment, living with peers, transitional independent living program	62 (16%)
Parent/s	17 (4%)
Relative other than a parent	22 (6%)
Correctional facility	6 (2%)
Hospital	4 (1%)
Emergency Shelter	6 (2%)
College dorm	23 (6%)

Whereabouts Unknown	4 (1%)
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With respect to the above data for FFY-2001, there was an increase in the number of youth living in an apartment, living with peers, or living in a scattered site or congregate apartment program. There was an increase in the number of youth living in a college dorm. There was a decrease in the number of youth living in a foster home, or other non-relative home.

As of October 1, 2001 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	5	1%
6 months to 1 year	20	5%
1 to 2 years	36	9%
2 to 3 years	52	13%
3 to 4 years	54	14%
4 to 5 years	53	13%
5 to 6 years	41	10%
6 to 7 years	31	8%
7 to 8 years	19	5%
8 to 9 years	29	7%
9 to 10 years	18	5%
10 to 11 years	14	4%
11 to 12 years	7	2%
12 to 13 years	5	1%
13 to 14 years	5	1%
14 to 15 years	3	1%
15 to 16 years	0	0%
16 to 17 years	1	.3%
17 to 18 years	2	.5%

The majority of youth served with Chafee Foster Care Independence Program funds during FFY-2001 were students in a range of secondary, special education, un-graded, alternative education (adult education, or GED preparation, and vocational educational programs. 38% (151) 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 85 youth served were, or had been, in a post-secondary educational program during FFY-2001. This was more than double the number of youth compared to FFY-2000. The Maine foster care tuition waiver law went into effect in the fall of 2000. We believe that this may have had some impact on the numbers of older youth in care deciding to pursue post-secondary education. 58% (229) of the youth served were employed at some point during FFY-2001, or had some previous employment experience. 166 youth

served had never had any employment experience. In the total Chafee Foster Care Independence Program eligible population, 384 (39%) of the youth were employed at some point during FFY-2001, 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 made irresponsible decisions with regard to their employment.

Eighty-two of those receiving Independent Living Program services were discharged from the Department's care or custody at some point during FFY-2001. 58 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. 13 youth were discharged from Departmental care at age 18 because they refused to sign the V9 Agreement. 9 youth were dismissed to the custody of one of their parents prior to age 18. 1 youth was adopted prior to age 18.

50% of the youth receiving Chafee Foster Care Independence Program services in FFY-2001 also received independent living/life skills services in FFY-2000. 31% of those youth receiving CFCIP services in FFY-2001 also received independent living/life skills services in both FFY-1999 and FFY-2000. 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 Educator 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 Educator priority. There were 48 youth in care in the total eligible Chafee Foster Care Independence Program population who had children during FFY-2000. Of these 48 youth who had children, 14 of their children were in Departmental custody. As of September 2001, there were an additional 14 young women in care who were pregnant.

Most Chafee Foster Care Independence 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 Educator 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 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 2001 and

FFY 2002 to build a system that provides comprehensive supports for youth as they plan their transition out of Departmental care. More complete information with respect to the youth served under Chafee for FFY 2002 will be provided in the APSR due at the end of June 2003.

ADDENDUM B:
CHILD DEATH/SERIOUS INJURY REVIEW

REPORT OF THE
MAINE CHILD DEATH &
SERIOUS INJURY REVIEW PANEL
1998 – 2001

CASE REVIEWS, FINDINGS & RECOMMENDATIONS

EMILY M. DOUGLAS, PH.D.
STAFF ASSISTANT TO THE PANEL

TABLE OF CONTENTS

FORWARD.....	1
CASE DEMOGRAPHICS: CASES REVIEWED BY THE MAINE CHILD DEATH AND SERIOUS INJURY REVIEW PANEL 1998-2002	3
Demographic Information.....	3
Parental Risk Factors.....	6
Nature and Causes of Deaths and Serious Injuries.....	6
FINDINGS & RECOMMENDATIONS OF THE PANEL 1998-2002	9
Significant Concerns of the Panel	9
Moderate Concerns of the Panel.....	10
Accomplishments Worthy of Praise.....	11
ALL CHILD DEATHS IN MAINE 1998-2002	
STATE OF MAINE DEPARTMENT OF MEDICAL EXAMINER	12
Total Deaths	12
Deaths by Abuse or Neglect.....	13
CRIMINAL JUSTICE OUTCOMES IN MAINE FOR CHILD ABUSE FATALITIES	14
“JAKE’S LAW”	16
STATE OF MAINE CHILD PROTECTIVE ACTIVITIES 1998-2002	
DEPARTMENT OF HUMAN SERVICES	
Activities Based on Reports.....	17
Family Assessments and Findings	17
APPENDIX.....	19
MEMBERS OF THE PANEL	20

One year-old "Tammy" was upset and crying. Her new step-father was unable to console her and he became enraged. He picked her up and threw her head-first to the floor. Testing later revealed that Tammy had multiple bruises, cuts and bone fractures in various stages of healing. In fact, at one time when both of Tammy's arms were broken the only way she could eat was to lower her head to her high-chair tray. Tammy's mother said that she was "just being lazy." Tammy died from the head trauma perpetrated by her step-father.

FORWARD

This report documents cases that were reviewed between 1998 and 2002 by the Maine Child Death and Serious Injury Review panel. The State of Maine Department of Human Services has an extensive history in conducting multidisciplinary reviews that focus on systemic problems in cases of child abuse fatality and serious injury. Such reviews were initiated by internal reviews of deaths and serious injuries to children known to the bureau of child and family services. In the mid-1980s former Commissioner Michael Petit encouraged the Department to include other disciplines in their reviews. This continued for a few years, but eventually the group dissolved. In April 1992, the Department revived the multidisciplinary child fatality and serious injury reviews with an expanded panel and on May, 1, 1992 began monthly reviews of such cases. This group has continued to meet monthly and is now in its tenth year.

The mission of the Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries to children in order to promote prevention, to improve present systems and to foster education to both professionals and the general public. Furthermore, the panel strives to collect facts and to provide opinion and articulate them in a fashion which promotes change. The final mission of the Panel is to serve as a citizen review panel for the Department of Human Services as required by the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The Child Abuse and Serious Injury Review Panel follows the review protocol outlined below.

1. The Panel will conduct reviews of cases of children up to age eighteen, who were suspected to have suffered fatal child abuse/neglect or to have suffered serious injury resulting from child abuse/neglect.
2. The Panel will conduct comprehensive, multidisciplinary reviews of any specific case can be initiated by the Bureau of Child and Family Services, by the Commissioner of the Department of Human Services or by any member of the multidisciplinary review panel.
3. Cases may be selected from a monthly report that includes major injuries and deaths in the preceding month, as well as a summary of deaths and major injuries from the preceding year.
4. All relevant case materials will be accumulated by the Department of Human Services staff and disseminated to the members of the review panel.
5. After review of all confidential material, the review panel will provide a confidential summary report of its findings and recommendations to the Commissioner of the Department of Human Services.
6. The review panel may develop, in consultation with the Commissioner of the Department of Human Services, periodic reports on child abuse fatalities and major injuries, which are consistent with state and federal confidentiality requirements.

The Maine Child Death and Serious Injury Review Panel is comprised of representatives from many different disciplines. It's composition, which is mandated by state law, includes the following disciplines.

- Judiciary
- Forensic pathology
- Forensic and community mental health
- Pediatrics
- Family practice
- Nursing
- Public health
- Civil and criminal law
- Law enforcement
- Public child welfare
- Doctoral candidates completing their clinical or field placements regularly participate in these case reviews as part of their education and training

Each of these members of the Panel volunteer their time to review extensive case records in preparation for monthly retrospective case reviews.

There are several unique functions of the Panel. Most states only review child fatalities; Maine's panel reviews serious child abuse and neglect injuries, as well as child abuse and neglect fatalities, or suspicious deaths. Some states have multiple local review panels in addition to a central state-level panel. In such cases only selected cases are reviewed by the state-level team. Because the state of Maine is less populous than other such states, all cases are reviewed by the full, central, state-level team. The centralized forensic medical examiner system and

representation on panel promotes standardized forensic child death investigations and post mortem exams. The State of Maine has a specialized medical examiner training for child death investigation units of law enforcement, which include Maine State Police, Bangor and Portland Police Departments. Representatives from this training sit on the Panel. The Panel is established by a state statute that permits confidentiality of Panel's work and grants the Panel with the power to subpoena relevant case documentation and testimony. This latter features allows the Panel to conduct in-depth retrospective reviews of all relevant records, supplemented by oral presentations by key, involved service providers. Finally, the Maine Child Death and Serious Injury Review Panel belongs to the consortium of Northern New England Child Fatality Review Teams.

Newborn baby "Todd" was brought home to live with just his mother, as his parents had recently separated. Their home was not properly heated, did not have running water, the floor was littered with animal feces and his mother, who already had a history of depression and multiple suicide attempts, had pneumonia and was caring for a special-needs sibling. Four weeks later his mother put her hand over his mouth and nose and suffocated him.

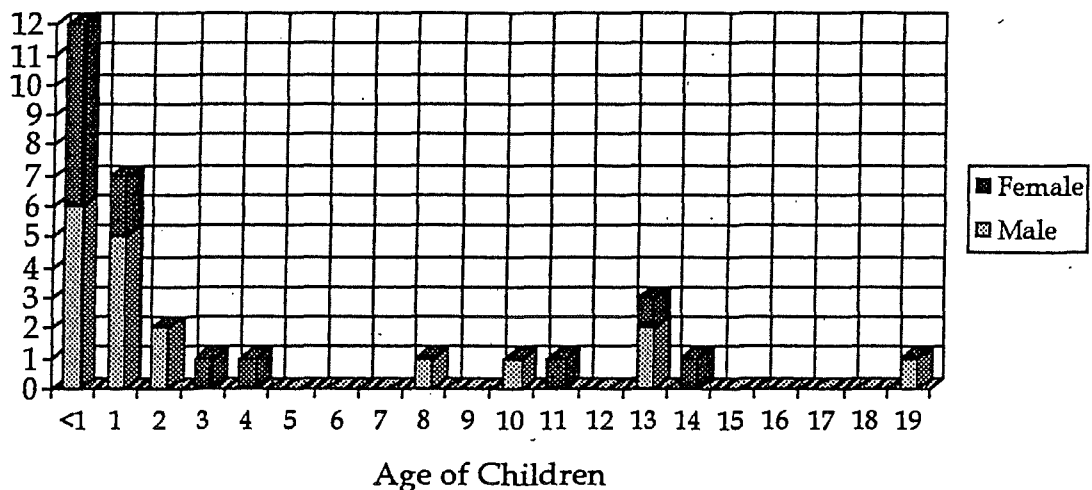
CASE DEMOGRAPHICS: CASES REVIEWED BY THE MAINE CHILD DEATH AND SERIOUS INJURY REVIEW PANEL 1998-2002

Between 1998 and 2002, the Maine Child Death and Serious Injury Review Panel reviewed thirty-one (31) cases. Below is a summary of these cases, including demographic information about the children and families reviewed, causes of the deaths and injuries, and summaries of finding and recommendations of the Panel.

Demographic Information

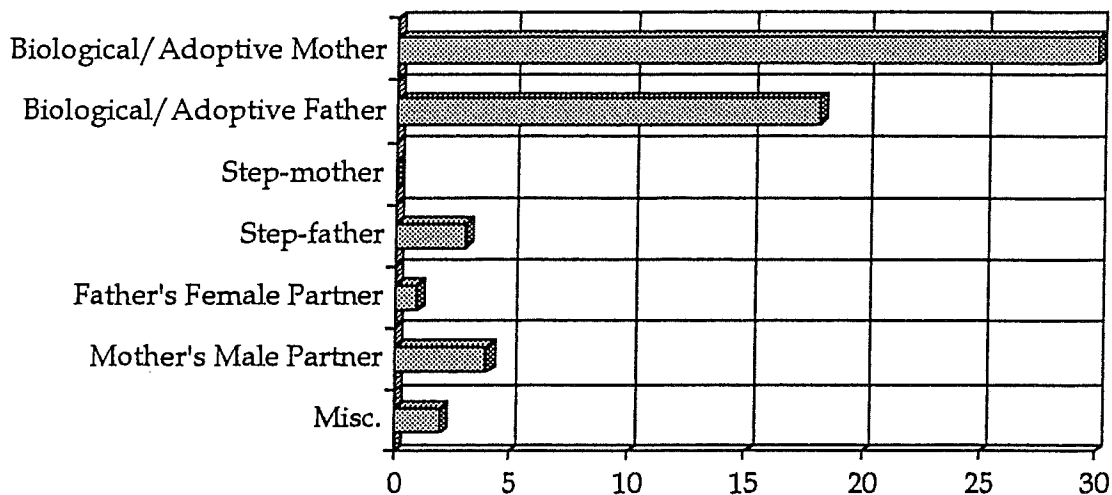
The ages of the children in the cases reviewed by the Panel ranged from newborn to nineteen years; eleven (11) cases involved children under the age of one and seven involved children one year of age. Eighteen of the cases, or 58% focused on male children.

Table 1: Age and Sex of Children in Cases Reviewed (n=31)



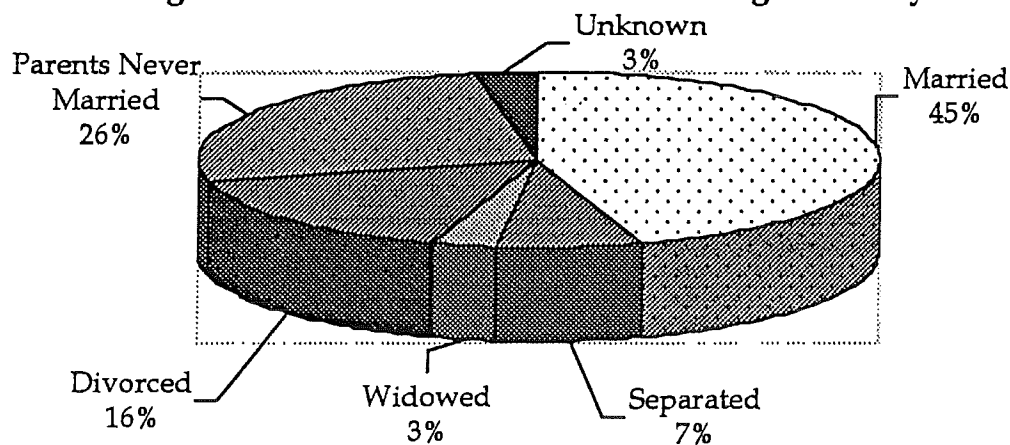
Most of the children from the cases that the Panel reviewed lived in homes with two caregivers. In the majority of cases the caregivers were the biological mother and father. In 97% (n=30) cases reviewed, children lived with their biological or adoptive mothers; 58% (n=18) of the time, children lived with their biological or adoptive fathers. Eight children lived with their parents partners. More specifically, 10% (n=3) of children lived with a step-father; 3% (n=1) lived with his father's female partner; and 13% (n=4) lived with their mother's male partner. In 6% (n=2) of cases reviewed their were other non-related persons residing with their family. (Note that these percentages do not total to 100%; there is considerable overall among these categories.)

Table 2: Members of Household in Cases Reviewed (n=31)



There were an average of four people living in the households of cases that the Panel reviewed. In 58% (n=18) of cases, there were other children living in the home. The average age of these children was 7 years (median = 5.5; standard deviation = 5.4). The average age of caregivers in the cases that were reviewed was 30 (median = 28; standard deviation = 9.7). The caregivers who held legal custody of the children were most often married (45%); followed by parents who were never, or not married (26%) and parents who were divorced (16%).

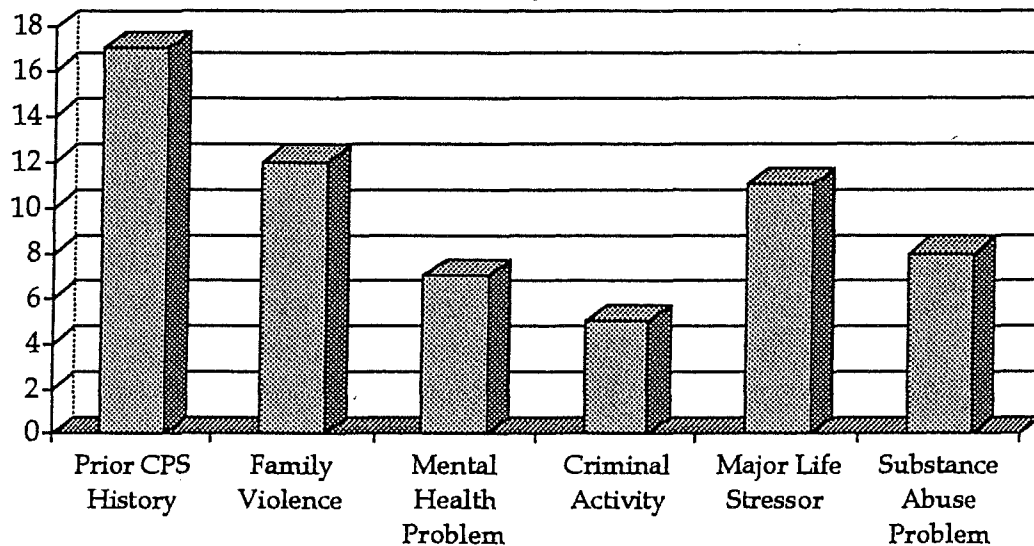
Figure 1: Marital Status of Person with Legal Custody



Parental Risk Factors

The caregivers in the cases that the Panel reviewed had a multitude of significant risk factors. Fifty-five percent (n=17) of the cases had prior histories or open cases with child protective services. Thirty-nine percent (n=12) of the cases had a history of, or a current problem with violence in the household and 35% (n=11) had experienced a major life stressor within the twelve months prior to the child's death or serious injury. Twenty-six percent (n=8) of cases had parental caregivers with substance abuse problems, and finally, 23% (n=7) of the cases involved at least one caregiver with a mental health problem.

Table 3: Family Risk Factors in Cases Reviewed (n=31)


































Nature and Causes of Deaths and Serious Injuries

The Panel reviewed a total of thirty-one (31) cases between 1998-2001. Twenty-two (22) of these cases were fatalities and nine (9) were serious injuries. The causes of the injuries, along with the age of the children at the time of the event are listed in the tables below. Table x: summarizes the causes of the injuries or deaths, while Table x lists each cause along with the age of the child.

Table 4: Causes of Serious Injuries and Deaths in Cases Reviewed			
SERIOUS INJURIES		DEATHS	
<u>Age</u>	<u>Cause</u>	<u>Age</u>	<u>Cause</u>
6 weeks	17 bone fractures caused by father	1 year	Undetermined
8 years	Self-inflicted burns	11 days	Severe acute pulmonary hemorrhage; cause unknown; co-sleeping
1 year	Fracture of tibia; cause unknown	13 years	Gunshot wound to head by brother
2 years	Major trauma to head; bruises to body	4 weeks	SIDS (co-sleeping)
4 weeks	Non-organic failure to thrive	4 years	Blunt force head trauma - by mother
Newborn	Mother left newborn in toilet bowl	10 years	Hypoxia and cardiac arrest resulting from house fire
5 months	Left in vehicle for five hours on warm day	4 months	Shaken baby injury
1 year	Burns - fire started by mother to kill self and child	1 year	Drown in home
1 year	Shaken-impact injury by step-father	1 year	Accidental suffocation - collapsed bed; children left alone for 13 hours
		3 years	Undetermined
		4 weeks	Asphyxia - smothered by father
		5 months	Positional asphyxia
		9 months	Respiratory failure - medication error by mother
		13 years	Self-inflicted gunshot wound
		11 years	Asphyxia due to strangulation by step-father
		4 weeks	Undetermined
		4 months	Left in vehicle for five hours on warm day
		2 years	Left in running vehicle for several hours
		4 weeks	Asphyxia-by mother
		1 year	Shaken-impact injury
		19 years	Aspiration pneumonia
		13 years	Self-inflicted gunshot wound
		14 years	Self-inflicted hanging

The most common causes of injury or death were head trauma perpetrated by a caregiver or asphyxia. Those categories with few events include SIDS, drowning, hanging and failure to thrive.

Table 5: Cases of Serious Injuries and Deaths		
<i>Cause of Injuries or Deaths</i>	<i>Number of Cases</i>	
Bone Fracture	 	2
Head Trauma	    	5
SIDS		1
Injuries Resulting from Fire	  	3
Drowning		1
Asphyxia	    	5
Gunshot	  	3
Hanging		1
Failure to Thrive		1
Left in Vehicle	 	2
Undetermined	  	3
Miscellaneous	   	4
TOTAL		31

In 48% (n=15) of the cases, the event which caused a serious injury or death was witnessed by at least one person. Fifteen (n=48%) of these cases were inflicted injuries. The Panel determined that 71% (n=22) of the time the injuries or deaths could have been prevented.

FINDINGS & RECOMMENDATIONS OF THE PANEL 1998-2001

The Panel focuses on systemic problems, conceptualizations of child abuse cases and responses to child maltreatment in Maine. Thus, many of the "findings and recommendation" are specific to the Maine child welfare system. Other findings concern social service providers and agencies which also have regular contact with at-risk or abused and neglected children and their families. Below is a discussion of the Panel's most consistent conclusions.

Significant Concerns of the Panel

Inability to Recognize Signs of Risk to Children

In more than a third of the cases that the Panel reviewed, there were significant problems with the inability of professionals to recognize or take action concerning serious risk to the physical and emotional safety of children in their care. The Panel encountered this across numerous professions, including education, medicine, mental health, child care and community intervention providers. Such events usually occur in one of two ways. First, despite the fact that these providers have had training concerning child maltreatment, providers often miss or overlook important risk factors. Even though the providers see the symptoms they are not able to sum the components into a picture that indicates danger for the child.

On the other hand are providers who know that children are at risk and they do not take action. Sometimes parents threaten providers, such as a day care worker, that if a report is made, the parent will take revenge or will stop bringing business to them. Other times providers worry that a report to child protective services may terminate a relationship with the family and they will no longer be able to monitor the family if the Department of Human Services does not take action. Some providers may have a good rapport with a family and they may be embarrassed to "turn the family in." One provider reported to the Panel that even though his client's child was in danger, he felt that it would be "blaming the mother" to make a report, even though she was not the abuser. That child is now dead.

The Panel strongly urges all people, whether providers, citizens or relatives, to make reports about suspected or known child maltreatment. The Panel further recommends that mandated reporters follow their legal obligation to report all suspected and known child maltreatment.

Failure to Conceptualize a Case

In a high proportion of cases, the Panel concluded that the response of child protective services could have been stronger. There are a number of ways in which this was the case. Sometimes a case was "screened out" as it was determined to be

a low risk case. Other times case workers failed to gather pertinent information about the child, such as a full review of medical records. However, the most frequent finding in this category was that child protective services misjudged protective capacity of the caregivers and to truly conceptualize the emotional and physical risk of their environment.

Child protective services has made great strides in this component since the initiation of the Panel in 1992, where this finding was consistent in nearly every case. Despite this rapid progress, this matter remains of significant concern to the Panel and the members support all efforts of the Department of Human Services to bring about changes in practice and policy to alleviate this problem.

Moderate Concerns of the Panel

Psychological Evaluations

In a small number of the cases that the Panel reviewed, the psychological evaluations conducted on the abusive or neglectful parents was of poor quality. In most instances the evaluator failed to focus on the capacity of parents to protect their children from abuse and neglect. There was also a tendency to overlook risk factors or to minimize the severity of these factors.

In some instances this problem can be ameliorated by better communication between child protective workers and mental health evaluators. Caseworkers need to be more forthcoming about the specific concerns they need to have addressed and evaluators should have complete understanding of the purpose of the evaluation before starting an evaluation.

"Strength-Based" Approach

The Department of Human Services has rapidly started contracting with community intervention programs. These contract agencies do not perform child protective assessments on families, however, their case workers have regular contact with families and thus are able to monitor family functioning. They are also able to assist in finding appropriate services, such as housing, parenting classes, medical and mental health treatment and so forth. This opportunity to use additional resources has been a great asset to the Department because it means that almost all families that are considered "appropriate" for an assessment received some kind of services, even if the Department is unable to send a child protective worker. Since this contractual service is new to child protective work, the Panel has only reviewed a few such cases. However, a concerning trend has indicated that community intervention programs, in general, have a "strength-based" approach to working with their clients. While the Panel applauds efforts emphasize positive aspects of at-risk families, there is broad concern that the

“strength-based” approach can blind providers from recognizing and understanding risk factors.

Children’s Access to Hand Guns

The Panel reviewed four cases where children killed themselves or others with a hand gun. While this is a small number, the Panel would like to draw attention to the fact that the presence of a hand gun in a home always poses some level of risk for the safety and well-being of the children.

Accomplishments Worthy of Praise

In the year 2002, the Panel marks its tenth year of existence. Since its inception, the Panel has witnessed considerable progress in many areas, such as more complete assessments of families in the child protective system, higher quality psychological evaluations of abusive parents, increases in sentencing for child abusers who kill children, etc. However, the one area that consistently improves is the collaboration between multiple agencies who respond to the abuse, neglect or death of children. Especially fine work has been noted between child protective workers and law enforcement officers, medical examiners and law enforcement, medical professionals, child protective workers and law enforcement and excellent work between local police departments and State Police. Their collaborative work is often of highest quality and is worthy of the Panel’s recognition.

ALL CHILD DEATHS IN MAINE 1998-2002 **STATE OF MAINE DEPARTMENT OF MEDICAL EXAMINER**

Total Deaths

Between 1998 and 2001, 255 children died in the state of Maine. Almost one quarter of these children were under the age of one and 17% were 17 years of age. Half of the deaths were the result of accidents, while five percent were homicides. Sixty-four percent of the children were male. More deaths occurred in Cumberland County than any other region, followed by Penobscot County.

Table 6: Ages of Children who Died in Maine 1998-2001

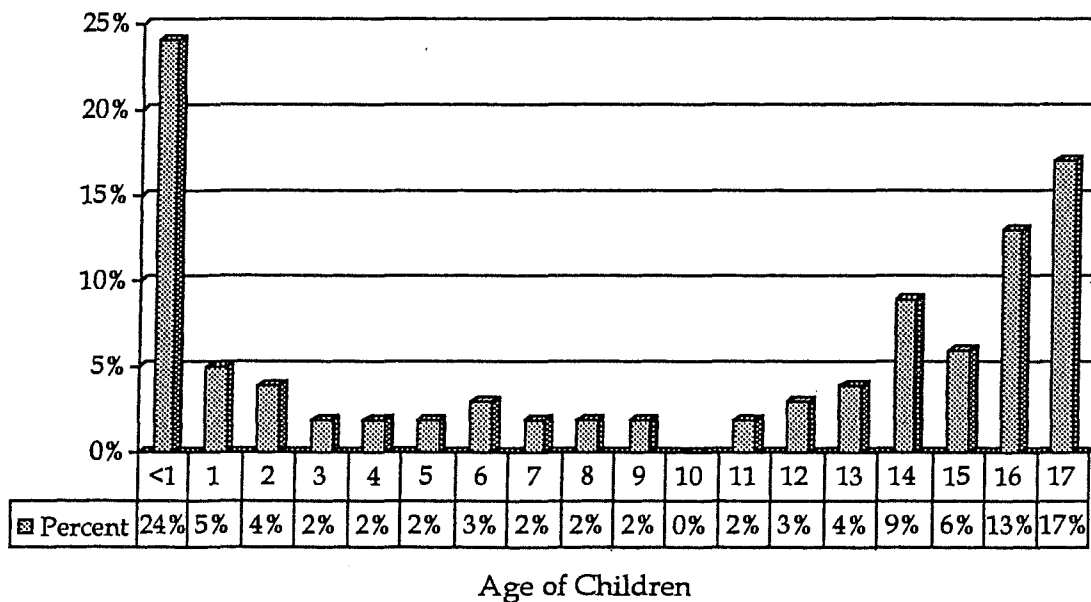


Figure 2: Manner of Deaths of Maine Children 1998-2001

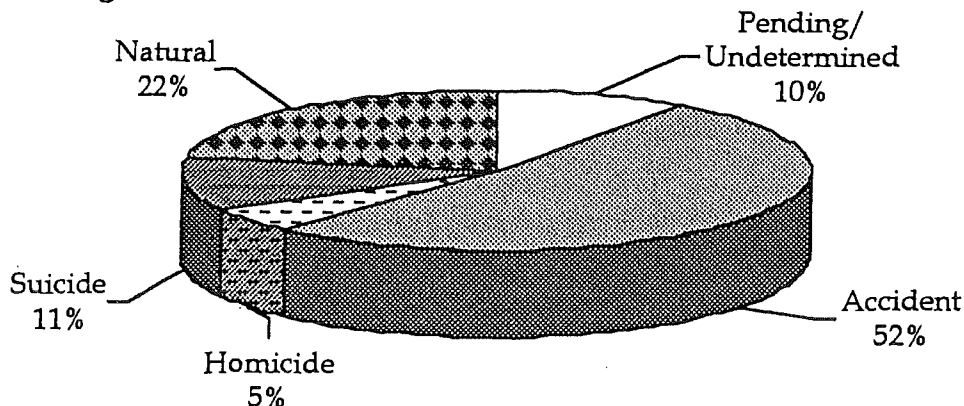


Table 7: Maine Deaths 1998-2001 by County	
County	Percent
Androscoggin	9%
Aroostook	6%
Cumberland	18%
Franklin	2%
Hancock	4%
Kennebec	10%
Knox	4%
Lincoln	4%
Oxford	4%
Penobscot	12%
Piscataquis	2%
Sagadahoc	2%
Somerset	7%
Waldo	5%
Washington	2%
York	9%
Total	100%

Deaths By Abuse or Neglect

Between 1998 and 2001, ten children died at the hands of their caregivers. Their stories are below.

1. A one year-old girl died when her step-father, in a rage, threw her head-first onto the ground. 1998
2. A two-year boy was left in a running vehicle for several hours while she "partied" with friends. The child died from hyperthermia. 1998
3. Two children, ages two and four were shot by their father in a double-murder-suicide. 1998
4. A sixteen year-old girl was beaten and strangled by her step-father. 1998
5. A one month-old girl was suffocated by her father. He placed her body in a box and hid it in a bedroom closet. Her body was found several weeks later. 1998
6. A four-month old boy was shaken to death by his baby sitter when he would not stop crying. 1998
7. An eleven year-old girl was raped and then strangled by her step-father during a summer evening walk. 1999
8. A girl, almost two years old, died after weeks of being beaten by her mother's boyfriend. 2000
9. A five year-old girl was bound to a chair with duct tape by her foster mother. Tape was placed over her mouth and nose until she suffocated. 2001

*In the last 8 years, only 2 of the 10
child abuse and neglect deaths have
resulted in murder convictions.*

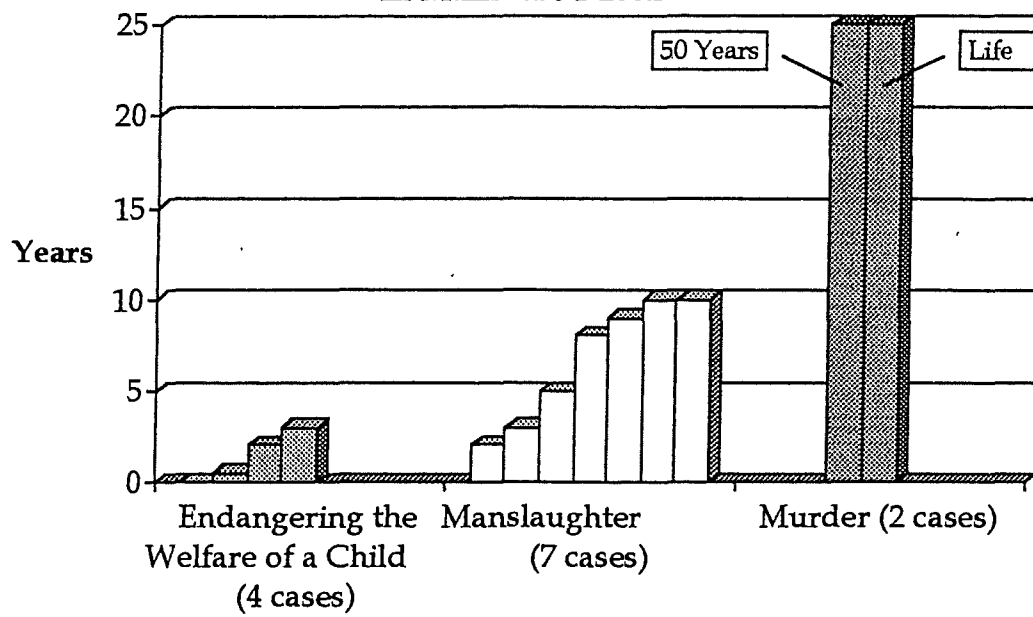
CRIMINAL JUSTICE OUTCOMES IN CASES OF CHILD FATALITIES 1998-2002 STATE OF MAINE

In the 1999 report of the Maine Child Death and Serious Injury Review Panel, we examined the criminal justice outcomes in cases of fatal child abuse or neglect. Some of those cases were pending and have since been resolved. Below are the outcomes of cases between 1998 and 2001, followed by a graph depicting incarceration terms since 1994.

Table 8: Fatal Child Abuse Outcomes in Maine 1998-2001

Age of Victim	Sex of Victim	Year of Death	Status of Case	Sentence
1 month	Female	1998	Conviction: Manslaughter	25 year jail term, all but 20 suspended
1 year	Female	1998	Conviction: (1) Manslaughter & (2) Endangering the welfare of a child	(1) 10 year jail term & (2) 3 year jail term
16 years	Female	1998	Conviction: Murder	Life
2 years	Male	1998	Conviction: Endangering the welfare of a child	Suspended 9- month jail term; 1 year probation; 520 hours community service
4 years	Female	1998	Closed: Murder- suicide	
4 months	Male	1998	Conviction: Manslaughter	10 year jail term
2 years	Male	1998	Closed: Murder- suicide	
11 years	Female	1999	Conviction: Murder	50 year jail term
2 years	Female	2000	Pending in NH	
5 years	Female	2001	Pending	

**Table 9: Incarceration Terms in Cases of Fatal Child Abuse
in Maine 1994-2002**



"JAKE'S LAW"

In March, 2000 Governor Angus King signed-in a new law that requires judges to consider the ages of victims who die as a result of abuse or neglect. More specifically, the law mandates that courts give special consideration to the age of a victim when determining length of incarceration terms. Named for infant victim Jake Belisle, "Jake's Law" notes that when a victim of child abuse fatality is under the age of six, this fact may be used to help determine the length of a jail term.

Similar laws, although usually much harsher, have been adopted in half the states across the country. These so-called "child fatality" laws are intended to increase the jail terms of offenders who take the lives of children through abuse or neglect.

The original bill for Jake's Law outlined much harsher penalties for offenders than the version that was adopted into law. This 1999 legislative action requested a mandate of murder for all persons who have killed a child under the age of four by means of abuse or neglect. Such a law would have resulted in a sentence of no less than 25 years for this crime. The bill was watered down to only require judges to *consider the age of the victim* rather than mandating a uniform sentence for child abuse fatalities. The resulting laws are stated below.

Crime of Murder: "In setting the length of imprisonment, if the victim is a child who had not in fact attained the age of 6 years at the time the crime was committed, a court shall assign special weight to this objective fact in determining the basic sentence in the first step of the sentencing process." [Title 17-A, Chapter 51§1251]

Other Crimes: "In using a sentencing alternative involving a term of imprisonment for a person convicted of the attempted murder, manslaughter, elevated aggravated assault or aggravated assault of a child who had not in fact attained the age of 6 years at the time the crime was committed, a court shall assign special weight to this objective fact in determining the basic term of imprisonment as the first step in the sentencing process." [Title 17-A, Chapter 51§1252-5B]

Jake's law has not been in existence long to enough to measure its potential effects on the sentences of offenders who take the lives of children.

STATE OF MAINE CHILD PROTECTIVE ACTIVITIES 1998-2002
DEPARTMENT OF HUMAN SERVICES

Activities Based on Reports

Between 1998 and 2002 the State of Maine child protective system received 59,658 reports about the well-being of Maine children. Over that period of time, 40% of the reports did not concern allegations of abuse or neglect and were determined inappropriate for action from child protective services (CPS). In 1998, 43% of reports that were determined to be appropriate for CPS intervention were not assigned for assessment because of insufficient staff. However, by 2002, only 2% of appropriate reports were unassigned because of insufficient staff. Between 1998 and 2002, the Department of Human Services began low to low-moderate risk cases for which there were insufficient staff to community intervention programs. Although these contract agencies do not perform child protective assessments on families, their case workers have regular contact with families and thus are able to monitor family functioning. They are also able to assist in finding appropriate services, such as housing, parenting classes, medical and mental health treatment and so forth.

Table 10: State of Maine Child Protective Activities 1998-2002					
Category	1998	1999	2000	2001	Total: All Years
Inappropriate reports	5958	6167	6044	5894	24063
Appropriate report, assigned to community intervention programs	353	3012	4116	4901	12382
Appropriate report, not assigned due to insufficient staff	3438	1318	241	205	5202
Appropriate report, assigned for assessment	4121	4263	4833	4794	18011
TOTAL Reports made about the well-being of children	13870	14760	15234	15794	59658

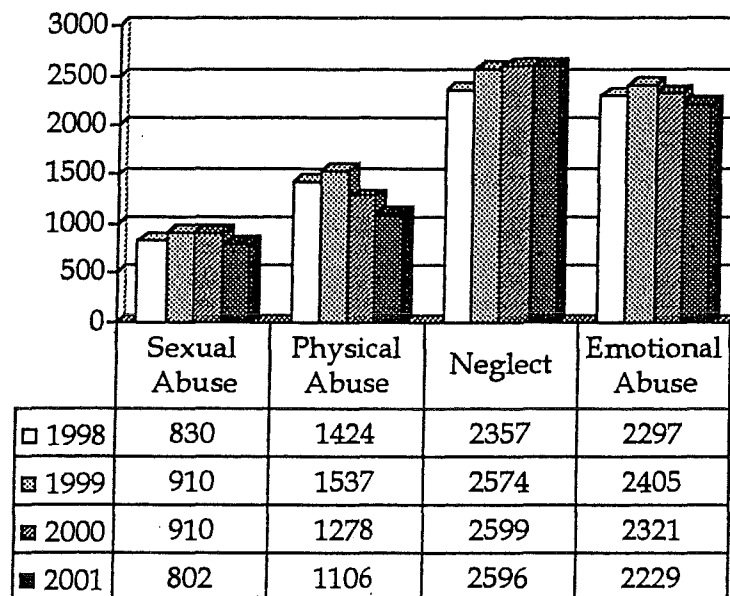
Family Assessments and Findings

Between 1998 and 2002, the Department of Human Services conducted 17657 assessments on Maine families suspected of abusing or neglect their children. Through these assessments the Department substantiated that maltreatment occurred an average of 55.5% of the time. (See the following table for rate of substantiation for each individual year.)

Table 11: Department of Human Services Child Maltreatment Substantiation Rate: 1998-2002				
Year	1998	1999	2000	2001
Rate of Substantiation	61%	59%	52%	50%

Maine state law defines child abuse as “a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child” (*Title 22, MRSA, Chapter 1071§4002*). With this in mind, the Department assesses for several different kinds of abuse when interviewing families, including sexual abuse, physical abuse, neglect and emotional maltreatment. Between 1998-2002, Maine’s child protective system substantiated an average annual number of 863 cases of sexual abuse, 1336 cases of physical abuse, 2532 cases of neglect and 2313 cases of emotional abuse.

Table 12: Substantiated Cases of Child Maltreatment: 1998-2002



APPENDIX

No one knew that "Jane" was pregnant. She gave birth to her second child in secrecy. After delivery, Jane wrapped a sock around the baby's neck and strangled her. She put the body in a garbage bag and several weeks later asked her boyfriend to throw it in the woods. The body was found. Jane was charged with manslaughter and sentenced to two years in jail.

MEMBERS OF THE PANEL

Physician

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Spurwink Child Abuse Program

Douglas Jorgensen, D.O.
Manchester Osteopathic Health Care

Judiciary

Hon. Chris Foster
Maine District Court

State Law Enforcement

Lt. Timothy Doyle
Maine State Police

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Francis Sweeney
Department of Human Services

Medical Examiner

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Office of Chief Medical Examiner

Michael Ferenc, M.D.
Office of Chief Medical Examiner

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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.

Research

The Bureau is funding two small research projects. The first is to do a data analysis of the Pediatric Evaluation Program operating in five Maine counties. The program was designed to:

- Screen all children, both physically and psychologically, entering foster care for the impact of trauma.
- Determine the physical and mental health status of these children and their treatment needs.
- Reduce the number of foster care placements by providing foster parents information to make a successful placement.

Funds will be used to see what we have learned about the children as they enter the system and how they look after 8 months. Health and psychological “trends” are expected to be identified. The information is expected to assist the Bureau in better serving abused and neglected children and their families.

The second research project is to be conducted on children who receive a developmental assessment within a certain time frame. The study will look at the results and recommendations of the assessment and then by surveying caseworkers, determine if the recommendations were followed, the results of the intervention and barriers to children and families receiving appropriate services.

The Bureau hopes to use this information to improve service delivery.

Juvenile Sex Offender Program

This collaborative effort between the Department of Human Services and the Department of Corrections is moving from the research phase to the program development stage based on the completed research and current literature review. The program to be developed is a sex offender program that is a continuum of services from within the juvenile corrections setting into the community and whenever possible back to the youth's home. Most existing programs in Maine, including what exists at the juvenile facility, does not reflect high quality programming. More than half of the youths receiving sex offender services at the correctional facility are the joint responsibility of the two Departments, so the collaboration is necessary.

The first phase of the program development will occur in the correctional facility. A clinical project director and some specialized consultants will work with staff from both Departments to design and operationalize a state of the art program. Much direct work will take place with the mental health professionals on staff at the facility.

The second phase of the development will be to set up 23 community based pilot projects in district geographical areas of the state that will be the follow-up program to the facility-based program. Community providers will become partners in this phase of the development along with the two Departments.

BUDGET

Current Funds (2 years)	\$258,508.00
Carry Over	0.00
Child Maltreatment Project	140,215.00
Juvenile Sex Offender Program	45,000.00
Northern New England Child Abuse and Neglect Conference	21,047.00
Data Analysis of the Pediatric Rapid Evaluation Project	21,813.00
Outcome Research on Children Receiving Developmental Evaluations	21,831.00
Newsletter 3,000.00	
State Liaison Officers Meeting	1,000.00
Supplies (books, monographs, journals)	2,500.00
Indirect @ 6.9%	<u>2,110.00</u>
TOTAL	\$258,508.00

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
April 2001-May 2002**

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 and Outcome for 2001-2002

Proposed Activity: 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 Outcome: 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.

Actual Activity and Outcomes

Actual Activity: On April 3 and 4, 2002 CAAN sponsored "Cops & Caseworkers: Building a Collaborative Investigative Technique," a two-day training for child protective workers and law enforcement officers at the Samoset Resort in Rockport, Maine. Fifty-four caseworkers and 48 law

enforcement officers were in attendance at this event. Three speakers were present for this training (1) Susan Samuel (from Kentucky), presented on the techniques of interviewing children, (2) Det. Timothy Madden (Connecticut State Police) presented on interrogation techniques and (3) Dr. Lawrence Ricci (Director, Spurwink Child Abuse Program) presented on the medical identification of child maltreatment). This training also featured assigned, mixed seating by profession and a two hour, collaborative, case scenario training session.

Outcome: This training session helped to build a collaborative relationship between child protective workers and the law enforcement officers in the State of Maine. The main goals that were achieved during this event include: (1) the development of a working relationship between the two disciplines, (2) the development of a common base of knowledge and (3) the introduction of basic, joint interviewing skills. The training was well received, with 59% of participants rating the training as "very good" and 38% rating it as "good." The collaborative work session was rating as very good, with many participants requesting more of this kind of training. Although the immediate outcomes are favorable, the true outcomes of this training will be assessed by child welfare administrators and chief law enforcement officials in the field.

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 and Outcomes 2001-2002

Proposed Activities: 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: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: The Child Death and Serious Injury Review Panel has reviewed eleven cases since April 2001. The reviews have focused on systemic problems in assessing and responding to cases of child abuse fatalities and serious injuries. The Panel has also continued to participate in the Northern New England Child Fatality Review Team, with the states of Vermont and New Hampshire. A training session for fifty-four child protective workers and forty-eight law enforcement officers was held on April 3 and 4, 2002. (Please see above for a full description of this event). Two annual child abuse conferences were held in Maine during the past year. The Department of Human Services plays a crucial role in the development and planning of these conferences. The first, "Child Abuse Conference," was held at Colby College in Waterville, Maine in July, 2001 and the Annual Spurwink Conference on Child Abuse was held in Portland, Maine in September, 2001. Both of these conferences were well attended by child welfare caseworkers, law enforcement officers, mental health and substance abuse providers throughout the state and other community intervention service providers. Together the conferences provided training for over three hundred professionals in the state.

Outcomes: Although there continue to be some problems areas in the response to child abuse fatalities, there have been significant improvements resulting from the Child Death and Serious Injury Review Panel. Trainings and conferences, such as "Cops & Caseworkers," the "Child Abuse Conference" and the "Annual Spurwink Conference on Child Abuse" have all helped to reduce gaps between agencies, increase communication and increase knowledge about the roles and responsibilities of all professionals responding to families in crisis. Although there have been no concrete attempt to measure this dynamic, the progress is well documented by professionals in the field.

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 and Outcomes 2001-2002

Proposed Activities: 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: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: There have been several efforts made toward implementing this project. Project designers have held focus groups and surveyed the stakeholders for this program, including judges, guardians ad litem, and caseworkers. Applications from evaluators are currently being accepted by the Project Director.

Outcomes: There are no outcomes to date.

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 Activity and Outcomes 2001-2002

Proposed Activity: 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 Outcome: 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.

Actual Activities and Outcomes 2001-2002

Actual Activity: CAAN published two editions of "Child Abuse and Neglect: The Maine Health Perspective;" one in the spring and another in early winter. The contributions to the newsletter are listed below.

1. "Inflicted Head Trauma in Maine Children" by Dr. Lawrence Ricci
2. "Family Visitation Center at Kennebec Valley Mental Health Center" by Dr. Neil Colan and Robert Ellis
3. "Tips for Medical Professionals Called as Witnesses" by Victor Vieth
4. "Presentation to the Maine Health & Human Services Committee on Child Protective and Foster Care Services" by Dr. Lawrence Ricci
5. "Sex Offending by Maine Youths" by Dr. Sue Righthand
6. "When Days Are Gray: Avoiding Burnout as Child Abuse Professionals" by Victor Vieth

Outcomes: The newsletter is sent to over 1,500 professionals who work with children, including educators, mental health providers, substance abuse professionals, medical professionals, judges, assistant attorneys general, child welfare professionals, domestic violence advocates, law enforcement officers, etc. The main purpose of this letter is to keep professionals who work with children informed about concerns of maltreatment, risk factors, the "facts of child maltreatment in Maine" and intervention strategies. It is difficult to measure the impact of a project such as this.

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 and Outcomes 2001-2002

Proposed Activities: 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.

Proposed Outcomes: 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 not bring about measurable changes, but.

Actual Activities and Outcomes 2001-2002

Actual Activities: There have been several meetings held between substance abuse treatment professionals and child welfare professionals. Together they

have discussed more effective ways to incorporate their two professions. They have also successfully placed a substance abuse counselor in the Washington County office. This provider assists child welfare staff in parental substance abuse assessments, full evaluations and case consultation. Finally, with the assistance of substance abuse providers, the Department has adopted a new substance abuse screening tool, UNCOPE, on which all child welfare workers have been trained.

Outcomes: These group meetings have been instrumental in laying the foundation for collaborative work between the substance abuse and child welfare profession. Additionally, the presence of a substance abuse counselor in a child welfare office has been very helpful to the staff in the development of case plans. More pronounced outcomes are expected in the near future.

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 and Outcomes 2001-2002

Proposed Activities: 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: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: CAAN made progress on "Selected Topics in Assessing and Treating Complex Children" in several different areas. First, the Network established a subcommittee, of both CAAN and non-CAAN members, to work on this project; the Network also designated a chair, and key decision-maker, of this committee. Second, CAAN hired someone to organize and implement this ten-month training program. Third, CAAN placed a "call for applications" for potential participants in this unique training program and to date has received applications from sixteen (16) providers across the state. Finally, the program

and topic areas of the course have been selected and the committee has successfully appealed to the Van der Kolk Trauma Center for their assistance in helping CAAN to launch the beginning of this program in June, 2002.

Outcomes: To date, there are no measurable outcomes of this project.

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 and Outcomes 2001-2002

Proposed Activities: 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.

Proposed Outcomes: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: All of the targeted staff within the Department of Corrections have received the training as planned. Multiple other trainings with the Department of Human Services have prevented full training for this staff.

Outcomes: The outcomes of this training to date are limited due to the interrupted training schedule.

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 and Outcomes 2001-2002

Proposed Activities: 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.

Proposed Outcomes: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: The protocols for handling joint cases of child maltreatment and domestic violence have been revised and are currently being rewritten. They will be distributed to all child welfare professionals by September, 2002.

Outcomes: There are no measurable outcomes to date, other than continued collaborative work between these two professions.

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 and Outcomes 2001-2002

Proposed Activities: 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: CAAN will ensure that important issues are not overlooked within this review. Other than this, there are no proposed outcomes.

Actual Activities and Outcomes 2001-2002

Actual Activities: There were fewer opportunities to participate in this review than CAAN anticipated and desired. The committee did provide copies of "The Multidisciplinary Decision-Making Model of Child Abuse in Maine" to all members of the legislative reviews. Moreover, there was oral and written testimony from some members of the CAAN committee.

Outcomes: It was difficult to measure the outcomes of the committees efforts.

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 and Outcomes 2001-2002

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

Proposed Outcomes: 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.

Actual Activities and Outcomes 2001-2002

Actual Activities: At the time that this report/application is written, the Report of the Child Death and Serious Injury Review Panel has not been completed. It is expected to be published in mid-June, 2002.

Outcomes: No outcomes to date.

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

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 Activities and Outcomes 2002-2003

Proposed Activities: The group that planned the recent training "Cops & Caseworkers" for law enforcement officers and child protective workers will expand to include ten-fifteen people. This group will begin meeting in September, 2002 and thereafter will meet quarterly. The topics at meetings will include areas of contention, disagreement or misunderstanding between the two professions. Local speakers may also be featured two or three times a year.

Proposed Outcomes: The activities of this workgroup will help to identify areas of contention, disagreement or misunderstanding between law enforcement officers and child protective services in the State of Maine. CAAN expects that these activities will help to increase communication, resolve differences, development common base of knowledge and improve responses to reports of child maltreatment.

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 and Outcomes for 2002-2003

Proposed Activities: The Maine Child Death and Serious Injury Review Panel will continue to meet for the coming year. Approximately ten cases of deaths or serious injuries will be reviewed during this time. In an effort to further improve communication between child protective workers and law enforcement officers, a subcommittee will also continue to meet throughout the year, addressing areas of contention, disagreement and misunderstanding between the two professions. Efforts for increased education and development of protocols include (1) key members of CAAN from the medical community speaking to medical professional associations, such as the Maine Osteopathic Associations and (2) a training course that is delivered to key medical providers in Maine about signs and symptoms of child abuse maltreatment.

Proposed Outcomes: The proposed outcome of these activities is to enhance the quality of collaborative work between multiple disciplines in responding to child abuse fatalities.

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 (i.e., Court Improvement Project).

Proposed Activities and Outcomes for 2002-2003

Proposed Activities: The proposal for final project design of the Child Maltreatment Evaluation Project will be submitted in July 2002. Applications are being received from mental health evaluators by the Project Director. Once a group has been selected for this program, trainings will be provided to each evaluator. Evaluations are scheduled to begin in October 2002.

Proposed Outcomes: 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 and Outcomes 2002-2003

Proposed Activity: 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. Upcoming issues will focus on:

1. The **myths** and **facts** of child maltreatment
2. The status of children's mental health, mental health services for children and use of psychotropic medication by children in Maine
3. The psychological impact of abuse on children

CAAN also intends to educate professionals about the status of children in Maine through a study that investigates the opinions and knowledge of Maine residents about child abuse and neglect. This 500 sample, random digit-dial telephone survey, that was written by CAAN will be implemented in June, 2002 by the Survey Research Center at the University of Southern Maine.

Proposed Outcome: 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. The results of the study concerning the opinions and knowledge of Maine residents concerning child maltreatment will educate professionals and the public, reveal gaps in knowledge about child abuse, provide information for education campaigns and serve as a tool for intervention techniques.

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 and Outcomes for 2002-2003

Proposed Activities: The substance abuse-child welfare group will continue to meet with the goal of developing a new assessment tool that will be used by substance abuse evaluators. The current tool does not assess the ability of parents to protect their children.

Proposed Outcomes: The collaborative work between these two groups of professionals will open lines of communication and will possibly influence philosophical thinking about providing services to families. More concretely, the group will develop an assessment tool that is more responsive to the concerns of child welfare professionals.

Number B2

Recommendation

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.

Proposed Activities and Outcomes 2002-2003

Proposed Activities: In June, 2002 CAAN will launch "Selected Topics in Assessing and Treating Complex Children," a ten-month course for roughly fifteen, mid-level, mental health clinicians in Maine. The course will begin with a two-day session with presentation from staff at Van der Kolk's Trauma Center in Boston, Massachusetts. Trainings after this time will meet on day a month for the next ten months. Through this course, the following topics will be covered:

- *Personality development*
- *Assessment*
- *Substance abuse*
- *Pharmacology*
- *Attachment*
- *Trauma*
- *Cognitive behavioral approaches*
- *Community approaches*
- *Anxiety*
- *Depression*

Proposed Outcomes: The "Selected Topics in Assessing and Treating Complex Children" 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 and Outcomes for 2002-2003

Proposed Activities: The Department plans to train all of their staff in the Spring of 2003.

Proposed Outcomes: 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.

Proposed Activities and Outcomes for 2002-2003

Proposed Activities: The protocols for handling joint cases of child maltreatment and domestic violence will be sent to all child welfare professionals by September 2002.

Proposed Outcomes: 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 and Outcomes for 2002-2003

Proposed Activities: The legislative reviews of Maine's child welfare system have been completed, however, CAAN will monitor the changes, both formal and informal, that have been prompted by the commissions.

Proposed Outcomes: There are no proposed outcomes expected for this activity.

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 and Outcomes for 2002-2003

Proposed Activities: The Maine Child Death and Serious Injury Review Panel will publish a four-year report in June, 2002. This report will summarize the findings of the Panel's work over the past four years. It will also make recommendations to professionals who work with maltreated children about methods to more comprehensively meet the needs of these children and their families.

Proposed Outcomes: The outcomes of this report will be seen through increased multidisciplinary work, changes in Departmental procedures and public policy that more accurately recognizes the needs of children.

MAINE CHILD ABUSE ACTION NETWORK
BUDGET FOR PROPOSED ACTIVITIES
 May 2000 – April 2001

No.	Proposed Activity	Budget Amount
A. Investigative, Administrative and Judicial		
A1	<i>The group that planned the recent training "Cops & Caseworkers" for law enforcement officers and child protective workers will expand to include ten-fifteen people. This group will begin meeting in September, 2002 and thereafter will meet quarterly. The topics at meetings will include areas of contention, disagreement or misunderstanding between the two professions. Local speakers may also be featured two or three times a year.</i>	\$8,000
A2	<i>The Maine Child Death and Serious Injury Review Panel will continue to meet for the coming year. Approximately ten cases of deaths or serious injuries will be reviewed during this time. In an effort to further improve communication between child protective workers and law enforcement officers, a subcommittee will also continue to meet throughout the year, addressing areas of contention, disagreement and misunderstanding between the two professions. Efforts for increased education and development of protocols include (1) key members of CAAN from the medical community speaking to medical professional associations, such as the Maine Osteopathic Associations and (2) a training course that is delivered to key medical providers in Maine about signs and symptoms of child abuse maltreatment.</i>	\$0
A3	<i>The proposal for final project design of the Child Maltreatment Evaluation Project will be submitted in July 2002. Applications are being received from mental health evaluators by the Project Director. Once a group has been selected for this program, trainings will be provided to each evaluator. Evaluations are scheduled to begin in October 2002.</i>	\$0
A4	<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. Upcoming issues will focus on:</i> <ul style="list-style-type: none">• <i>The myths and facts of child maltreatment</i>	\$25,000

No.	Proposed Activity	Budget Amount
	<ul style="list-style-type: none"> • The status of children's mental health, mental health services for children and use of psychotropic medication by children in Maine • The psychological impact of abuse on children <p>CAAN also intends to educate professionals about the status of children in Maine through a study that investigates the opinions and knowledge of Maine residents about child abuse and neglect. This 500 sample, random digit-dial telephone survey, that was written by CAAN will be implemented in June, 2002 by the Survey Research Center at the University of Southern Maine.</p>	

B. Experimental, Model and Demonstration Programs

B1	The substance abuse-child welfare group will continue to meet with the goal of developing a new assessment tool that will be used by substance abuse evaluators. The current tool does not assess the ability of parents to protect their children.	\$2,000
B2	<p>In June, 2002 CAAN will launch "Selected Topics in Assessing and Treating Complex Children," a ten-month course for roughly fifteen, mid-level, mental health clinicians in Maine. The course will begin with a two-day session with presentation from staff at Van der Kolk's Trauma Center in Boston, Massachusetts. Trainings after this time will meet on day a month for the next ten months. Through this course, the following topics will be covered:</p> <ul style="list-style-type: none"> • Personality development • Assessment • Substance abuse • Pharmacology • Attachment • Trauma • Cognitive behavioral approaches • Community approaches • Anxiety • Depression 	\$60,000
B3	The Department plans to train all of their staff in the Spring of 2003.	\$8,000
B4	The protocols for handling joint cases of child maltreatment and domestic violence will be sent to all child welfare professionals by September 2002	\$1,500

No.	Proposed Activity	Budget Amount
C. Legal and Procedural Reform		

\$0

C1 *The legislative reviews of Maine's child welfare system have been completed, however, CAAN will monitor the changes, both formal and informal, that have been prompted by the commissions.*

C2 *The Maine Child Death and Serious Injury Review Panel will publish a four-year report in June, 2002. This report will summarize the findings of the Panel's work over the past four years. It will also make recommendations to professionals who work with maltreated children about methods to more comprehensively meet the needs of these children and their families.*

\$2,500

**MAINE CHILD ABUSE ACTION NETWORK
STEERING COMMITTEE MEMBERS**

Law Enforcement Community

Tim Doyle

(207) 287-7504

FAX: 287-7277

15 years experience. Specializes in investigations of child abuse cases; supervises eight detectives.

Lieutenant, Criminal Investigation Division II

Maine State Police

18Meadow Road, SHS 52, Augusta, ME 04333

Criminal Court Judge

Hon. Arthur Brennan

(207) 324-5122

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) 623-1156

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

Defense Attorney

Anita St. Onge, Esq.

(207) 780-5851

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

Child and Parent Attorney, Muskie School, ICFP

P.O. Box 15010, Portland, Maine 04112

Child Advocates

Melissa Laird
(207) 626-0034

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

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

Lucky Hollander
(207) 872-7347

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.

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

CASA Representative

Nonny Soifer, Esq.
(207) 442-0226

Supervises volunteers serving as guardian ad litem.

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

Health Professionals

Ellen Bridge, R.N.
(207) 287-9917

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

Division of Community and Family Health
Public Health Nursing
151 Capitol Street, Augusta, Maine 04333

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

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.

Pediatrician and Director
Spurwink Child Abuse Program
17 Bishop Street, Portland, Maine 04103

Denise Toshach, M.D.
(207) 283-9031
FAX: 284-9826

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

Pediatrician in Private Practice
Pediatric Associates
473 Alfred Road, P.O. Box AY, Biddeford, Maine 04005

Suzanne Sanborn, R.N.

(207) 247-6709

Mandated reporter and trainer in child abuse.

Representative, Maine School Nurses Association

HCR 72, Box 5206, East Waterboro, Maine 04030

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.

Jim Jacobs, Ph.D.

(207) 872-7347

FAX: 873-6140

70274.2446@compuserve.com

Psychologist in Private Practice

179 Main Street, Suite 410, Waterville, Maine 04901

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.

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

Peter Donnelly, PsyD.

(207) 871-1200

Pdonnelly@spurwink.org

The Spurwink School

899 Riverside Street, Portland, ME 0412

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

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

ADDENDUM E:
CHILD WELFARE TRAINING INSTITUTE

MAINE CHILD WELFARE TRAINING INSTITUTE COOPERATIVE AGREEMENT FOR FY 2003 BCFS TRAINING

OCTOBER 2002

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 twelfth 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
- Research and Consultation to promote retention of excellent staff and adoptive/foster families in Maine's Child Welfare System
- One (1) student trained as Adoptive and Foster Family Education Coordinator

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.
- Assignment of staff to work on committees.
- Contribution of time for collaborative work in design and implementation.
- 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 2002-2003 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 foster parents, adoptive parents and other providers of child welfare services in Maine, in order to enhance the quality of services delivered to clients and to advance organizational objectives.

The framework for this training plan, which marks the twelfth 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 and nationally. Training and Professional Development goals are set by various stakeholder groups which share the responsibility for enhancing practice and implementing the new state and federal statutes impacting child abuse and neglect. Maine's participation as a pilot site for the new Federal Self Assessment Process in the summer of 1999 provided additional insight for staff and stakeholders in this shared planning process. As part of that process, staff at all levels of the Bureau proposed the training topics for FY'03, which include a number of cross-cutting themes to be integrated into all training. Examples include: leadership, role clarity, support and retention of staff and foster parents, further integration of the MACWIS automation system, and casework practice skill development. Targeted areas for improvement, based on the Bureau's Strategic 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. Additional collaboration among the Bureau, Casey Strategic Planning Group, and CWTI will continue to shape the direction of training and support for Bureau initiatives and goals.

The coming fiscal year will include the core programs which have become the foundation of collaboration between the University and the Bureau, including training and professional development opportunities for staff, adoptive families, foster families, and other identified service providers. In addition, the biennial symposium on Child Welfare Issues, which brings the legal and judicial community together with other professionals in the field, will be broadened to include a wider range of stakeholders in the system. This conference will alternate each year with another child welfare conference designed to serve the needs of direct service providers who work with the Bureau of Child and Family Services. CWTI will also collaborate with other statewide initiatives, for example the initiative to better serve children in care through working with educational and school systems and the national pilot grant for Competency Based Independent Living Training.

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 provide research, consultation, and training in support of retention of Child Welfare Staff.
- To deliver ongoing educational, resource and membership assistance along with academic and professional development opportunities towards attainment of graduate degrees in Child Welfare related fields for all staff members.

- 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 provide guidance and oversight for CWTI sponsored Professional Development activities and allocations.
- To administer and evaluate the In-Service Training Programs within the AFFT program.

G. Maine Caring Families:

- To administer and evaluate a training program for foster parents and staff in the Maine Caring Families Program
- To deliver ongoing educational, resource, and professional development opportunities for MCF staff and foster parents.

H. Specialized Programs Training:

- To provide centralized training for specialized program area staff on topics 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 a holistic, competency-based training for new child welfare professionals, providing 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 to 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, the legal framework for practice, Maine's Automated Child Welfare Information System (MACWIS), and policy issues for casework staff. Work with supervisors to prepare new staff for training and their career, as well as ongoing coaching and support, represent a continuum of training and learning events for the new caseworker. New this year is the development and implementation of a 'Portable Toolbox' to assist workers and supervisors in critical learning events during the first two years of service. Ongoing committee and workgroup involvement in updating and reviewing curriculum will continue. Due to recent resolutions by the Maine State Legislature in response to public inquiry, the number of new direct field workers may increase this year by up to 30% in comparison to typical enrollment over the past eleven years.

Objective One: To deliver Pre-service training to new BCFS caseworkers.

Outputs:

- Up to two-hundred (200) 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.

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 seven (7) centralized training sessions on the basics of Child Welfare during their first year of employment.
 1. *Losses, Moves, and Attachment*
 2. *Medical Indicators of CA/N*
 3. *Dynamics of Sexual Abuse*
 4. *Documentation and Writing Skills*
 5. *Dynamics of Substance Abuse*
 6. *Batterer Intervention and D.V*
 7. *Trauma and Childhood*
- CWTI will develop a portable learning tool set which will assist supervisors and new workers at critical learning moments post-residential training during the first two years.

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.

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 people) 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 the coming fiscal year, training information and registration will continue to be offered to Bureau Staff and Tribal representatives who address child welfare issues within their communities. Many training topics are open to all staff, however in concert with efforts to recognize and retain staff at all experience levels, and to develop focused training, some topics will be delivered for specialized groups. 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.

Objective One: To deliver centralized In-service training for staff, supervisors, and managers.

Outputs:

- Nine (9) training topics, open to all staff and representatives from tribal governments, will have been delivered over thirteen (13) days.
 1. *Advanced Substance Abuse*
 2. *The Impact of Emotional Abuse on Children*
 3. *Dealing with High Level Dangerous Situations*
 4. *Sexual Behaviors of Children in Care (up to 2 days)*
 5. *Secondary Trauma*
 6. *Visitation Toolbox (two deliveries: 2 days each)*
 7. *Cultural Diversity: ICWA*
 8. *MEPA*
 9. *Depression*

 - Five (5) training topics related to supervision will be offered to all supervisors over the course of five (5) days.
 1. *How to Promote Reflection and a Learning Organization in the Office*
 2. *What do I ask Next? Hiring, Interviewing, and Retention Strategies for Supervisors*
 3. *Working with Providers for Effective Outcomes*
 4. *Supervision in Social Services (with Tony Morrison: 2 offerings, 10 days total)*
- New Supervisor Orientation (three days of training) and two centrally held workshops (2 days) will be available for new supervisors.
6. *New Supervisor Orientation*
 7. *Myers-Briggs for Supervisors*
 8. *Getting What You Need from MACWIS: Child Welfare Supervision and Information Systems.*

- One (1) topic for Managers and Program Specialists will be offered over the course of one (1) day both in ongoing training and in Senior Management Meetings

1. *Leadership in the Office and Beyond: The Manager's Role in Public Child Welfare*

Objective Two: To build local training partnerships through regionalized training programs for staff, supervisors and managers, district liaison work with local leadership, and ongoing mentoring as appropriate.

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. Training workshops available for district delivery include:
 1. *Legal Training*
 2. *Interviewing and Videotaping for Feedback*
 3. *Psychopharmacology*
 4. *The Adoption and Safe Families Act*
 5. *Case Planning*
 6. *(For District Supervisory Groups) Motivational Interviewing and Supervising for Change*
- Ten (10) days of workgroup training for twenty (20) staff will have been delivered.
- *Cross-program training and facilitated discussion will be developed to promote understanding between all program staff to promote effective work on permanency from initial intervention with children and families.*
- 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.
- CWTI will have assisted each District in creating its own annual training plan.

Objective Three: To administer, plan for and evaluate ongoing staff training.

Outputs:

- The Staff Training Committee/Diversity Training Workgroup will have met four (4) times and will have developed recommendations for FY 2004 training.
- CWTI staff will have sent quarterly notice of trainings to potential participants, including stakeholders and tribal representatives, and provided registration, evaluation, and record keeping services.
- CWTI will continue to update and maintain a website with an added interactive feature allowing online registration for participants.

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. 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. The review of the Bureau of Child and Family Services by two legislative Commissions during the past fiscal year and the Bureau's work with Casey Strategic Planning also inform the collaborative partners in regards to the prioritization and delivery of training and assistance. This fiscal year also includes the 2003 Federal Child and Family Services Review of services to Children and Families in Maine. CWTI will participate in 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 also assist in the review process as appropriate.

Next May the Department of Human Services, in collaboration with CWTI, will sponsor a Child Welfare Conference instead of the Judicial Symposium the Department has sponsored in the past. The topic of next spring's conference will be "Family Rehabilitation and Reunification: What We Know and Promising New Approaches." It will have a greater focus on training for the Department's child welfare staff and other professionals who work with families during the rehabilitation/reunification process. Participation in the conference will be multidisciplinary as will the planning process.

Objective One: To deliver centralized training in support of administrative initiatives to innovate Child Welfare practice.
--

Outputs:

- CWTI will continue to support training and planning meetings for the Bureau's Strategic Planning and Senior Management groups in collaboration with and succession to the Casey Strategic Planning Team.

- A Child Welfare Conference will be held in the spring of 2003 for up to 700 participants including child welfare staff with opportunities for other stakeholders to attend through alternate funding.
- 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.

<p>Objective Two: To deliver regionalized training in support of administrative initiatives to innovate Child Welfare practice.</p>
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Outputs:

- CWTI will work with the Senior Management and Reform Team Groups to develop strategies for dissemination of information and facilitated learning on key issues including: (up to 6 days of training)
 1. *Relative and Kinship Placement Issues*
 2. *Workload Management Strategies*
 3. *Leadership at all levels of the organization*
- District Training and support for professional development related to the Federal Child and Family Services Review will be developed and delivered in collaboration with appropriate state and federal representatives.
- CWTI will continue with delivery to remaining districts (up to six districts) on the Motivational Interviewing initiative begun in FY 2002. (Eighteen (18) days supervisory/management training: up to thirty-six (36) days direct staff training)
- CWTI will provide one full time staff person to lead in development and support of innovative practices including a district pilot to do a work-study analysis of Relative Group Conferencing and Placement strategies for further training and implementation.

<p>Objective Three: To administer, plan for, and evaluate training related innovation activities.</p>
--

Outputs:

- CWTI Directors 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.

- CWTI Director and/or staff will have participated in meetings with BCFS Management and Reform Team members. (Sixty (60) days)
- CWTI staff will plan, deliver, and provide all logistical and recordkeeping services for the Child Welfare Conference.
- CWTI Staff 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 development and delivery process.
- CWTI will continue to work with other New England Training Directors under the auspices of the New England Child Welfare Commissioners' Association.

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. The Fall Child Welfare Conference, *Celebrating Our Successes*, will be held again in 2003 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 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.

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. A Steering Committee composed of members of the Professional Development Committee, Regional Operations group, and representative students and graduates from the tuition assistance programs will be convened to oversee policy and placement issues for staff participating in both the onsite and reimbursement programs. One of the initiatives through the Reform Team work with Strategic Management is to promote improved retention and recruitment. A workgroup developed to address these issues will work under this objective to assist training and practice staff in collaborative efforts to address retention issues at all levels.

Objective One: To assist the bureau in ongoing support and retention of excellent staff in Child Welfare in Maine through research, consultation, and training opportunities.

Outputs:

- Six hundred (600) staff will have had up to two (2) days of training on emergent issues in child welfare (Fall Child Welfare Conference). (To be offered in two sessions)
- Thirty (30) supervisors will have access to up to 12 hours of clinical mentoring from Mental Health professionals familiar with organizational and child welfare issues.
- The following workshops will be offered to BCFS Staff with experience, based on the findings of the Caseworker Retention Study:
 1. *Supervision to Prevent Burnout*
 2. *Staff Resiliency in Child Welfare Services*
 3. *Seminar for Experienced Caseworkers*
 4. *Taking that Next Step: The Move to Supervision (two days)*
 5. *Two days of specialized training will be available to experienced caseworkers:*
 - *Impact of Emotional Abuse on Children*
 - *Implications of Depression in Child Abuse and Neglect Situations*
- CWTI will collaborate with BCFS to develop a Supervisory Academy: a program which utilizes multiple methods to deliver education, professional development, and support to supervisors in the effort to further professionalize the role of Child Welfare Supervisor.

Objective Two: To deliver academic and professional development 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.
- \$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.
- \$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.

<p>Objective Three: To provide guidance and oversight for CWTI sponsored Professional Development activities and allocations.</p>
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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.
- The Graduate Program Steering Committee will meet three times a year to oversee tuition reimbursement and onsite course programs.
- 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 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. 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 four (34) rounds of Introductory Training (24 hours) will be delivered by CWTI educators to 600 participants. Specially designed Introductory curriculum for relatives providing care is available upon district request (14,400 contact hours).
- 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 (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.

The Introductory curriculum underwent extensive revisions this past year and it was piloted in August 2002. CWTI Educators will begin training the new version this fall. The curriculum remains 24 hours in length and is divided into 8 modules, each 3 hours in

length. BCFS staff were included in the pilot and asked to provide feedback and approval on revisions. 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.

On-site review of private agency training will continue to be provided by CWTI Coordinators to ensure quality and consistency of the curriculum delivery.

Outputs:

- 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 participants insight into Birth Families' circumstances, dynamics, and strengths.
- 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.
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The Introductory Training curriculum is competency based, and identifies **thirty seven(?)** learning objectives in total. Learning objectives are specified for each of the 8 modules. An extensive evaluation of the revised curriculum will determine the impact of the training on prospective adoptive and foster parents. A combination of qualitative and quantitative methods will be employed. The link between Introductory and In-Service training will be strengthened through the use of learning objectives, content, and activities which build upon competencies identified in the Introductory training. Quality Assurance will be integrated in the overall program evaluation process.

Outputs:

- Evaluation specialist will conduct qualitative and quantitative 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.

- Evaluation specialist will design and implement an ongoing quality assurance process which includes internal assessment of the following areas: delivery, trainers, curriculum, marketing, structure and options, and training needs assessment.

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:

- Six (6) Core Training Topics (6 hours each) will be offered in 5 sites two times a year to 10 participants in each class. These trainings will assist new foster/adoptive parents in acquiring skill development post-completion of Introductory Training (3600 contact hours).
- **Twenty eight** 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 (**5880 contact hours**).
- CWTI will offer a training curriculum "Working with Children Exhibiting Sexual Behavior Problems" to 50 participants. This 36 hour, 3-Module curriculum will be offered in 3 sites throughout the state (1800 contact hours).
- 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).

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. CWTI staff will continue to develop a variety of distance learning topics to maximize availability of training opportunities.

Outputs:

- 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).
- 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.
- CWTI will publish a quarterly Child Welfare Newsletter encompassing relevant legislation, policies, and information pertaining to working with foster/adopted children.

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 6 hours of training/workshops and have networking and support opportunities (2400 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.

Objective Four: To provide guidance and oversight for CWTI sponsore Professional Development activities and allocations.

Objective Five: 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 evaluate training on quality of the courses, trainee satisfaction about usefulness, trainee knowledge acquisition and comprehension, trainee ability to demonstrate skill in training and on the job.
- 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.

- Professional development checklists, focus groups and a database will continue to be utilized to assess the education needs of parents post-completion of Introductory training.
- 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

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 100 MCF foster parents (2100 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.

Objective Two: To deliver ongoing educational, resource, and professional development opportunities for MCF staff and foster parents.

- 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, Independent Living Specialists, Quality Assurance Staff, Case Aides, and other staff whose training needs require a specialized curriculum.

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 including:
 1. *Organizational Skills/Managing Multiple Tasks/Being Productive Under Pressure*
 2. *Information and Quality Assurance*
 3. *Effective Communications & Feedback loops*
 4. *IVE Review: Using the Federal Child & Family Services Review in Quality Assurance*
- 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. *Supporting Youth Family Connections (1 day)*
 2. *Teaching Life Skills in a Creative and Fun Way (1 day)*
 3. *Planning for the transition from Care is More than an Independent Living Plan*
 4. *Lifebooks and Portfolios for Adolescents in Care*
 5. *Working With Gay Lesbian and Transgendered Youth*
- Centralized Intake and After Hours Staff will have up to four days of training based on the findings of the work-flow study in Spring of 2002.

- 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)*

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 10 times each year.
- Six hours of Children's Transportation Training will be provided to an estimated 150 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.
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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).
- Three (3) rounds of the modified ASAP Curriculum will be delivered to 75 providers of direct service to families throughout the state (450 contact hours).
- CWTI staff will coordinate efforts to develop and deliver 15 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 bi-monthly Cross-Agency meetings with BCFS staff, A Family for Me, and Adoptive and Foster Families of Maine (AFFM) to promote collaborative

efforts and increase communication. 8 participants will meet 6 times per year (145 contact hours).

ADDENDUM F:

**CHILD WELFARE DEMONSTRATION
PROJECT/MAINE ADOPTION GUIDES
INTERIM EVALUATION REPORT**

MAINE ADOPTION GUIDES INTERIM EVALUATION REPORT: EXECUTIVE SUMMARY - December 2001

I. 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 post legalization adoption support services to children and families. The training evaluation component began on April 1, 1999 and continued through end of November 2000. Statewide implementation and evaluation of the post legalization Guided Services model began on April 1, 2000 and will end no later than December 31, 2004. This Executive Summary will focus on the post legalization Guided Services evaluation results to date, for a full copy of the final training evaluation results please contact the evaluator.

This federal Department of Health and Human Services 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. Two pressures drove this policy and program development 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:

- Adoption is a life-long process.
- Most adoptive families experience normal crisis in their development.
- Families need more support services post-legalization.

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.

Participants are recruited from the overall population of families adopting children with special needs from the Foster Care system of the state Department of Human Services (DHS). Every year for four years 140 children and their families are recruited into the project. At the time that families meet with state DHS adoption

caseworkers to plan for Title IVE subsidy arrangements, about three months prior to legalization, families are invited to participate in the project. Families are then randomly assigned to either the Standard Services (control) group or Guided Services (experimental) group. Standard Services families receive the normal sets of supports and subsidy from the state DHS. Guided Services families receive the normal supports and subsidies and have access to a Maine Adoption Guide social worker from Casey Family Services. All families who participate in the project commit to a set of interviews once every six months. Families in the Guided Services group commit to being contacted by their assigned social worker at least once every six months. This case-management type of service delivery model is delivered statewide and is provided by a partnership of the state DHS and Casey Family Services. The Guided Services intervention is a community-based delivery of service program designed to be family driven. The adoptive parent(s) is viewed as the expert on their child. The social worker assigned to the family functions as a guide who consults with the family through the expected and normal crisis in the life of an adoptive family. 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.

II. RESEARCH DESIGN AND METHODOLOGY

The research design is a longitudinal control group design with random assignment and observations both before the intervention and then conducted every six months for the duration of the study. There will be four cohorts observed in the study. 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**

III. INTERIM EVALUATION RESULTS

A. IMPLEMENTATION

Implementation: Perspectives of Project Participants

Telephone and e-mail surveys were conducted with DHS caseworkers, DHS administrators and Casey Family Services social workers to ask questions concerning the implementation of the project. Respondents were asked to rate their support of the project and to talk about its strengths and weaknesses.

The majority of respondents agreed the project is implemented as intended, and every respondent was supportive of the project—in January 2001, 81% were very supportive and in August 2001, 92% were very supportive. Time to introduce the project to families has decreased from an average of 58.5 minutes in January 2001 to an average of 25 minutes in August 2001, and respondents mentioned that the video and clear paperwork helps in this process. One difficulty that a few workers reported was telling families that they were not selected for Guided services.

When asked what did not work well in the project, respondents spoke of problems with coordination and scheduling transfer visits between DHS workers and Casey Family Services workers. Some felt heavy workloads prevented them from devoting adequate time to the project and hindered meeting timeframes. When asked what worked well in the project, respondents said that the fact that DHS and Casey work together to meet with the family in the beginning is positive for the families going through the transition to legal adoption. Regular management meetings, program flexibility, and willingness of staff to commit extra time were other forces for the project.

There was general consensus that nothing about the program should be changed. A few suggestions for improvements included clarity about what Medicaid/private insurance covers, and having adoptive parents already in the program act as mentors to parents coming in.

Focus Groups with MAGS Social Workers

Two sets of focus groups were held with Casey Family Services workers to gain additional feedback about project implementation and find out how the project model compares to what actually occurs.

In describing the model, respondents discussed that it is different from other programs for a number of reasons. One main difference is that the Adoption Guides program is family-driven. Families are empowered to identify their own needs, and much of what workers focus on is developing a relationship with families. Another unique aspect of the model is its flexibility. Social Workers are not required to make a certain number of visits—they respond to whatever the family wants. Workers and parents are co-creators about what suits a family's needs. Workers also report Adoption Guides is different than DHS because families feel safe being honest about their concerns or issues. This is apparently a “natural” kind of shift as families move from the status of pre-adoption to legalization in terms of their relationship to DHS. Due to the focus on relationship building, Adoption Guides families apparently feel they can ask questions and not be judged. Families' involvement with the state system often centers on fixing one problem. The Adoption Guides relationship does not end when a problem ends. It's an open-ended relationship.

One major advantage of Adoption Guides is that of Master's level social workers with clinical expertise. Workers are qualified to help families through a wide range of issues. Therefore, families can rely on one person instead of a multitude of therapists and providers—Adoption Guides becomes a type of “one-stop shopping” for parents.

Workers discussed their formal and informal roles in working with a family. The first three months with a family is spent doing initial assessments, gathering records and filling out paperwork, but mostly focuses on getting to know a family and developing a relationship with them. Beyond relationship building with families, workers play important roles in educating others about adoption (parents, providers and schools), advocating for adoption services, providing clinical services, and providing case-management.

Focus group participants were asked for instances when the project didn't work. One reason was too much geographical distance between the worker and the family. Another problem was when a number of providers were already involved with the family and the Adoption Guides worker lacked a clearly defined role. Various participants also mentioned that families are sometimes hesitant to admit their needs due to former involvement with judgmental social workers.

When asked for the supports workers need to help them in their job, participants mentioned cell phones, computers (in the northern part of the state), and frustrations with finding therapists trained in attachment and child psychiatrists who take Medicaid.

Participants were asked to discuss barriers and strengths of the program. Once again, workers discussed the problem of coordination between Casey and DHS. Workers mentioned that some DHS workers feel that after legalization, they're done working with a family. Coordination in general is sometimes a problem because the referral process, the clinical work and the research are conducted by three different entities.

Because the program is statewide, some areas are less familiar with Casey than others and it takes a while to build a presence in a community. There are also differences in resources depending on the region—there may be a lack of providers. Workers also feel there is a universal deficit in the understanding and awareness of attachment issues among providers and professionals. In addition, families' prior negative experience with social workers was again discussed as a barrier to Adoption Guides workers in building relationships with families.

Strengths of the program were the flexibility of the program and its family-centered approach. The longer timeframe workers have to work with the families allows them greater opportunities for stronger relationships. Commitment to the program—both on the part of persevering families and dedicated, supportive caseworkers, supervisors and administration—was also seen as an integral factor in the project's success.

B. STUDY SAMPLE CHARACTERISTICS

Children

- As of November 2001 there are a total of 127 children in Cohort I (Year One) and 112 children in Cohort II (Year Two); N = 239.
- Mean age of children in the study is 7.68 years of age.
 - Guided Services Group Child Age = 8.09
 - Standard Services Group Child Age = 7.14
 - Children Currently Adopted – Total Sample = 6.86 years
 - Children Previously Adopted – Total Sample = 8.68 years
- Gender of Children:
 - Cohort I: 57 male and 70 female
 - Cohort II: 57 male and 55 female
- Racial Characteristics:
 - 96% of Cohort I and 87% of Cohort II are White; this is keeping with the general demographics of Maine as a mostly White, non-Hispanic population. African-American is the next highest racial group with 9 out of 239 children identified in this category.
- Legally Adopted – By six months into the study, for Cohort I only, over 90% of all children were legally adopted. Approximately 91% for Guided Services and 92% for Standard Services groups.
- Type of Adoption:
 - Approximately 90 percent of all children in the study are adopted by current foster parents; this is similar across both Cohorts.
- Previous versus Current Adoption:
 - Cohort I: 88% of these children are current adoptions
 - Cohort II: 76% of these children are current adoptions
- Number of Previous Placements in Foster Care - Administrative data from state DHS records for only 64 child study participants; all from Cohort I. As counted since the most recent removal from home, the mean is 6 placements per child. This number includes a range of definitions for “placement”. It includes not only short stays in respite, it also includes longer-term placement in a residential setting. These are defined by the state DHS as primary and secondary types of placement outside of the foster family.
- Length of Time in Foster Care - Administrative data from state DHS records for only 64 child study participants; all from Cohort I. The average (mean) number of months these children have been in Foster Care to entry to study is approximately 62 months.
- Time Child in Home Previous to Entry to Study – for the entire sample, children are in this home for almost 39 months.
 - Guided Services: 39 Months
 - Standard Services: 38 Months
- School Age Children:
 - Cohort I: 91% of sample are attending school
 - Cohort II: 80% of sample are attending school

- Receives Special Education Services at School:
 - Data available for Cohort I only: 55% of children have an Individualized Education Plan
- Clinical Diagnosis – Data is only available at this time for Cohort I; for those children 26% have a clinical diagnosis as reported by the parent.
- Use of Psychotropic Medication – Data is only available at this time for Cohort I; 40% of these children are taking some type of psychotropic medication.

Families

- Two-thirds of the families report an annual average income of less than \$65,000.
- Family Structure:
 - Cohort I: 92% are married couples and 8% are single female-headed households.
 - Cohort II: 86% are married couples; 11% are single female-headed households; 2% are Unmarried Couples; and 1% is single male-headed household.
 - Cohort I: 90% of families have other children in the home.
 - Cohort II: 87% of families have other children in the home.
- Relationship to Child:
 - Cohort I: 90% Foster Parents
 - Cohort II: 91% Foster Parents

C. ISSUES AT PRE-LEGALIZATION

- **Reasons for Adopting a Child** – Most common reasons cited by all caregivers were: Felt Close to Child; Wanted to Make Relationship Legal; Wanted Child to Feel Secure; and Our Other Children Are Attached to Child.
- **Concerns About Adoption** – Most common concerns cited by all caregivers were: How to Meet Child's Needs; Other Children's (in family) Reactions; Child's Acceptance of Me (caregiver); and Ability to Afford Additional Costs of Another Child in Family.
- **Satisfaction with DHS Adoption Caseworkers Pre-Legalization:**
 - Majority of all Caregivers satisfied with DHS Caseworkers – Score is 1.75 with 1=Very Satisfied to 4=Very Dissatisfied.
 - Majority of all Caregivers consistently felt that DHS Caseworkers knew about them the most and about their soon to be adopted child the least.

D. SERVICES AND SUPPORT FOR FAMILIES

Services Provided through the Intervention – MAGS

There is currently an equivalent of eight (8) full time social workers providing direct services to 48 families and 131 children. These workers are both Casey employees and contracted staff from another agency. The social workers document the types of services they provide to the family/child, along with the length of service unit(s) and how it is provided.

- **The most common service provided to families is Parent Education and Support.** This is approximately 40%+ of all the types of services provided. Parent Education and Support includes a range of supports such as: providing information to parents about adoption and how it effects children and families; support with negotiating with other helping systems; and educate/assist with parenting issues. The second most common type of activity is Case Related Documentation. The next most common types of direct services to the family are conducting Initial Assessments and Collateral Contacts. Collateral Contacts mean sharing and or gathering information with other professionals about and or for the family.
- When analyzed by amount of time spent on each activity, a different picture emerges. **Casey social workers apparently spend the largest amount of time providing individual therapy to parents (mean 105 minutes per activity), conducting adult therapy groups (mean 91 minutes per activity), and conducting initial assessments (mean 89 minutes per activity).** The Parent Education and Support activity that is done the most often averages only about 40 minutes per contact.
- **Casey social workers provided an average of 87 services per family in Year One, and thus far an average of 26 services per family in Year Two.** The range of the amount of time spent with each family is very wide; from the minimum of a phone call check-in once every six months to one family receiving 1,200 minutes of services – or at least an hour each month. **The average number of minutes spent on each service with a family is 52.** Families are most frequently provided services through telephone contacts and then secondly through at-home visits.
- **Parents are the primary recipient of a service** (Cohort I: 50%), next is the family as a whole (Cohort I: 32%), followed by a service to the adopted child (Cohort I: 17%) and finally services to other siblings in the family (Cohort I: 1%).
- As this is a statewide model, there is an interest in travel time. **74% of the services did not require any travel time, 11% required less than 1 hour, 11% involved between 1 and 2 hours of travel and 4% required more than two hours of travel.**

Types of Services Families Access in the Community

- **Contact with DHS:** At six months, the majority of all caregivers (approximately 77%) reported ongoing contact with DHS adoption staff. At this point they were contacting DHS staff for assistance with monthly subsidy issues, adoption legalization questions and questions about Medicaid. At twelve months the overall number of those contacting the DHS offices drops slightly, but is still a majority at approximately 65%. The reasons for contact were the same.
- **Services Sought and Received:** Caregivers are asked which type of service do they seek and the top four results are: (1) Individual Counseling Services; (2) Respite Care; (3) Adoption Support Groups; and (4) Family Therapy. Caregivers were also asked to identify how many contacts they actually had with a service provider, those results are: (1) *Other Services; (2) Counseling for Adopted Child; (3) Respite Care for Adopted Child; (4) Adoption Support Group - Parent; (5) Family Therapy; and (6) Marriage Counseling. *The Other Services category includes services such as occupational therapy, speech therapy, and physical therapy. There are a few children in the study with very significant medical needs and these services require a large number of contacts some of which are daily in occurrence.
- **Natural and Professional Types of Supports/Services:** Caregivers were asked which types of supports/services are most important and from where are they provided – either naturally through a friend or family or other social network, or paid for from a service provider. Caregivers stated that their most important source of support was professional (55%) in the forms of: (1) Counseling, (2) Case Management, (3) Medical Services, and (4) Community/State Agency Services. 45% of the caregivers stated that their most important sources of support were natural and included: (1) Family Support, (2) Spousal Support, (3) Friends, and (4) Support Groups. At six months into the study, 79% of respondents stated they “routinely” access natural forms of support. The most frequently accessed are: (1) Family Members other than Spouse (40%); (2) Friends (36%); (3) Church/Pastoral (7%); Support Group (6%); and Other, including spouse, neighbors, co-workers, other caregivers/parents (11%).
- **Case-Manager/Worker:** At six months into the study, 63% of all respondents stated that they had a regular case manager; 85% of those in Guided Services and 33% in Standard Services. At twelve months, that increased slightly to 64%; 91% of Guided and 33% of Standard. Approximately half of all families report having more than one case manager per family. At six months in the study, 65% of those caregivers receiving Guided Services reported having more than one case manager per family. At six months, 35% of the caregivers in the Standard Services group reported having more than one case manager. All caregivers across both groups report that case managers provide the following types of direct services/supports: (1) Assist to Develop and Broker for Services; (2) Provide General Supports/Education; (3) Advocates on Behalf of Child(ren); and (4) Provides Direct Therapeutic Services. The major difference between Guided and Standard Services groups was in the provision of direct therapeutic services by the caseworker; 48% of the Guided Services caregivers reported receiving therapeutic services as opposed to only 22% of the Standard Services.

Barriers to Receiving Services

Caregivers from Cohort I identified the following as the four biggest barriers in their pursuit of services or supports for their child/family:

1. **Lack of Services/Support in Own Community**
2. **Child's Own Needs Creates a Barrier – Not External to Family**
3. **Financial Difficulties**
4. **Lack of Accurate Information about Child's Needs**

E. REVIEW OF KEY VARIABLES AND OUTCOMES

These results are primarily for Cohort I children and families as this Cohort has been through at least three waves of data collection; Baseline, 6 months into study and 12 months into study.

- **Number of Days Child in Home – Displacement Days:** At baseline, there were three children in the Guided Services Group who were reported to be out of the home due to problem, their mean number of days was 102. At baseline, for the Standard Services Group there was one child who was reported out of the home for 7 days. At 6 months, there were three different children reported out of home for the Guided Services Group, the mean number of days out of home was 16 days. At 6 months, there were 2 children reported out of home from the Standard Services Group and the mean was 3 days. At twelve months, there were no children reported out of home for the Guided Services group. At twelve months, there was one child – one of the two children from the six-month time period - out of the home for four days in the Standard Services group.

Number of Days Out of Home – Displacement
November 2001

	Baseline	6 Months	12 Months
Guided Services	307 Days	49 Days	0 Days
Standard Services	7 Days	6 Days	4 Days

- **Number of Adoption Dissolutions:** There are no dissolutions reported for either group.
- **Child Attached to Family:** Caregivers from both groups rate levels of attachment of child to family as high with no statistical difference between groups over time. At 12 months Guided Services children rated at 1.05 and Standard Services children rated at 1.19; 1=Very Attached to 4=Not at All Attached.
- **Children's Mental Health – Child Functioning:** On the eight syndrome scores of the Child Behavior Checklist (Achenbach 1991), only one score demonstrated a significant difference. That was for Child Somatic Problems and Guided Services children were less likely to be perceived as having these types of problems when compared to Standard Services children; $p=0.048$.

However, both groups were below the clinical cut point for this syndrome. For the total sample population, including both groups, mean t-scores for the Externalizing and Total Problem scales were within the clinical range.

- **Child's Health and Development:** For both groups, caregivers rate the child's overall health and growth and development as positive. There are no statistical differences between groups on these outcomes.
- **Child Positive and Negative Traits:** For both groups, caregivers rated the frequency in which the child demonstrates positive traits as high and for negative traits, the frequencies are low. At 12 months Positive Traits for Guided = 3.55 and Standard = 3.40; 1=Never to 4=Everyday. At 12 months Negative Traits for Guided = 2.23 and Standard = 2.53; 1=Never to 4=Everyday. There are no statistical differences between groups on these outcomes.
- **Child Positive Behaviors to Parent:** For both groups, caregivers rated the frequency in which the child demonstrates positive behaviors to them as high. At 12 months Positive Behaviors for Guided = 3.22 and Standard = 3.18; 1=Never to 4=Everyday. There are no statistical differences between groups on these outcomes.
- **Child's Satisfaction with Adoption:** For both groups, caregivers rate that the child is satisfied with the process of adoption. At 12 months Child's Satisfaction was rated for Guided = 1.24 and Standard = 1.24; 1=Very Satisfied to 4=Not at All Satisfied. There are no statistical differences between groups on these outcomes.

Family Level Outcomes

- **Caregiver Health – Stress:** Caregivers complete a health assessment rating themselves in eight areas. There are no statistical differences between groups on these outcomes. For example; in rating their overall general health at 12 months Guided caregivers = 77.05 and Standard = 74.00. On a scale to 100 with a higher score defining a more favorable health state.
- **Caregiver Satisfaction with Adoption:** For both groups, caregivers rate high levels of satisfaction with the adoption process. There are no statistical differences between groups on these outcomes. At 12 months Guided Services caregivers = 1.14 and Standard = 1.23; 1=Strongly Satisfied and 4=Not at All Satisfied.
- **Parenting Practices:** Caregivers are asked to rate themselves on a set of parenting behaviors that are classified as either Authoritarian or Authoritative. For both groups, parents tend to view themselves as more Authoritative than Authoritarian in their own parenting style. Authoritative practices include: display of affection towards child; sharing feelings and experiences with child; respect/encourage child's independence; supervision of child; and establishment of family rules and responsibilities. There are no statistical differences between groups on these outcomes.
- **Family Adaptability and Cohesion:** Family Cohesion is defined as the emotional bonding that family members have towards one another. Family

Adaptability is defined as the extent to which a family system is flexible and able to change. For Cohesion, caregivers in the Guided Services group rate their families as slightly less enmeshed than those in the Standard Services group. This result was statistically significant; $p=0.016$. There were no statistical differences between groups on the Adaptability measure. For both groups on both measures, their overall scores were within the moderate/normal ranges.

- Family Attachment to Child: Both groups of caregivers rate family members attachment to the child as positive. At 12 months Guided Services mean score is 1.59 and Standard Services mean score is 1.56; 1=Very Attached and 4=Not at All Attached. There are no statistical differences between groups on these outcomes.
- Percent of Caregivers Who Trust Child: Caregivers are asked if they trust their child, Yes or No. Only for time three, 12 months into the study, is there a statistically significant difference between groups with 75% of Guided Services caregivers stating they trust their child than 44% of Standard Services caregivers; $p=.007$.
- Parent and Child Communication: Both groups of caregivers rate their overall level of communication with their child as very positive. At 12 months for Guided Services the rating = 1.75 and for Standard Services = 2.08; 1=Excellent to 4=Poor. There are no statistical differences between groups on these outcomes.
- Frequency of Parent and Child Disagreements: Both groups of caregivers appear to experience very low levels of parent-child disagreements. At 12 months Guided Services caregivers report 1.54 and Standard Services caregivers report 1.76; 1=Never to 4=Everyday. There are no statistical differences between groups on these outcomes.
- Frequency of Parent to Child Positive Care giving Behaviors: Both groups of caregivers appear to demonstrate high levels of positive care giving behaviors. At 12 months Guided Services caregivers report 3.56 and Standard Services caregivers report 3.54; 1=Never to 4=Everyday. There are no statistical differences between groups on these outcomes.
- Overall Quality of Home Life: Both groups of caregivers rate their overall quality of home life as positive. At 12 months Guided Services caregivers = 2.14 and Standard Services caregivers = 2.40; 1=Excellent to 5=Poor. There are no statistical differences between groups on these outcomes.
- Frequency of Parent and Child Disagreements: Both groups of caregivers appear to experience very low levels of parent-child disagreements. At 12 months Guided Services caregivers report 1.54 and Standard Services caregivers report 1.76; 1=Never to 4=Everyday. There are no statistical differences between groups on these outcomes.
- Family Empowerment - Caseworker Family Centeredness: In families that are receiving regular case management services, caregivers are asked to assess the family centeredness of those services. Supports are provided based on the family needs and not based solely on the adopted child's needs or professional provider recommendations. Caregivers in both groups rate

their caseworkers as functioning in a family centered fashion. At 12 months Guided Services casework = 4.11 and Standard Services casework = 4.33; 1=Very Low Levels of Family Centeredness to 5=Very High Levels of Family Centeredness, scores of 3 or below are considered negative results. There are no statistical differences between groups on these outcomes.

F. FINDINGS

Implementation of MAGS Model

According to interviews with stakeholders and review of documents associated with project implementation, the model appears to be implemented as intended. Casey social workers are working to connect with DHS caseworkers and from there establish relationships with the family. Services are then provided as needs in the family come forward in the form of a family-centered model of practice. Significant problems with implementation included no service delivery to Aroostook County for the first year, 2000-2001, due to a failure in establishing service contracts between Casey and other services providers in a timely fashion. A contract is in place for this year, 2001-2002. The other more recent implementation problem concerned the referral process. Some DHS adoption workers were not inviting families to participate in the Project. This issue was identified and steps taken to insure that all families are approached about the Project. Issues of implementation will continue to be evaluated for the remainder of the study.

Services and Supports to Families

DHS adoption caseworkers receive generally high marks in terms of caregivers being satisfied with their work. However, it is notable that caregivers consistently state that DHS caseworkers know their adopted child the least well as compared to themselves or the family as a whole. After legalization, DHS staff continues to be involved with families especially in an informational type of role related to the adoption subsidy.

The MAGS intervention model appears to be a type of case-management process that is intended to be based on family need; not just driven by child need or the judgments and biases of a professional provider. Interview data from the social workers substantiates this intent. The most common type of activity that the MAGS social workers are engaged in is providing educational and more general forms of support to families. In terms of amount of time spent with families in the provision of a direct service, social workers spend most of their time in three ways: (1) providing individual therapeutic services to parents; (2) conducting adult/parent support groups; and (3) conducting initial family assessments.

The majority, 55%, of all caregivers report that the types of services they most often seek are professional in nature and are:

1. Professional Therapy – Counseling
2. Respite Care for Child
3. Adoption Support Groups

45% of all caregivers report that they prefer natural forms of support including:

1. Support from Family Members
2. Support from Spouse
3. Support from Friends

Caregivers report the biggest barriers to receiving services are:

1. Lack of Services/Supports in Community – especially behavioral health services
2. Child's Own Needs – barrier is not external to family
3. Financial Difficulties – lack of money for needed supports
4. Lack of Accurate Information – both about child's needs and what to do.

The MAGS model, based on a philosophy of family-driven supports and provided by a social worker who can also provide therapeutic services, seems to be similar to what families are stating they need in terms of professional supports. Providing support groups for parents is also recognized by the MAGS designers as important for maintaining a successful adoption and is part of this model of intervention. These results would also indicate that it is crucial to involve other family members or friends as part of a support system to the identified family and child(ren).

Child and Family Outcomes

A critical finding from this study is the level of need for mental health services for many of these children. Using the Child Behavior Checklist (Achenbach, 1991) as a measure of functioning, anywhere from 40% to 70% of the children in this study are considered in need of clinical mental health services depending upon the particular scale score: Internalizing Behaviors (40% in clinical range); Externalizing Behaviors (63% in clinical range); and Total Problems (70% in clinical range).

Caregivers appear to feel positive about the adoption process and rate the level of attachment of child to family and family to child as positive. Ratings of overall communication with the child and overall quality of home life are also positive. The parenting styles reported, Authoritative, and degree of family Cohesion and Adaptability are all results in favor of positive family functioning.

For this report, there are 34 separate child and family outcome variables analyzed for group differences over time for Cohort I only. Of those, only three outcomes revealed statistical differences over time in favor of the Guided Services model and those are:

- Caregiver Level of Trust with Child;
- Degree of Family Cohesion; and
- Child Somatic Complaints

All other analyses for group differences over time were not found to be statistically significant.

Conclusion

At this point in the study it is not appropriate to conclude whether or not the MAGS intervention is a success as this outcome analysis is limited to Cohort I. There are positive statistically significant change on a few outcome variables and what appear to be at least positive trends on some other outcomes.

It is important to realize that this intervention model is being designed as it is being implemented. As opposed to interventions designed in more controlled, laboratory like settings – this research is conducted in the midst of a very dynamic context. Therefore how the intervention influences outcomes is difficult to discern at this early point in the development of the intervention.

The model does appear to be designed to respond to the types of supports that families say they need. Those implementing the model appear to feel that overall it is implemented as intended. There has not been any single event that has derailed the implementation process or put the project at risk. Difficulties with the referral process in Year Two are being addressed and most people associated with the project state positive remarks about implementation.

Overall, most caregivers report positive perspectives on the adoption process. This in spite of the high level of mental health needs of these children as evidenced by the child functioning (CBCL) scores. Needs for more behavioral health services and better information about adoption and parenting are all areas that can be at least responded to within the design of this intervention. The intent of the intervention model, the needs of the children and how parents ask to be supported all appear to be in tenuous alignment at this point in the development of the MAGS model of services and supports.

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