

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)

**JUNE 2010**  
**ANNUAL PROGRESS and SERVICES REPORT**



Maine Department of Health and Human Services  
Office of Child and Family Services

## TABLE OF CONTENTS

	Page
Administration of the plan	1
Consultation & Coordination	3
Current Innovations in Maine Child Welfare	4
Review of Goals	9
Child & Family Services Continuum	17
Child Protective Services	17
Children Services	18
Adoption	22
Transitional Living	23
Recruitment and Retention	25
Foster Care Licensing	26
Foster Parent Training	27
Adoption Incentive Bonus	29
Inter-Country Adoption	30
Juvenile Justice	31
Tribal Consultation (ICWA)	31
Health Care Plan	33
Disaster Plan	34
Monthly Caseworker Visits	34
Training Plan	35
Performance & Quality Improvement	36
Management Information System	37
Child Abuse Prevention Treatment Act (CAPTA)	38
Financial Information	38
Proposed use of IV-B Subpart 2	38
Appendix A- Chaffee/ETV Report	40
Appendix B- Disaster Plan	54
Appendix C- Cooperative Agreement	62
Appendix D- CAPTA	92

### **State Agency Administering the Programs**

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) will administer IVB programs under the 2010-2014 CFSP.

Child Welfare Services is one of four Divisions (Child Welfare Services, Children's Behavioral Health Services, Early Childhood Services, and Public Services Management), positioned within the Office of Child and Family Services housed within the Department of Health and Human Services.

The organizational unit responsible for programmatic implementation of the CFSP is the OCFS Child Welfare Services Division, directed by Daniel Despard. The organizational unit responsible for the administrative support of CFSP implementation is the OCFS Public Service Management Division, directed by Christa Elwell. The organizational unit responsible for the development and submission of the CFSP and Annual Progress and Services Reports (APSRs) is the OCFS Federal Plan and PQI Unit, managed by Theresa Dube.

The budget picture for the State of Maine has continued to deteriorate since the submission of the 2010-2014 Child & Family Services Plan. Revenue problems for Maine are largely caused by declining consumer and corporate sales taxes associated with the national recession. Reductions in Federal Medicaid reimbursements are also a significant factor for Child Welfare and other health and social services. The Governor's proposed budget for the coming biennium contains further significant reductions in costs and services in response to an anticipated \$438 million revenue gap. At DHHS, a net of \$91.5 million in reductions has been proposed. In terms of workforce, 6.5 positions are impacted with three additional furlough days being proposed, those on top of the 20 already enacted in July 2009.

In summary, the challenges faced by Maine have led to cuts in services/programs which ultimately impact Maine's most vulnerable citizens

### **Beliefs Statement and Practice Model**

Articulated in our Practice Model is the philosophy of the OCFS, Child Welfare services in providing child and family services and developing a coordinated service delivery system

Child and Family Services joins with families and the community to promote long-term safety, well-being, and permanent families for children. This practice model guides our work with children and their families.

### **CHILD SAFETY, FIRST AND FOREMOST**

- Making children and families safe is a collaborative effort. We create a team for each family, consisting of family, staff, and community members to find safe solutions for children.
- In our response to child safety concerns, we reach factually supported conclusions in a timely and thorough manner. Input from parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
- We engage families with honesty and open minds. By exploring and listening, we help families use their strengths to meet safety needs of children.
- We value family perspectives, goals, and plans as critical to creating and maintaining child safety.
- We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect.
- When children are placed in foster care, we ensure ongoing safety through frequent, meaningful contact with children and their caregivers. We welcome foster parents as a vital part of the family team.
- In our work to place children in adoption, safety is the first priority.

### **PARENTS HAVE THE RIGHT AND RESPONSIBILITY TO RAISE THEIR OWN CHILDREN**

- We recognize that family members know the most about their own families. It is our responsibility to understand children and families within the context of their own family rules, traditions, history, and culture.
- Parents' voices are valued and considered in decisions regarding the safety, permanency, and well-being of their children and family.
- We believe that people can change. Their past does not necessarily define their potential.
- Family teams develop and implement creative, individualized solutions that build on the strengths of families to meet their needs.

### **CHILDREN ARE ENTITLED TO LIVE IN A SAFE AND NURTURING FAMILY**

- As family team leaders, we share responsibility with the family and community to help families protect and nurture their children.
- We support caregivers in protecting children in their own homes whenever possible.
- When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- We believe that children's needs are best served in a family that is committed to the child. We support placements that promote family, sibling and community connections, and encourage healthy social development.
- We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety, well-being, and permanence.

### **ALL CHILDREN DESERVE A PERMANENT FAMILY**

- Permanency planning for children begins at first contact with Child and Family Services. We proceed with a sense of urgency until permanency is achieved.
- All planning for children focuses on the goal of preserving their family, reunifying their family, or achieving permanent placement in another family.
- Permanency is best achieved through a legal relationship such as parental custody, guardianship, or adoption. 'Stability' is not permanency.
- Life-long family connections are critical for children. It is our responsibility to promote and preserve kinship, sibling, and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.

### **HOW WE DO OUR WORK IS AS IMPORTANT AS THE WORK WE DO**

- Our organization is focused on providing high quality, timely, efficient, and effective services.
- As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open communication and accountability at all levels.
- As we work with children, families, and their teams, we clearly share our purpose, role, concerns, decisions, and responsibility.
- Relationships and communication among staff, children, families, foster parents, and community providers are conducted with genuineness, empathy, and respect.
- Our staff is our most important asset. Children and families deserve trained, skillful staff to engage and assist families.

## Consultation and Coordination

During the past year, efforts have continued in improving communication between the Maine District Courts and OCFS. Child Welfare is collaborating with the court system on the two grants they have received for technology and training. The Maine Justice for Children Task Force was established by Chief Justice Leigh Saufley as a collaborative, multidisciplinary Task Force to ensure safety, permanency, and well being for children in the State of Maine child welfare system.

The Task Force will:

1. adopt and monitor state-wide performance standards for the timely resolution of matters involving children and families in the child welfare system;
2. identify strengths which contribute to the safety, permanency and well-being of children in the State of Maine child welfare system;
3. identify systemic barriers which may negatively impact on the safety, permanency and well-being of children in the State of Maine child welfare system;
4. prioritize issues and develop joint solutions to remove identified barriers;
5. identify the training needs of stakeholders in child protective proceedings;
6. adopt a training curriculum for stakeholders in child protective proceedings;
7. monitor implementation of the CIPs and PIPs;
8. encourage widespread participation in CFSRs and Care Eligibility Reviews;
9. sponsor regular local meetings involving all stakeholders which will provide training, foster collaboration at the local level and identify issues which have statewide implications;
10. establish other goals for the Task Force, and establish timelines for steps toward each goal, and monitor and evaluate progress toward the established goals;
11. address other topics, identified by the Task Force, which impact on the safety, permanency and well-being of children in the State of Maine child welfare system.

The DHHS Commissioner and the Director of the Office of Child and Family Services attend these task force meetings.

In the fall of 2009 a presentation on the topic of “Youth Participation in Court Proceedings” was held in each District as part of the court forum initiative. Kathleen DeCataldo, Executive Director of New York’s Permanent Judicial Commission on Justice for Children provided an overview of national policies addressing children’s participation in court and discussed the benefits of that participation. The forum also included a youth panel in each setting who spoke about their experiences with the court system. Attendees at the forums included judges, attorney’s, GALs, CASA volunteer guardians, caseworkers, and Department administrators.

In March 2010, the Maine Judicial Branch Division hosted a two-day statewide symposium with several hundred attendees, including judges, DHHS, parent’s attorneys, AAG’s, GAL’s and Tribal representatives. The focus of this conference being to understand the effects of childhood trauma to inform decision-making.

During the course of 2009, meetings between the CFSR Coordinator and the Court Improvement Program Coordinator shifted from monthly to quarterly. These meetings facilitated communication about relevant topics related to the improvement of outcomes for children and families. These meetings facilitate the flow of information from child welfare management to District Court management.

The CFSR Steering Committee (formerly the PIP Steering Committee), was initiated in September, 2005, and comprises tribal representation, membership from child welfare, court improvement, treatment foster care, guardians-ad litem, community intervention, Attorney Generals Office, the Ombudsman’s office, former and current youth in foster care, Maine Children’s Trust, and University personnel.

Maine is fortunate to have this diverse group of stakeholders on a statewide Steering Committee to oversee the CFSP. Having provided consultation on Maine's Statewide Assessment and CFSP development, Committee members have become very knowledgeable on Maine child and family problems, priorities, and progress in addition to each individual member's area(s) of expertise. This Steering Committee will meet quarterly to oversee implementation of the Maine CFSP and the Maine Program Improvement Plan.

The Community Partnerships for Protecting Children (CPPC) in Portland is a national initiative based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children. The pilot program has been successful in the Portland neighborhood. CPPC is a process that we are engaged in and committed to. Two communities that have the next highest reports of abuse and neglect, Westbrook and South Portland have become active participants in the community partnership. There are now 34 Agencies signed up as members and we have trained approximately 45 supervisors from partnership agencies including DHHS in how to support workers engaged with families in CPPC neighborhoods, we have also trained staff directly working with families in CPPC neighborhoods in an overview of FTM so that they can either offer families FTM before DHHS involvement or be a better participant in DHHS FTM/

A Faith Based Resource Recruitment Project - *Hope for Maine Kids* (HFMK) is a new Faith Based outreach initiative created by the Department to partner with Faith Based Resources statewide. Partnership agreements will be signed by the Faith Based Resource and the respective District DHHS office to support and promote the District's adoptive/foster parent recruitment plans and goals. Levels of participation by the Faith Based Resources will vary depending on their own internal resources.

## **Current Innovations in Maine Child Welfare Services**

The Family Reunification Program (FRP) – Implemented statewide by Maine DHHS Child Welfare Services in 2006, the purpose of this contracted private agency program is to achieve earlier and safer reunification. The Maine Family Reunification program is based on a successful model developed in Michigan. It is designed to serve families whose children have been in Department custody for less than six months and for whom the familial bonds are still very strong. Families in which a serious injury has occurred to a non-verbal child, with no parent taking responsibility, or families in which active signs of danger are still evident would not be considered appropriate for this program.

Reunification of children with their parents is supported by a team of social workers who provide four to six months of intensive in-home service, during non-traditional hours if necessary. During this time, the team assists the family in using its own unique strengths to resolve any continuing jeopardy issues. The team also supports the family in developing a sustaining, natural support system through extended family and community.

Of the 122 families served by this program between June 2009 and February 2010, only 1 family experienced a second removal within 12 months of FRP successfully closing their case with them.

The Family Team Meeting has been a cornerstone of Maine Child Welfare practice since 2003. The Family Team Meeting is a process that brings together (a) family (b) interested people (such as friends, neighbors, and community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies). It functions to serve the child and family's achievement of safety, permanency, stability and well-being. The child and family team will bring together the wisdom/expertise of family and friends as well as the resources, experience and expertise of formal supports.

Single system of care for children's behavioral health services – This endeavor has included: analyzing the treatment/support/social services currently purchased by OCFS; deciding which treatment services to purchase or enhance, deciding how to measure outcomes and performance standards; and designing and implementing oversight and monitoring activities through utilization review, performance and quality improvement, outcome assessments, and stakeholder meetings. This integration has benefited children served

by Child Welfare Services, as medication reviews and clinical guidance in specific child welfare cases is more readily available.

Future Search – Utilizing *Future Search*, OCFS Leadership has worked to engage community stakeholders in integrated work toward strategic goals. Future Search is a methodology grounded in evidence that action is best achieved when a diverse group of people come together to discover and act upon common ground. Future Search seeks to change the ways in which people, communities and organizations interact with each other. District OCFS administrators, including Child Welfare Program Administrators; have been charged with continuing this work communicating information with their larger communities.

Managed behavioral health care – In the fall of 2007 a contract was awarded to APS, an Administrative Service Authorization Organization that will perform Prior Authorization and Utilization Review functions. This contract is designed to improve the cost-effective management of behavioral health services currently purchased through the State's Office of MaineCare Services and administered by the State's programs in Adult Mental Health Services, Children's Behavioral Health Services, and the Office of Substance Abuse.

Wraparound Maine – Wraparound Maine is a statewide, multi-site initiative for youth with complex needs which complements other collaborative service planning approaches in Maine (Child and Family Teams, Family Team Meetings and Family and Systems Teams). The target population includes school age children and youth with complex needs (and their families), who have multi-system involvement and are either in residential treatment or at high risk of such placement. Wraparound is a process that follows a series of steps to help children and their families realize their hopes and dreams. The Wraparound process also helps make sure children and youth grow up in their homes and communities. With help from one or more facilitators, people from the family's life work together, coordinate their activities, and blend their perspectives of the family's situation. Though it may look different across communities, Wraparound should always be driven by the same principles and should always follow the same basic phases and activities. As of March 2010, 172 children/youth are being serviced through the Wraparound program.

Community Partnership for Protecting Children (CPPC), part of a nation wide initiative, began in two Portland neighborhoods in 2006. In this model, a team forms around the family to give the family support to protect their children and make necessary changes, allow for families to be strengthened, and children to be nurtured, and supported in a safe environment. As a result of the success of CPPC in the Portland neighborhoods, two neighboring communities have become active participants in the community partnership. There are now 34 Agencies signed up as members and we have trained approximately 45 supervisors from partnership agencies including DHHS in how to support workers engaged with families in CPPC neighborhoods, we have also trained staff directly working with families in CPPC neighborhoods in an overview of FTM so that they can either offer families FTM before DHHS involvement or be a better participant. Further expansion of this initiative is being considered for another region of the state.

Child STEPs - Evidence-based psychotherapy – In 2008 Maine began to participate in the Child System and Treatment Enhancement Projects (STEPs) Implementation Model. This model combines clinical training and supervision in evidence based treatments (EBT) with an electronic information system to guide treatment, and adds interventions to address family and organizational factors that are key to success of EBTs. The Child STEPs Project has been implemented in three sites in southern and central Maine. As of March 2010, 340 children are being served through the Child Step's program.

In 2008 Maine joined the other New England States in a Safety and Risk Assessment Breakthrough Series Collaborative sponsored by Casey Family Services. Five Maine teams received consultation from Casey and worked with national experts to address gaps in policy and practice, with emphasis on engagement with the family. While the Breakthrough Series Collaborative as ended, Maine OCFS has committed to incorporating or "spreading" the following PDSA's that were successful during the Breakthrough Series to the rest of the state:

- Announced initial home visits in child protective assessments
- Family Sharing meetings within 5 days of a child entering custody between the birth parent and foster parent



- Engaging the district domestic violence liaison in those assessments where domestic violence is present
- Surveys of youth and families post-FTM for evaluating the engagement and feeling of participation for youth and families in the process

Child Welfare Assessment Interviewing Skills (CWAIS) Initiative- Maine is in the planning stages of implementing an initiative that will promote sustainable systemic changes in the interviewing practice of OCFS through training and implementation of stronger case assessment interviewing skills.

This skill set and framework will enable staff to complete better informed and more accurate assessments through the life of a case, recognize and articulate strengths and challenges with families, and better correlate maltreatment with parental behavior. The improved assessments will better ensure that the services provided to the family clearly address the identified issues/concerns and promote child safety and well-being. In addition, this skill set developed will promote improved quality of contact with children, birth parents and foster/adoptive families to improve engagement in case planning, obtain the right information to promote and preserve family connections and ultimately improve the timeliness and stability of permanency goals for children in Maine foster care.

Maine has developed many initiatives to improve practice and outcomes but recognizes that it has not done a good job in ensuring sustainability of such initiatives. One important component to ensure sustainability is through utilizing district supervisors as change agents. Maine recognizes that supervisory staff is key in the success of a strong child welfare system. In the last year, Maine has utilized a new approach to supervision, redefining the expectations of supervisors. This includes having supervisors engage in field observations, making note of practice and using that information to inform, teach and mentor district caseworkers. Supervisors will be critical change agents in the process of learning, training staff and supporting ongoing fidelity to the child welfare case interviewing skills after staff training is completed.

Through stronger child welfare assessment interviewing skills staff will conduct better and more informed assessments throughout the life of a case, recognize and articulate strengths and challenges in families, and identify actual incidents of maltreatment and correlating those with parental behavior. Increased knowledge of assessment interviewing will enable staff to gather and analyze information through the lenses of both the parent and child to determine child safety, risk and danger. Increased knowledge from improved interviewing skills will better support substantiation decisions. This should result in fewer overturned substantiations decisions as documentation should more clearly support the decisions that were reached. model. The changes that will be made through use of assessment interviewing skills will naturally help our staff to better live the practice model.

Maine revised its assessment policy based on the “signs of safety” which is the work cited by Andrew Trunell, Maine’s preferred expert for this proposed project. In 2005 all staff was trained in this model. Thus, there is a foundation in place for identifying signs of safety, danger and risk but it is not sufficiently evident in our practice or documentation. Maine needs to take this to another, deeper level of knowledge, understanding and implementation in order to effect real and sustained change. Also, Maine needs to impact the organizational culture’s acceptance of this approach to child welfare work and improve its ability to correctly analyze the information gathered and the way it is used.

This will also be a primary strategy in Maine’s Program Improvement Plan.

Family Share Meetings- A **FAMILYSHARE** Meeting is a facilitated, child-focused meeting held within 5 days of a child being placed in out-of-home care or when the child is making a placement change. The meeting is to provide an opportunity for birth parents and resource parents to meet and share information about the needs of the child.

The purpose of a **FAMILYSHARE** meeting is to allow the resource parents an opportunity to gain information to allow them to parent the child/children entrusted to their care in the best way possible and to help reassure birth parents that their relationship to their child/children is being respected and preserved. Ideally, this first meeting can set the tone for a positive relationship that can continue between the birth parents and resource parents. This meeting also serves to reassure the birth parents that the goal of the case is reunification. It helps to create a mutually supportive climate and allows birth parents a means to move from anger and defensiveness to sharing in the care of their child. It also allays the child's feelings of conflicted loyalty when they observe their parents and caretakers meeting and talking together.

The meeting should remain focused on the needs of the child. It is not a time to discuss case planning, arrange visitation or to discuss the reasons the child/children came into care. It is a time to share about the child's habits, likes, dislikes, comforts and fears and about family traditions, values and routines. The resource family can also share about who they are as a family and their values and traditions.

Families will be asked to complete a survey following the meeting in order to provide feedback to OCFS as to the effectiveness of the meeting. This information will be collected, reviewed and allow for improvement of the process is needed.

Maine Kinship Connections Project- Maine is a recipient of the federal, DHHS, Administration for Children and Families of a Family Connections Grant Awards. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) made discretionary grants available for states and localities to operate kinship navigator programs, intensive family finding efforts, family team conferencing initiatives, and family residential treatment centers.

The “**Maine Kinship Connections Project**” brings together the full network of organizations in the state with a track record in providing services and supports to kinship families to develop and test a model of enhanced kinship navigation services, kinship focused Family Team Meetings, and family finding processes. This project will improve the health, security, and well-being of both children at-risk of entering the child welfare system and children in the system, especially those placed with relatives.

The goals for this project include:

- (1.) Helping children and kinship families access comprehensive formal and informal resources and
- (2.) Creating systems-level changes that will enhance family team meeting and family finding protocols within the Department of Health and Human Services and within community agencies.

Services provided under this grant will be coordinated by Maine Kids-Kin. Services will be delivered by Maine Kids-Kin, Casey Family Services, and Adoptive and Foster Families of Maine depending on family needs and will include enhanced navigator services provided to kinship families by highly skilled navigators who will help families as they navigate the complex helping systems faced by kinship families. Specific supports include:

- Court/legal systems navigation
- Mental health education
- Comprehensive model of family team meetings through Casey Family Services
- Family finding activities through Casey Family Services

Services for Child Welfare Staff and Community Agencies:

- \* Adoptive and Foster Families of Maine will provide specialized consultation and statewide professional training on kinship issues.
- \* Casey Family Services will provide training, mentoring, partnership in family team meeting and family finding models
- \* Maine Kids-Kin will provide training and mentorship in the mental health education/navigation model

Youth Permanency Initiative – In 2007, youth attending the Youth in Care conference voiced a need to have a concentrated conversation about permanency. Not having permanency in their lives impacted their ability to form lasting relationships, having educational opportunities that led to higher educational attainment, and the connections that lead to finding jobs, housing, and financial help.

The Maine Department of Health and Human Services asked Muskie School for Public Service at the University of Southern Maine to convene a two-day summit on permanency that included youth in care, caseworkers, Child Welfare supervisors, managers, and others invested in youth achievement of permanency.

The first Permanency Summit was held on March 20-21, 2008. This summit brought together teams of caseworkers and their supervisors, and at least 10 youth in care from all Child Welfare Districts, including staff from the Central Office at the state agency. Over the two days, teams discussed permanency issues, action plans, and reported their findings to a listening panel comprised of agency, legislative, association, and judicial representatives, including Maine's First Lady, Karen Baldacci and a representative from the Administration for Children and Families.

Due to the success of the first Permanency Summit, a second Permanency Summit was held in February 2009. One of the goals of the second discussion was to deepen the discussion related to youth achieving permanency. Youth were active participants in planning the agenda for the Summit.

As follow up to the 2009 summit, each district continued the permanency dialogue through district permanency meetings scheduled on a regular basis. Some districts chose to hold quarterly meetings, while other districts chose to meet on a monthly basis. The district meetings included participation by youth in care, caseworkers, supervisors, community members, USM Muskie School of Social Work staff, and OCFS central office staff.

In April 2010, one-day Permanency Events were held in three regions of the states. These events were instrumental in deepening the dialogue about assisting each youth in care in achieving permanency, and in gaining insight into breaking down barriers to achieving the goal of permanency.

Healthy Transitions Grant: Moving Forward Initiative- In 2009, Maine's Department of Health & Human Services was 1 of 7 states awarded a 5 year SAMHSA (Substance Abuse & Mental Health Services Administration) grant to receive \$479,959 per year for its Moving Forward Initiative. The target population is 30-50 youth and young adults in Androscoggin County aged 16-25 with serious emotional disturbance or mental health issues. Many of the youth have been affected by trauma, domestic violence or homelessness, many have had involvement with Child Welfare and/or Juvenile Justice and some have been displaced from their native land such as Somalia. .

*Moving Forward* is a multi-system, community based process that will implement Transition to Independence (TIP), an evidence-based practice which emphasizes youth-directed planning and development of practical skills leading to independence. Maine intends to enhance TIP in two key ways. One is to train Peer Youth Specialists to support other youth to set their goals and achieve their dreams. Among these will be members of Youth M.O.V.E. Maine, an advocacy organization for youth with mental health conditions, and the Somali Bantu Youth Association, which recently incorporated as a non-profit group. The second is to form a Learning Collaborative among the three agencies who will implement TIP: Tri-County Mental Health, Common Ties and New Beginnings.

Services are designed to help address the special educational, housing, employment, and mental health needs of this group enhancing their well being and assisting in a successful transition to adulthood and independence.

Truth and Reconciliation Projection: In February, 2010 State Child Welfare was asked to join the in the Truth and Reconciliation Project that the Tribal Child Welfare agencies have been working on for the past two years. The Maine Tribal-Child Welfare Truth and Reconciliation Project aims to create a common understanding of the truth of Maine's Tribal child welfare experience and to present recommendations for achieving justice to historical wrongs experienced by Maine Tribes.

## **Review of Goals for 2009-2010 of the Five-Year CFSP**

OCFS anticipates that its Program Improvement Plan addressing the areas identified in the 2009 CFSR will be approved by ACF by the fall of 2010. It is anticipated that the goals and strategies for the CSFP will be revised to more closely reflect those in the PIP and will be reflected in the 2011 APSR.

OCFS measures the results, accomplishments, and annual progress towards meet the goals and strategic targets through data extracted from our SACWIS system including Management Reports and the Results Oriented Management (ROM) system, Performance & Quality Improvement data and data received from ACF.

### **Goal 1: Child Safety, first and foremost**

*CFSP Strategic Target 1: OCFS responds to all appropriate child abuse and neglect reports and ensures that children are seen within a timeframe that assures their safety.*

- *Regular, periodic staff allocations among districts*
- *Regular, periodic staff allocations within each district*
- *District actions plans for timely response*

#### **Progress through June 2010**

- ✓ Management monitors staff allocations among districts by reviewing/assessing caseload sizes through the Worker Workload Report.
- ✓ District Program Administrators have an internal process to review district needs in terms of staff allocations. District Operation Managers track this as well to assure for equal workload distribution.
- ✓ District supervisors use the Child Assessment Timely Report to monitor timely response to reports of child abuse/neglect. Program Administrators review these reports through their supervision to assure that time frames are being met and developing actions plans to improve the practice.

*CFSP Strategic Target 2: Families increase the safety the their children by making and implementing agreed upon plans, supported by services they need.*

- *Review/revise FTM policy*
- *Training on FTM's*
- *Recommit to Practice Model discussion at all levels of agency-(delete as not measurable)*
- *Develop repeat maltreatment data report*
- *Develop district repeat maltreatment action plans*
- *Continued utilization of Family Preservation & Family Support*
- *Apply for Family Connections grant*

#### **Progress through June 2010**

- ✓ The Family Team Meeting Policy Workgroup was convened and included child welfare staff and a member of the stakeholder community. As of May 2010, the workgroup has met several times and has revised the policy to clearly highlight those key decision making points when a FTM should be convened during the life of the case, including when placement stability is of concern. This workgroup anticipates completing its work by the summer of 2010.
- ✓ A training plan for FTM's will need to be developed once the policy is revised.
- ✓ Maine OCFS is a recipient of the ACF Family Connections Grant. Services provided under this grant will be delivered by Maine Kids-Kin, Casey Family Services, and Adoptive & Foster Families of Maine.
  - Maine Kids-kin will provide training and mentorship in the mental health education/navigation model;
  - Casey Family Services will provide training, mentoring, partnership in family team meetings and family finding models;
  - Adoptive & Foster Families of Maine will provide specialized consultation and statewide professional training on kinship issues
- ✓ Maine's Result Oriented Management (ROM) data system is able to provide district management and staff with the federal outcome data down to the caseworker level including repeat maltreatment outcomes.
- ✓ Continued plans for expansion of the Community Partnerships for Protecting Children (CPPC).

*CFSP Strategic Target 3: Efficient, effective casework (engagement, assessment, teaming, planning & implementation) is evident in case documentation.*

- *Develop/implement casework supervisor training and tools for:*
  - *Observation of caseworkers*
  - *Coaching*
  - *Obtaining client feedback*
  - *Improving caseworker documentation*
  - *Performance management*
- *Review ACF & OCFS policy requirements of who must be seen each month*
- *FTM trainings*
- *Develop Safety Assessment Policy criteria for when to do new safety assessments in open cases*
- *Policy summit and revision of policies and procedures*
- *Review Dictation policy and revise if it can be made more concise*
- *Implement Narrative review report or develop dictation measure*
- *Develop verifiable policy implementation procedures*

#### Progress through June 2010

- ✓ During the summer of 2009, the Northern & Southern Maine District Operation Managers collaborated with Cutler Institute Associates to develop observation tools and related training for casework supervisors. The training on these tools was held in a statewide supervisors meeting in July 2009 with full implementation of this process effective August 2009. This is a process that will

continue to be monitored as full implementation has been a challenge for OCFS. The tools are available for management review and feedback as they are posted on a intranet folder for management.

- ✓ A new report, incorporated within the monthly management report, has been developed to report on the frequency of face-to-face contact with parents in both in home service and foster care cases.
- ✓ A Policy Workgroup was recruited and in October 2009 a 3-day Policy Summit was convened to review the OCFS Policy Manual in its entirety. The workgroup consisted of stakeholders and OCFS management with the purpose being to identify those policies that were to be deleted, revised, or remain the same. Policy leads were identified to coordinate workgroups consisting of district staff and stakeholders to review/revise those policies identified. The goal is to have all the policies revised by October 2010. Quarterly meetings of the larger Workgroup have been scheduled in order to monitor the progress being made on these revisions.
- ✓ The Child Protective Assessment policy has been targeted for revision however the decision was made to delay this work based on the Child Welfare Interview Skills (CWAIS) initiative which will change the way OCFS does its work. The policy needs to be reflective of the work designed through the CWAIS.
- ✓ As noted in ST 2, FTM training will be delayed until the revised policy is finalized.
- ✓ It is expected that new and/or updated policies are reviewed in district unit meetings. The minutes from those meetings should reflect this review and is accessible to the Program Administrators.

## **Goal II: Parents have the right and responsibility to raise their own children.**

*CFSP Strategic Target 4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children.*

- *Develop and train on ICWA Policy*
- *Identify ICWA Resource Person in each District*
- *Case Review of all ICWA cases*

### Progress through June 2010

- ✓ The ICWA Workgroup is completing its work on ICWA policy. The ICWA Policy will provide clear direction to OCFS staff that, for those native families involved with OCFS, that the tribal child welfare staff are co-managers of the case in every aspect through the life of the case.
- ✓ Once the ICWA Policy is completed, each district will identify its own ICWA Resource Specialist who will be the “expert” on ICWA cases. Training will be developed in conjunction with the policy and will utilize the district ICWA Resource Specialist to deliver the training along with the Cutler Institute staff.
- ✓ The ICWA Workgroup had developed a PQI plan to review native children in the state foster care system using a standard tool that was developed by the workgroup. OCFS PQI Specialists will team up with Tribal Child Welfare Staff to conduct the review. The PQI Program Manager will collate the data obtained from the review and report to the Workgroup as well as OCFS senior management the results. Next steps will then be identified based on the outcome report.

## **Goal III: Children are entitled to live in a safe and nurturing family**

*CFSP Strategic Target 5: Increase stability of placements & permanency.*

- *Review/revise FTM policy*
- *Training on FTM's*
- *Recommit to Practice Model discussion at all levels of agency (delete-not measurable)*

- *Continued utilization of Family Preservation & Family Support*
- *Develop/implement casework supervisor training and tools for:*
  - *Observation of caseworkers*
  - *Coaching*
  - *Obtaining client feedback*
  - *Improving caseworker documentation*
  - *Performance management*
- *Quarterly supervisory review of every service case*
- *Review ACF & OCFS policy requirements of who must be seen each month*
- *Develop districts/unit actions plans to improve performance*
- *Policy summit and revision of policies and procedures*
- *Revise policies and documentation procedures to assure IV-E plan requirements are met for school attendance, school stability and sibling placement.*

#### Progress through June 2010

- ✓ The Family Team Meeting Policy Workgroup was convened and included child welfare staff and a member of the stakeholder community. As of April 2010, this workgroup has met several times and has revised the policy to clearly highlight those key times when a FTM needs to be utilized for decision making including when a change in placement is being considered. This workgroup anticipates completing its work by the summer of 2010.
- ✓ A training plan for FTM's will need to be developed once the policy is revised.
- ✓ During the summer of 2009, the Northern & Southern Maine District Operation Managers collaborated with Cutler Institute associates to develop observation tools and related training for casework supervisors. The training on these tools was developed in a statewide supervisors meeting in July 2009 with full implementation of this process effective August 2009. This is a process that will continue to be monitored as full implementation has been a challenge for OCFS. The tools are available for management review and feedback as they are posted on an intranet folder for management.
- ✓ A Policy Workgroup was recruited and in October 2009 a 3-day Policy Summit was convened to review the OCFS Policy Manual in its entirety. The workgroup consisted of stakeholders and OCFS management with the purpose being to identify those that were to be deleted, revised, or remain the same. Policy leads were identified to coordinate a workgroups consisting of district staff and stakeholders to review/revise those policies identified as needing work. The goal is to have all the policies revised by October 2010. Quarterly meetings of the larger Workgroup have been scheduled in order to monitor the progress being made on these revisions.
- ✓ Supervisors are reviewing each custody case every quarter to assure compliance of visitation decisions are being adhered to. The expectation is the families will move toward more unsupervised visitation that will promote reunification.
- ✓ Language to Maine Statute was added to meet the Foster Connections legislation around educational stability. The final decision on which school the child/youth will attend will be OCFS, but done in collaboration with the school district. The law requires that the school abide by the decision made by OCFS. OCFS will pay for transportation costs if needed.
- ✓ A review of OCFS Education and Transfers Policies are underway to ensure our policies reflect the law changes around school attendance.

- ✓ The Citizen Review Panel has established an Educational Stability Workgroup to determine how big an issue educational instability is for Maine children in foster care. A survey is being developed to distribute to caseworkers statewide.
- ✓ MACWIS changes are being made to better reflect educational needs and services and will be rolled out in May 2010.
- ✓ Continued utilization of the statewide Family Reunification program. Of the 122 families served by this program from June 2009-February 2010, only 1 family experienced a second removal within 12 months of FRP successfully closing their case with them.

*CFSP Strategic Target 6: Increase safe and nurturing family relationships and family/community connections.*

- *Review/revise FTM policy*
- *FTM training, monitoring and performance management*
- *District Action Plans to recruit, license and support relative placements and foster homes.*
- *Review capacity of each District to screen relatives to enable relative's placements on the day child enters foster care.*
- *Make improvements as needed to fully implement Relative Placement Policy*
- *Research alternatives to improve licensing and support of relative homes.*
- *Subscribe to an Internet search engine for relatives.*
- *Develop policy and procedure/documentation to implement foster connections statutory requirements that state exercise due diligence to notify all adult relatives when child enters foster care.*

#### Progress through June 2010

- ✓ The Family Team Meeting Policy Workgroup was convened and included child welfare staff and a member of the stakeholder community. As of April 2010, this workgroup has met several times and has revised the policy to clearly highlight those key decisions making points when a FTM should be convened during the life of the case as well as highlighting the key participants who should be invited to attend the meeting. This workgroup anticipates completing its work by the summer of 2010.
- ✓ A training plan for FTM's will need to be developed once the policy is revised.
- ✓ In FY 2009 42% of all kids entering custody had their first placements in relative placements
- ✓ Management expectation is that when a child entering foster care is not placed with a relative upon entry, a justification is required to be submitted to the Program Administrator and reported on a monthly basis to the District Operation Managers and Child Welfare Director.

#### **Goal IV: All children deserve a permanent family**

*CFSP Strategic Target 7: Increase timely reunifications & timely achievement of alternative permanency goals when timely reunification cannot occur.*

- *Review/Revise FTM policy*
- *FTM training*
- *Finalize Concurrent Planning Policy*
- *Develop APPLA Policy*
- *Enhance Permanency Policy & procedures*
- *90-day supervisory reviews*



- *Training through district court forums on new federal requirements to access IV-E funds*

#### Progress through June 2010

- ✓ The Family Team Meeting Policy Workgroup was convened and included child welfare staff and a member of the stakeholder community. As of April 2010, this workgroup has met several times and has revised the policy to clearly highlight those key decision making points when a FTM should be convened during the life of the case, including decision making around changing case goals. This workgroup anticipates completing its work by the summer of 2010.
- ✓ A training plan for FTM's will need to be developed once the policy is revised.
- ✓ Based on recommendation of the Policy Summit Workgroup, a workgroup has been convened to develop an all-inclusive policy specific to permanency goals which include Family Reunification, Adoption, APPLA and Concurrent Policies. This workgroup has been meeting since January and anticipates having this policy completed by the fall of 2010.
- ✓ Continued utilization of the statewide Family Reunification Program. Of the 122 families served by this program from June 2009-February 2010, only 1 family experienced a second removal within 12 months of FRP successfully closing their case with them.

*CFSP Strategic Target 8: Increase timeliness & quality of independent living planning to better support permanency. Please see Addendum A for full Chaffee/ETV Report*

#### **Goal V: How we do our work is as important as the work we do**

*CFSP Strategic Target 9: Improve health care oversight coordination & documentation for children in foster care.*

- *Review applicable health care policies & revise as necessary*
- *Implement revised policies/procedures. (health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS)*
- *Study the Pediatric Rapid Evaluation Program (PREP) and any similar Maine models in order to assess viability to standardized statewide coverage*
- *Continued utilization of Child STEPs*
- *Review & implement new federal CFSP requirements for health care oversight and revised policy and procedures*

#### Progress through June 2010

- ✓ The review of health care policies occurred during the Policy Summit held in October 2009. The revised OCFS Policy Manual will include a new Health Section which will include the following policies:
  - Early and Periodic Screening, Diagnosis & Treatment Services
  - Health Records
  - Sex Education
  - Consent for Non-Routine Health Care Procedures
  - Rules on the Disclosure of HIV Status Information
  - Payment for Medical & Dental Services

- ✓ A procedure has been implemented to track all children in foster care who do not have current primary care providers (PCP) and to manage with monthly reports to a goal of all children having a PCP and a medical home. Tracking all children who have a medical review within 72 hours of coming into to care is also managed through data and supervisory expectations to meet this goal. The Pediatric Screening Checklist (PSC) is in policy to be completed for every child in service cases to identify any behavioral health concerns. Current health information and family health history is currently tracked in MACWIS and ongoing consultation has been occurring with the MACWIS Manager and MaineCare Services to ensure transfer of medical information as the new MIHMS system rolls out. OCFS is also working with the Maine Center for Disease Control (CDC) to develop a coordinated tracking and health monitoring system with the support of a grant received through the Agency for Health Quality and OMS supporting CHIPRA child health care improvement projects. This project will support the development of an organizational structure integrated with the state's all-payer Patient Center Medical Home Pilot across public and private agencies. The grant activities will support a Pediatric Council to act in an advisory capacity to this initiative, engaging pediatricians and family practice physicians in the development and dissemination of new child health quality measures. Children in foster care or child welfare involved will be a primary target of these activities.
- ✓ Ongoing activities are occurring to develop a statewide system of similar models to the PREP program.
- ✓ OCFS is currently engaged in a continuation plan for Child STEPS including a well thought out approach to ensure fidelity in the model. The first function of fidelity measurement will be to develop mechanisms to give timely information about whether the key skills of MATCH are being taught effectively to the youth and parents, or whether significant treatment drift is occurring. A systemic and authorized training protocol has been developed in collaboration with Judge Baker Children's Center, Harvard University and OCFS to also ensure sustainability of the treatment model.
- ✓ As the new Fostering Connections law requires states to develop, in coordination and collaboration with the state Medicaid agency and in consultation with pediatricians and other experts, a plan for the ongoing oversight and coordination of health care services for any child in foster care, Maine has been actively engaged in several collaborative workgroups to ensure compliance. These efforts will continue to address:
  - health screening and follow up screenings
  - how medical information will be updated and shared
  - steps taken to ensure continuity of care that promote the use of medical homes for each child
  - oversight of medication which is being actively addressed by a multi-system workgroup that has developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
  - how the state consults with medical and nonmedical professions on the appropriate treatment of children

*CFSP Strategic Target 10: Further strengthen performance & quality improvement to support CFSP & PIP*

- *Revise PQI Plan & measures to support CFSP/PIP*
- *Conduct Case record reviews (revised)*
- *Conduct in house on-site reviews(revised)*
- *Reinstate monthly report of Incidents, Accidents & Grievances*

Progress through June 2010

- ✓ The PQI Operational Plan was revised in the spring of 2010.

- ✓ In the fall of 2009 the decision was made to discard the on-site review process that had been planned due to Maine's budgetary challenges as the on-site reviews would not be financially feasible. A plan was developed to have every district reviewed, every year, using the CFSR concept of teaming, the CFSR review instrument, and interviewing critical members of the case. Following the review, a Final Report is disseminated to the District with the expectation a district PIP will be developed and implemented. That data that is collected from these reviews will be used to measure items for Maine's PIP.
- ✓ In consultation with the Constituent Services Specialist, the decision was made to not reinstate the Incident, Accidents & Grievances report as this information was redundant to collect in terms of what is captured in other reports and already available to district management.

*CFSP Strategic Target 10: Increase & improve communication*

- *Identify documents and information that should be available/updated on the maine.gov website and improve as needed*

Progress through June 2010

- The following documents were posted on the DHHS website [http://www.maine.gov/dhhs/ocfs/prov\\_data\\_reports.shtml](http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml) :
  - Maine Statewide Assessment for 2009 CFSR
  - Child & Family Services Review Executive Summary and Final Report
  - 2004-2009 Child & Family Services Plan Review
  - 2010-2014 Child & Family Services Plan
- The following information was posted on the DHHS/OCFS website:
  - Level of Care information updated
  - Public Service Management has been added, as well as information pertaining to Community Services Unit grants, programs, etc.
  - Foster parenting information revised and updated
  - Updated organizational chart
  - 2007/2008 Historical Strategic Plan added

# Child and Family Services Continuum

## Child Protective Services

Child abuse and neglect prevention services are provided by the Maine Children's Trust, Inc. and Child Abuse and Neglect Councils, which receive funding and provide services in all 16 counties in Maine. The Trust is the fiscal agent for parenting service provision for families in Maine. The Trust engages in a bidding process to assure the most qualified agencies/programs receive the funding and prioritize the funding with evidence based parenting models being the preference. The Maine Children's Trust, Inc. communicates, coordinates, and consults with DHHS Child Welfare Services management in its efforts at prevention of child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention Program federal grant from ACF.

All reports of child abuse and neglect are received and screened by a Statewide Child Protection Intake Unit at OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in district offices for assignment. Supervisors assign moderate/high severity CA/N reports to DHHS child protective caseworkers. Supervisors assign low/moderate severity CA/N reports to contracted Alternative Response Programs (ARP). From June 2009-March 2010 an average of 71% of reports of child abuse and neglect were assigned to DHHS caseworkers.

The Child Protective Intake Management Team (CPI supervisors) has worked hard to improve the quality and focus of supervision in order to help foster improved documented reports and decisions about assignments. Efforts have been made to increase caseworkers' available time to take reports, improve the quality, focus and exploration during the receipt of drug affected baby reports, and exploring for an alleged abuser's caregiver role when a referral is being made.

OCFS identified initial target goals for improving both the 72 hour and 35 day time frames within an assessment. During the last year, additional efforts were made to significantly improve those outcomes. Higher and more consistent target goals were set, and each district worked hard to identify and remove barriers to allow for increased and more consistent successful cps related outcomes. Between June 2009-April 2010:

- The 72 hour time frame for assessing safety of children was met, on average, 75.5% of the time;
- The 35 day time frame for completing an assessment and deciding if a family was in need of child protective services was met, on average 80.5% of the time; and
- The number of children removed from their homes decreased from 1884 to 1741.

Through the learning of the Casey Breakthrough Series, OCFS has recently begun announced visits with families upon receiving a report of child abuse and neglect, unless there is reason to believe that there are safety issues that would be impacted by this unannounced visit. OCFS believes this will facilitate better engagement with the family its services as well as will increase the timeliness of initial contacts.

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services.

This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan
- Safety plan failure
- Findings of maltreatment with specific signs of risk that are likely to result in recurrence of maltreatment
- Findings of child abuse or neglect within previous 12 months
- Parental unwillingness to accept services or to change dangerous behaviors or conditions

The *Child Protective Assessment Policy* is one that was identified at the OCFS Policy Summit as requiring revision however the decision has made to delay that work until the Child Welfare Assessment Interviewing Skill initiative has been implemented which will change the way in which all Maine caseworkers will do their work.

The *Child Assessment Policy* was revised in 2007 to include the expectation that, for in home service cases, the frequency and type of caseworker's face to face visit with the child(ren) and family should be appropriate to the family's needs and risk to the child and visits should occur at least once a month in the home. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department's involvement should continue. In 2010 a management report was developed to monitor the face to face contact with children and parents in services cases.

In the spring of 2010 a policy workgroup was convened to develop an inclusive policy that will guide and direct the services provided to families in need of child protective intervention.

If a child protection assessment determines that a family is in need of Child Protective Services, the caseworker convenes a Family Team Meeting (FTM) to develop a family plan to increase child safety.

Following the FTM, the caseworker makes referrals for services outlined in the agreed upon family plan. Maine DHHS Child Welfare Services directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services to implement the family plan. DHHS directly pays or contracts with services such as parent education and family support, early intervention services, homemaker services, child care, individual and family counseling services, transportation, supervised visitation and transitional housing services. A full listing of contracted services can be found in the resource module of MACWIS. Families receive, directly or by referral, more intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

## **Children Services**

Maine has a state administered District Court system and DHHS caseworkers petition the Court to place children in DHHS custody when a safety assessment has been completed and efforts toward reducing severe abuse/neglect have failed. In Maine, the Department may petition for custody or another disposition to protect the child. The court may order a child placed in DHHS custody upon finding at an ex parte hearing that the child is at immediate risk of serious harm. After civil court hearing, in non-emergency situations, the court may order that a child is in jeopardy due to abuse or neglect as defined by Maine law.

Through the work in the Casey Breakthrough Series, OCFS has developed a Family Share Protocol. It is expected that, within 5 days of a child entering foster care, the caseworker will facilitate an informal meeting between the birth parents and foster parents. This meeting is to focus on the child's imminent needs (i.e. medication, schedule etc) and not on what led the child to enter care or case details. A survey will be developed and distributed to the meeting participants to assess how helpful the meetings are for the birth and foster parents. Placement stability was an issue for Maine in the 2009 CFSR and it is anticipated that Family Share meetings will be one strategy to help alleviate this issue.

Within ten days of a child coming into custody, a Family Team Meeting is convened to develop a Family Plan. Throughout the life of the case there is dialogue, hearings and documentation in court orders about reunification objectives and times frames.

In 2008, the *Selection of Placement Policy* was revised and highlighted the importance of placing children in care or custody in the home or facility best able to meet their needs and facilitate progress toward the case goal and objectives, using the philosophy of concurrent planning for all outcomes. This policy also highlights the need for careful consideration and assessment when making placement decisions and that the primary resources to be explored first are relative options.

This policy is under further revision in 2010 to provide updated guidance on ensuring a child's cultural/spiritual heritage is considered in placement decisions; to update types of placements, prioritizing relative and family foster homes as preferred types of placement; and to provide guidance on licensing and approving as resource families individuals who are employees of the Department or who are Assistant Attorney Generals.

We continue to see room for improvement in our efforts to fully implement the *Visitation Policy*. While many more visits are being held in less restrictive community settings, we believe we can improve upon identifying and facilitating visits in the least restrictive and most normal settings possible. Too often visits are still held in supervised settings which surpass the family's needs for this level of supervision. While we have advocated for visits to be held in the home of the foster parent, as we believe these visitation conditions will enhance the relationship building amongst the foster parent, birth parent and the child, we still have barriers to overcome before this becomes the norm. Many foster parents have become accustomed to agency staff supervising visits between children and birth parents, and therefore cannot visualize filling the role of facilitator of visits. Many generalize about the level of danger a biological parent's presence in their home would present for their own family. We continue to take advantage of all opportunities when speaking with foster families to encourage and support their participation in visits between birth families and children, as we know when this occurs the barriers between the birth and foster families lessen, and the child benefits from the positive developing relationship.

The 2009 CFSR did find concern around the assessment of safety in terms of visitation with families. Casework supervisors are expected to review each case every quarter with a focus on the need for supervised or unsupervised visitation which should address this concern.

Since 2002, DHHS has focused on increasing kinship care, as relative placements tend to provide better stability. Policy has been developed that requires exploration of all potential kin resources for children starting at Intake and continuing when children are brought into care. Searching for

kin connections is an on-going process throughout the child's involvement with the child welfare system. In our policy, the definition of kin includes those "fictive kin", individuals connected to the child through a significant emotional attachment. Our policy also allows caseworkers to assess and approve kinship placements prior to the kin becoming licensed resource providers, which enables us to avoid interim placements in foster homes. Policy expectation is that we assist unlicensed kinship providers to apply for foster care licensing within thirty days of the child being placed in their home.

Statute and Rule changes were made to delete prior language in the definition of family foster home which excluded relatives from inclusion in those who could become family foster home providers. With the Statute and Rule changes, both of which become effective July 12, 2010, relatives are provided the same rights and responsibilities as non-relatives in ability to apply to become foster resource parents.

OCFS provides financial assistance for relatives to fund fingerprint based checks and to fund needed home improvements to allow them to meet licensing approval standards.

In SFY 2009, 42% of the children entering state custody had initial placements with relatives.

In addition to emphasizing the need for relative and kinship resource searches and placement, Child Welfare Services is committed to supporting kin placements. In 2008, renewable funds were allotted to enhance kinship support services provided to children at high risk of entering foster care. As provision of service under this new program, skilled and experienced staff employed by the provider agency Maine Kids-Kin provides face-to-face support to kinship parents who are taking children identified as at risk of entering DHHS custody due to abuse or neglect.

- Workers work with kinship caregivers to identify and understand risks and ways to reduce risk so that the children are safe. This includes helping the family identify their strengths and needs in taking on this task of keeping the children safe in their care, as well as helping them to consider potential physical, mental and emotional health issues for the children and themselves.
- The worker explains the need for safety nets for children and options for legal relationships, and will help the caregiver plan how to build on his or her family's own resources and community resources to strengthen their safety net with additional resources and knowledge.
- The worker supports this effort with information, research, and assistance accessing the resources of the community.
- Workers work with families during the first six months of placement of the children and provide phone and email support in addition to the face-to-face support.
- Workers use a protocol to identify physical and emotional risks and identify resources to help the family meet these safety challenges. This is an individualized, client-driven, strengths-based program.

After participating in this program, caregivers have the option of continuing to receive services from the worker through Maine Kids-Kin's existing phone-based and support group services.

Expected short-term outcomes of this new service, which has a coverage area of within 25 miles of Bangor or Portland, is an expectation that caregivers will have reduced their isolation:

increased their understanding of family strengths and/or needs; and/or increased their knowledge of available resources and/or options for legal relationship; and developed a plan to meet needs.

While OCFS has made significant improvements in the percentage of placements of children in care with relatives and kin, there is still opportunity to improve in this area. A frequent dialogue with OCFS staff relates to the importance of children maintaining connections with kin, including fictive kin and community.

In terms of permanency goals, Maine has made significant improvements in achieving permanency for children in a timely manner both in family reunification and adoptions. Between June 2009-May 2010:

- 55% of reunifications were completed within the 12-month timeframe.
- 38.7% of adoptions were completed within the 24-month timeframe.

While Maine is proud of its increase in timely adoptions as it rises above the national standard, the work will continue to improve these figures and move well above that standard. Maine recognizes there needs to be significant improvements made in terms of timely reunifications; this is demonstrated through the ROM data as well as highlighted in the 2009 CFSR.

A barrier to prompt reunification can occur when families lose their housing because their children are placed in custody of the Department. In November 2008, the United States Department of Housing and Urban Development (HUD) issued notice of funding availability of voucher assistance to provide adequate housing as a means to promote family unification through the Family Unification Program.

OCFS collaborated with the Maine State Housing Authority in applying for housing vouchers through the Family Unification Program to address housing issues experienced by the target populations of those whose reunification was delayed due to lack of housing or those whose intact families were at risk of separation due to housing issues. Maine was notified in July 2009 that we were one of the states awarded the FUP grant. Under this program, 100 housing vouchers are available to assist target families. As of April 30, 2010, OCFS staff have supported and certified 156 families as appropriate for referral for the FUP program. Maine State Housing Authority and OCFS have collaborated on training identified OCFS liaisons in each of the districts in what constitutes an appropriate referral and in supporting families with completion of all required application documents.

In 2009, new policy on Permanency was finalized. This policy clearly states the philosophy of Child Welfare Services that permanency is not just a process, plan of foster care placement, nor is it intended to be a family relationship that lasts only until the child turns age eighteen. Rather permanency is about locating and supporting lifelong family connections. For young people in the child welfare system, planning for permanency should begin with the family's first level of involvement with the Department from initial CPS intervention, and be youth driven, family focused, culturally competent, and continuous until the goal of permanency is achieved.

OCFS, representatives of treatment foster care, and other agency stakeholders met throughout 2009 to revise the Program Standards for Treatment Foster Care, updating language to reflect emphasis on maintaining significant connections and achieving permanency goals for children in care.



Another workgroup comprised of OCFS and treatment agency representatives is currently developing performance outcome goals and indicators for treatment foster care. Supporting children in achieving legal permanency is a goal with placement stability as a key indicator for measuring progress.

## **Adoption**

For approximately the past ten years the Department had a contracted provider operating and implementing its *A Family for Me* adoptive and foster parent recruitment and retention program. This included child specific recruitment and the provider maintained website which listed many of our harder to place children. The State of Maine Supplemental budget for 2009/10 reduced funding for this contract and the 2010/11 budget eliminated funding effective July 1, 2010. A transition plan has been implemented for all district resource licensing and adoption staffs to absorb as best a possible adoptive /foster parent recruitment and retention tasks performed by the contracted provider. The loss of this contract for these services results in the resource and adoption program staff being given additional responsibilities that were formerly handled by task specific oriented positions within the provider agency. The provider operated *A Family for Me* photo listing website is shut down, and Maine children will now be listed on the *AdoptUsKids* website, and mirrored on the *Adoption.com* website. Many caseworkers have already been trained on how to load and manage children within their caseloads onto the *AdoptUsKids* website. Other photo listing options within the Maine State Government website are being explored. The *Hope for Maine Kids Faith Based Outreach* initiative will not only increase and support new adoptive/foster family resources, but it is also reflective of the Departments efforts to engage more diverse and multi-cultural communities.

Appointment of a Permanency Guardian is now a dispositional alternative in Child Protection cases in Maine District Court. This alternative provides a viable permanency option to children who might otherwise remain in foster care through to the age of majority, including children who express a desire not to be adopted. In order to be considered for permanency guardianship, the child must be in the legal custody of the Department or Tribes; reunification must have been determined to be no longer a permanency option for the child; the child must meet the definition of “special needs”; the adoption option must have been fully explored and ruled out; the permanency guardianship must be determined to be in the best interests of the child; and the family must meet all the required standards to qualify for permanency guardianship. Inherent in permanency guardianship is a respect and value for maintaining connections with family and with the cultural norms of the family. Subsidies are available to families who choose this option, with the rate, which is not to exceed the rate of reimbursement for regular foster care, negotiated with the family, based upon the level of need and the family’s resources.

Youth who have been appointed a permanency guardian may apply for Federal Education and Training Voucher assistance to help meet post-secondary unmet financial need up to a cap of \$5000 assistance. Youth are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

Each year, there is increasing use of permanency guardianship as an alternative permanency option. In 2006, the number of permanency guardianships was 17; there have been 36 permanency guardianships signed between 9/1/09-5/11/10 with 14 pending.

If a child cannot be placed in a family setting, various types of residential care are utilized. Residential programs vary from semi-independent living programs to 24/7 supervision. There is a universal application process in place for residential programs and we utilize Children's Behavioral Health Utilization Review Nurses to ensure that residential care is the least restrictive placement needed to provide care for the child.

Child Welfare continues the residential permanency review process, which reviews the appropriateness of a child's referral to and placement in a residential care setting. The residential reform workgroup in 2005 identified as a problem that too many children were placed for too long a period of time in residential placements. Child Welfare began reform efforts to focus upon moving children into more normalized family settings and towards assisting children with achieving permanency outcomes. Efforts to achieve these goals are an on-going process.

Tracking of moves to and from residential care are monitored on a weekly basis. The tracking includes monitoring the number of moves out of residential placements each week which are made according to the plan for the child to live in a family/ community setting, as well as those which occur not according to plan and result in the child living in a more restrictive setting. Tracking of such data allows OCFS to show evidence of positive outcomes for children moving out of residential care programs. From June 2009 to March 2010 the monthly average of children in residential care, as a percentage of the population, was 8.5%.

The merger of Child Welfare Services and Children's Behavioral Health Services within the DHHS Office of Child and Family Services has increased the focus on evidence-based practices and improved management of some high cost services. This has resulted in the increased access to home-based clinical services, the establishment of high fidelity Wraparound programs, and the establishment of intensive Family Reunification Program services.

With the implementation of these programs, Maine has become much better able to reach permanency goals of reunification, guardianship, and permanent placement with relatives. In terms of meeting children's well being needs, Maine has also undergone changes that have positively impacted services as well as access to them.

### **Transitional Living**

Maine has no policy that defines "Other Planned Permanent Living Arrangement" as a goal or provides guidance as to when to select it. Maine's Child and Family Services and Child Protective Act, Title 22, Chapter 1071, Section 4003 B states:

...the District Court may adopt another planned permanent living arrangement as the permanency plan for the child only after the Department has documented a compelling reason for determining that it would not be in the best interests of the child to be returned home, be referred for termination of parental rights or be placed for adoptions, be cared for by a permanency guardian or be placed with a fit and willing relative.

In the spring of 2010 a policy workgroup was convened to develop an all inclusive permanency policy which includes guidance in terms of when to consider OOPLA as a goal for youth.

Maine does have policies to prepare children for independent living. All Maine children in foster care, regardless of permanency goals, are required at age 16 to have a life skills strengths/needs assessment and an independent living case plan as part of the Child Plan. The plan should have

mandated education and training services as well as mandated “resource listing/training” services.

DHHS policy requires that the following be provided to the youth by the Children’s Services caseworker or by the Transitional Living worker: linking with occupational and college prep high school classes; assistance with linking with other educational alternatives; provision of information about financial aid for post-secondary education; information about tutoring and special education services, if needed.

Maine DHHS Child Welfare Services has programs in place to help children prepare for a successful transition to adulthood. Youth in care are offered Extended Care (V9) services. A youth in custody who is turning 18 years old can make an agreement to remain in care, in order to accomplish the individual youth’s transition goals while still receiving the support of the Department. Individualized agreements are negotiated with the youth to assist in providing specific services to help the youth achieve educational or skills training needed for successful transition to adult self-sufficiency. If a youth will require assisted living beyond what can be provided through a V9 agreement, then when the youth is age 17 a referral is made to DHHS Adult Behavioral Health Services.

Independent living services include ongoing training in skills such as money management and consumer skills, educational and career planning, locating and maintaining housing, decision making, developing self esteem, household living skills, parenting and employment seeking skills among others. Prior to turning 18, the youth is assisted in applying for MaineCare (Maine Medicaid) for health insurance.

Child Welfare continues its commitment to assist children and youth in out-of-home placement reside in the most normative setting warranted by the child’s safety and well being circumstances.

In measuring and improving processes, outputs and outcomes, Child Welfare Management is increasingly data driven. “Hard data to show” has replaced “thinking you know.” For district management, performance expectations are tied to reform targets and data is reviewed in rating performance. A Monthly Management Report provides regular information on key activities, such as child protective response time, relative placements, and monthly caseworker contacts with foster children. A Weekly Residential Report provides information on numbers and percentages of children in residential placements, district by district. Results Oriented Management (ROM) was designed to measure the measure federal outcomes and is available to management and supervisors to help in managing to the outcomes. A central Performance and Quality Improvement Unit provides the capacity for OCFS to conduct quality case review and ad hoc reviews to measure outcomes and identify areas in need of improvement.

The success of this data-driven management is best illustrated in the reduction of Maine children living in foster care. Since 2001, the number of children in foster care in Maine has steadily dropped from over 3,000 to 1743 (May 2010).

Numerous data indicators point to successful changes in the organization’s processes and outputs. The reduction of numbers of children in foster care and the increase in relative placements are indicators of trends toward increasing success. Changes vary by district but with

an improved data management system, senior management will soon be able to easily track district performance in key areas and manage to improve results.

### **Recruitment & Retention of Foster and Adoptive Families**

Each district in the state has formed recruitment/retention committees to focus on the local need for foster/adoptive homes. To capitalize on available resources, the Office has developed the Cross Agency Collaborative to address recruitment/retention issues. Participants representing the Office of Child and Family Services, Child Welfare Training Institute, and Adoptive and Foster Families of Maine meet monthly to discuss issues related to retention and recruitment, as well as training needs of resource families.

Maine has made substantial gains in placement of children with relatives. Although many of these begin as unlicensed placements, a concerted effort is made to encourage unlicensed caregivers to become licensed providers. Some of the steps undertaken to facilitate the move toward licensed status for these kin providers are the revision of the home study process to make it a more family-friendly engagement process; the ability to waive pre-service training for kinship families; and the provision of physical plant improvement funding to assist relatives with making necessary home repairs or improvements to bring the home into compliance with required standards for licensing.

Community recruitment of families locally is conducted in all districts to increase opportunities for children to be placed in their home communities. Each district office has used a variety of contacts to make the community more aware of the need, such as appreciation events for foster, adoptive, kinship families on a regular basis. Practice is now consistent statewide in the utilization of a preliminary informational meeting, of a single initial application; joint education/training sessions and there is consistency in the screening process to determine eligibility standards. A single format is used both by agency caseworkers and contracted staff to produce an in-depth home study that gathers consistent and valuable information on family history, background, relationships and values and motivation to adopt, provide permanency guardianship, kinship care or foster. Changes have been made to streamline the home study to make it more consumer-friendly and indicative of family's strengths, needs and culture.

Child and Family Services continued its contract with International Adoption Services Centre, Inc. (IASC) and its recruitment entity, A Family For ME through the course of the last year. However, due to budget cuts, the IASC contract was not renewed. A Family For ME will remain as the Departments recruitment logo.

- Recruitment of foster, kinship, permanency guardianship, and adoptive families: An effort to develop foster/adoptive and kinship families who reflect the racial, ethnic, national origin and cultural composition of the children in our care. A Family for ME has developed a comprehensive recruitment campaign that includes providing an informative standard packet of information for adoptive and foster families, Thursday's Child bi-weekly TV recruitment, radio and newspaper ads, visibility in all regional districts, Teen Meet and Greets, adoption parties that bring families and children together in a relaxed and friendly atmosphere and informational booths at a variety of community events.

A Family For Me is the identified *Recruitment Response Team for Maine* for the national AdoptUSKids campaign and has been an active partner in regional and national work sessions sponsored by AdoptUSKids.

The OFCS Adoption Services program and AFFM have begun collaboration on a project to develop adoptive and foster care recruitment and retention program with Maine's faith based organizations. This includes continuation of the "Heart Gallery" project that had been coordinated through IASC and AFFME in years past.

A Family for Me has also produced a televised campaign targeting older youth in care that was produced with Maine foster youth as participants that has continued to be televised.

As a result of the cuts to IASC Maine will not be eligible for the *Wendy's Wonderful Kids* Recruitment Grant.

In compliance with the Multi-Ethnic Placement Act, Child and Family Services supports and promotes interstate placement of children and supports those placements through entering into Purchase of Service Agreements with private agencies both in state and out to provide the supports and supervision to facilitate safe and stable adoptive placements.

OCFS works within the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Adoption and Medical Assistance (ICAMA) to assure adoptive families are appropriately assessed and are provided the adoption assistance and medical coverage required meeting their needs.

### **Foster Care Licensing**

Federal law requires that foster homes be licensed in order for a state to receive IV-E funding for potentially eligible children placed in these homes. The authority for licensure is left to the state. OCFS has adopted licensing rules that promote quality out-of-home foster care for Maine's children.

Applicants must meet licensing requirements, for which they undergo Child Protective screenings, both state and federal criminal history, including fingerprint based checks, and checks through the Bureau of Motor Vehicles in addition to a complete home study. The physical facility is inspected for fire safety and other safety concerns. A water test is required if the household does not have a municipal water supply. A full license is issued for two years. A temporary license – not to exceed 120 days – may be issued when a foster family affiliated with a Child Placing Agency moves to allow the continuation of services to the child(ren) currently placed with the family. A conditional license may be issued when an individual fails to comply with applicable laws and DHHS specifies in writing the corrections that must be made. The law provides that 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 application and assessment of the family and their ability to meet licensing rules and regulations, a site visit, an updated BMV and CPS check and an updated criminal history search.

There are two categories of foster home license: Family Foster Homes for Children and Specialized Children's Foster Homes. To become a specialized home, the primary caregiver must have verifiable experience working with moderately to severely handicapped children.

Specialized licenses are only issued for foster homes providing therapeutic foster care either through Maine Caring Families or independent child-placing agencies.

*Rules Providing for the Licensing of Family Foster Homes for Children and Rules Providing for the Licensing of Specialized Children's Foster Homes* were revised and will become effective on July 12, 2010. The Rule revision deletes language from the definition of family foster home which in the prior rule excluded relatives from applying to become family foster home providers. Under the revised rule, relatives now are afforded with the same rights and responsibilities as non-relatives in their ability to apply for foster home licensing. The rule change occurs concurrently with a statute change which effected the same language definition changes.

In Maine, OCFS agrees to fund unlicensed placements with a per diem rate for the first thirty days of placement. If the placement resource family submits an application for foster care during that period of time and if the applicant proceeds in good faith toward becoming licensed, then the per diem can continue throughout the 120 day period of time during which the application process extends.

OCFS is supporting relatives in becoming licensed through initiation of OCFS staff completing fire inspections in relative homes. This allows us to expediently inspect, identify deficiencies and support the family in making corrections to bring the home up to standards for satisfactory fire inspection. OCFS supports relatives in funding the expense of fingerprint background checks. Staff has been trained to waive non-safety standards, where appropriate, for relatives. Data reports are entered in a special computer drive on a regular basis to allow licensing staff the ability to monitor their district's progress toward licensing unlicensed placement resources.

During the year October 1, 2008 through September 30, 2009 one hundred and eighty-five (285) new foster/adoptive resource homes were licensed/approved which averages about twenty three available new resources per month. During that same time period three hundred and twenty (320) adoptions were legalized and seventy-seven (77) permanency guardianships completed. From October 1, 2009 to May 31, 2010 two hundred and fifty-two (252) new foster/adoption resources were licensed/approved which averages about thirty one available new resources per month. This current recruitment and licensing resource rate reflects over a thirty percent (30%) in comparison to the prior years totals. Also within this same time period one hundred and eighty-four (184) adoptions have been legalized and forty-two (42) permanency guardianships completed. Currently this reflects a slight reduction in both the average monthly adoption legalization figures, and the average monthly permanency guardianship figures. This in some respect can be attributed to the fewer number of children coming into care, and the increase in relative placements.

### **Foster Parent Training**

The 2009 CFSR found that the Department did well in terms of foster parent training. While the Pre-service Training curriculum for foster and adoptive parents has been maintained without significant change. Changes in ongoing foster parent training have occurred, though, for several reasons:

1. Since 2007, DHHS budget reductions have required that training be provided at reduced cost. All Toolbox training is now provided by CWTI staff, rather than by contracting with other trainers.

2. Maine's geography – with its distances, weather, and dispersed population – makes online and correspondence courses attractive. CWTI has increased the availability of this type of training in response to the wishes of many resource families.
3. In 2007, the Department responded to repeated requests from foster parents to reduce hourly requirements for ongoing training and to discontinue requiring equal amounts of ongoing training for each foster parent. In most two-parent foster homes, one provider is employed, making it more difficult for both to complete training.
4. In response to an increasing percentage of relative caregivers, CWTI has developed training tailored to kinship care. CWTI now offers an AFFT curriculum tailored to kinship care, which districts may request instead of the standard AFFT curriculum. During the next contract year, at least one six hour kinship training will be available in each district.

DHHS and CWTI strive to maintain a balance between program needs, resource family wishes, and changing demographics of resource families.

In-service training provides training and support to experienced foster and adoptive parents, assisting them in their professional development, providing respite and recognition and contributing to the retention of trained and effective caregivers. CWTI, in conjunction with OCFS and foster/adoptive parents work to design training to meet core requirement needs and develop curricula responsive to the changing needs of caregivers. Training is offered on 17 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 training formats and delivery methods encourage increased access/participation in training. CWTI has also developed and begun to offer a series of web-based In-Service training.

During the 2009-2010 contract year, a comprehensive review and redesign of the Introductory Curriculum was initiated for the multiple purposes of reducing barriers to resource family attendance; to increase convenience of training; to increase accessibility; and to enhance relevance and consistency with OCFS priorities, policies, and practices. Towards this effort, OCFS and CWTI are in the process of organizing a focus group of stakeholders to provide specific input regarding curriculum revisions. The focus group membership will be comprised of OCFS staff, CWTI staff, foster and adoptive parents, and kinship providers. As the curriculum is revised, updated training will be provided to therapeutic agencies who train their families with this curriculum.

In response to input provided by foster parents and by licensing staff, the volume of homework assignments which are a part of the Fundamentals of Foster and Adoptive Parenting curriculum was reduced from 20 homework assignments to 11 homework assignments. In reducing the number of assignments, careful thought went into including in the training session itself some of the important assignments such as maintaining birth family connections, impact of substance abuse, and impact of domestic violence. As the final curriculum is developed, further thought will be given to which homework assignments should remain as part of the curriculum.

On-going training is required of all licensed foster parents. Foster parents holding a family foster home license must complete 18 hours for the foster parents' combined hours of training, within the two year licensing period, and foster parents holding a specialized children's foster home license must complete on-going training of at least 36 hours for the licensees' combined hours of training, within the two year licensing period.

Training is also offered for foster/adoptive parents and relative care providers through the OCFS contract with the foster/adoptive support agency, Adoptive and Foster Families of Maine (AFFM). AFFM offers a variety of informal training opportunities through their lending library of books and videos as well as an annual training conference.

Curricula from Introductory and In-Service training are reviewed to ensure continued effectiveness and the training process is evaluated to gather feedback and ensure sufficient transfer of knowledge.

The Adoptive Foster Family Training program issues a “retrospective pre-test” on the last day of Pre-service Training. This test requires students to rank their level of knowledge before and after the class in thirteen crucial areas and then to state, in writing, the most important items learned.

CWTI maintains records of some of the trainings in which the foster parent participates. DHHS SETU maintains records of all training that foster parents complete through them. It is the responsibility of the foster parent to maintain a log of the parent(s) combined hours of household training hours and to provide this log of training hours to the licensing worker at the time of renewal. More flexibility has been allowed as to the types of training that are permitted to count toward training hours. Licensing supervisors may determine whether or not a training in which the foster parent would like to participate is relevant to meeting the needs of the children in care.

Through the Cooperative Agreement between DHHS and USM, a strong foster parent-training program has been developed and maintained. CWTI has successfully minimized the impact of recent budget cuts by utilizing their own staff for ongoing training and increasing the availability of correspondence and web-based training. Foster and adoptive training continues to be an area of strength for Maine.

## **Adoption Incentive Payments**

Maine received Federal Adoption Incentive Award dollars in late 2009. Maine had not received any of these types of funds since 2004. The Awarded amount was \$73,280.00, and is available for expenditure through September 30, 2011. In the Department’s continued efforts to reduce barriers to adoption by relative families, \$40,000.00 of that award has been allocated to be available to make needed home repairs (physical plant improvements) to ensure their safety for the placement of these children. This aligns with the Department’s strength based approach in supporting relative families.

The remainder of the Incentive Award dollars has been allocated to support activities in the following areas:

- A Faith Based Resource Recruitment Project - *Hope For Maine Kids* (HFMK) is a new Faith Based outreach initiative created by the Department to partner with Faith Based Resources statewide. Partnership agreements will be signed by the Faith Based Resource and the respective District DHHS office to support and promote the District’s adoptive/foster parent recruitment plans and goals. Levels of participation by the Faith Based Resources will vary depending on their own internal resources.
- District Permanency Events. To support collaborative efforts of the District Permanency Teams and District adoption/foster care staff planning for each District’s annual



Adoption and Foster Care Celebration and Awareness events (May /November), and other similar recognition events within the Districts.

- Training for staff and other appropriate individuals that will promote and enhance the departments Adoptive and Foster parent recruitment and retention efforts.
- Camp To Belong Maine. To support and assist CTBM in promoting permanency, permanent sibling connections, and engaging older youth in the department's permanency initiatives.
- Training. Focused on subject areas including but not limited to; post adoption issues, promoting-supporting adoption/permanency, reducing barriers to adoption/permanency, decreasing timelines to adoption/permanency, engaging youth in the adoption/permanency process, and increasing efforts in the adoption of older youth in care.
- Printed materials promoting adoption/foster care recruitment, and the Hope for Maine Kids, Faith Based outreach initiative.

## **Inter-Country Adoptions**

The state takes responsibility where needed for children adopted from other countries, including activities intended to serve children entering state custody as a result of the disruption of a placement for adoption. The DHHS Office of Vital Statistics reports that the number of children adopted from other countries by Maine families during the calendar year 2009 was 114.

During 2009, there was one disrupted foreign adoption that resulted in the children entering DHHS custody. In this case, the MAPS agency had been involved and the child was removed due to the adoptive parent's inability to manage his behavior. The goal for this child is currently OOPLA. Now that Children's Behavioral Health Services (CBHS) is under the Office of Child and Family Services there is much greater communication and collaboration to assist families who have adopted children from other countries and are experiencing difficulty. CBHS is able to provide case management services that are designed to prevent disruption/dissolution in those cases.

Maine's private adoption agencies make every effort to replace a child from a disrupted or dissolved adoption into another family within the agency or with another private agency so that the child does not have to enter DHHS custody.

The Office of Child and Family Services (OCFS) contracts with Adoptive and Foster Families of Maine (AFFM) to provide support services to foster, kinship, permanency guardianship and adoptive families. Families that have adopted from out of the country are treated the same as other families and are eligible for all the support services provided by AFFM. Support services include: support groups, resource library, business discounts and periodic newsletters.

Maine OCFS publishes a brochure, [A Guide to Adoption Services in Maine](#), annually that provides information on all licensed private adoption agencies as well as OCFS District Offices. This brochure provides information on selecting an agency for adoption and post adoption services

Efforts continue to support and promote adoption, kinship placement and permanency guardianship to enhance permanency options for children and to assure that no child leaves foster

care without a lasting, permanent adult relationship. Our Practice Model states: “All Children deserve a permanent family.”

## **Juvenile Justice Transfer:**

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System, but remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or to some other guardian.

## **Coordination with Tribes**

Maine has four federally recognized tribes with five locations: the Penobscot Nation (Indian Island, Penobscot County, District 6), the Aroostook Band of Micmacs, (Aroostook County, District 8) , the Houlton Band of Maliseets (Aroostook County, District 8), the Passamaquoddy Tribe (Indian Township and Pleasant Point, Washington County, District 7)

The Penobscot Nation and the Passamaquoddy Tribe at Pleasant Point receive federal Title IV-B Part 1 and Part 2 funds. The Aroostook Band of Micmacs receives federal Title IV-B Part 1 funds. The Houlton Band of Maliseets received federal Title IV-B funds until 2008, but did not apply for FY 2009 funding. The Passamaquoddy Tribe of Indian Township has not applied for federal Title IV-B funding for several years. None of the tribes have a Title IV-E agreement with the State; however this is currently being explored.

In February 2010, the Governor of Maine signed an Executive Order directing all state agencies to work collaboratively with Native American Tribes. Historically the tribal child welfare representatives have met with the DHHS, OCFS - ICWA liaison at least every other month and monthly if needed or requested. These meetings center on ICWA compliance in regard to both specific cases and broader policy issues. Strengths and areas needing improvement are discussed and steps are formulated to resolve issues. This committee, called the ICWA Workgroup is staffed by the University of Southern Maine - Muskie School of Public Service. The needs the tribes may have and new policy/practice changes within OCFS are also discussed. This forum is one of the ways OCFS seeks to assure ICWA compliance. In the fall of 2009, these meetings became monthly and included the OCFS Federal Plan & PQI Program Manager. A comprehensive Indian Child Welfare Policy is being developed by this workgroup as a stand alone policy, rather than having pieces of ICWA interspersed throughout various OCFS policies. The work on the *ICWA Policy* is to provide clear direction to OCFS staff that the tribal child welfare staffs are co-managers of the case in every aspect through the life of the case. This workgroup is also coordinating a PQI review of Native American children in state custody. This review, using a review tool developed by the ICWA Workgroup, will partner an OCFS PQI Specialist with a tribal child welfare staff member to review the cases for compliance with ICWA as well as review for OCFS practice in terms of engaging collaboratively with tribal child welfare in those cases.

When the Indian Child Welfare Policy is completed an on-line training will be developed for supervisors to ensure their understanding of the policy. Each district will also be identifying an ICWA specialist (go to person for the office) who can answer caseworker questions regarding ICWA, the policy, who each tribe's contact person is, etc. Upon the completion of the PQI study and the results have been analyzed district training will occur involving both state and tribal staff

to ensure that OCFS staff are familiar with the new policy, reasons behind the policy, what practice is currently occurring and agency expectations.

In February, 2010 State and Tribal Child Welfare staff joined together to work on a Truth and Reconciliation Project with grant funding from the Andrus Foundation. The Maine Tribal-Child Welfare Truth and Reconciliation Project aims to create a common understanding of the truth of Maine's Tribal child welfare experience and to present recommendations for achieving justice to historical wrongs experienced by Maine Tribes.

The Department has an agreement with the Penobscot Indian Nation to work cooperatively toward the goal of protection of children who are suspected to be or are victims of abuse or neglect. The Department also has an agreement with the Houlton Band of Maliseet Indians to assure that they have maximum participation in determining the disposition of cases involving the Band's children.

DHHS caseworkers receive ICWA training in pre-service and as part of the Child Protection Intake process and the initial CPS assessment they ask the family if they have any Native American heritage. The District Court Judges also ask questions regarding Native American heritage at court proceedings. The tribes are notified if there is Native American heritage and invited to participate in the assessment. In addition, prior to going out on an assessment, if there is known Native American heritage the identified tribe is invited to participate in the initial visit as well.

DHHS recognizes homes that have been licensed/approved by the Tribe as a fully licensed foster home. If the family is a relative or unlicensed placement, the family is considered for possible placement option, as is the case with all children entering DHHS custody. DHHS will work with the Tribe and the family to help them become a licensed resource. We will accept a home study conducted by the Tribe and will coordinate with them as the family moves through the DHHS licensing application and approval process.

DHHS works with Native families, as we work with all families, to prevent the removal of a child from the home. This includes an assessment of the situation and providing services to lower the potential risk of child abuse and/or neglect. In ICWA cases the caseworkers also involve the tribe in planning for the family. In the new policy the tribe will be co-managing the case with OCFS and joint decision making will occur. It is also recognized the tribe may offer a distinct set of services and supports for families. The services/supports the tribes may be able to offer families does not negate the fact that Native children in state custody are eligible for the array of services offered to all children and families which include, but is not limited to: 1) Wrap Around Maine services for high needs families whose children are involved with multiple systems and their children and at risk of entering an out of home placement; and 2) the family reunification program which offers intensive in-home supports to families whose children are being reunified.

The Penobscot Nation and the Passamaquoddy Tribe have a Tribal Court and are therefore able to take custody of Tribal children without the need to have the child enter the custody of the State of Maine. Due to lack of resources, the Tribes do not always request a transfer to Tribal court when a Native child not living on the reservation may be coming into care. The Houlton Band of Maliseets is in the process of developing a tribal court system. Until the court is

operating they continue to utilize the State of Maine District Court system. The Aroostook Band of MicMacs does not have a Tribal Court and utilize the State of Maine District Court system.

OCFS caseworkers receive ICWA training at pre-service; this training is provided by tribal social workers in partnership with an OCFS caseworker. In addition we are now scheduling training in each district as reinforcement for staff; this training includes tribal social workers. The District Court Judges also ask questions regarding Native heritage at initial court hearings and it is included in the court orders. Tribes are notified in writing and in addition, often times are called directly.

OCFS has continued its practice of sharing developing policy with the tribal child welfare personnel for comment. The finalized policies are also distributed and discussed in the meetings of the ICWA Workgroup. OCFS has tribal representation on the PIP Steering Committee. OCFS recognizes that each tribe is a separate entity and has invited a representative of each tribe to participate, but the tribes have decided to send one person to represent all the tribes. This representative was chosen from the Wabanaki Coalition, which is a tribal child welfare coalition to which all Maine tribes are invited. OCFS is not a member of this coalition.

In addition to the ongoing collaborations and policy issues cited stated above, OCFS will continue to work collaboratively with the tribes on many issues/initiatives. It is recognized that OCFS needs to update its agreements with each of the tribes; however due to staff commitments and some changes in tribal staffing, this has not yet occurred.

Many of the above cited activities are ongoing and will continue through 2014. This includes regular meeting with the DHHS, OCFS – ICWA liaison to ensure compliance with ICWA policy and to allow any strengths and challenges to be discussed, training for both new staff and experienced staff, CASA and GAL training and the steering committee.

As of April 2010 none of the Maine federally recognized tribes have applied for direct Title IV-E funding.

## **Health Care Plan**

1. Initial and follow-up health screenings will meet reasonable standards of medical practice  
*A procedure has been implemented to track all children in foster care who do not have current primary care providers (PCP) and to manage with monthly reports to a goal of all children having a PCP and a medical home. Tracking all children who have a medical review within 72 hours of coming into to care is also managed through data and supervisory expectations to meet this goal. The Pediatric Screening Checklist (PSC) is in policy to be completed for every child in service cases to identify any behavioral health concerns.*
2. Health needs identified through screenings will be monitored and treated  
*The Health Screening will provide immunization record, growth chart, and immunization schedule, list of other known providers (dentist), immediate treatment needs for identification of monitoring and treatment needs.*
3. Medical information will be updated and appropriately shared.  
*Routine medical care will be completed in the “medical home” with routine updates provided to the caseworker.*

4. Development and implementation of an electronic health record  
*Current health information and family health history is currently tracked in MACWIS and ongoing consultation has been occurring with the MACWIS Manager and MaineCare Services to ensure transfer of medical information as the new MIHMS system rolls out. OCFS is also working with the Maine Center for Disease Control (CDC) to develop a coordinated tracking and health monitoring system with the support of a grant received through the Agency for Health Quality and OMS supporting CHIPRA child health care improvement projects. The grant activities will support a Pediatric Council to act in an advisory capacity to this initiative, engaging pediatricians and family practice physicians in the development and dissemination of new child health quality measures. Children in foster care or child welfare involved will be a primary target of these activities.*
5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care  
*Within the grant cited above, OCFS is working with the Maine Center for Disease Control on a project that will support the development of an organizational structure integrated with the state's all-payer Patient Center Medical Home Pilot across public and private agencies.*
6. Oversight of prescription medicines  
*A workgroup which includes Maine's Office of Medical Services, Center for Disease Control, Children's Behavioral Health Services and Child Welfare Services representative will assess the appropriate and problematic use of medications. The goal of this group will be to review the costs, the utilization of medication and safety issues related to children receiving these medications.*
7. The State actively consults with and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children  

Collaboration between DHHS and Maine General Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Ongoing activities are occurring to develop a statewide system of similar models to the PREP program. This project is with full consultation of other medical and non-medical personnel in the state.

## **Disaster Plan**

The Department's Disaster plan is contained in C&FS Policy XV H. Emergency Response. This policy is hereby included in its entirety. See **Appendix B**.

## **Monthly Caseworker Visits**

Maine has a fully implemented SACWIS system (MACWIS) which stores all of the data required to track monthly caseworker visits. This data is provided to management and district Program Administrators through the Monthly Management Report. District Operations Managers meet regularly with District Program Administrators to review the data and support full

compliance. The requirement for monthly contact is clearly stated in policy revised in 2008: *Child and Family Services Policy Manual; V.D.-1 Child Assessment and Plan.*

In order to track compliance around the ACF caseworker monthly contact expectations, Maine built a MACWIS report that automatically generates data around caseworker compliance with face to face monthly contact with at least the majority of visits occurring in the child's place of residence. This will provide the statewide average as well as broken down by district.

Based on Maine's baseline data, which included runaways, the following target percentages have been established in order for the goal of 90% compliance by October 2011 be achieved:

Baseline 2007: 47%

FFY 2008: 60%- **This was exceeded at 73% with 67% occurring in the child's residence.**

FFY 2009: 70%- **This was exceeded at 87% with 85% occurring in the child's residence.**

FFY 2010: 80%

FFY 2011: 90%

Maine exceeded its FFY 2009 target by 17% with the total of children seen every month at **87%**.

## **Training Plan**

Maine's Staff Development and Training Plan is revised and documented annually in the Child and Family Services Agreement between the University of Southern Maine, Muskie School of Public Service and the Maine Department of Health and Human Services, Office of Child and Family Services. Attached is a copy of this Cooperative Agreement for July 1, 2010 – June 30, 2011. See **Appendix C.**

### **Cost and funding streams:**

In establishing our cost allocation methods the OCFS and DHHS Division of Public Administration examined the goals and objectives of each training program to match those goals and objectives to the various federal and state funding sources eligibility criteria. Criteria from Title IV-E and Medicaid are utilized to accomplish this.

The resulting cost allocation plan distributes the expenses between the above mentioned Federal programs and State general funds based upon the benefiting programs. That is, if a training contract meets the Title IV-E criteria, DHHS applies the Title IV-E penetration rate and charges Title IV-E the appropriate amount. The agency then examines other benefiting Federal programs and distributes the remaining Federal portion between those programs based upon how much of that training program addressed the Federal funding sources' criteria. If a particular training program does not meet any federal criteria those costs are allocated to 100% State general funds.

In the current year, Title IV-E funds provided for approximately 43.3% of the total costs for OCFS training initiatives during SFY 2010. Inclusive of all state and federal funds, including partner matches, the total estimated costs for training for SFY 2010 is \$1,764,916.

### **Court Related Short Term Training**

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short term trainings of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. Maine OCFS has historically included the training of relative guardians in its training program. In terms of training court and related personnel, OCFS currently collaborates in training opportunities with the court but will need to further review any financial opportunities to support training in which we would then make claim through this latest legislation.

### **Evaluation and Technical Assistance**

The USM Muskie School is currently conducting a data analysis of the high stakes testing in the Caseworker Pre-service Training Program. The purpose of this analysis is to validate the reliability of the test prior to full implementation.

For Wraparound Maine, the USM Muskie School is conducting evaluation research. This research is coordinated with the National Wraparound Initiative. It includes implementation by USM of a web based database to facilitate data entry by contract agency providers and USM analysis of that data.

During the coming fiscal year, the USM Muskie School will be gathering data from DHHS District Offices on Child Welfare Cases that have substance abuse as a contributing factor. Through data analysis, USM will develop recommendations on best practices to increase engagement and improve treatment outcomes to facilitate family reunification.

To evaluate new web based supervisory training modules, the USM Muskie School will administer and analyze data from post training surveys administered to trainees.

### **Performance and Quality Improvement System**

Historically, the Office of Child and Family Services has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. These activities have included monthly case reviews, reviews of client recipients appealing substantiated findings of child abuse and neglect as well as special projects as requested by management. OCFS has recognized the need to strengthen its QA/QI process and the decision was made to redefine the role of its staff currently assigned to those duties, as well as develop a program whereby staff at all levels own the performance and quality improvement duties whereby it becomes a process vs. a unit of people. This process included CFSR-Style reviews and the development of District and State Performance & Quality Improvement (PQI) Committees as well as maintaining the unit of staff assigned to PQI activities.

In order to be successful in creating change within the organization, OCFS recognized the value of engaging staff at all levels. This new focus invites all levels of staff that do the work to be involved in creative solutions to an identified issue. The venue that was developed to facilitate this is the District PQI Committees. The District committees are comprised of a representative of each office unit as well as management who can either approve ideas/solutions or push them to the next level, which is the State level team. The State level team is comprised of the facilitators of each District team as well as the Senior Management Team. This is a process that is worker driven with the feedback loop being a critical element in order for this process to be

successful. It is expected that each committee will, at a minimum, meet quarterly. Overall this process has been successful in terms of engaging with staff and creating solutions to barriers that impact District practice. PQI Committee minutes are generated at each meeting, both at the District and State Level. Those minutes are submitted to the Federal Plan & PQI Program Manager and are posted on the OCFS PQI Shared Drive, which allows for the sharing of creative solutions as well as those that were not successful.

OCFS maintains its unit of staff dedicated to Performance and Quality Improvement, with a PQI Specialist housed in each District but supervised by a Central Office Program Manager. This unit continued to conduct level of care reviews, substantiation/indicated finding appeal reviews, conduct district and/or state specific special studies as requested, and acts as PQI coordinators in the PQI Committees.

During this time frame OCFS made many efforts to improve the quality of assessment practice, documentation and the quality of assessment decisions while implementing Maine's Findings Appeal Process. Attention was given to insuring that proper notices were provided to people with findings, by identifying specific individual findings and a basis for each, including what supported "indicated" from "substantiated" findings that included how children were impacted in order to meet severity guidelines that differentiated between these two levels of harm. Steps are taken to insure that what is decided about child maltreatment, the findings that are reached are all congruent with the notices that are sent. Also, OCFS has taken steps to insure that the assessment of a parent/caregiver role's related to harm children experienced is sufficiently assessed and documented in order to support child maltreatment findings.

In the fall of 2009, the unit began conducting Consumer Feedback surveys, contacting birth parents, foster parents and/or youth in order to collect their perspective on the quality of contacts between the worker and interviewee. This information is used in supervision with caseworkers to confirm or improve a skill set as well as used by Program Administrators as they supervisor their district supervisors. The PQI staff continued to be available to provide more District specific consultation through working on special reviews that could provide the District more relevant information for that district in its efforts to improve outcomes. In addition, this unit is the core team as OCFS resumes the CFSR-style site review process which will be a means for Maine to measure progress in its PIP. Due to budgetary concerns, the decision was made to conduct these reviews electronically versus having the forma on-site review. The unit will also continue to conduct an array of statewide special projects in order to provide senior management with qualitative data on areas of concern. This group will also continue to gather data that is communicated to the District measuring identified indicators that are developed, particularly as the Program Improvement Plan is developed and quarterly updates required.

## **Management Information System**

ACF conducted a Title IV-E Foster Care Eligibility Review of Maine DHHS in 2007. At that time all of the changes made to the automated Title IV-E eligibility module in MACWIS were reviewed. Maine DHHS passed this review. MACWIS-supported procedures, eligibility determination, and documentation were noted as strengths.

In June 2008, ACF conducted their final compliance review of MACWIS. Maine DHHS is now one of only a handful of states with a completed and federally compliant SACWIS system. For



the most part, MACWIS is very stable and is considered one of the most successful systems in Maine State Government.

MACWIS changes were made to better reflect educational needs and services and was rolled out in May 2010.

Regarding quality of reports, ongoing improvements have continued. Beginning in 2002, the Child Welfare Senior Management Team committed to data-driven program management and quantified strategic objectives. This resulted in clearer articulation of program needs for management reports and better program input to information system staff to improve accuracy. Supported by the Casey Strategic Consulting Group, several Maine DHHS Office of Child and Family Services (OCFS) staff received training from the Chapin Hall Center at the University of Chicago. This training enabled Maine Information System staff to engage in longitudinal cohort data analysis. In 2007, Maine DHHS Office of Child and Family Services contracted with the University of Kansas for use of the Result Oriented Management system to provide CFSR outcome data down to a worker level through a web-based portal. Currently Maine DHHS OCFS is negotiating with University of Chicago's Chapin Hall Center to recommence a data relationship, which was discontinued several years ago due to funding constraints.

## **Consolidation of CAPTA Plan with CFSP**

Please see **Appendix D.**

## **Financial Information**

### **Proposed Use of IV-B, Subpart 2 Promoting Safe and Stable Families**

OCFS, Child Welfare Services will use IV-B, Subpart 2 funds to provide family preservation services, support reunification efforts, increase and support relative/kin placements, support adoption promotion and expand services to expedite permanency within acceptable timeframes for children in the care of DHHS. Expenditures are shown on the CFS, Part 1 that follows.

**Family Preservation:** Approximately 20% of funds will be used for Family Preservation Services.

- Expansion of the Community Partnership for Protecting Children (CPPC) program.
- Each county Child Abuse and Neglect Council provides an average of 18 parenting classes/learning sessions per year.
- Continued use of funds for family preservation services provided by direct staff intervention with families who become known to DHHS, but who, with sufficient support and referral to services, can maintain their children, safely, in their own homes.

**Family Support Services:** Approximately 20 % of funds will be used for Family Support Services.

- Kinship Care Services-Through contract, information and support services will continue to be provided to relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.

- Funds will be used to support substance abuse professionals stationed in two OCFS District offices.
- Supporting evidence based parenting skills and supportive visitation.

Time-Limited Family Reunification Services: Approximately 20 % of funds will be used for time-limited family reunification Services.

- Family Reunification Program- Implemented statewide, the purpose of this contracted private agency program is to achieve earlier and safer reunification. It is designed to serve families whose children have been in the Department custody for less than six months and for whom the familial bonds are still strong.
- Supporting supervised visitation to facilitate successful reunification.

Adoption Promotion and Support Services: Approximately 20 % of funds will be used for Adoption Promotion and Support Services.

- Recruitment of foster/adoptive homes, support services for potential adoptive families and child specific adoption promotion efforts.
- Supporting the work of the faith based initiative, *Hope for Maine Kids*.

Other Service Related Activities: Approximately 10 % of funds will be used for Other Services Related Activities and 10% to administrative costs

- Other related activities will include continued utilization of research, inter-state communication and sharing of information and technology and training/planning activities, statewide, which are designed to advance the goals and activities set forth in this plan.

During FY 2008 \$\_\_0\_\_\_\_ IV B Part 1 dollars were spent for foster care maintenance payments, adoption assistance, or child care related to employment or training. Therefore no expenditures in these areas exceeded the 1979 levels of \$376,946.

DHHS assures that the state funds expended for FFY 2008 for purposes of Title IV-B, subpart 2, is \$\_\_ \$ 20,063,790.\_\_\_\_. These expenditures were greater than the FFY 1992 base amount of \$15,847,000 which was used to provide Preventive and Supportive Services, including Protective Services. That amount was provided in the annual summary of Child Welfare Services included in the Bureau of Child and Family Services FY '91-93 State Child Welfare Services

### **CFS-101 Explanation:**

OCFS under spent in administrative and planning activities and redirected that funding to Time-Limited Reunification and Adoption Promotion and Support Services.

At the time of plan development it was anticipated that Family Preservation and Family Support Service contracts would be in place to expend these monies, this did not happen and thus this money was not expended in those areas. Costs were shifted to the adoption support and time limited reunification contracts which were in place but not completely allocated IV-B funding.

## **Appendix A**

### **CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS**

The Maine Department of Health and Human Services, Office of Child and Family Services, will continue to administer Maine's Youth Transition Program funded by the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program, and comply with all required national evaluations.

In keeping with the intent of the Chafee Foster Care Independence Program, youth currently in care and youth formerly in care are consulted regularly throughout the year. Their feedback of program strengths and needs are integrated into this State plan.

Section I covers the programs, services, and activities for which Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999, and the Education and Training Voucher Fund Program are provided.

Section II contains information regarding the administration of the Education and Training Voucher fund program between October 1, 2010 and September 30, 2014.

#### **SECTION I:**

##### **Eligible Population:**

The Department of Health and Human Services elects the following youth as eligible for services under the Chafee Foster Care Independence Program:

- Youth in the custody of DHHS between the ages of 15 and 18.
- Youth in the care and placement of DHHS between the ages of 18 and up to 21, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for the purpose of post-secondary education.
- Youth who attained their 18<sup>th</sup> birthday while foster care and were subsequently adopted, but for whom the adoption disrupts between the ages of 18-21.
- Youth who are emancipated from foster care prior to the age of 18 and who wish to return to Voluntary Extended Care between the ages of 18 and 21.

- Youth in foster care who are at least 14 years of age may participate in Youth Leadership Advisory Team (YLAT) events, and attend the annual Teen Conference.
- Youth, aged 16 and older, who were adopted from Maine DHHS are eligible for Education and Training Voucher (ETV) post-secondary education funds.
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS are eligible for Education and Training Voucher (ETV) post-secondary education funds.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.
- Youth who are between the ages of 14 and 24, and who spent one day or more in foster care, may participate in the Opportunity Passport Program.

The Department does not discriminate with regard to Chafee youth transition services or ETV services based on race, sexual orientation, religious affiliation, or any other factor that might prevent an older youth in care from receiving the benefit of program services.

#### **Purposes for Which Funds will be Spent:**

Chafee Foster Care Independence Program funds will be expended to:

- Help youth explore and find their permanency options and connections before they leave care.
- Transition plan with youth that includes a comprehensive assessment of youth strengths and needs, active participation of young people and their supports, and services/supports that that meets their individualized needs.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- Improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- Increase practical functioning of older youth in care by helping them learn essential daily living skills, effective problem solving and informed decision making skills that compliment their own efforts to achieve self-sufficiency.
- Expand the resources available to youth in their community.
- Work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- Promote open communication between older youth in care and adults and encourage a partnering relationship that offers mentoring opportunities for youth in care, which may lead to permanent lifelong connections for youth with a caring adult.
- Provide post-secondary education financial support using federal Education and Training Voucher program funds.
- Increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.

- Encourage and promote meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- Seek youth input in developing Departmental policies, programs, and practice to prepare older youth in care to transition to adulthood.

### **Overview of Strategies to Meet the Needs of the Eligible Population:**

The goal of Maine's Chafee Independent Living Program is to ensure that all older youth in care receive assistance to prepare for a successful transition to adulthood. We are committed to assuring youth have life long and permanent connections to caring adults, they are provided with a broad range of services and supports, and they are provided with a variety of essential life skill development opportunities to prepare to live interdependently in the community as young adults.

Services to older youth in care are provided by Youth Transition Workers, DHHS caseworker staff, a Cooperative Agreement with the University of Southern Maine's Muskie School, therapeutic and non-therapeutic foster home parents, group home staff, transitional living programs, and other contracted providers. These services are funded by a combination of federal and state funds.

A total of seven (7) Youth Transition Workers are located in DHHS district offices and supervised by the Youth Transition Specialist located in Central Office. Referrals to Youth Transition Workers are received directly from caseworkers for youth beginning around the age of 15. Youth Transition Workers work with youth who are in need of additional support services, and are also responsible for completing an assessment of youth strengths and needs beginning at 15.

Maine continues to meet the needs of our older youth between the ages of 18 and 21, through Maine's Voluntary Extended Care (V-9) Agreement. By policy, a V-9 Agreement is offered to all youth who remain in foster care until the age of 18. With this agreement, youth continue to receive the support of the Department, both financial and otherwise, up to the age of 21.

The Department continues to coordinate our services with other Federal and State programs for youth such as juvenile justice, adult mental health and developmental services, housing and homeless youth services, high school education, vocational training programs, post-secondary educational supports and services, substance abuse, children's mental health, and various community resources.

The Cooperative Agreement with the University of Southern Maine (USM) Muskie School of Public Service provides for the coordination of our Youth Leadership Advisory Team, and staffing to assist with planning and conducting the annual Teen Conference, Youth Summit, Camp to Belong Maine, and Youth Permanency Efforts. During the next five years, DHHS and USM, through its Cooperative Agreement, will continue to increase collaborative efforts in the community to promote permanency for youth, to enhance youth and adult partnerships, and to improve outcomes for older youth transitioning from foster care.

In FFY 2010, Youth Transition Staff met with various contracted agency providers (therapeutic

foster care and residential care) to review Maine's Chafee Youth Transition Program, provider expectations, college resource information, individualized transitional planning for youth, and the delivering of life skills education to meet each youth's transitional goals. We intend to continue this practice in FFY 2011.

For youth needing on-going mental health services as an adult, OCFS continues to follow the OCFS/OACPD (Office for Adults with Cognitive and Physical Disabilities) Transition Protocol. Additionally in FFY 2010, these two Offices developed an agreement for youth to remain on a Voluntary Extended Care Agreement with OCFS for the placement payment needs, and to receive case management services from an OACPD case manager.

Maine's Medicaid program (MaineCare) continues to extend medical coverage to youth who age out of foster care, who were adopted from foster care, or who are under Permanent Guardianship from foster care, from age 18-21. OCFS casework staff assists youth in foster care at the age of 18 to apply for MaineCare medical coverage. From working with these youth, we know that most continue to qualify for Medicaid coverage from age 18-21, under the federally established poverty income guidelines used by MaineCare. With the recent national Healthcare Reform, we anticipate that all youth who exit foster care at age 18 will be categorically covered until the age of 25.

Maine does not exceed the 30% limit for housing costs as specified in Chafee legislation. Due to limited Chafee funding, for the past several years Maine has used state general funds exclusively for housing support for youth in extended care from age 18 to 21. We anticipate this to continue in FFY 2011.

In accordance with Education and Training Voucher Program (ETV) regulations, we will continue to support the room and board needs of youth, age 21-23, within available resources. Given the needs, Maine typically provides this support to one or two youth each year.

#### **ELIGIBLE POPULATION (FFY2010):**

Number of youth in care **aged 15-21 on Oct. 1, 2009:**

<b>AGES</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
Age 15	42	52	<b>94</b>
Age 16	45	57	<b>102</b>
Age 17	67	81	<b>148</b>
Age 18	40	43	<b>83</b>
Age 19	34	23	<b>57</b>
Age 20	12	11	<b>23</b>
<b>TOTAL</b>	<b>240</b>	<b>267</b>	<b>507</b>

Of youth **age 15-21**, the length of time these youth had been in care on **October 1, 2009** was:

Less than 6 months	34	6.7%
6 months to 1 year	58	11.4%
1 to 2 years	71	14.0%

2 to 3 years	42	8.3%
3 to 4 years	30	5.9%
4 to 5 years	33	6.5%
5 to 6 years	31	6.1%
6 to 7 years	39	7.7%
7 to 8 years	30	5.9%
8 to 9 years	28	5.5%
9 to 10 years	27	5.3%
10 to 11 years	20	3.9%
11 to 12 years	18	3.5%
12 to 13 years	12	2.4%
13 to 14 years	10	2.0%
14 to 15 years	4	0.8%
15 to 16 years	3	0.6%
16 to 17 years	12	2.4%
17 to 18 years	4	0.8%
18 to 19 years	2	0.4%
<b>TOTAL</b>	<b>508</b>	<b>100%</b>

On 4/30/10 the youth in care ages 15 to 18 comprised 22.8 % of the population (397 youth out of 1740).

**Estimated Eligible Population for FFY 2011 (as of 5/10- youth currently in care):**

Age	14	15	16	17	18	19	20	/	TOTAL
Total Youth	78	93	100	118	86	45	32	/	<b>552</b>

This represents youth located across the entire state. Eligible youth receive youth transition services regardless of placement location.

**Youth Leadership Development Activities:**

Maine's *Youth Leadership Advisory Team* (YLAT) ([www.ylat.org](http://www.ylat.org)) is nationally recognized as being one of the most effective and active youth leadership boards in the country. Youth, beginning at age 14, are encouraged to participate in YLAT to the extent they are comfortable. Maine is focused on enhancing youth and adult partnerships through YLAT. In addition to increasing the numbers of DHHS staff who are actively supporting the work of YLAT, several former youth in care are now serving as adult partners on YLAT boards.

YLAT boards in Maine continue to practice philanthropy by overseeing grant dollars provided by the Jim Casey Youth Opportunities Initiative. Through this, youth gain valuable life skills as well as help Maine develop additional resources to support youth in care.

Youth participate in various community collaborative efforts across the state and they continue to educate the community about the needs of youth in foster care by participating in numerous panels and trainings for foster parents, child welfare caseworkers and supervisors, various care providers, the courts, and school systems. In FFY 2010, Forty-nine YLAT members presented

30 panel presentations and trainings to different groups (e.g., Guardians ad Litem, CASA volunteers, prospective foster and adoptive parents, new caseworkers, legislators, policy makers, agency staff, and employers).

In FFY 2011, Maine held its 19<sup>th</sup> annual *Teen Conference* for youth in foster care, with a theme of “Live Your Life, Love Your Life”. Through various workshops youth and adult supporters focused on resiliency, education, employment, decision making and permanency, youth said that they met others they could relate to, learned about things to help them achieve their goals, and were motivated by the keynote speakers. Also at this event, the Brad Levesque youth leadership award is awarded to a youth in care who exemplifies the spirit of youth leadership.

YLAT members will continue to be instrumental in Child Welfare policy development and practice improvements. Youth in care and formerly in care were also part of various workgroups in FFY 2010. These include: Maine’s Youth Transition Collaborative, CFSR feedback through YLAT surveys; Maine’s PIP Committee; Breakthrough Series in five of the eight districts to focus on safety throughout the life of a case; Anti-psychotic drug workgroup to address the overuse of drugs with significant lifelong side effects; Court improvement through Court Forum panels across the State; Wraparound Maine advisory committees; Community Partnership for Protecting Children; YLAT feedback sessions to district Program Administrators; and Legislative testimony.

### **Consultation and Collaboration:**

Maine is involved in a number of collaborative efforts at the state and local levels. Some examples include:

*Maine Tribes and Bands:* In FFY 2010, the Youth Transition Specialist spoke with representatives from each Tribe and Band. This practice will continue in FFY2011. In FFY2010, the Houlton Band of Maliseets, the Aroostook Band of Mic Macs, and the Passamaquoddy Tribes have signed Agreements with OCFS to receive Chafee funds. Tribes and Bands have defined their service population as being youth between the ages of 14 and 21 and are youth who are under tribal or band care and responsibility.

*Maine Youth Transition Collaborative.* Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community focusing on Youth Leadership, Community Engagement, and Opportunity Passport. (Through Opportunity Passport, administered through a contract with Jobs for Maine Graduates (JMG), youth aged 14-24, can earn up to \$1,000 a year and have that amount matched. Youth also receive financial literacy training.)

*A Memorandum of Agreement* between the DHHS Office of Child and Family Services, the Department of Labor, Bureau of Employment Services, and the Program Manager for the Maine Youth Opportunities Initiative was signed in February 2005. The intent of the agreement was to work more collaboratively and closely to ensure that teens and young adults in care were receiving the full benefit of the services offered. The Department of Labor had developed increasing opportunities for older youth in care to participate in apprenticeship programs. A representative from Department of Labor participates on the Maine Youth Transition



Collaborative Advisory Board as well.

*Shared Youth Vision Council:* This is a collaboration of many youth serving agencies and various community stakeholders from around the state that are an advisory group to the Governor's Children's Cabinet. The goal of the Committee is to develop strategic plans and coordinate initiatives at all levels to better serve the neediest youth and is focused on improving educational success for youth.

*Homeless Youth Provider Committee* is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee has been to pass legislation to clearly define homeless youth and to establish a comprehensive system of services to meet the needs of homeless youth as defined. Legislation was passed and signed by the Governor in June 2009.

*The Interdepartmental Committee on Transition (ICOT)* is an Interagency Committee established by the Legislature that supports Maine youth with disabilities transition to adult life by addressing special education needs and community education. Funding is not being provided in FFY 2011.

*The Maine Reentry Network Steering Committee* is a Department of Corrections grant project to assist youth and young adults with reentry into the community from juvenile and adult facilities.

*Juvenile Justice Advisory Group (JJAG)*-Oversees several federal juvenile justice grant program and to serve as advisors to the Governor and State Legislature related to juvenile justice issues and proposed laws.

*First Jobs Academy Guide Team:* To provide a comprehensive, supported design to maximize the success of youth served through the foster care system entering early employment.

*New England Youth Collaborative* is made up of staff, youth in care, and former youth in care, from all of the New England states first met in January 2008. This Collaborative aims to improve outcomes for older youth in care by looking at ways New England States can collaborate and learn from each other in order to implement innovative and best practices that strengthen the youth transition programs in all of the New England States.

### **Program Goals:**

#### **Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.**

During FFY 2010, OCFS worked toward the vision established at the 2009 Youth Permanency Summit:

*We believe that together—anything is possible. We can realize the vision that every youth can have a family, and that by 2013, 50% of youth aged 15-18 will leave foster care with a permanent family connection.*

### **Most Recent Data:**

From July 2008 to October 2009, the number of youth aged 15-21 reduced by 200. The age groups with the largest percentage of reduction were youth aged 16 and 17, representing 67% of the total reduction.

- During that same time (calendar year 2008 compared to calendar year 2009), the number of youth:
- With a goal of APPLA decreased by 145 youth;
- Who left care through legal permanency (age 15-18) remained relatively steady (119 in 2008 and 103 in 2009);
- Who reached permanency within 12 months decreased from 61 in 2008 to 46 in 2009;
- Who were placed with relatives (age 15-18) decreased from 52 to 33 youth;
- With a signed Voluntary Extended Care Agreement increased by 81 youth; and
- Additionally, the number of Family Team Meetings involving youth aged 15-21 increased from 1175 in 2008 to 1386 in 2009.

OCFS remains committed to the goal of improved permanency outcomes and plan to provide additional staff training that will help caseworkers work with this population. Additionally, in the upcoming year, we will focus on partnering with youth to further explore relative resources as a strategy to achieve permanency for older youth in care. For example, Maine received the Fostering Connections Kinship Grant and has set aside 25 family finding slots for older youth who have been in care four or more years.

Most district permanency teams as well as the Central Office Permanency Team continued to meet and focused on systems improvement, community awareness, and district strategies to improve permanency outcomes for older youth. For the next year, we are looking to integrate representatives from the district with the Central Office Permanency Team as a way to improve communication and influence policy and practice.

Also in FFY 2010, OCFS revised policies related to youth transition services to include a focus on permanency, life long family and sibling connections, transition planning and to expand the population of eligible youth. OCFS intends also to allow youth to return to Voluntary Extended Care status at any time up to age 21.

In the upcoming year, OCFS will continue to explore ways to train OCFS staff and others regarding the Youth in Care Bill of Rights and the OCFS Permanency Policy.

**Goal 2: Improve educational success for youth by improving post-secondary retention and graduation rates.**

In FFY 2010, Youth Transition Workers and Caseworkers took a more deliberate approach to connecting youth to the available supports, services, and community opportunities at their post-secondary institution as well as to check in with them throughout the school year.

OCFS in partnership with the Maine Youth Transition Collaborative, York County Community Collaborative, has begun to work with youth and post-secondary education institutions to assess what is needed to bolster supportive services, including mentoring, remove barriers, and increase the housing options available to youth from foster care.

**Goal 3: Improve the quality of permanency hearings and better incorporate youth decision-making.**

On December 16, 2009, twenty-three youth participated in the statewide Court Forums to train judges, GALs, DHHS caseworkers, CASAs, attorneys, and other service providers, about how to positively engage youth in care in the court process. With youth panel presentations happening simultaneously in the 8 district courts, YLAT members' experiences impacted the 200+ attendees. As a result of this Court Forum, the Family Court developed and implemented a checklist that includes youth participation.

In the upcoming year, OCFS will reach out to the Family Division of the Courts to explore additional opportunities to improve youth participation in their court hearings.

**Goal 4: Expand availability of support and services to youth in all areas of the state.**

To better serve older youth in care, Maine decided to include transition (independent living) planning as part of the youth's "Child Case Plan" rather than be held as a separate plan. This assures that transition planning occurs with youth in the Family Team Meeting setting.

In June 2009 the Youth Transition Worker located in Central Office retired. In 2010, this line was moved to the district office providing additional direct service to youth. While there were some vacancies in 2010, The Youth Transition Program is now fully staffed, with 7 (rather than 6) workers covering the 8 districts.

During FFY 2010, the Department, in collaboration with youth and other stakeholders revised the Youth Transition Policy, Youth Independent Living Assessment, and Voluntary Extended Care Agreement. These revisions consolidated multiple policies and forms related to youth transition, expand the definition of eligible youth, and allow youth to return to Voluntary Extended Care at any time up to age 21. We are exploring new options for extended care afforded through the Fostering Connections Act.

The Department provides financial and in-kind support to *Camp to Belong Maine* (CTBM). Each summer beginning in August 2004, CTBM provides children and youth separated by out-of-home care with an opportunity to reunite for a week to bond and enjoy a typical camp experience together.

The Department continues to fund a contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and matched savings program, Opportunity Passport<sup>TM</sup>. During FFY2010, 36 youth were training and 33 opened matched savings accounts. Youth have saved \$17,607, which were matched. The 35 asset purchases included vehicles, laptops, and education costs, investments, rent. We plan to continue this contract in FFY 2011.

In FFY 2010, the Department instituted policy that all 15 year old youth in care receive a state issued Picture ID. This was done to remove barriers for youth, particularly when they wanted to open bank accounts.

In FFY 2010, Maine received a Fostering Connections Kinship Grant. This grant will bring together the full network of organizations in the state with a track record in providing services

and supports to kinship families kinship focused Family Team Meetings, and family finding—serving up to 25 youth per year aged 15-17, who have been in for long periods of time.

OCFS continues to partner with the Maine Youth Transition Collaborative to increase resources for youth transitioning to adulthood. In York County, a collaboration of public and private partners has been meeting to develop community supports for youth in the areas of education, employment, housing, and life long connections.

Following a successful pilot in Kennebec County in the summer of 2009, OCFS is working with its Collaborative partners to offer and expand summer youth employment opportunities to over 30 youth between the ages of 16 and 24. This program includes wages to youth through meaningful employment, job coaching, job readiness classroom education, and financial literacy training) and will include three additional counties in the summer of 2010.

Maine continues to fund and collaborate with the Muskie School of Public Service to provide a variety of resource and skill building workshops for youth each year. In June 2010, Maine will hold its 20<sup>th</sup> Annual Teen Conference. The theme for this year's event is "Defying Gravity, Nothing Can Hold Us Down."

**Goal 5: Increase housing options for older youth in care and youth transitioning from care.**

Maine participated in the National Governor's Association (NGA) technical assistance site visit in fall 2009 to learn new ideas from Colorado's housing program. We are currently exploring ways to use this information to improve the integration of Maine's contracted services for youth experiencing homelessness. Additionally, the NGA grant has been extended providing Maine with additional opportunities to improve housing options for youth in and transitioning from foster care.

In the upcoming year, Maine will explore options for youth to maintain continual housing in their college during school breaks as part of an overall strategy to provide post-secondary educational supports as a way to improve retention and graduation rates.

In the upcoming year, OCFS we will continue to explore resource and funding opportunities in collaboration with various public and private stakeholders.

**Goal 6: Improve the outcomes for youth placed in congregate and therapeutic foster care.**

On Jan. 1, 2010, OCFS established performance based contracts with all group and residential care programs. This includes revised Residential Standards and focus on working with families. With the reduction of the number of youth residing in residential group care over the past few years, Maine views this type of placement as appropriate only as a brief, medically necessary intervention.

OCFS will establish performance based contracts with and treatment foster care programs on July 1, 2010. Through contract, these providers are expected to maintain an internal QI process. Additionally, OCFS will perform annual site reviews.

We anticipate this service area to be managed by a contracted managed care entity after July 1, 2011.

Maine will continue to use the DHHS Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care as well as the level of care being received by placement treatment foster care.

### **National Youth Transition Database:**

Maine is prepared to implement NYTD (the National Youth in Transition Database) by 10/1/10. Maine has made necessary enhancements to MACWIS (Maine's Automated Child Welfare Information System). Additionally, multiple outreach efforts occurred in FFY 2010 with youth, OCFS staff, child placing agencies, and foster parents. This includes formal training for OCFS staff, as well information posted on the DHHS website, and provided at the teen conference and the AFFM foster parent newsletter and conference.

We will continue to inform youth and others about the value of NYTD through various forums.

At this time Maine does not anticipate the need for additional TA assistance.

## **SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM**

Older youth in care are well supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs. There are no identified statutory or administrative barriers that prevent DHHS from fully implementing the ETV program in Maine.

Our plan for the Education and Training Voucher (ETV) program funds continues to be providing "gap assistance" to students who may be attending post-secondary educational institutions out-of-state or in-state, students who are attending a tuition waiver institution, or students who are attending an accredited specialized job skills training program.

The Youth Transition Specialist will continue to track the utilization of ETV funds to assure that the funds provided do not exceed \$5000 or the total cost of the program, taking into account all other financial aid assistance and awards.

### **ETV Eligibility Criteria:**

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for the purpose of post-secondary education.
- Youth, aged 16 and older, who were adopted from Maine DHHS
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.
- Youth must apply for federal FAFSA funds and for the Tuition Waiver, if applicable.

- Youth must apply for various scholarships as well. Once any of these non-loan forms of financial assistance have been determined to be available for the student, the remaining level of non-loan financial assistance needed is determined.
- Students must maintain good academic standing as considered satisfactory academic performance at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing.

Department staff in the eight (8) District Offices is routinely informed about the availability of ETV funds and the criteria for eligibility. We inform youth in care about post-secondary educational opportunities through face-to-face meetings, Family Team Meetings, transition planning, YLAT and other youth leadership events.

In consultation with the Youth Transition Worker and district staff who know the young person well, the Chafee Independent Living Program Manager (Youth Transition Program Specialist) approves the youth's eligibility for ETV funds and makes the final determination of their ETV allocation under the guidelines of the ETV program. These expenditures are tracked separately from other expenditures under the CFCIP.

Youth Transition Workers provide a variety of assistance to youth to complete required college applications, and tests, locate housing, access needed services and meet their financial obligations.

By working with post-secondary institutions, we are able to assure that the total amount of educational assistance to a youth provided by ETV funds, in combination with any other federal assistance programs, does not exceed the total cost of attendance. This avoids duplication of benefits under the ETV program and any other federal assistance program.

#### **Utilization of ETV funds:**

Fiscal Year	New Participants	Continuing Participants	Total Participants
FFY 2009	48	49	97
FFY 2010	51	51	102

Additionally, Maine has a Tuition Waiver program for youth who are in foster care at the age of 18, and for youth whose guardian receives an adoption or permanent guardianship subsidy from DHHS. 30 tuition waivers are available to freshman students per academic year to attend one of the state university system schools or one of the state community colleges.

This waiver is supported by state funds as these post-secondary schools systems have agreed to absorb the cost of the waiver within their operating budgets. There are more than 15 college campus locations for youth to choose from among these schools. Once a freshman student has qualified for the waiver, they have up to 5 years of waiver eligibility to complete their undergraduate degree, provided they remain in good academic standing.

#### **RESPONSIBLE STATE AGENCY**

The State's Independent Living Program, as set forth by the Chafee Foster Care Independence

Act, will be administered by the Department of Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Human Services is 1-01-600-0001A6. The Department of Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program.

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

### **ASSURANCES**

The State assures that:

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

Nondiscrimination (45 CFR, Part 80) and;

### **CERTIFICATIONS**

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child and Family Services Plan to be submitted before the end of June 2009.

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

Attached to the CFSP are also the additional certifications required for the Chafee Foster Care Independence Program as signed by the Governor of the State of Maine.

### **STATE MATCH**

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program.

The State match for these funds includes the state's value of the Tuition Waiver Program, in-kind and third party contributions, and state funds which are not being used as match for other federal funding sources.



## Appendix B

### Disaster Plan

#### XV. H. Emergency Response Effective May 1, 2008

[Top](#) [Previous](#) [Next](#)

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide, copies should be with each employee, the Child Welfare Disaster Plan and addendum. The Child Welfare Disaster Plan is activated when ordered by the Director of Child Welfare Services or designee and when Central or District Offices can no longer follow their usual procedures due to natural or man-made disasters. Complementing The Plan will be the sound judgment of Child Welfare Services (CWS) leadership and staff, ongoing communication among affected parties and improvisation as needed to meet the specific conditions of an actual disaster.

#### Child Welfare Disaster Plan

##### Leadership

The Director of Child Welfare Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the Director of Child Welfare Services, both District Operations Managers, Director of Child Welfare Policy and Practice, Child Protective Intake Manager, Information Services Manager and Child Welfare Program Administrators of affected districts will assist the Director with the management of the emergency which includes ensuring that essential functions of the agency continue.

##### Emergency Management Team

The Emergency Management Team collaborates with the Director of Child Welfare Services, Child Welfare Program Administrators, state agency authorities and others to assist with managing Child Welfare Services response to disasters.

Responsibilities of Emergency Management Team members include:

- Initiate plan operation
- Deliver communications to staff, clients and providers
- Communicate with Commissioner or designee and with the Director of Public and Employee Communication
- Coordination with DHHS officials and other departments of state government as necessary
- Ensure Intake continues to function: receive reports, communications hub if necessary
- Facilitate relocation if necessary
- Other responsibilities assigned by the Director of Child Welfare Services or the Director of the Office of Child and Family Services

## **Continuing Essential Functions of Child Welfare Services**

### **Essential Functions**

Child safety is the highest priority to be attended to during and after a disaster. Knowing that staff as well as families we work with will be affected during a disaster, each office may not be functioning at full capacity. To assure that essential functions are covered, staff may need to take on functions not normally part of their daily duties. All caseworkers, Performance and Quality Improvement staff, Life Skills staff and others could be called upon to perform any casework or support function as needed. Essential functions include:

- Child Protective Intake: ensuring reports of CAN are received and assigned. Responding to reports of CAN. Includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home an alternative plan must be developed and/or court action initiated.
- Ensuring safety of children in state custody. Assessment of child safety as needed for children in DHHS custody or care. Determining that child(ren)'s and caregiver safety needs are met.
- Prompt family contact to share information on child/family situation related to the disaster. ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines
- Court Hearings unless otherwise determined by the court.

### **Communications Plan**

Emergency Management Team, coordinating with the Director of Public and Employee Communication, develops messages for families, providers and staff. Message is communicated through a variety of means to ensure the broadest reach. Means to be used

- for families and providers include:
  - News releases to radio and television stations, cable tv, newspapers
  - Information on the state ([maine.gov](http://maine.gov)) and OCFS ([maine.gov/dhhs/bcfs](http://maine.gov/dhhs/bcfs)) websites.
  - Intake

Means used to communicate with staff include the above and the use of phone trees.

Information could include office closures, current status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, information for staff, status of MACWIS.

The Emergency Management Team is responsible for having on hand, a current list of newspapers, television stations and radio stations with their contact information and the

- OCFS website alert password.
- Each district has a phone tree as determined by the Program Administrator
- Emergency Management Team is connected to District phone trees through the Program Administrator and designee
- Program Administrator and designee have the Emergency Management Team contact information
- Staff to contact caregivers and children
- Staff have programmed caregivers' and supervisor's contact numbers into their cell phones
- Supervisors have programmed staff and other essential contact numbers into their cell phones
- Intake to be hub for communication in the event that the District Office is down
- Intake to temporarily relocate to a district office, MEMA or Public Safety if necessary

### **Information System Plan**

Develop MACWIS Disaster Recovery Plan: Contract to develop DRP that meets federal

- SACWIS requirement awarded to i-CST. Plan to be completed by 12/31/07.
- Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- Information Services Manager or designee to load the following reports onto the SMT folder weekly
  - Children in Care – Current Primary Open Placement Report
  - Worker Demographic Report
  - Listing of Assessments Report
  - Listing of Service Cases Report
  - Resource Capacity Availability: Foster Care-Regular Report
  - Resource Capacity Availability: Foster Care-CPA-Level of Care Report
  - AAG and judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Back-up system off-site is in place.

### **Office Disaster Supply Kit**

The Program Administrator or designee will have a thumb drive containing the following information:

- USB thumb drive with important documents loaded including:
  - Calling Tree
  - Employee and management contact information and their emergency contact information
  - (Worker Demographics Report to be developed)

- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Each District Office will have a disaster supply kit consisting of the following:

- Supply of paper forms: Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan,
- Purchase Order, Placement Agreement, Release of Information
- Paper copies of :
  - Calling Tree
  - Employee and management contact information and their disaster plan contact information
  - (Worker Demographic Report under development)
  - Children in Care – Current Primary Open Placement Report
  - Resource Capacity Availability: Foster Care-Regular Report
  - Resource Capacity Availability: Foster Care-CPA-Level of Care Report
  - Listing of Assessments Report
  - Listing of Protective Cases Report
  - AAG and judges contact information
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit
- Agency vehicles with at least ¾ full gas tanks

### **Emergency Management Team and Central Office Disaster Supply Kit**

The Emergency Management Team will have a disaster supply kit consisting of the following:

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner's Office and other state departments, federal liaison contact info, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of Child Welfare Services will determine who will have access to the thumb drive.
- Employee and management contact information including their emergency contact information (Worker Demographics Report under development)
- Children in Care – Current Primary Open Placement Report
- Supply of paper forms.
- Radios and extra batteries or hand-crank radios

- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit

## **Staff**

- Encourage staff to develop personal disaster kit
  - Staff identify 2 contacts who would know where they are, at least one of them should be out of the area.
- All employees will enter their name, address, home phone, work phone, work cell and both emergency contact numbers in MACWIS Worker Demographics using the specific fields and the text box pending MACWIS changes that will create field boxes for all required information
- Staff will report to the next closest Child Welfare Services office in the event of office closure related to the disaster if directed by the Child Welfare Director, Program Administrator or designee
- Staff must check in after a disaster with Intake or other entity as identified by the Emergency Management Team or Program Administrator

Recognizing that staff would also be affected by a disaster CWS supervisors will work with staff to ascertain their need for assistance so that they may be able to attend not only to their professional responsibilities but also to their own safety issues.

## **Providers**

Family caregivers will complete the Family Resource Disaster Plan as part of their Foster or Adoption Application and at their annual update and biennial renewal. Each district will designate a caseworker to assist relative and fictive kin caregivers to complete the plan if the caregivers will not apply to become a license/approved resource. Included in the plan are relocation and emergency contact information and agency contact requirements. Each family will have an Emergency Supply Kit consisting of:

- ◇ Water, one gallon per person per day for at least 3 days
- ◇ Food, 3 day supply of non-perishable food
- ◇ Battery powered or hand crank radio
- ◇ Flashlight and extra batteries
- ◇ First aid kit
- ◇ Whistle
- ◇ Moist towelettes, garbage bags
- ◇ Wrench or pliers
- ◇ Can opener
- ◇ Medications
- ◇ Medical equipment
- ◇ Wired phone
- ◇ Resource family disaster plan

Resource families will inform local first responders when a child with special medical needs is placed with them.

Residential facilities will follow emergency procedures as required by residential licensing regulations. District staff will contact children in residential facilities to assess for safety as soon as possible.

Family Resource staff will enter each resource family's emergency contact and relocation information on an Excel spreadsheet stored on each district's common drive and will send that information to the Information Services Manager monthly. This is a temporary work-around until the MACWIS Children in Care – Current Primary Open Placement Report can be altered to include the resource family physical address, primary phone number and secondary phone number and until fields in MACWIS can be created to capture relocation and emergency contact information.

Caseworkers with youth in independent living situations, children in trial home placements and in other unlicensed placements will acquire two emergency contact names and their phone numbers and addresses and record that information on an Excel spreadsheet which is stored on each district's common drive. This spreadsheet will be forwarded to the Information Services Manager monthly. This is a temporary work around until the Community Resources module can be altered to include fields to capture emergency contact information for unlicensed placements.

### **Coordination with Courts**

The Director of Policy and Practice will inform the court administration of the development of the Child Welfare Emergency Response Plan. Program Administrators and district Assistant Attorneys General will coordinate with local courts during an emergency.

### **Liaison with Federal Partners and Neighboring States**

- Director of Child Welfare or designee will initiate and maintain contact with federal partners to communicate about waivers and about what is happening on state and federal levels in regard to the disaster.
- Staff should document overtime and work done related to the disaster for possible reimbursement.
- Director of Child Welfare or designee will identify liaison in neighboring states, work with them to coordinate and share information when children and families cross state lines and will maintain complete contact information for those liaisons and their alternates.
- Director of Child Welfare or designee will ensure that federal partners and neighboring state liaisons have Emergency Management Team contact information.

## Districts

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and inform Intake. Districts will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of MACWIS. District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

- Develop a plan for continuation of services to include:
  - Assessment of new reports within 72 hours of the report
  - Service provision to Child Protection service cases within 5 days of the disaster
  - Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible
  - Contact with parents of children in custody to give them updates on child's situation and to learn of parent's situation, service provision as soon as possible
  - Coordinate with other agencies that have information about child and family location, needs.
- In the event that a child needs to be moved due to the emergency and another placement cannot be quickly located, with approval of the supervisor and PA the caseworker may take the child home with him/her. Per the Director of the Office of Child and Family Services, Policy V. D-4 which restricts placement of children in state custody or care with employees will be temporarily abrogated.
- Develop staff phone tree
- Maintain list of District Court judges and AAG's home phone number, cell phone, and address
- When youth are participating in off-grounds activities, the trip leader or other adult leader will have control of medications and emergency and first aid supplies.

The Plan will need to be implemented incrementally in order to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

## ADDENDUM

### HOSTAGE TAKING

If a hostage situation occurs, staff on the scene should follow the following guidelines:

- Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
- 1) Isolate the perpetrator from innocent bystanders or potential victims if possible.
- 2) Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
- 3) Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
- 4)

- 5) Remain calm and attempt to keep others calm.
- 6) Dial 9-1-1 or attempt to have someone contact help.  
Negotiate if possible if a rapport is existent. Do not be condescending or sarcastic – be
- 7) bold, confident and calm.
- 8) Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
- 9) Think about potential escape plan for yourself and other.

### **Roles of Management In Hostage Taking**

Notify local law enforcement immediately and provide them with any pertinent information

- 1) necessary.
- 2) Utilize cellular phones between the safe and crisis zones.
- 3) Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)  
If staff or clients are advised to stay put, stay away from windows, drop to the floor, take
- 4) cover, and wait for a signal.
- 5) Stay in constant communication with law enforcement.  
Have a designee secure the doors to avoid innocent bystanders from complicating the
- 6) situation.  
Meet law enforcement officials at a pre-designated location and provide them with good
- 7) directions to and description of the site.
- 8) Identify a safe place away from the building for interviews.
- 9) Once the situation has been resolved, the "all clear" signal should be announced.
- 10) Make sure master keys are readily available to responding law enforcement.



# **Appendix C**

## **Child and Family Services Agreement**

**Between**

**University of Southern Maine  
Muskie School of Public Service**

**and**

**Maine Department of Health and Human Services  
Office of Child and Family Services**

**University Agreement Lead: Sally Ward, 626-5211,  
sward@usm.maine.edu**

**Department Agreement Lead: Jim Beougher, 624-7900, james.beougher@maine.gov**

**July 1, 2009 – June 30, 2010**

## **Introduction**

This Cooperative Agreement is a continuation project under the auspices of the Memorandum of Understanding between the Department of Health and Human Services and the University of Southern Maine. 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.

### **Benefits to the State:**

- Ongoing consultation, resources and support that facilitates increased knowledge and skills of Child Welfare Services (CWS) staff, Children's Behavioral Health Services (CBHS) staff, foster and adoptive parents and providers
- Concrete deliverables in the areas of staff training, organizational development, and planning
- Evaluation integrated into training programs to strengthen content and delivery of training
- Increased access to training for foster and adoptive parents, OCFS staff and contracted providers through development of web-based and other readily available training methods
- Research and consultation to promote retention of excellent staff and adoptive/foster families in Maine's Child Welfare System
- Analysis and presentation of key data related to the experiences of Maine kinship families involved in the child welfare system and Maine wraparound families
- Research, analysis, facilitation, and technical assistance to support OCFS in its efforts to review and revise key Child Welfare policies
- Research, analysis, and technical assistance to partner with OCFS in its efforts to become a model state for comprehensive testing procedures in child welfare
- Access to research and technical assistance to implement systems improvement and strategic initiatives that result in improved outcomes for children and families involved in the children's behavioral health system of care
- Technical assistance and support in implementing activities related to the Child and Family Services Plan (CFSP) and Program Improvement Plan (PIP)
- Support for Maine's efforts to become the first state in the country to establish a statewide network of substance abuse professionals who are specifically trained in child welfare issues.

### **Benefits to the University:**

- Access to state administrative and program data to conduct research and evaluation studies

- Resources and support for university staff and faculty to stay current in field of expertise.
- Opportunities for Muskie staff to contribute to the field of knowledge including support for travel to present at national conferences and time to write reports and journal articles for dissemination
- Gateway to contribute to increased efficiency and cost-effectiveness of state government and furthering the public service mission of the University
- Opportunities to strengthen the link between academic programs, research, and child welfare practice
- Openings for Internships, assistantships and capstone projects for university students
- Expansion of the University of Southern Maine's educational continuum to non-credit and certificate programs
- Opportunity to bring together the School of Social Work and the Office of Child and Family Services to discuss/enhance connections between child welfare professionals and the School
- Promotion of access to state-of-the-art learning technology including interactive video and Web Based Courses
- Professional contacts in DHHS and other State Departments and agencies related to child welfare service delivery

#### **Responsibilities of the State:**

- Commit DHHS staff time to work collaboratively with Muskie staff on all products and projects. Activities include: participation on project design, planning and oversight work groups; curriculum review and development; co-training; providing subject matter expertise for competitive grant proposals, reports and other products; collaboration in the development of national presentations and journal articles; etc.
- Provide access to the Department of Health and Human Services (DHHS) data, policies, procedures, and technology required for project design and implementation, research, and preparation of reports as needed for initiatives included in this agreement
- Make available support for Muskie dissemination activities, including paid time for Muskie staff to prepare dissemination materials as well as support for DHHS and Muskie staff to travel for national presentations
- Contribute to the direct cost of the activities in this agreement
- Support active participation of agency staff involved with collection of data for initiatives included in this agreement
- Grant space in state offices for meetings, training, and project administration
- Offer timely feedback on drafts of products
- Participate in joint hiring of staff, where appropriate

- Make DHHS staff time available to participate in routine meetings with Muskie staff regarding progress on initiatives in the cooperative agreement and provide regular feedback regarding satisfaction with all aspects of work

**Responsibilities of the University:**

- Contribute a percentage of assessed indirect as match to project budget
- Provide space in Augusta and Portland for project staff meetings and training
- Manage organizational, logistical and fiscal aspects of project
- Provide human resources management for project staff
- Give access to university resources (library, computer services, telecommunications, etc.)
- Certify to the best of its knowledge and belief, that all employees associated with this agreement are not presently debarred, suspended, proposed for debarment, or declared ineligible from participation by any federal department or agency
- Maintain data on training, certification, tuition reimbursement, and staff development activities completed through Muskie School
- Provide training and project evaluations, as appropriate

## 1. Adoptive and Foster Family Introductory Training

**University Project Administrator:** Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

**Goal:** The goal of Introductory Training is to give prospective foster parents, adoptive parents, and kinship providers, including Native American resource families, the foundational knowledge needed to work effectively with children, their families and other professionals with whom they will interact as caregivers. Training assists OCFS and resource families to meet state mandates and outcomes expected by the Federal government, within the context of Maine's practice model.

**Abstract/Scope of Work:** Introductory training is designed as a competency-based curriculum that encourages participants to explore their motivations for becoming a resource family, how it will impact their family system, supports necessary, and areas needing further development. Knowledge of the systems with which they will interact, impact of abuse and neglect, understanding of birth-family connections and impact of separation are some of the many areas covered. Resource families will enhance their understanding and ability to support the primary goals and objectives of OCFS in the areas of safety, permanency and well-being for children. Participants are encouraged to consider others' views, values, cultures, orientation, etc. as essential ingredients in forming constructive working relationships within these systems. Efforts are continuing to ensure that training is accessible to all resource families; delivery method options are expanding to include piloting some training rounds with Interactive Television (ITV) and/or Video Conferencing, and piloting some with mixed modalities (including web-based training). A web-based training exists and will be augmented as an option to classroom based training.

**Objective 1:** To deliver regionalized training for resource families providing care and to provide ongoing consultation and feedback to the staff of the Child Welfare Services to support their work in promoting safe placement and effective care of children.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Delivery of pre-service training, "Fundamentals of Foster and Adoptive Parenting and Kinship Care"; up to 40 rounds of training offered statewide, piloting/evaluating some with ITV/mixed modalities B. Build upon existing web-based Fundamentals series modules- enhance content and activities to support increased uses as alternative/replacement for classroom-based trainings	7/1/09 -6/30/10	6.53 FTE's for all project activities  OCFS Project Liaison: Virginia Marriner	A- Up to 40 rounds of pre-service training offered in mixed modalities  B- Ongoing collaboration with District staff, Sr. Management and Central Office- and other stakeholders as determined- to integrate OCFS priorities, policy and practice into the introductory educational experience	<ul style="list-style-type: none"><li>Participants will gain knowledge of OCFS Policy and Practice, systems with which they may interface, impact of abuse and neglect on children, importance of birth family and the impact of separation</li><li>Schedule and mixed modalities of training activities/events will assist in addressing barriers to attendance therefore, increasing numbers of resource families who participate in training opportunities.</li><li>Regular meetings between OCFS (District, Sr. Management and Central Office) and Muskie provide collaboration and consultation that ensure that policy and practice issues specific to Foster Parents, Adoptive Parents and Kinship Providers are reflected in the educational experience.</li></ul>

<b>Objective 2:</b> To maintain the relevance and currency of the Introductory Curriculum for resource families providing care, decrease barriers that interfere with permanency, and ensure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Comprehensive review/ redesign of the Introductory Curriculum to reduce barriers to attendance, and increase convenience, accessibility, relevance and consistency with OCFS priorities, policies and practices. B. Organize focus groups of stakeholders to provide specific input regarding Curriculum revisions, to include DHHS Staff, University Staff, Foster and Adoptive Parents and Kinship Providers C. To support the unique needs of kinship providers, research and analyze current and historical data specific to Kinship Providers Statewide and Nationally; D. Provide updated training for agencies training this Curriculum E. Provide additional data collection, analysis and comprehensive information dissemination regarding trends specific to foster care, adoption and kinship care.	7/1/09 -6/30/10	See above	A- Research/literature review/focus groups/ad hoc committees, survey/needs assessment- of topic areas, training modalities, access, barriers, etc.  B- Revised, evidence-based Curriculum incorporating legislation, national trends and data that is aligned with OCFS Policies and Practice.  C- A needs assessment and analysis of data related to Kinship Care.  D. Training of Trainers.  E- Results of data collection, analysis and trends.	<ul style="list-style-type: none"> <li>Unified practice between resource families and caseworkers.</li> <li>Increased knowledge of the barriers and unique needs of Kinship Providers in Maine.</li> <li>Improving outcomes for children and families</li> <li>Participating Agencies and OCFS receive a current, relevant, research-based Introductory Curriculum supported by comprehensive input of stakeholders, best practice and OCFS policy and practice.</li> </ul>

**Budgeted amount for this project: \$703,239**

**Funding sources:** Foster Care Title IV-E and Adoption Assistance

**State share:** \$333,973

**Federal Share:** Foster Care IV-E: \$93,315 Adoption Assistance \$275,951

**CFDA#:** 93.658, 93.659

## 2. Adoptive and Foster Family In-Service Training

**University Project Administrator:** Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

**Goal:** The goal of Adoptive and Foster Family In-Service Training is to provide educational opportunities and support to foster and adoptive parents and kinship providers to assist them in their professional development, enhance their understanding and ability to support the primary goals and objectives of OCFS, and to contribute to the retention of effective and committed caregivers.

**Abstract/Scope of Work:** Development and presentation of curricula, conferences, and other tools that are responsive to the changing needs of foster and adoptive parents, kinship providers and staff as directed by primary goals and objectives of OCFS' Child and Family Services Plan and CFSR/Program Improvement Plan. Muskie continues to collaborate with District Staff, Central Office Staff, and community based agencies providing support to foster and adoptive parents and kinship providers to identify educational needs and create meaningful and effective professional development experiences.

<b>Objective 1:</b> To deliver a diverse range of In-Service training that responds to professional development needs of foster and adoptive parents as well as the objectives, policies and practices of OCFS.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Offer a series of training events and activities, in a variety of modalities, targeted to statewide participation, directly focused on the primary objectives of Permanency, Visitation, Kinship, Family Team Meeting Process and Supporting Teens	7/1/09 -6/30/10	2.20 FTEs for all project activities  OCFS Project Liaisons: Virginia Marriner, Martha Proulx, and Francis Sweeney	Four to six training events/activities, focused on identified needs of providers, determined in partnership with OCFS.	Foster and adoptive parents and kinship providers will have increased knowledge, skills and abilities in the targeted subject areas to work more effectively with the children they are caring for; to more fully support reunification and connections with birth family members; and to improve their understanding and effectiveness in the systems in which they work, including judicial, child welfare, educational, and mental health systems.
<b>Objective 2:</b> To Increase Access to Training by providing a variety of formats and delivery methods				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Develop, coordinate, and administer a variety of topics available through distance learning to maximize availability of training opportunities.  B. Administer a contract with Foster Care and Adoptive Community so that Maine foster parents may use web-based courses developed through that organization and available on <a href="http://www.fosterparents.com">www.fosterparents.com</a> .	7/1/09 -6/30/10	See above	A1- Correspondence courses covering 25 topics A2- Access and information about available web-based learning opportunities A3- A current schedule of training and other resources available through the Institute and as available, from agencies across the state. B- Links to agencies delivering web-based training/on-line support to resource families	Foster and adoptive parents and kinship providers can gain increased knowledge, skills and abilities in a variety of Competency Areas as well as additional opportunities to obtain training hours to enable them to renew their licenses through continuing education units and contact hours.



<b>Objective 3:</b> To provide oversight and support to OCFS staff for Professional Development allocations and activities available to resource families.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
\$12,000 is provided to Program Administrators to support requests of resource families to attend training sponsored by other agencies, to purchase training materials, or to develop training programs within their districts.	7/1/09 -6/30/10	Muskie staff: see Objective 1 OCFS Project Liaisons: Martha Proulx, Francis Sweeney	<ul style="list-style-type: none"> <li>Registration fees covered for specialized trainings approved by District staff.</li> <li>Maintain database and provide upon request a listing of all training hours acquired through Muskie.</li> </ul>	Foster and adoptive parents and kinship providers will have access to training opportunities from a diverse array of providers in a variety of Competency areas to enable them to enhance their skills and fulfill educational requirements for re-licensure.
<b>Objective 4:</b> In partnership with Staff Ongoing activities, support OCFS efforts to pilot an established process of building relationships and communication between birth parents and foster parents involved in a child's life, or between foster and adoptive families, with the goal of supporting family reunification or another permanency plan.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Pilot Bridging the Gap/'Icebreaker Meetings' model- an icebreaker meeting is a facilitated, child-focused, brief, well-planned meeting held shortly after a child is placed (or re-placed) in out of home care, to provide an opportunity for birth parents and foster parents to meet each other and to share information about the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.	7/1/09 -6/30/10	Muskie staff: see Objective 1; OCFS Project Liaison: Virginia Marriner	<ul style="list-style-type: none"> <li>Training/coaching on the Bridging the Gap/Icebreaker Meeting model</li> <li>Data collection, immediately following Icebreaker Meeting, and at 6 month intervals thereafter.</li> </ul> *Parent Participant Evaluation (birth and foster); *Social Worker Evaluation	<ul style="list-style-type: none"> <li>OCFS staff will have the opportunity to strengthen approaches to building relationships and communication among birth parents and caregivers, thus supporting an effective reunification team, and thus improving outcomes for children and families.</li> <li>Foster parents and birth parents will have well-planned, supported opportunities to forge on-going positive relationships.</li> </ul>

**Budgeted amount for this project: \$262,584**

**Funding sources:** Foster Care Title IV-E

**State Share:** \$156,998

**Federal Share:** \$105,586

**CFDA#:** 93.658

### 3. Children's Transportation

**University Project Administrator:** Rebecca Harvey, 626-5266, [bharvey@usm.maine.edu](mailto:bharvey@usm.maine.edu)

**Department Lead:** Daniel R. Despard, 624-7950, [Daniel.R.Despard@Maine.gov](mailto:Daniel.R.Despard@Maine.gov)

**Goal:** The activities under this project ensure that drivers transporting children in the custody of DHHS to appointments for medical and behavioral health services have information on early childhood development and communication, the dynamics of child abuse, transportation safety, and OCFS policies regarding transportation. Transportation services are covered under Ch. II, Section 113 of the MaineCare Benefits Manual.

**Abstract/Scope of Work:** Projects under this goal area encompass activities that include mandatory training for all drivers transporting children in the care and custody of DHHS, as well as mandatory training and refresher training for the trainers of those drivers.

<b>Objective 1:</b> To provide initial training in the Children's Transportation Curriculum to all new drivers who transport children via OCFS contracted agencies and to provide refresher training every three years to current drivers. This work pertains to activities that improve the competence of staff that provide services outlined in Ch. II Section 113 of the MaineCare Benefits Manual.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Review and update existing curriculum	7/1/09 -6/30/10	.06 FTE's for all project activities  OCFS Project Liaison: Christine Merchant	<ul style="list-style-type: none"><li>• Facilitate an annual workgroup to review the existing curriculum.</li><li>• Coordinate with OCFS staff to ensure that all aspects of Department Policy are reflected in curriculum.</li><li>• Update and maintain the on-line version of the curriculum for all delivery to Trainers.</li><li>• Create and maintain a database for tracking delivery of training to trainers.</li><li>• Assist contracted agencies with coordinating training of drivers, both initial and refresher.</li><li>• Six (6) hours of Children's Transportation Training of Trainers will be delivered to an estimated 150 new and current drivers.</li></ul>	<ul style="list-style-type: none"><li>• All drivers who transport children will have a basic understanding of OCFS policy related to transporting children in DHHS Custody.</li><li>• Drivers will gain an awareness of early childhood development and communication, the dynamics of child abuse, including signs and symptoms of abuse as well as their role as mandated reporters, and transportation safety.</li><li>• Trainers who have been previously trained will receive necessary updates and policy information in a way that will minimize their time away from the office and job and maximize their productivity.</li><li>• New trainers will be able to understand the dynamics of adult education and training techniques, as well as receive information on the curriculum content, in a way that will minimize their time away from the office and job and maximize their productivity.</li></ul>

**Budgeted amount for this project:** \$13,487

**Funding sources:** Medicaid

**State Share:** \$4,604

**Federal Share:** \$8,883

**CFDA#:** 93.779

#### 4. IV-E Administration

**University Project Administrator:** Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

**Goal:** Support the effective and efficient administration of foster care and adoption program through the provision of research and technical assistance to the Office of Child and Family Services staff on projects and initiatives.

**Abstract/Scope of Work:** Projects under this goal area are broad and encompass activities that include program design/development and processes to more efficiently respond to state and federal mandates, take action related to the CFSR Program Improvement Plan and integrate the OCFS Practice Model.

<b>Objective 1: Assist OCFS staff in designing and facilitating a process for review of policy.</b>				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Assist in the development of a policy review process, integration of the OCFS practice model and implementation of a plan to revise and organize policy. B. Inventory policy and determine whether key policies exist, their state of currency, whether each incorporates the OCFS Practice model, whether policy or procedure. C. Research models for organization and formatting of policy and procedures D. Design and facilitation of policy summit E. Revision of existing policy as directed by OCFS Central Office management	7/1/09 -6/30/10	.90 FTE's for all project activities  OCFS Project Liaison: Virginia Marriner	<ul style="list-style-type: none"> <li>Inventory of current policies.</li> <li>Comparative review of models for organization and formatting of policies and procedures</li> <li>Process to review and update policy</li> <li>Facilitation of Policy Summit</li> <li>Technical Assistance with re-writing identified policies</li> </ul>	<ul style="list-style-type: none"> <li>Policy will be clear, concise and organized.</li> <li>Policy will reflect the Practice Model</li> </ul>
<b>Objective 2: As requested, provide support related to the Child and Family Services Plan and CFSR/Program Improvement Plan.</b>				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
As requested, assist OCFS to research and plan effective responses to identified needs related to the Child and Family Services Plan and CFSR/Program Improvement Plan.	7/1/09 -6/30/10	See above  OCFS Project Liaison: Theresa Dube	<ul style="list-style-type: none"> <li>To be determined after finalization of CFSP and PIP (Fall 2009)</li> </ul>	To be determined

<b>Objective 3</b> Respond to emerging issues/practice as identified by OCFS				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Conduct research/literature reviews, facilitate focus groups, convene ad hoc groups, participate on committees, provide consultation/support as requested	7/1/09 -6/30/10	See above  OCFS Project Liaison: Dan Despard	<ul style="list-style-type: none"> <li>Results of research/literature reviews</li> <li>Facilitation of focus groups</li> <li>Convene ad hoc groups</li> <li>Consultation/support</li> </ul>	Information and data regarding emerging issues/practice as identified by OCFS
<b>Objective 4:</b> To conduct research and evaluation activities for the statewide community-based wraparound program				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Coordinate evaluation activities with the National Wraparound Initiative (NWI) B. Administer contract for integrated web-based evaluation database C. Conduct quality assurance of NWI instruments and administrative data D. Provide program staff with ongoing training on data collection E. Conduct statewide annual process and outcome report F. Conduct focus group with wraparound families and team members	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>User agreements with NWI</li> <li>Quarterly Progress reports</li> <li>Presentations for discussion groups/Governing councils</li> <li>Process report and power point presentation</li> <li>Outcome report and power point presentation</li> <li>Report on Family/youth perspectives and power point presentations</li> </ul>	<ul style="list-style-type: none"> <li>An integrated data management system providing 1) real-time data to OCFS for contract management, Real-time QA feedback to program staff,</li> <li>Integrated datasets for evaluation outcome and process reporting.</li> <li>A detailed analysis and report of the experiences of Maine's wraparound families. First-hand accounts detailing whether the program is meeting needs. Dissemination may help refine and broaden understanding of the program.</li> </ul>

**Budgeted amount for this project:** \$135,641

**Funding sources:** Foster Care Title IV-E Administration

**State Share:** \$94,547

**Federal share:** \$41,094

**CFDA#:** 93.658

## 5. Caseworker Pre-Service

**University Project Administrator:** Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

**Goal:** The goal of Caseworker Pre-Service training is to deliver a holistic, competency-based training for new child welfare professionals, including Native American Child Welfare professionals and those working with other specialized populations in order to acclimate them to the work they will be undertaking. The plan is to provide basic foundational knowledge of national and statewide child welfare practice standards, the legal basis for the work, the parameters for intervention, and current social work and casework ethical standards.

**Abstract/Scope of Work:** Caseworker Pre-Service Staff Training is an eight-week (12-week cycle) competency-based curriculum training that provides the foundational underpinnings for the delivery of Public Child Welfare services in the State of Maine. This program incorporates work with supervisors and new staff to prepare the new staff for training and their career. It also includes delivery of: a 5-week in-class curriculum, 3 on-line learning modules, a 3 week field practice experience, and on-going communication among the trainers, new workers and new worker's supervisors. Finally it includes post-training consultation with supervisors and new staff, as well as ongoing coaching and support, representing a continuum of training and learning events for the new caseworker's professional development. The full curriculum is aligned with the OCFS Practice Model and the Department's Mission and Vision.

The web-based portion of the training allows for local delivery of key topics: the legal framework for practice, understanding the documentation responsibility of casework staff and the importance of informed and responsible decision making. The Pre-Service curriculum will continue to be revised and updated in conjunction with Child Welfare Services Pre-Service Review Work Group and senior management of OCFS.

Objective 1: To deliver comprehensive Pre-Service training to new OCFS caseworkers				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Deliver Pre-Service Training to new casework staff B. Provide three weeks of field practice for new caseworkers directed by the new caseworker's supervisor using an established Field Practice Manual. C. Provide ongoing training of supervisors in use of the Field Practice Manual D. Deliver web-based learning opportunities as part of the Pre-Service training experience	7/1/09 -6/30/10	2.90 FTE's for all project activities  OCFS Project Liaisons: Martha Proulx, Francis Sweeney	A- 4 Rounds of Pre-Service training. Each round is comprised of 8 weeks of sessions- within a 12-week training cycle  B- Field Practice Manual will be made available to all new caseworkers and supervisors in an on-line version  C- Trainers are available to train/consult with supervisors on use of field manual and behavioral indicator tool D1- Existing web-based modules revised as needed D2- Develop one new web-based module on the fundamentals of the child welfare legal system	<ul style="list-style-type: none"> <li>• In concert with the Practice Model, participants will understand the philosophy and role of delivering public child welfare services in the State of Maine to meet outcomes of Safety, Permanency and Well-Being for families and children</li> <li>• Participants will gain knowledge of the laws, policies and practice governing the delivery of public child welfare services.</li> <li>• Participants will gain knowledge of the systems with which they will interact in the delivery of public child welfare services.</li> <li>• Participants will understand the impact of Child Abuse and Neglect on children and families and the dynamics that surround the issues.</li> <li>• Field Practice promotes transfer of learning from the classroom to the office.</li> <li>• Web-based training modules give new caseworkers opportunity to participate in training at their own pace and their own direction.</li> </ul>

**Objective 2:** Provide coaching, assessment, and ongoing support for new workers and their supervisors before, during and after the delivery of Caseworker Pre-Service Training in order to assure the best fit for each new caseworker in the field and to identify caseworkers' strengths and challenges. Support supervisors through providing them with information regarding the growth of new caseworkers through the Pre-Service process.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Pre-training work with new caseworkers and their supervisors.</p> <p>B. Collaboration during training among trainers, new caseworkers, and supervisors to discuss training process, progress needs.</p> <p>C. Post-training meeting including trainer, new caseworker and supervisor reflecting on the Pre-Service experience, assisting with transfer of learning, and identifying the new caseworker's professional development needs.</p> <p>D. On-going consultation with supervisors and senior management related to training process and new caseworker progress and needs.</p>	7/1/09 -6/30/10	See above	<p>A- A training contract for each new caseworker.</p> <p>B- Trainer feedback regarding reflective activities, field practice, and fit related to the work done during Pre-Service; meeting with each new caseworker during Pre-Service.</p> <p>C- Post-training meeting with each new caseworker and their supervisors following Pre-Service.</p> <p>D- Trainers are available to meet with district management and supervisors following Pre-Service to discuss specific problems</p>	<ul style="list-style-type: none"> <li>• New caseworkers, supervisors, and trainers have mutual understanding of the training process, roles and responsibilities.</li> <li>• New caseworkers will increase their understanding of their strengths, challenges and needs in relation to the caseworker job requirements.</li> <li>• Supervisors have information they need to effectively manage their new employees.</li> <li>• Supervisors are aware of issues related to job fit so they can plan how to manage them. Ultimately new caseworkers will experience more job satisfaction as a result</li> <li>• Communication with new caseworker and supervisor promotes a smooth transition from Pre-Service to the job.</li> <li>• Trainers provide information that helps district management to plan for ongoing supervision of a new worker experiencing problems</li> </ul>

**Objective 3:** To administer, review, and update curriculum, enhance regional support for the Pre-Service training, and plan for expanded delivery modalities for the training program.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Manage all logistical processes related to Pre-Service training, including notification, registration, preparation of materials, and record keeping.</p> <p>B. Review other state's Pre-Service training practices and research relevant literature to inform ongoing updating of the curriculum.</p> <p>C. Use information gained through research, changes in policy, and/or legislative initiatives to update the Pre-Service curriculum and all trainee materials.</p> <p>D. Identify areas trained in Pre-Service where content can be augmented/converted to other modalities.</p> <p>E. Support the development of further Pre-Service web-based materials</p> <p>F. Maintain and improve the web-based platform for delivery of Pre-Service products</p>	7/1/09 -6/30/10	See above	<p>A1- Notification of upcoming rounds of Pre-Service</p> <p>A2- Registration of Pre-Service participants</p> <p>B1- Continuously updated curriculum</p> <p>B2- Pre-Service curricula that represents current practice locally and in the field generally</p> <p>C1-Updated program manual for new caseworkers</p> <p>C2- Provide other necessary material to new caseworkers (e.g. Child Welfare law)</p> <p>D-Delivery of some topics in alternative formats.</p> <p>F- A state of the art on-line learning platform for new OCFS caseworkers</p>	<p>Supervisors and new employees receive notification about training in time for adequate preparation.</p> <p>Training received by new Caseworkers in Maine reflects current research and best practice in the field.</p> <p>Organization of ongoing plan to move curricula on-line when appropriate. Review by educational and information technology staff</p> <p>New caseworkers are satisfied that they are working with a delivery platform of the full Pre-Service product that evidences an ease of accessibility and generally successful connection</p>

**Objective 4:** To administer and maintain a high-stakes testing program for the Caseworker Pre-Service Training Program that will inform OCFS staff about new caseworkers' readiness to perform job responsibilities.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Administer the high stakes testing components for each pre-service round</p> <p>B. Administer the pre-service entrance survey and analyze data</p> <p>C. Develop a reporting system of test results to trainees, supervisors, and trainers</p> <p>D. Disseminate test results with appropriate stakeholders</p> <p>E. Maintain and continually update the test components</p> <p>F. Maintain and continually update a "technical manual" to substantiate the use of test materials in high-stakes situations</p> <p>G. QA and data entry of skills assessments, and supervisor ratings</p> <p>H. Conduct data analysis of test performance</p>	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>• An updated test blueprint</li> <li>• A technical manual that provides test diagnostic measures and testing policies</li> <li>• An updated test bank of multiple choice items, set of skills assessment tools, and field practice manual</li> <li>• An electronic database maintaining test results</li> <li>• Progress reports on test results</li> <li>• A user guide for test raters/users</li> <li>• Procedures and forms for the dissemination of test results</li> </ul>	<p>Managers will have access to a reliable and valid testing tool that will provide credible evidence of a new caseworker's readiness to assume the duties of the job</p> <p>Results can be used for professional development planning with new caseworkers.</p> <p>Maine will become a model state for comprehensive testing procedures in child welfare</p>

I. Create training materials for raters and users of testing materials				
<b>Objective 5:</b> Incorporate evaluation methods into the pre-service training program to support and strengthen content and delivery of training.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Use Competency self-evaluations to evaluate Pre-Service B. Transfer of learning evaluation will be developed and implemented during this fiscal year C. Revised trainee feedback surveys for the evaluation of outside speakers and pre-service trainers D. Provide evaluation feedback to pre-service trainers to assist in the refinement of pre-service materials	7/1/09 -6/30/10	See above	Revised trainee competency evaluation forms Development of transfer of learning evaluation tools District-level report outlining the extent of transfer of learning observed Revised trainee evaluation surveys Structured feedback to trainers	<ul style="list-style-type: none"> <li>Current evaluation system will be revamped to make the process more user friendly, decisive and useful</li> </ul>

**Budgeted amount for this project:** \$383,498

**Funding sources:** Foster Care Title IV-E

**State Share:** \$126,177

**Federal share:** \$257,321

**CFDA#:** 93.658



## 6. Ongoing

**University Project Administrator:** Rebecca Harvey, 626-5266, bharvey@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@maine.gov

**Goal:** The goal of Ongoing Training is to deliver training for all child welfare professionals, including new and experienced OCFS Staff, Tribal representatives and other specialized populations/contracted agency staff that responds to child welfare issues within their communities. Training includes national and statewide practice standards, legal basis and parameters for intervention, current social work precepts, the OCFS practice model and policies which govern the delivery of public child welfare services to meet outcomes of Safety, Permanency and Well-Being for families and children.

**Abstract/Scope of Work:** Ongoing Training responds to the intermediate and advanced training needs of new and experienced OCFS staff and contracted agency staff. All staffs have the opportunity to stay current with research and practice, and continue their professional development. New Caseworkers continue to develop through ten mandatory Core training topics that are offered on an alternating schedule over a two-year period. Additional in-service programs will be offered, in partnership with the Adoptive and Foster Family Training Program, on a variety of topics in mixed modalities, to address key topics identified through the Child and Family Services Plan and CFSR/Program Improvement Plan. Topics that are suitable for this training format are identified in collaboration with the OCFS Management. Professional development opportunities outside of the formal training system promote interaction with community providers and the University system, and enhance the academic and professional credentials of OCFS staff. The promotion of post-baccalaureate education for OCFS staff both increases the knowledge resident in OCFS but also acknowledges and promotes the legitimacy of the social work profession in child welfare. Specialized training programs are delivered to contracted agency staff - for Alternative Response Program (ARP) staff and Family Reunification Program (FRP) staff - to enhance the development of skills and ensure services reflect current OCFS policy and practice expectations. Contract Agency Supervisors and OCFS staff specialists will be involved in delivering the training to the contracted agency staff.

### Ongoing Training for OCFS Staff

<b>Objective 1:</b> To deliver centralized in-service training for staff, supervisors, and managers				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
<p>A. Core Trainings for all OCFS staff in areas of key practice issues; new casework staff will be expected to attend these Core Training programs. Topics requested by Sr. Management include:</p> <ol style="list-style-type: none"> <li>1. Medical Indicators of Child Abuse and Neglect (1 day, 1 offering)</li> <li>2. Dynamics of Substance Abuse (1 day, 1 offering)</li> <li>3. Domestic Violence and Batterer Intervention (1 day, 1 offering)</li> <li>4. Motivational Interviewing (2 days, 3 offerings)</li> <li>5. Either: Case mining/Home Finding and working with 'found' family members (Kevin Campbell) or Placement Disruption: Impact of</li> </ol>	7/1/09 - 6/30/10	<p>2.39 FTE's for all project activities</p> <p>OCFS Project Liaisons: Martha Proulx, Francis Sweeney</p>	<p>A. Trainings on six Core topics identified as priorities for the project year.</p> <p>B. Four to six training events/activities, focused on identified needs of providers, determined in partnership with OCFS</p> <p>C. Three trainings on the Indian Child Welfare Act (ICWA) for up to 150 participants each</p> <p>D. Training on the Multi Ethnic Placement Act (MEPA) for all staff</p> <p>E. Family Team Meeting</p>	<ul style="list-style-type: none"> <li>• Participants will gain knowledge and stay current with research, and practice and continue their professional development</li> <li>• Participants will gain knowledge of the systems with which they will interact in the delivery of public child welfare services, the impact of Child Abuse and Neglect on children and families, enhance understanding of the concepts and skills of interviewing, enhance understanding of group dynamics and development of family teams to meet outcomes of Safety, Permanency and Well-Being for families and children and youth.</li> <li>• OCFS staff will have increased knowledge, skills and abilities in the targeted subject areas to work more effectively with children</li> </ul>

Removal/placement changes on Children (1 day, 1 offering) 6. Youth Suicide Prevention (1 day, 3 offerings). B. In partnership with AFFT activities, offer a series of training events and activities, in a variety of modalities, targeted to statewide participation, directly focused on the primary objectives of Permanency, Visitation, Kinship, Family Team Meeting Process and Supporting Teens. C. Indian Child Welfare Act (ICWA) training D. Multi-Ethnic Placement Act (MEPA)-explore/evaluate alternative delivery modes E. Training on the Family Team Meeting process for Stakeholder Agencies. F. Training for OCFS staff on the Americans with Disabilities Act (ADA) G. Maintenance of <a href="http://www.cwti.org">www.cwti.org</a> web site and insuring the SETU web site is up-to-date as to CWTI activities			training for up to 30 participants each to include participants from stakeholder agencies F. Web-based training on the American with Disabilities Act G. Current information about available trainings is posted on the CWTI and SETU web sites	and their caregivers; to more fully support reunification and connections with birth family members; and to improve their understanding and effectiveness in the systems in which they work, including judicial, child welfare, educational, and mental health systems. <ul style="list-style-type: none"> <li>Participants will have access to a variety of training topics in a variety of modalities to enhance learning.</li> <li>Participants will come to understand current issues affecting Indian Child Welfare</li> <li>Participants will be reminded of OCFS responsibility in working with families with other cultural heritage or connection</li> <li>Participants will learn best practice in leading Family Team meetings and will have the opportunity to practice facilitation skills</li> <li>Participants will learn about ADA requirements and OCFS responsibilities with respect to families with whom they work.</li> <li>OCFS staff will be able to find information about training opportunities on the web.</li> </ul>
---	--	--	---	--

**Objective 2:** To build Muskie / OCFS training partnerships through discussing and developing training programs with OCFS Senior Management for staff, supervisors and managers.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Participation in OCFS Central Office Management, Senior Management Meetings, Statewide Supervisory Meetings, Caseworker Advisory Committee Meetings including supporting web-based meetings	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> <li>Participation in standing meetings and committees on a monthly basis</li> <li>Ongoing support for senior management learning circles, informal learning workgroups, etc. will be provided including facilitation, resource provision and development, as well as support for travel.</li> </ul>	<ul style="list-style-type: none"> <li>Alignment of training with the Practice Model and the philosophy of delivering public child welfare services in the State of Maine to meet outcomes of Safety, Permanency and Well-Being for families and children</li> <li>Discussion and development of an informed training agenda for OCFS</li> <li>Staff to support OCFS efforts</li> </ul>

**Objective 3:** In partnership with AFFT activities, to support OCFS efforts to pilot an established process of building relationships and communication between birth parents and foster parents involved in a child's life, or between foster and adoptive families, with the goal of supporting family reunification or another permanency plan.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Pilot 'Bridging the Gap'/'Icebreaker Meetings' model- an icebreaker meeting is a facilitated, child-focused, brief, well-planned meeting held shortly after a child is placed (or re-placed) in out of home care, to provide an opportunity for birth parents and foster parents to meet each other and to share information about the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>• Training/ coaching on the Bridging the Gap/Icebreaker Meeting model</li> <li>• Data collection, immediately following Icebreaker Meeting, and at 6 month intervals thereafter</li> <li>• Parent Participant Evaluation (birth and foster); Social Worker Evaluation</li> </ul>	OCFS staff will learn an established model for organizing an icebreaker meeting, preparing the parties, facilitating the icebreaker meeting, and supporting the beginning communication between birth and foster families.

<b>Objective 4:</b> To administer, plan for and evaluate ongoing staff and stakeholder training				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Develop an evaluation method for Core/Ongoing programs that incorporates a learning evaluation B. Manage the administration of the ongoing staff training process including the production of needed materials, the advertising of programs, registering participants, ensuring participants have needed information to attend, providing for the needs of the days of training including staffing, collating evaluative material and paying the expenses of the training. C. Utilize the high stakes process to inform training and professional development needs following Pre-service	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>Each core offered will be managed by Muskie</li> <li>The high-stakes data will be used for reviewing areas of need and proficiency in relation to altering the possible cores to be offered</li> <li>Two core trainings will include evaluations of learning</li> </ul>	<ul style="list-style-type: none"> <li>Participant attendance will be completed successfully</li> <li>Evaluative and training staff will review data together with OCFS designated staff to determine needed changes in curricula or programs</li> <li>Participants will succeed in an evaluation of learning where success is measured at 75%</li> </ul>

#### Professional Development for OCFS Staff

<b>Objective 1:</b> To provide resources for staff to pursue graduate education and improve professional development.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Coordinate tuition reimbursement program for OCFS staff B. Provide a district funding pool for Workshop allocations for staff to maintain licenses/professional development and unique learning opportunities C. Provide for the purchase of Professional journals and books for staff with a district allocation	7/1/09-6/30/10	See above  OCFS Project Liaison: Martha Proulx	A. Support and administer the Tuition Reimbursement program for all OCFS staff with funds provided by OCFS for higher education  B1. Provide placement and MSW level supervision for OCFS staff for graduate degree programs  B2. Administer district Workshop allocations for staff to maintain licenses or for unique professional development opportunities  C. Administer district fund allocations used to purchase	<ul style="list-style-type: none"> <li>Enhanced knowledge and skills within the core staff of OCFS due to ongoing educational advancement</li> <li>A ready pool of staff with higher education degrees and concomitant new learning available to move into key leadership positions</li> <li>Enhanced commitment of OCFS staff to the fields of social work</li> <li>An enhanced commitment of the field of social work to child welfare practice</li> <li>An enhanced view of child welfare staff as a professional social work staff engaged in best social work practice in the areas in which they work</li> <li>A renewed emphasis on child welfare as a legitimate social work profession within local schools of higher education</li> </ul>

			Professional journals and books for OCFS staff	<ul style="list-style-type: none"> <li>• A renewed emphasis on teaching child welfare practice in the social work field in local schools of higher education</li> <li>• A highly educated staff incorporating the latest accepted techniques and methods, supported by evidence based research, delivering child welfare services and impacting the OCFS culture</li> <li>• Improved staff retention based on the ability of staff to further their education</li> <li>• Staff will return from unique learning opportunities with new ideas that will positively impact child welfare practice and the OCFS culture</li> <li>• Other social work professionals will be affected positively through contact with child welfare professionals</li> </ul>
<b>Objective 2:</b> To provide guidance and oversight for Muskie sponsored Professional Development activities and promote the child welfare profession as a legitimate goal of higher social work education				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<ul style="list-style-type: none"> <li>• Promote child welfare as a legitimate professional field of social work endeavor</li> <li>• Increase the understanding of the conduct of child welfare within the social work community</li> <li>• Bring schools of social work and key OCFS staff together to discuss and enhance the connections between the child welfare profession and the institutions of higher learning</li> <li>• Coordinate strategies with OCFS staff and schools of social work for better linkages between academic programs, research findings and practice</li> <li>• Develop strategies to allow OCFS staff to complete graduate degree requirements while maintaining their work responsibility</li> <li>• Coordinate and track expenditures on all PD components</li> </ul>	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>• Three meetings per year including key USM, UMO and UNE Schools of Social Work and OCFS leadership</li> <li>• Plan for more integrated delivery of social work practice and theoretical knowledge between schools of social work and Child Welfare Services</li> <li>• Meetings to include discussion of placement options, opportunities and strategies</li> <li>• Coordinated, current record of expenditures and collaboration with OCFS decision makers regarding expenditure of PD funds</li> </ul>	<ul style="list-style-type: none"> <li>• Increased respect within the field of social work for the child welfare professional</li> <li>• Increased understanding of child welfare within the social work profession</li> <li>• Increased satisfaction of staff with opportunities for professional development</li> <li>• Increased opportunities for financial and tangible supports for OCFS staff attending graduate education</li> <li>• Greater retention of quality staff</li> <li>• Generation of ideas to allow for successful completion of graduation requirements for an MSW while maintaining job responsibilities</li> <li>• The consistent ability for OCFS management to decide who will receive funds, track who is involved in graduate education and follow graduation rates and pay-back periods</li> <li>• OCFS caseworkers receive timely reimbursement of costs for successfully completed classes approved for repayment</li> </ul>

### Ongoing Training for Contracted Agency Staff

<b>Objective 1:</b> To deliver a comprehensive curriculum to contracted Alternative Response Program (ARP) staff to develop/strengthen skills in assessing families for safety, risk and danger; identify/provide services aimed at ameliorating identified risks; improve understanding of how the OCFS Practice Model drives the work with families; and clarify OCFS practice expectations as spelled out in policy and contracts.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all ARP case managers in key areas of OCFS practice required by contract and policy; tenets of the Practice Model, current ARP policy especially including the OCFS' expectations of the agencies	7/1/09-6/30/10	See above  OCFS Project Liaison: Christine Merchant	<ul style="list-style-type: none"> <li>Five days of training delivered in each of two sites. Training to focus on interviewing, facilitating, family team meetings and assessing families for signs of safety, risk or danger.</li> <li>One day training delivered in three different sites focusing on the history, the current Practice Model tenets, how it infuses all the work OCFS does and how it can help the ARP agency's work</li> <li>Two day training delivered in three sites aimed at helping ARP case managers understand the current ARP policy and contract expectations</li> </ul>	<ul style="list-style-type: none"> <li>Participants will be able to use legally sound interviewing skills with children and adults they are assessing</li> <li>Participants will be able to facilitate family team meetings following best practice</li> <li>Participants will correctly identify signs of safety, risk and danger in family situations and be able to develop plans based on their assessment</li> <li>Participants will demonstrate the tenets of the OCFS Practice model in their work with ARP families</li> <li>Participants will understand what is expected of them and how to accomplish their responsibilities in a manner that follows policy and best practice</li> </ul>
<b>Objective 2:</b> To deliver a comprehensive Family Reunification Program (FRP) core curriculum to contracted staff who will be working with families intensively in return home situations				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all FRP staff in key areas of practice related to working within the FRP policy, fulfilling OCFS performance expectations and utilizing the spirit (and letter) of the OCFS Practice Model in their work	7/1/09-6/30/10	See above  OCFS Project Liaison: Christine Merchant	Four days of training, delivered centrally, focusing on FRP policy and practice, OCFS practice and performance expectations and good practice standards	<ul style="list-style-type: none"> <li>Participants will understand and be to able operationalize the FRP policy in their work</li> <li>Participants will evidence best practice standards in their work with families consistent with a strengths based approach</li> <li>Participants will understand the OCFS expectations related to their FRP roles</li> <li>Participants will correctly identify signs of safety, risk and danger in family situations and be able to develop plans based on their assessment</li> </ul>

<b>Objective 3:</b> To deliver Family Team Meeting (FTM) training to contracted FRP staff				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
Training of all new FRP staff in the FTM model	7/1/09-6/30/10	See Above	Three days of training delivered centrally three times throughout the year to new FRP staff or as a refresher to previously trained staff	<ul style="list-style-type: none"> <li>Participants will be able to facilitate FTMs following best practice.</li> <li>Participants will evidence best practice in the FTMs they facilitate</li> </ul>
<b>Objective 4:</b> To deliver the parenting curriculum, Strengthening Families Program (SFP), to all new contracted FRP staff. Special emphasis will be placed on delivering this in an in-home setting and with culturally disparate populations. Emphasis will also be on getting local staff certified to train this engendering an eventual cost savings to the state.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Training of all FRP staff in the SFP model and in using the SFP material  B. Certification of Muskie staff to deliver SFP training under the auspices of the SFP Directors	7/1/09-6/30/10	See above	A. Two day training delivered centrally aimed at helping FRP staff use the SFP program in an in-home setting  B. Certification of a Muskie staff person in the formal delivery of SFP training	<ul style="list-style-type: none"> <li>Participants will understand what is expected of them and how to accomplish their responsibilities in a manner that follows policy and best practice</li> <li>FRP agency staff will have the opportunity to be trained by local certified trainers including a Muskie staff and an agency staff in an approach more closely approximating their work in Maine</li> </ul>

**Budgeted amount for this project:** \$377,217

**Funding sources:** Foster Care Title IV-E

**State Share:** \$225,536

**Federal share:** \$151,681

**CFDA#:** 93.658

## 7. Supervisory Practices in Child Welfare

**University Project Administrator:** Gretchen M. Robbins, 626-5224, Robbins@usm.maine.edu

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@Maine.gov

**Goal:** This goal supports ongoing initiatives that are designed to fundamentally enhance the quality of supervisory practice in order to achieve state and federal outcomes within the context of Maine's Practice Model.

**Abstract/Scope of Work: Family Team Process:** The scope of the work focuses on the primary goals and objectives of the OCFS Child and Family Services Plan and the CFSR/Program Improvement Plan. Work under this initiative concentrates on increasing supervisory skill and performance to meet the outcomes of safety, permanency, and well being for children and families and incorporates the OCFS practice model. A key area will be enhancing supervisory skill and performance in observation, feedback and coaching for improved casework outcomes utilizing the Family Team Meeting (FTM) process. The FTM process encompasses the skills needed for the effective preparation of participants prior to the meeting, organization and facilitation of the meetings and the follow-up needed to implement the resulting plan. Implementation of sustainable practice change will require a multi year effort that will allow concentrated work within each District. Efforts will continue to develop and pilot both synchronous and asynchronous web based training to augment classroom-based training for Supervisors. In subsequent years the work can build on and expand this foundation.

<b>Objective 1:</b> To deliver training, follow up and consultation services in support of increasing supervisory skill and performance in coaching for casework outcomes utilizing the Family Team Meeting (FTM) process.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Conduct a system assessment to determine the strengths and barriers to full implementation of Maine's FTM process. B. Facilitate a process to develop, communicate and monitor implementation expectations for CW Supervisors surrounding observing staff utilizing the FTM process in the field. C. Develop a supervisory observation/feedback tool for FTM process. D. Introduce the tool E. Deliver skills based training for supervisors on how to utilize this tool to observe, formulate feedback and coach casework staff F. Provide follow-up consultation for performance and implementation G. Evaluate the extent supervisory practice improves utilizing the methods introduced through training.	7/1/09 -6/30/10	1.85 FTE's for all projects   OCFS Project Liaisons: Martha Proulx, Francis Sweeney	A. Results of the assessment B1. Specific implementation expectations are developed for supervisors. B2. Methods of measuring supervisory performance in relation to increasing staff FTM performance C. A tool for observation and feedback D. & E. Deliver training through a variety of modalities including face to face and web based technology. G. Presentation of analysis of collected data.	<ul style="list-style-type: none"> <li>Using the system assessment results a comprehensive training package and implementation plan will be developed and delivered.</li> <li>Utilizing the implementation plan Supervisors and Managers will have an enhanced ability to meet expectations surrounding observing casework staff, coaching toward improved skills and providing specific feedback toward enhanced child/family outcomes relative to the FTM process.</li> <li>Supervisors will have a strong foundation on which to build observation/coaching/feedback of staff performing many other casework activities.</li> </ul>



<b>Objective 2:</b> To research, develop and deliver additional supervisory training to meet needs focused on safety, permanency, and well being as determined in partnership with OCFS management. Activities are consistent with the state plan and focus on interpretation and application of critical OCFS policy.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Develop and deliver two selected policy web-based trainings. B. Evaluate the web-based training sessions for effectiveness	7/1/09 -6/30/10	See above	A1- Two web-based training modules made available to all CW Supervisors  A2- Policy review & updates if needed  B. Results of the evaluation of the web-based training sessions	Supervisors will increase their knowledge about the selected policies, skills or practices, be better prepared to convey policy requirements and skillfully work with their staff toward child and family outcomes.

**Budgeted amount for this project:** \$230,051

**Funding sources:** Foster Care Title IV-E

**State Share:** \$137,547

**Federal share:** \$92,504

**CFDA#:** 93.658

## 8. Children's Behavioral Health Services Projects

**University Project Administrator:** Amy Beaulieu, (207) 626.5217, abeaulieu@usm.maine.edu

**Department Lead:** Joan Smyrski, (207) 624.7958, joan.smyrski@maine.gov

**Goal:** The goal of these projects is to enhance the efficiency and effectiveness of Children's Behavioral Health services included in the state MaineCare plan by increasing the systemic capacity of the Children's Behavioral Health Services (CBHS) program to improve behavioral health outcomes for children and families through provision of applied research, technical assistance, policy analysis, and workforce development.

**Abstract/Scope of Work:** The Muskie School of Public Service will provide technical assistance and applied research in the areas of organizational effectiveness, service system and program improvement, policy development, and workforce development to a range of strategic initiatives that support the system to improve outcomes for children and families. The work to be addressed in this section of the agreement pertains to initiatives that improve MaineCare Services outlined in Chapter II of the MaineCare Benefits Manual, Sections 24, 41, 65, and 97.

<b>Objective 1:</b> Develop strategies, policy and practices based on research to effectively implement and disseminate evidence-based practice (EBP) in Maine's system of care as outlined in Section 65.02.17 of the MaineCare Benefits Manual.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
A. Coordinate OCFS Children's Services Evidence-Based Practice Advisory Committee, including facilitation of stakeholder involvement and research. B. In conjunction with DHHS Office of Quality Improvement, develop a web-based registry of EBPs available through contracted providers. C. Develop a dissemination and social marketing strategy for Advisory Committee's reports and findings on evidence-based treatments for Disruptive Behavior Disorders and Autism/PDD. D. Research and identify models of dissemination and implementation for EBPs and best practices in other states/mental health public systems. E. Begin preliminary steps to formulate a strategic plan for statewide EBP dissemination	7/1/09-6/30/10	1.35 FTE's for all projects	<ul style="list-style-type: none"><li>• Monthly meetings of EBP Advisory Committee.</li><li>• Literature searches and summaries of peer-reviewed articles on treatment for autism/PDD for Advisory Committee.</li><li>• Coordination and technical assistance for collaborative stakeholder reviews of empirical articles by Advisory Committee members.</li><li>• Published report on evidence-based treatments for autism/PDD based on findings of the Advisory Committee.</li><li>• Creation of a web-based registry of behavioral health EBPs for children and youth available in Maine.</li><li>• Dissemination and social marketing of Advisory Committee findings, including report distribution, presentations at state and national conferences, and trainings for CBHS staff and provider community.</li><li>• Literature review and analysis regarding effective models of implementation and dissemination of EBP across state systems of care.</li></ul>	<ul style="list-style-type: none"><li>• OCFS staff and contracted providers will be provided with a comprehensive report on evidence-based treatments for the core symptoms of autism.</li><li>• OCFS staff and contracted providers will increase their understanding of the definition of evidence-based practice and treatment based on empirically derived principles endorsed by the EBP Advisory Committee.</li><li>• Maine will develop a strategy to increase the availability and variety of evidence-based treatments for children and families.</li><li>• Consumers and families will have access to information on EBPs available in Maine.</li></ul>

based on DHHS policy, research analysis, and stakeholder input.			<ul style="list-style-type: none"> <li>A mixed method needs assessment of providers' level of common understanding of EBP and readiness for uptake of EBP according to clinical practice standards and principles of organizational culture and climate.</li> </ul>	
<b>Objective 2:</b> Support Child STEPS-Maine through technical assistance to the Advisory Board and evaluation of implementation process through the perspective of child mental health clinics, as outlined in Section 65 of the MaineCare Benefits Manual.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Technical assistance on facilitation, process, and structure of Advisory Board meetings. B. Identify data to collect and develop data collection method(s). C. Meet with clinic staff to obtain agreements for participation in the data collection. D. Obtain IRB waiver or approval for data collection. E. Data collection, analysis, and synthesis.	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> <li>Quarterly meetings with Advisory Board Chair(s).</li> <li>Obtain technical assistance on Advisory Board process from Tony Hemmelgarn, PhD of the Univ. of Tenn. and report recommendations to OCFS project leads.</li> <li>Using analysis of qualitative data, a narrative report will be produced for funders (Casey Family Programs, MacArthur Foundation, Annie E. Casey Foundation) on lessons learned in implementation of project.</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly Advisory Board meetings will be productive and result in constructive recommendations for project sustainability.</li> <li>Maine will inform other states on barriers, challenges, and needs for successful implementation of the Child STEPS model.</li> </ul>
<b>Objective 3:</b> Inform OCFS quality assurance and improvement activities in services for children with developmental disabilities through identification of best practices and technical assistance in the development of a continuous quality improvement system for MaineCare Section 24 services.				
Activities	Time Frame	Staff	Deliverables	Results/Outcomes
A. Research best practices in public systems of care for children with developmental disabilities. B. Technical Assistance to the Section 24-Revised Process Workgroup.	7/1/09 -6/30/10	See above	<ul style="list-style-type: none"> <li>Literature review of best practices in public systems of care for children with developmental disabilities and their families.</li> <li>Attendance at meetings and technical assistance for the Revised Process Workgroup, resulting in enhanced CQI processes and procedures for Section 24 prior authorization and treatment review activities conducted by CBHS staff.</li> </ul>	<ul style="list-style-type: none"> <li>CBHS will be informed on best practices in this population in order to move toward systems improvement.</li> <li>CBHS will build capacity to monitor and improve the quality of Section 24 services, thereby improving outcomes for children receiving this service.</li> </ul>

**Objective 4:** Plan, coordinate, and provide professional development activities that build the capacity and knowledge base of OCFS staff and contracted providers in relevant and advanced children's behavioral health topics. This work pertains to initiatives that improve the competence of staff who provide services outlined in Sections 13.12, 24, 65, and 97 of the MaineCare Benefits Manual.

Activities	Time Frame	Staff	Deliverables	Results/Outcomes
<p>A. Administer workshop allocation fund for CBHS staff attending approved trainings outside of DHHS and the Center for Learning.</p> <p>B. Administer OQMHP-PNMI certifications for contracted providers.</p> <p>C. Develop three or four specialized one-day workshops for CBHS staff based on identified needs.</p>	7/1/09-6/30/10	See above	<ul style="list-style-type: none"> <li>Comprehensive needs assessment of CBHS staff training needs congruent with current and future strategic priorities, tasks, and roles.</li> <li>Process and allocate up to \$5900 in workshop fees and associated registrations for CBHS staff statewide.</li> <li>Three or four (depending on needs and budget) specialized one-day workshops for CBHS staff on topics to be determined.</li> <li>Curricula development and facilitation for CBHS staff workshops in areas of content and clinical expertise.</li> <li>Logistical support to specialized staff trainings, including contracting presenters, securing site, developing budgets, issuing certificates of attendance, and processing workshop evaluations.</li> <li>Process OQMHP-PNMI applications and issue certificates and denials.</li> <li>Development of standards and quality assurance process for OQMHP-PNMI certification. <b>OR</b></li> <li>Develop plan to transition OQMHP-PNMI certification activity to another provider.</li> <li>Monthly reports to CBHS Quality and Training Manager on workshop allocation fund usage.</li> </ul>	<ul style="list-style-type: none"> <li>CBHS management team will identify long- and short-term staff professional development needs that reflect strategic priorities.</li> <li>CBHS staff will increase their knowledge and skills in specialized content areas relevant to their roles in the system of care.</li> <li>Contracted providers in children's PNMI facilities will receive OQMHP certification.</li> <li>OQMHP-PNMI certification will have articulated standards and a quality assurance process which ensures statewide consistency in required training for these providers.</li> </ul>

**Budgeted amount for this project:** \$148,283

**Funding sources:** Medicaid

**State Share:** \$57,457

**Federal share:** \$90,826

**CFDA#:** 93.779

## 9. Child Welfare and Substance Abuse Committee

**University Project Administration:** Michael Brennan: 780-5873: mbrennan@usm.maine.

**Department Lead:** Daniel R. Despard, 624-7950, Daniel.R.Despard@maine.gov

**Goal:** To increase DHHS's systemic capacity to improve permanency outcomes for children whose primary caregiver is affected by drugs or alcohol by creating an effective array of appropriate services that are child welfare specific.

**Abstract/Scope of Work:** Between fifty (50) percent and eighty (80) percent of child abuse and neglect cases involve substance abuse. The purpose of this project is to establish a clear set of protocols for screening, assessment, and treatment for child welfare cases involving substance abuse. A statewide network of substance abuse providers will be established that is focused on evidence based practices and staff development.

<b>Objective 1:</b> For the Substance Abuse and Child Welfare Committee to monitor the implementation of the "Families Affected by Substance Abuse" (FASA) network and make recommendations to the Office of Substance Abuse and the Office of Child and Family Services regarding its development and operation.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
The Committee will meet at least six times over the next year and will receive regular reports on the network's operation and outcomes.	On-going	.40 FTE's for all project activities	Written reports and recommendations to the Office of Substance Abuse and the Office of Child and Family Services.	By June 30, 2010, there will be at least 100 persons referred for a substance abuse assessment that will be completed by certified providers.
<b>Objective 2:</b> To coordinate staff development trainings for substance abuse providers. Trainings will also be conducted for judges, attorneys, and guardians.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Develop a schedule of training opportunities for substance abuse providers working with AdCare.	On-going	See above	A schedule of trainings for fiscal year 2009/10	That the number of substance abuse professionals being certified will increase by 25 individuals.
<b>Objective 3:</b> Conduct an analysis of child welfare cases that are specifically related to substance abuse and determine the level of treatment and the amount of time in treatment.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Gather data from all the DHHS regional offices and review the current status of substance abuse related cases.	On-going	See above	Recommendations on best practices to increase engagement and improve treatment outcomes for the purpose of increasing family reunification.	That family reunifications involving substance abuse will increase by 10%

<b>Objective 4:</b> To develop written referral and confidentiality release forms for the network as well as a letter of agreement for agencies that participate in FASA.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Establish a subcommittee to develop the criteria and make recommendations to the full Committee and the Office of Substance Abuse and the Office of Child and Family Services.	July 1, 2009	See above	Recommendations and referral and release forms and a letter of agreement.	The FASA network will have a clear set of responsibilities that will promote accountability in the system.
<b>Objective 5:</b> Ensure that an on-going DHHS staff development component for best practices in substance abuse is implemented.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Work with DHHS and CWTI to develop a substance abuse training component.	By December 31, 2009	See above	The development of a training component.	That new DHHS staff will receive training on best practices in substance abuse.
<b>Objective 6:</b> Complete a case study of the process that was used to create the FASA network.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
Develop a plan for disseminating "lesson learned" about the FASA network.	By June 30, 2010	See above	A case study for publication and a list of potential work shop presentations at state and national conferences.	Other states and national organizations will become aware of Maine's efforts.
<b>Objective 7:</b> Continue to work in conjunction with the Family Drug Court and the Department's new child welfare mental health initiative.				
<b>Activities</b>	<b>Time Frame</b>	<b>Staff</b>	<b>Deliverables</b>	<b>Results/Outcomes</b>
On-going reports at meetings.	On-going	See above	TBA	

**Budgeted amount for this project:** \$52,250

**Funding sources:** Foster Care Title IV-E

**State Share:** \$26,124 (OSA) \$15,621 (OCFS)

**Federal share:** \$10,505

**CFDA#:** 93.658

## **Appendix D**

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

The CAPTA State Grant Program exists to improve each states response to abuse and neglected children by providing funds to enhance the state agencies' child protective activities. Activities focus on the needs of agency caseworkers and multidisciplinary professionals who intervene in child abuse and neglect in order to improve the investigation and prosecution of these cases in a manner which mitigates further trauma to the victim and victim's family and ensures fairness to the accused.

#### **Legislative Update**

The 2010 Legislative 2<sup>nd</sup> session passed the following bills that were entered by the department to enhance and support the state's capacity to protect children and families in keeping with the intent of CAPTA.

*An Act to Expand Options in the Permanency Plan for Children in Foster Care to Include Consideration of Out of State Placements and to Include Consideration of the Child's Wishes* was proposed and passed to support Maine's compliance with federal Title IV-E requirements would clarify that all in-state and out-of-state placements must be considered to provide children with all possible permanency options. The bill also clarifies that the rights of the child must be respected in all child protection proceedings through providing accommodations that will allow the child to state their wishes directly to the court. This section of the bill provides not only better observance of a child's right but also act to protect their safety through giving them more options for their voice to be heard.

*An Act to Clarify the Child Abuse and Neglect Substantiation Process* was proposed and passed to provide clarification of the Department's expressed authority to reach findings for parents and/or caregivers who have subjected a child for whom they are responsible to abuse and/or neglect. This legislation more securely protects the rights of the victim and the accused. The department supported several bills that addressed substance abuse and domestic violence concerns to better protect children and families. The department also collaborated with the Department of Education to pass legislation to support educational stability for children removed from their home to secure placement in their original home school.

#### **Areas of Concentration for 2010-2014:**

Timeframes for the areas of concentration that relate to our Program Improvement Plan will be the primarily focus during the PIP period.

Maine will continue to concentrate on the following areas:

- Assessment of child abuse and neglect;
- Creating and improving the use of multidisciplinary teams and interagency protocol to enhance investigations;

- Improving the procedures for appealing and responding to appeals of substantiated reports of child abuse and neglect;
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols;
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- Developing, strengthening and facilitating training regarding research-based strategies to promote collaboration with the families;
- Improvements in the recruitment and retention of caseworkers
- Developing and enhancing the capacity of community-based programs to integrate leadership strategies between parents and professions to prevent and treat child abuse and neglect at the neighborhood level;
- Support and enhance interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment;
- Support and enhance collaboration among public health agencies, the child protective system, and private community-based programs to provide child abuse and neglect prevention and treatment services.

## **Goals and Strategic Targets**

### **Goal I. Child Safety, First and Foremost**

#### *Strategic Targets:*

1. OCFS responds to all appropriate CA/N reports and ensures that children are seen within a timeframe that assures their safety.
2. Conclusions regarding safety are factually supported and made with input from parents, children, extended family and community stakeholders.
3. Families increase the safety of their children by making and implementing agreed upon plans that reflect the family perspective and goals and are supported by services they identify.

### **Goal II. Parents have the right and responsibility to raise their own children**

#### *Strategic Targets:*

1. Family members know the most about their families and parent voice is valued and considered in decisions regarding safety.
2. Improve OCFS sharing of responsibility with the community to help families protect and nurture their children.

## **Activities Maine intends to implement with its CAPTA State grant funds**

Maine will continue using CAPTA state grant funds to support the Child Abuse Action Network, Maine Citizen Review Panel, and Child Death and Serious Injury Review Panel. The Report of



the State of Maine Child Fatality and Serious Injury Review Panel for 2009 is complete and will be published in late Spring of 2010. The state has submitted responses to the recommendations of the panel as they are developed throughout the year where immediate policy or practice change is identified.

The Child Death and Serious Injury Review Panel reviewed cases in clusters throughout late 2008 and in 2009, continuing in 2010, by abuse type, which has provided an opportunity for more reviews each year, and allowed focused reviews on serious child abuse and neglect themes. In 2009, the Child Death & Serious Injury Review Panel was re-structured to include a mission and a framework for reviews, findings and recommendations. In collaboration with the Department of Health and Human Services, the Maine CDC, the Medical Examiners Office and the Office of Vital Statistics, the Panel began entering data into the National Child Death Data Reporting System to keep track of all deaths and serious injuries coming into the child protective system. In conjunction with the Medical Examiner's Office and Public Health records, the Panel began reviewing more cases with a focus on particular areas of concern. This collaborative effort maximizes the expertise in the criminal justice system, the child welfare system and the public health system to address child maltreatment.

The Panel also participated in a number of educational opportunities including a presentation by Deputy Chief Medical Examiner, Dr. Marguerite Dewitt, on deaths involving unsafe sleep practices. This, and a number of infant deaths in Maine involving bed sharing, led the panel coordinator and several panel members to help develop a Safe Sleep Campaign Workgroup. Public service announcements and other educational materials are being developed with The Maine Children's Trust taking the lead in developing a sudden unexpected infant death (SUID) prevention program. This has led to a significant change in the knowledge within the community to understand steps that can be taken to reduce the incidence of infant death, especially in households where substance abuse is a known factor and often correlated with neglect.

In November, Joseph Riddick, panel member and Health Planner from the Injury Prevention Program at the Maine CDC, presented the findings of Maine's Youth Suicide and Injury Prevention Program. The program collected information from medical examiner, death certificates and police reports over a 4 year period of time. Future work will include a content analysis of suicide notes, expanding the years and age range of reviews, to review Maine's suicide prevention and intervention strategies.

The Maine Citizen Review Panel is in its second year of operation in collaboration with Casey Family Services, the University of Maine, local Clergy, Adoptive and Foster Families of Maine, the Bangor Police Department, private service providers, and Domestic Violence advocates as well as family and youth members.

The Citizen Review Panel meets monthly to establish long and short term goals. The CRP is currently looking at educational issues for children in foster care and the impact of Fostering Connections to Success and Increasing Adoptions Act of 2008. The Citizen Review Panel meets in northern Maine rather than Central Maine to be as representative of the entire state as possible.

Technical Assistance from the National Resource Center facilitated a Retreat in Sept. 2009 to identify priority areas and timeframes

The Citizen Review Panel is conducting a survey of caseworkers and schools in order to assess the current system impact on educational stability and success for children's welfare involved children and formulate recommendations that will improve the educational stability for children, especially those who have experienced abuse and neglect and are currently in foster care. These recommendations will become part of the 2010 Annual CRP Report to be distributed to the Commissioner of Health and Human Services, the legislature and the community.

**Services and training to be provided under the CAPTA State grant as required by Section 106 (b) (2) (c) of CAPTA.**

CAPTA activities have included diversified trainings, public awareness campaigns and research projects. These include statewide interdisciplinary conferences, a study of juvenile sex offenders, public awareness of safe sleeping, establishment of a statewide training system to identify the incidence of young sex offenders. The 2009 - 2010 focus will be on abusive head trauma, which has led to a number of severe injuries and deaths of very young children, and contributing factors such as maternal depression and substance abuse.

The Child Death and Serious Injury Review Panel has developed a data system to keep track of all deaths and serious injuries coming into the child protective system. Maine has joined the national *Child Death Review Case Reporting System* in conjunction with the Medical Examiner's Office, Maine CDC and Public Health records, the Panel will through 2009-2010 review more cases with a focus on particular areas of concern.

Through the Child Abuse Action Network Maine has developed the Abusive Head Trauma Workgroup. The Workgroup is made up of several members of the Child Abuse Action Network in addition to other critical members of the community. The Workgroup adopted the Period of Purple Crying program, and educational and evidenced-based program for parents aimed at reducing incidents of abusive head trauma. To date all home visitors and public health nurses have been trained in the program, all Maine hospital staff have been trained to provide the Period of Purple Crying program to all new parents. Since training Maine's public health nurses, home visitors and hospitals, the Workgroup has begun working on a public awareness campaign meant to reduce the incidents of abusive head trauma. A subcommittee met monthly beginning May 2008 to develop a conference ***Common Elements in Serious Child Abuse: The Intersection of Domestic Violence, Substance Abuse and Maternal Depression.*** The conference, held in June 2009, brought together multidisciplinary group, which explored reasons for the increase in abusive head trauma and other serious child abuse concerns.

Staff support to the Child Abuse Action Network, The Child Death and Serious Injury Review Panel and The Citizen Review Panel continues to include: a) broadening multidisciplinary participation, b) coordinating projects and goals, c) developing frameworks for future activities, d) writing/publishing periodic reports of activities and recommendations, e) planning, coordinating and facilitating a periodic Network retreat in order to complete its

review/reassessment and planning process, f) planning, coordinating and facilitating a semi-annual multidisciplinary conference on a topic relevant to child abuse and neglect, g) planning, coordinating and facilitating a semi-annual cops/caseworker conference, h) coordinating the Citizen Review Panel that meets the needs of the people of Maine and i) to participate in new projects including research projects that any of the three boards deems appropriate.

The Network has provided an online publication of ***Child Abuse and Neglect: The Maine Health Perspective*** to educate professionals who work with children abuse issues pertaining to child welfare. This newsletter will be published online at least bi-annually. Child Protective Intake staff continues to provide training to those mandated to report child abuse and neglect through both onsite training and our new online curriculum, accessed through our Office of Child and Family Services web page. OCFS Intake staff have been collaborating with the sixteen county Child Abuse and Neglect Councils to coordinate this reporter training so there is a balanced perspective in the presentation. An average of 7 trainings per county are conducted annually.

In compliance with CAPTA regulations OCFS is an active partner of the legislatively established Child Welfare/Substance Abuse Advisory Committee and has actively been looking at the issues of infants born affected by substances. Active work was done with the legislature to ensure that the mandated reporting of all infants affected by substances was not altered.

The state continues to work collaboratively with the Maine State Police Bureau of Investigation to ensure that all applicants for foster or adoptive care are fingerprinted and have comprehensive background checks completed to ensure safety of children.

OCFS works closely with the state Attorney General's office to review statute related to substantiation of abuse and neglect and maintain an appeal process for individuals that is fair, thorough, and just.

OCFS works collaboratively within its divisions of Child Welfare, Children's Behavioral Health, Public Service Management, and Early Childhood to develop a Strategic Plan with goals and objectives for a continuum of care that enhances the child protection system in a strength-based, community oriented and family driven manner.

**Attachment: CJA Grant**

**Children's Task Force, Maine 3-Year Study- FY 2010**

# **Maine Department of Health and Human Services**

## **The Office of Child and Family Services**

### **Division of Child Welfare**

#### **2010 Children's Justice Act Grant Application**

Maine Department of Health and Human Services  
State House Station 11  
Augusta, ME 04333  
Fax: (207) 287-5282

Virginia Marriner, Director  
Child Welfare Policy & Practice  
Office of Child & Family Services  
Telephone: (207) 624-7931  
Email address: [Virginis.S.Marriner@maine.gov](mailto:Virginis.S.Marriner@maine.gov)  
Employer ID#: 01-6000001

## ***Table of Contents***

	<u>Page</u>
Introduction.....	2
2009– 2010 Program Performance Report .....	4
2010 – 2011 Proposed.....	10
2010– 2011 Budget.....	16
Child Abuse Action Network Steering Committee Members .....	17
The Child Death and Serious Injury Review Panel Members.....	21
The Citizen Review Panel Development Committee Members....	25
The Citizen Review Panel Members.....	28



## ***Introduction:***

### **The Child Abuse Action Network**

The Maine Department of Health and Human Services (the Department) is the state agency designated by the governor to apply for Children's Justice Act (CJA) grant funding. The Department's Division of Child Welfare (the Division) is the administrative agent for Children's Justice Act grants. The Division is also the designated state entity, for the Department, for the Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant - a prerequisite for CJA grant eligibility.

In compliance with eligibility requirements, the Department established a multidisciplinary Task Force to plan for the use of the CJA funds. The Task Force is called the Child Abuse Action Network (CAAN). The Department contracts with the University of Maine at Orono to administer the CJA grant funds and also funds the Child Welfare Coordinators position to staff and carry out the functions of the Task Force.

CAAN's singular mission and responsibility is to focus primarily on the needs of multidisciplinary professionals who intervene in child abuse and neglect in order to improve the investigation and prosecution of these cases in a manner which mitigates further victim trauma. To that end, the Network continually undertakes a variety of activities, which support and enhance the expertise and interdisciplinary collaboration of these professionals. This multidisciplinary approach, in a sparsely populated state such as Maine where professionals have the unique opportunity to interact, has created a more effective child protection system on behalf of Maine's children.

CAAN activities have included diversified trainings, public awareness campaigns and research projects. These include statewide interdisciplinary conferences, a study of juvenile sex offenders, public awareness of safe sleeping, establishment of a statewide training system to identify the incidence of young sex offenders, publication of a quarterly newsletter, an up-to-date website, and a number of publications by way of annual reports. We began to focus on Adverse Childhood Experiences (ACE) and Resiliency beginning in May 2005. That resulted in ACEs being a priority for the Maine Children's Cabinet and a focus for the Center for Disease Control (CDC) in Maine. The May 2007 conference tied ACEs into the research on resiliency to apply the work across all disciplines such as public health, corrections, law enforcement, psychology and casework. This completed the three-year ACEs focus. CAAN has restructured its meetings and membership and in 2008/09 the focus has been on abusive head trauma, which has led to a number of severe injuries and deaths of very young children, and contributing factors such as maternal depression and substance abuse.

The CJA grant also provides staff support for the Department's multidisciplinary Child Death & Serious Injury Review Panel (CDSIRP), which conducts monthly retrospective case reviews. The Panel is established in statute, reports directly to the Department's commissioner and publishes annual public reports of its findings and recommendations. These findings and recommendations are reviewed by the Child Abuse Action Network and the Citizen Review Panel (CRP), and they make

further recommendations and planned activities and projects that meet the needs of children and families in the State of Maine. This year, the Child Death & Serious Injury Review Panel was re-structured to include a mission and a framework for reviews, findings and recommendations. In collaboration with the Department of Health and Human Services, the Maine CDC, the Medical Examiners Office and the Office of Vital Statistics, the Panel began entering data into the National Child Death Data Reporting System to keep track of all deaths and serious injuries coming into the child protective system. In conjunction with the Medical Examiner's Office and Public health records, the Panel began reviewing more cases with a focus on particular areas of concern. This collaborative effort maximizes the expertise in the criminal justice system, the child welfare system and the public health system to address child maltreatment.

The Panel also participated in a number of educational opportunities including a presentation by Deputy Chief Medical Examiner, Dr. Marguerite Dewitt, on deaths involving unsafe sleep practices. This, and a number of infant deaths in Maine involving bed sharing, led the panel coordinator and several panel members to help develop a Safe Sleep Campaign Workgroup. Public service announcements and other educational materials are being developed with The Maine Children's Trust taking the lead in developing a sudden unexpected infant death (SUID) prevention program. This has led to a significant change in the knowledge within the community to understand steps that can be taken to reduce the incidence of infant death, especially in households where substance abuse is a known factor and often correlated with neglect.

In November, Joseph Riddick, panel member and Health Planner from the Injury Prevention Program at the Maine CDC, presented the findings of Maine's Youth Suicide and Injury Prevention Program. The program collected information from medical examiner, death certificates and police reports over a 4 year period of time. Future work will include a content analysis of suicide notes, expanding the years and age range of reviews, to review Maine's suicide prevention and intervention strategies.

**The CJA grant also funded the development of the Citizen Review Panel (CRP). The Citizen Review Panel was established in October 2008 and has met monthly to establish long and short term goals. The CRP is currently looking at educational issues for children in foster care and adoption disruption and dissolution. The Citizen Review Panel meets in northern Maine rather than Central Maine to be as representative of the entire state as possible.**

Staff support to the Child Abuse Action Network, The Child Death and Serious Injury Review Panel and The Citizen Review Panel continues to include: a) broadening multidisciplinary participation, b) coordinating projects and goals, c) developing frameworks for future activities, d) writing/publishing periodic reports of activities and recommendations, e) planning, coordinating and facilitating a periodic Network retreat in order to complete its review/reassessment and planning process, f) planning, coordinating and facilitating a semi-annual multidisciplinary conference on a topic relevant to child abuse and neglect, g) planning, coordinating and facilitating a semi-annual cops/caseworker conference, h) coordinating the Citizen Review Panel that meets the needs of the people of Maine and i) to participate in new projects including research projects that any of the three boards deems appropriate.

The Child Abuse Action Network keeps updated with pending legislation and makes recommendations that are intended to develop or maintain statute determined to protect children from abuse.



## **Maine Child Abuse Action Network**

### **Program Performance Report**

**June 2009 – May 2010**

## **A. Investigative, Administrative and Judicial**

### **Recommendations**

1. CAAN recognizes that well informed forensic interviewing and strengths focused assessment ensures procedural fairness to the victim and the accused. In collaboration with the Northeast & Caribbean Implementation Center of the Children's Bureau, CAAN will coordinate with the DHHS to continue to work on enhancing caseworker forensic interviewing skills if the anticipated application for assistance from the Center is approved for Maine.
2. In May 2009, the Maine DHHS participated in the Federal Child and Family Services Review (CFSR). DHHS is required to develop a Program Improvement Plan (PIP). The Child Abuse Action Network will assess the recommendations of the CFSR and work to support DHHS in its implementation of the PIP.
3. CAAN will educate professionals who work with children about issues regarding how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals will be provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.

### **Number A.1**

#### **Recommendation**

CAAN recognizes that well informed forensic interviewing and strength focused assessment ensures procedural fairness to the victim and the accused. In collaboration with the Northeast & Caribbean Implementation Center of the Children's Bureau, CAAN will coordinate with the DHHS to continue to work on enhancing caseworker forensic interviewing skills and implementing the Signs of Safety protocol (Turnell).

## Outcome for 2009-2010:

With the support of the Child Abuse Action Network, The Department of Health and Human Services has applied for intensive technical assistance from the Northeast and Caribbean Implementation Center (NCIC) to implement sustainable and systemic improvements to child welfare interviewing practice in Maine. The basis of the application was grounded in improving fact finding interviewing/assessment skills across all program areas as a strategy for conducting improved assessments of child safety, risk and danger throughout the life of the case resulting in better informed decisions and outcomes for the child and family. A member of the Child Abuse Action Network will sit on the Oversight Committee for this project and CAAN members will be invited to participate in any training offered through this project.

The Child Abuse Action Network is currently planning its semi-annual Cops and Caseworkers Conference. The conference will include ways in which CAAN, Child Welfare, Law enforcement, and other entities of the network can collaborate with the outcome being improved forensic interviewing and assessment practice in Maine cases that reduces additional trauma to the child victim and victim's family and also ensures fairness to the accused.

## **Number A.2.**

### Recommendation

**In May 2009, the Maine DHHS participated in the Federal Child and Family Services Review. The Child Abuse Action Network will support the DHHS in its implementation of the PIP, and its 5 year Strategic Targets.**

## Outcomes for 2009-2010

The Child Welfare Coordinator joined the Maine CSFR Steering Committee and has reviewed the Program Improvement Plan. Once the plan is finalized and approved by the Children's Bureau, CAAN will review the PIP and in collaboration with the DHHS, develop a plan to support the implementation of the PIP and integrate the strategic targets into the three panel meeting agendas, in areas where the plan reduces additional trauma to child victims and family members and ensures fairness to the accused.

### 5 Year Program Improvement Plan Strategic Targets

1. Office of Children and Family Services (OCFS) will report to all child abuse and neglect reports within 72 hours.
2. Families will increase the safety of their children through the collaborative development and implementation of agreed upon plans, and will be supported by the services they identify and need.
3. Improve OCFS sharing of responsibility with the community to help families protect and nurture their children
4. Increase stability of placements & permanency
5. Increase safe and nurturing family relationships and connections.

6. Increase timely reunification and timely achievement of alternative permanency goals when timely reunification cannot occur
7. Increase timeliness and quality of independent living planning to better support permanency
8. Improve health care oversight coordination and documentation for children in foster care
9. Increase and improve communication

### **Number A.3.**

#### **Recommendation**

*CAAN will educate professionals who work with children about issues pertaining to child welfare regarding how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals will be provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.*

#### **Outcome 2009-2010**

*CAAN hosted a multi-disciplinary conference: Common Elements in Serious Child Abuse; the Intersection of Domestic Violence, Substance Abuse and Maternal Depression, on June 4, 2009. Participants learned to identify how substance abuse, domestic violence and depression impact protective factors and affect parenting, child development and the risk of maltreatment. Professionals were provided with opportunities to explore co-occurrence of multiple risk factors and identify evidenced based practices for assessment, intervention and coordination in families with multiple risk factors.*

*The CAAN is currently planning the Cops and Caseworkers Conference for October, 2010.*

*This year the CRP also assumed sponsorship of the Bangor Area Annual Child Welfare Conference. Several CRP members sit on the planning committee. In its 16<sup>th</sup> year, the conference planning committee started out as a grassroots multidisciplinary group of professionals who were committed to providing the most up to date information on child welfare to Eastern and Central Maine. Over the years the conference has attracted 100-350 professionals interfacing with the child welfare system. This year's conference: Hot Topics in Child Welfare, will be held on September 2<sup>nd</sup> and feature Victor Vieth, Director, National Child Protection Training Center.*

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

## Recommendations

1. **The Child Death and Serious Injury Review Panel (CDSIRP) will conduct more focused reviews of patterns of deaths and serious injuries with more concise and systematic recommendations, rather than individual and case specific reviews. These reviews will also focus on ensuring fairness to the accused.**
2. **The Child Welfare Coordinator, acting as a liaison between the National Center on Child Death Review and the local and State review teams to develop a new model for review, data collection and reporting.**
3. **The Child Welfare Coordinator in her role as coordinator of the CAAN, CDSIRP and the CRP will utilize the resources of all three committees to develop and implement a plan for the dissemination of recommendations for improved practice in child welfare with the intent of reductions in trauma to children.**

### Activities to Meet Each Recommendation

#### Number B.1.

##### Recommendation

**The Child Death and Serious Injury Review Panel will conduct more focused reviews of patterns of deaths and serious injuries with more concise and systematic recommendations, rather than individual and case specific reviews. These reviews will also focus on ensuring fairness to the accused**

##### Outcome for 2009-2010

Child deaths and serious injuries were categorized by abuse type or manner/cause of death or serious injury for review. This enabled the Child Death and Serious Injury Review Team to make more concise findings and recommendations to Maine's Child Protective System.

This year the panel began a review of cases where young adults who were formerly foster children have committed violent crimes. Two cases have been reviewed to date. From those two reviews, findings and recommendations were made in the 2009 Annual CDSIRP Report. An example was the finding that the youth in these cases had multiple injuries prior to coming in to custody that were identified as accidents and their medical records were not thoroughly reviewed when they came into care. The Panel recommended that Maine continue its use of the Pediatric Rapid Evaluation Program (PREP), which is now in 6 counties; and recommended that it be implemented statewide. The DHHS, OCFS recognized the benefit of a thorough review of the medical records of children who enter care and have instituted a policy to require an initial medical assessment of each child entering care within 72 hours. OCFS has also begun work to ensure that each child in foster care has a medical home, a medical practice that can gather, maintain and facilitate record retention, as well as facilitate a

consistent, coordinated delivery of health care. Consistent with state procedural guidelines a process of extending Requests for Proposals (RFP) to promote expansion of the PREP model of intervention is likely.

In January, February, March and April 2010, the Panel reviewed the unsafe sleep related deaths of 6 infants. These reviews will result in a full report on Safe Sleep Practices to be written in June and presented to the Commissioner of Health and Human Services and shared with all three Panels for dissemination to the community.

## **Number B.2.**

### Recommendation

**The Child Welfare Coordinator, acting as a liaison between the National Center on Child Death Review and the local and State review teams to develop a new model for review, data collection and reporting.**

### Outcomes for 2009-2010

The Child Welfare Coordinator acted as a liaison between the National Center on Child Death Review and the local and state review teams by:

- 1.) Attending the National Center meeting in Washington DC on May 20-22, 2009
- 2.) Learning to use of the National Child Death Data Reporting System
- 3.) Developing a subcommittee to plan the implementation of the use of the National Data Reporting System to collect information on all child deaths and serious injury in collaboration with the Maine CDC, the Maine Office of Vital Statistics and the Maine Medical Examiners Office. The outcome is a new model for the review, collection and reporting in abuse related deaths and serious injuries in Maine, leading to more concise and measurable recommendations to the DHHS, child protective system and others working to protect children and prevent future tragedies.

## **Number B.3.**

### Recommendation

**The Child Welfare Coordinator, in her role as coordinator of the CAAN, the CDSIRP and the CRP, will utilize the resources of all three committees to develop and implement a plan for the dissemination of CDSIRP recommendations for improved practice in child welfare.**

### Outcome for 2009-2010

The Coordinator provided all three committees with a final report on the findings and recommendations of the 2007-2008 Report of the CDSIRP to enable to the committees to develop a plan for implementing the recommendations made by the Panel. The reports for 2007, 2008 and 2009 were completed during this grant period. Recommendations are made to the governor, the commissioner and the Department. The Department responded in writing to the panel's

recommendations and all three panels will assist in the implementation or training for any policy procedural changes as a result.

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

### **Recommendations**

- 1. The Director of Child Welfare Policy and Practice will act as liaison between the legislature and the Panels.**
- 2. Members of the three panels will participate in the Child and Family Services Review process and the Program Improvement Plan process.**
- 3. The CDSIRP will publish and distribute the 2007-2008 report on Child Deaths and Serious Injuries. The report will be used to inform policies and procedures.**

### **Activities to Meet Each Recommendation**

#### **Number C.1.**

##### Recommendation

**The Director of Child Welfare Policy and Practice, who is also a member of the all three panels, will act as liaison between the legislature and the committees.**

##### Outcome for 2009-2010

The Director of Child Welfare Policy and Practice, who is also a member of the three panels, acted as liaison between the legislature and the committees. In her role, she consistently reported to the committees any proposed legislation impacting the child welfare system, and obtained feedback and recommendations from the committees. The Director forwarded any legislative proposals that may impact the comprehensive protection of children. The outcome was the improved utilization of the findings made by the committees.

The CDSIRP, through the Director, proposed legislation on the upper limits of residential water temperature. The Panel found that water temperature over 120 degrees is a public health issue. After reviewing a case of a serious burn injury of a 2 year old child, the Coordinator researched national data and found that in Washington State the incidence of injury to children under 5 and the elderly dropped significantly after legislation was passed addressing this public health concern. Proposed legislation for the next legislative session will required landlords to set the water heater limit at 120 degrees Fahrenheit before each new tenant moved in; that utility companies send an annual warning of the



dangers of hot water to all of its customers; and that manufacturers preset the water temperature at 120 degrees F. Changes will also be made to the rules that govern the licensing of foster homes to require a water heater temperature of 120 degrees.

## **Number C.2.**

### Recommendation

**Members of the three panels will participate in the Child and Family Services Review process and the Program Improvement Plan process.**

### Outcome for 2009-2010

Members of the three panels participated in the Child and Family Services Review process and the Program Improvement Plan process, increasing communication and collaboration. The participants are:

Tracie Adamson, Family Division Manager, CRP member

Bette Hoxie, Adoptive & Foster Families of Maine, CRP member

Jan Clarkin, Maine Children's Trust, CAAN member

Kimberly Day, Child Welfare Coordinator

## **Number C.3.**

### Recommendation

**The CDSIRP will publish and distribute the 2007-2008 report on Child Deaths and Serious Injuries. The report will be used to inform policies and procedures.**

### Outcomes for 2009-2010

The 2007/2008 Report was published in the fall of 2009. This report summarized the findings and recommendations of the panel's work. Data for the 2009 report was collected early in 2010 and the 2009 report will be published in May 2010. The reports make recommendations to professionals who intervene on behalf of children at risk of, or who have suffered fatal child abuse, neglect or serious injuries. The Department, the Legislature, Law Enforcement and many Maine professionals will use the recommendations to improve practices in the State of Maine. The reports are also posted on the National Center for Child Death Review website, to allow other states to learn the strategies used in Maine.

***Maine Child Abuse Action Network***

**Proposed Activities and Outcomes**

**May 2010 – April 2011**

## **A. Investigative, Administrative and Judicial**

### **Recommendations**

- 1. CAAN will support the efforts to improve forensic interviewing and better collaboration within both the Department of Health and Human Services and law enforcement offices. CAAN will work towards a model protocol for all areas of the State to follow.**
- 2. CAAN will educate professionals who work with children about issues pertaining to child welfare through its website and through the publication of a newsletter that will be published quarterly and use guest expert authors for articles.**
- 3. The CDSIRP will use its first year of data from the National Child Death Reporting System to help identify trends and develop data-based recommendations to reduce the numbers of abuse related child fatalities.**
- 4. There is a need for state agencies to develop improved methods of collaborating when investigating and managing cases where children are impacted by parent's drug abuse. Maine has witnessed a significant increase in the number of infants being born with neonatal abstinence syndrome.**

### **Activities to Meet Each Recommendation**

#### **Number A.1.**

##### Recommendation

**CAAN will support the efforts to improve forensic interviewing and better collaboration within both the Department of Health and Human Services and law enforcement offices. CAAN will work towards a model protocol for all areas of the State to follow. CAAN will act to disseminate information of practice models that ensure safety throughout the life of a case from initial assessment to reunification decisions or selection of adoption resources.**

##### Activities and Outcomes for 2010-2011

In October, 2010 the CAAN Cops and Caseworkers Conference will be held on two consecutive days, bringing together 300 child welfare workers, law enforcement officers and drug enforcement agents.



The conference will be held in two regional locations to allow for improved and geographically based networking between participants. The conference will include ways in which CAAN, the DHHS and Law enforcement can collaborate with the outcome being improved forensic interviewing practice in Maine cases that reduces additional trauma to the child victim and victim's family and also ensures fairness to the accused.

Number A.2.

### ***Recommendation***

**CAAN will educate professionals who work with children about issues pertaining to child welfare through its website and through the publication of a newsletter that will be published quarterly and use guest expert authors for articles. Members of the three panels in Maine will be routinely invited to submit articles, statistics, and other relevant information of interest to the child welfare community. This provides the panel members an opportunity to share their expertise with the greater community interested in the treatment of child maltreatment.**

### **Activities and Outcomes for 2010-2011**

The new CAAN website will provide information about the Child Abuse Action Network, The Maine Citizen Review Panel and The Maine Child Death and Serious Injury Review Panel. Each Panel will contribute information for the site on the most up to date news, research, reports and trainings related to child welfare in order educate professional and citizens. It will provide the Child Abuse Hotline number and links to other resources.

The CAAN Newsletter will use expert guest authors to contribute to its quarterly publication. The newsletter is distributed to members of each panel, to child welfare workers and other professionals working in the field for the purpose of increasing knowledge and enhancing the effectiveness of the actions taken in child abuse cases.

Number A.3.

### **Recommendation**

**The CDSIRP will use its first year of data from the National Child Death Reporting System to help identify trends and develop data-based recommendations to reduce the numbers of abuse related child fatalities.**

### **Activities and Outcomes for 2010-2011**

The serious injury or the death of a child is a sentinel event that should urge communities to identify other children at risk for injury or illness. A review of case information should be comprehensive and broad and lead to an understanding of risk factors and patterns.

When data from a series or cluster of case reviews are analyzed over time, significant risk factors or patterns in child injury and safety can be identified. In addition to public health surveillance and prevention, the collection of findings from case reviews and the subsequent reporting out on these findings can help:

- identify trends, major risk factors and to develop recommendations and action plans for state policy and practice improvements
- identify gaps in the reporting of deaths, and
- use of state and local CDR findings for national policy and practice changes.

The CDSIRP began entering cases of child deaths and serious injuries into the National Child Death Reporting System on January 2010. This year the CDSIRP will partner with the Maine Center for Disease Control, the Medical Examiners Office, Maine's Office of Child and Family Services and the Office of Vital Records to enhance Maine's ability to identify risk factors and patterns for the purpose of preventing child deaths and serious injuries. We will accomplish this by collecting comprehensive information from these multiple agencies through the use of the Child Death Review Case Reporting System from the National Center for Child Death Review.

#### **Number A.4.** **Recommendation**

**There is a need for state agencies to develop improved methods of investigating and managing cases where children are impacted by parent's drug abuse. Maine has witnessed a significant increase in the number of infants being born with neonatal abstinence syndrome.**

#### **Activities and Outcomes for 2010-2011**

The Child Abuse Action Network will use its monthly meetings to do the following:

1. identify barriers and enhance collaborative investigations between the Maine Drug Enforcement Agency, the Office of Child and Family Services at DHHS, and local law enforcement agencies
2. collaborate with hospitals, public health nurse programs, and home visiting providers to provide information on the scope of the problem of drug abuse by parents in Maine and its impact on children
3. develop a system for identifying and reaching out to the parents of babies born with neonatal abstinence syndrome to offer services that will reduce the risk to children.
4. identify evidenced based interventions that have the most significant impact in supporting the parenting skills of parents with substance abuse issues.

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

## Recommendations

1. *CAAN will participate and support the work of Maine's Safe Sleep Campaign Workgroup and provide information as they develop an initiative that creates public awareness regarding unsafe sleep practices.*
2. *CAAN will support and staff the Data Collection Subcommittee in its work collecting and analyzing data regarding the effectiveness of the Period of Purple Crying Program.*
3. *The Citizen Review Panel will review adoption cases to identify trends and make recommendations to reduce the number of adoption disruptions and dissolutions*
4. *The Citizen Review Panel will survey caseworkers and schools to in order to formulate recommendations that will improve the educational stability for children in foster care.*
5. *The Child Death and Serious Injury Review Panel will use the review of a number of cases involving the deaths of infants in unsafe sleep environments to create a report in June 2010 and to inform Maine's Safe Sleep Campaign in their prevention efforts.*

### Number B.1.

#### Recommendation

*CAAN will participate and support the work of Maine's Safe Sleep Campaign Workgroup and provide information as they develop an initiative that creates public awareness regarding unsafe sleep practices.*

#### Activity and Outcome for 2010-11

The Child Welfare Coordinator helped to found and is currently a member of the Safe Sleep Campaign Workgroup. CAAN has been a distribution center for the Safe Sleep for Your Baby Brochures from the National Institute of Health and distributed over 4,000 brochures to child care centers, mental health clinics, foster care agencies and other professionals working with families. This year the workgroup will:

1. become the first Maine chapter of the Cribs for Kids program, which provides low cost safe sleep environments for families who cannot otherwise afford cribs.
2. use the infrastructure that was developed and led to the success with the Period of Purple Crying program to deliver the message about the safest way for infants to sleep. This

infrastructure includes public health nurses, home visitors, hospitals, law enforcement and pediatricians.

3. develop a public awareness campaign through the use of public service announcements and materials.

## **Number B.2.**

### Recommendation

*CAAN will support and staff the Data Collection Subcommittee in its work collecting and analyzing data regarding the effectiveness of the Period of Purple Crying Program.*

### Activities and Outcomes 2010-2011

In 2009 the Abusive Head Trauma Workgroup adopted the Period of Purple Crying program, an educational and evidenced-based program for parents aimed at reducing incidents of abusive head trauma. To date all home visitors, public health nurses and all of Maine's birthing hospitals have been trained and are using the program and providing it to all new parents.

This year, the Child Abuse Action Network will staff an Abusive Head Trauma Data Collection workgroup to track the incidence of abusive head trauma and help determine the effectiveness of the Period of Purple Crying Program.

## **Number B.3.**

### Recommendation

*The Citizen Review Panel will review adoption cases to identify trends and make recommendations to reduce the number of adoption disruptions and dissolutions*

### Activities and Outcomes for 2010-2011

The CRP developed a case review tool for use in the review of cases of disrupted or dissolved adoptions chosen randomly from around the State. The purpose of the review is to identify areas for improved practice in order to make recommendations to the Department and other service providers involved in these cases. Recommendations made should result in changes in policies and procedures that will reduce the harm to the child in cases of adoption.

## **Number B.4.**

### Recommendation

*The Citizen Review Panel will survey caseworkers and schools to in order to assess the current system and formulate recommendations that will improve the educational stability for children in foster care.*

### Activities and Outcomes for 2010-2011

The CRP Education Workgroup has developed a survey for caseworkers and school principals which will be distributed in May 2010. The results of the survey will help determine the extent to which the educational needs of children in foster care are being met and will inform recommendations made for future practice and potential policy changes that will reduce the harm to the child. The recommendations will become part of the 2010 Annual CRP Report to be distributed to the Commissioner of Health and Human Services, the legislature and the community.

### **Number B.5.**

#### Recommendation

*The Child Death and Serious Injury Review Panel will use the review of a cluster of cases involving the deaths of infants in unsafe sleep environments to create a report in June 2010. This report will be used to inform Maine's Safe Sleep Campaign Workgroup in their prevention efforts.*

### Activities and Outcomes for 2010-2011

The CDSIRP noticed an increase in the number of Maine infants dying in unsafe sleep environments. The committee has begun a review of these cases and will use the results to create a Report on Infant Safe Sleep. This report will make recommendations that will inform prevention strategies, which in turn will reduce the number unsafe sleep related deaths in infants.

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

### **Recommendations**

- 1. The CDSIRP will continue a targeted review of cases involving young adults who were formerly foster children and have committed violent crimes. The Panel will identify trends and make recommendations to the Department of Health and Human Services for the purpose of developing policies that will reduce the harm to the child and prevent future tragedies, but also ensure fairness to the accused.*
2. CAAN recommends that the Department use its 2009 Child Death Report, the 2010 Citizen Review Panel Report and the Report on Infant Safe Sleep to inform legislative action, influence state agencies' policies and procedures, and inform collaborative multidisciplinary work.

## **Number C.1.**

### **Recommendation**

*The CDSIRP will continue a targeted review of cases involving young adults who were formerly foster children who have committed violent crimes. The Panel will identify trends and make recommendations to the Department of Health and Human Services for the purpose of developing policies that would prevent future tragedies.*

### **Activities and Outcomes for 2010-2011**

The Child Death and Serious Injury Review Panel will continue to review cases in its series on violent crimes committed by former youth in care with the purpose of identifying procedural issues and/or common themes in these cases that might inform improved practice. Recommendations will be made to the Department on this issue to improve practice and policies that will protect children from ongoing abuse and reduce the likelihood of that child entering the criminal justice system and/or committing violent crimes.

## **Number C.2.**

### **Recommendation**

CAAN recommends that the Department use its 2009 Child Death Report, the 2010 Citizen

Review Panel Report and the Report on Infant Safe Sleep to inform legislative action, influence

state agencies' policies and procedures, and inform collaborative multidisciplinary work.

### **Activities and Outcomes for 2008-2009**

All three panels under the umbrella of the Task Force; CAAN, CDSIRP & CRP publish regular reports with recommendations for improved policies, laws, procedures and practices in child welfare. These reports will be distributed to the commissioner of the Department, the legislature and to the public for use in reducing the harm to children,

**Budget: Includes Citizen Review Panel, The Child Abuse  
Action Network and The Child Death and Serious Injury  
Review Panel**

**Budget  
Amount**

**Personnel**

Coordinator @ 100% FTE	\$45,150
Administration	\$4,000
Other Professional (Research Consultant)	\$3,514
Total Salary & Wages	\$52,664
Employee Benefits & Fringe @ .484	\$25,489
Total Personnel	\$78,153

**Other Costs**

Publications	\$2000
Postage	\$1000
Printing and Copying	\$1500
Materials and Supplies	\$2000
UMO employee travel—in state	\$2500
UMO employee travel—out of state	\$3000
Telephone & Conferencing Expenses	\$500
Total Other Indirect Costs	\$24295
Total Direct Costs	\$90653

**Budget: Includes Citizen Review Panel, The Child Abuse  
Action Network and The Child Death and Serious Injury  
Review Panel**

**Budget  
Amount**

- \$12182

University Contribution

**Total All Costs**

**\$102,766**

***Maine Child Abuse Action Network***

<b>Name</b>	<b>Organization</b>	<b>Summary</b>
<b>Kelly Goulette</b> 83 Western Ave. Augusta, Maine 207-623-3569	Family Violence Project	8 years with the Family Violence Family Violence Project, currently as a liaison to the Department and Health and Human Services, Child Protective Services unit.
<b>Ellen Bridge, R.N.</b> Key Plaza, 7 <sup>th</sup> Floor SHS #11 Augusta, ME 04333 207-287-6185 Ellen.Bridge@maine.gov	Public Health Nursing Consultant	35 years providing and supervising public health nursing services to families where child abuse and neglect is or may be an issue – helped draft the written agreements between Public Health Nursing and Child Protective Services
<b>Debbie Mattson, MSW</b> 11 King St. Augusta, ME 04330 622-1429 debbie@mediateresources.com	GAL Mediation & Facilitation Resources	30+ years working with families and children- advocate for children with special needs, coordinated and provided services for children in battered women shelter, and currently serves as a court appointed guardian ad litem in parental rights and divorce proceedings.
<b>Guardian Ad Litem</b>		
<b>Jan Clarkin</b> Maine Children's Trust	Executive Director Maine Children's Trust	10 years as executive director of the Maine Children's Trust and leadership of several Maine family support coalitions, including



24 Stone St., Suite 1 Augusta, ME 04330 207-623-5120 <a href="http://www.mainechildrenstrust.org">www.mainechildrenstrust.org</a>		Home Visitation.
<b>Dean Crocker</b> 303 State Street Augusta, ME 04330 <a href="mailto:dccker@mekids.org">dccker@mekids.org</a>	Maine Children's Alliance	39 years of experience in the public and private child welfare, mental health and developmental disabilities system. Career emphasis on public policy development and federal finance. Ombudsman for CW and Vice President for Programs at MCA
<b>Kimberly Day, LSW</b> 5770 Social Work Building Orono, Maine 04469 207-581-3586	Child Welfare Coordinator University of Maine School of Social Work.	13 years experience in both private and public child welfare and/or working with the child welfare system through collaborative grants. Previous experience in early childhood, and in domestic violence Youth Services Coordinator. Coordinator of Child Death Serious Injury Review Panel, Child Abuse Action Network & Citizen Review Panel.
<b>Renna Hegg</b> 111 State House Station Augusta, ME 04333 207-287-4810  Corrections	Director of Juvenile Programs Maine Department of Corrections	Over 30 years experience in adult and community corrections, as Probation Officer, Juvenile Community Corrections Officer and Regional Resource Coordinator, Experience in administrating the Correctional Program Assessment Inventory
<b>Sgt. Anna Love (alternate)</b> Maine State Police Stone Street Augusta, Maine 04330 <a href="mailto:Anna.H.Love@maine.gov">Anna.H.Love@maine.gov</a>	Sergeant, Maine State Police	BA in Criminology from the University of Southern Maine, ten years law enforcement experience (Maine State Police), seven of which have been with the criminal division. Investigations of crimes against people, suspicious deaths and homicides.
<b>Virginia Marriner, LSW</b> Director Child Welfare Policy and Practice, DHHS, OCFS 2 Anthony Avenue Augusta, Maine 04333 207-624-7931 <a href="mailto:Virginia.S.Marriner@maine.gov">Virginia.S.Marriner@maine.gov</a>	Director Child Welfare Policy and Practice Department of Health and Human Services, Office of Children and Families	Over 25 years experience in public child welfare and has presented nationally on best practice models in post adoptive services and subsidized guardianship programs and has worked collaboratively with other national public and private entities to bring training and new approaches to Maine to enhance the child welfare system's ability to encourage improved outcomes for children and families.
<b>Barbara Piotti, LCSW</b> Kennebec Behavioral Health 66 Stone Street Augusta ME 04330 <a href="mailto:bpotti@kvmhc.org">bpotti@kvmhc.org</a> 207-626-3455	Outpatient Services Director Kennebec Valley Mental Health Center	Over 20 years experience at Kennebec Valley Health Clinic as a clinical social worker in the mental health field
<b>Mark Rains, PhD</b>	Psychologist	28 years experience including: child abuse

P.O.Box 302 W. Farmington, ME 04992 <a href="mailto:firemarks@pivot.net">firemarks@pivot.net</a>	Private Practice	and neglect, infant mental health, family systems, child traumatic stress, foster care triage assessment and interagency consultation. Pediatric Rapid Evaluation Program, collaborative project with Maine Department of Human Services, providing triage physical and psychosocial assessment and 8-month follow-up of children entering foster care due to abuse or neglect; Mid-Maine Trauma Network
<b>Lawrence Ricci, MD</b> 17 Bishop Street Portland, ME 04103 207-879-6160 <a href="mailto:riccil@aol.com">riccil@aol.com</a>	Pediatrician and Director Spurwink Child Abuse Program	27 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 photo documentation of child abuse and neglect; adjunct faculty, University of Vermont College of Medicine
<b>Cindy Seekins</b> 32 Winthrop St. Augusta, Maine 04330 207-223-9993	Program Staff Supervisor and Regional Parent Support Coordinator G.E.A.R Parent Network	19 years in social service agencies. 12 years in the GEAR parent network.
<b>Joan Smyrski</b> Director Children's Behavioral Health Department of Health & Human Services 2 Anthony Avenue Augusta, Maine. 04333 207-624-7958 <a href="mailto:Joan.Smyrski@maine.gov">Joan.Smyrski@maine.gov</a>	DHHS/Office of Child & Family Services; Director of Children's Behavioral Health Services	Over 30 years of experience in program & policy development, quality improvement, and management of child and adult mental health and developmental disabilities service systems. Principal Investigator of the nation's first Trauma-Informed Children's System of Care Initiative.
<b>Nora Sosnoff</b> 6 State House Station Augusta, ME 04333 <a href="mailto:nora.sosnof@maine.gov">nora.sosnof@maine.gov</a>	Assistant Attorney General Maine Office of the Attorney General	Maine lawyer since 1989; career dedicated to public service in Maine for 13+ years; 8 years as an Assistant Attorney General in the field of child welfare(1994-2002); 5+ years as Deputy Bar Counsel, overseeing professional responsibility compliance and educating Maine lawyers in legal ethics (2002-2008). In 2008, returned to practice at the AG's Office and the field of child welfare.
<b>Destie Hoffman Sprague</b> 83 Western Avenue, Suite 2 Augusta, Maine 04330	Maine Coalition Against Sexual Assault	Extensive experience as an advocate for child and family public policy issues, with a focus on abuse and neglect, public health, and family economic security. Currently supporting

		sexual assault service providers through public policy advocacy and program research, development, and <i>coordination</i> .
<b>Heather Washburn, LSW</b> 1 Alden Ave. Augusta, ME 04330 (207) 626-3497, ext. 253 <a href="mailto:hwashburn@thechildrenscenter.ws">hwashburn@thechildrenscenter.ws</a>	The Children's Center, Case Management Supervisor	15 years in social services, primarily in relation to children with special needs. Foster care, group home, child protective, and case management experience. Four years as a Healthy Families home visitor, focusing on child abuse prevention, health and the parent/child relationship. Currently case management supervisor, primarily working with children birth to five with special needs or at-risk for special needs because of biological, medical or environmental factors. Serving both Somerset and Kennebec counties.
<b>Lt. Gary Wright</b> Maine State Police Criminal Investigation Division II 36 Hospital Street Augusta, Maine 04333 207-624-7141 <a href="mailto:Gary.W.Wright@maine.gov">Gary.W.Wright@maine.gov</a>	Lieutenant, Maine State Police, CID II	24 years Law Enforcement Experience, 20 years with Maine State Police, 4 years as a Child Abuse/Homicide investigator. Currently overseeing a Criminal Investigation Division of the Maine State Police
<b>Luc Nya</b> EPSDT Coordinator Office of MaineCare Services State of Maine DHHS 11 SHS, 442 Civic Center Drive, Augusta, ME 04333 -0011 <a href="mailto:Luc.nya@maine.gov">Luc.nya@maine.gov</a>	DHHS	Coordinator of the Maine Early Prevention and Screening Program.
<b>Robin Whitney</b> DHHS 396 Griffin Road Bangor, Maine 04401  <a href="mailto:Robin.whitney@maine.gov">Robin.whitney@maine.gov</a>	DHHS	Assistant Program Administrator for the Office of Child and Family Services for District 6 -Penobscot and Piscataquis counties. worked as a child protective caseworker and permanency supervisor for 6 years.

## ***Child Death and Serious Injury Review Panel Members***

<b>Name</b>	<b>Organization</b>	<b>Summary</b>
<b>Richard Allan Aronson, MD, MPH</b> Center for Humane Worlds for Child and Youth Health 19 Maple St. Hallowell, ME 04347	Director Center for Humane Worlds for Child and Youth Health A New Program of the future Search Network <a href="http://www.futuresearch.net">www.futuresearch.net</a> Physician Consultant in Public Health	31 years experience as a pediatrician and maternal and child health (MCH) and public health leader, including 10 years of direct care. MCH Medical Director in Vermont, Wisconsin, and Maine.
<b>Lou Ann Clifford</b> Assistant Attorney General 6 State House Station Augusta, ME 04333 207-626-8484	Office of the Attorney General	20 years experience as an AAG, all but three handling child protective matters in Cumberland county for 12 years, and in Franklin and Oxford Counties for the past 5 years.
<b>Luanne Crinion, RN, MS</b> Supervisor, Public health Nursing ME Department of Health and Human Services ME CDC-P 200 Main St. Lewiston, ME 04240 <a href="mailto:Luanne.Crinion@maine.gov">Luanne.Crinion@maine.gov</a>	Supervisor, Public Health Nursing Maine Department of health and Human Services ME CDC-P	20 years experience as Supervisor of Public health Nursing program. Masters Degree in Nursing
Virginia Marriner, LSW 2 Anthony Ave. Augusta, ME 04333 207-624-7931	Director of Child Welfare Policy & Practice Department of Health & Human Services, Office of Children & Families	25+ years experience in public child welfare & has presented nationally on best practice models in post adoption services & has subsidized guardianship programs - has worked collaboratively with other national public & private entities to bring training & new approaches to Maine to enhance the child welfare system's ability to encourage improved outcomes for children & families
<b>Marguerite DeWitt, MD, JD (alternate)</b> Medical Examiner's Office 34-A Hospital St. Augusta, ME 04330	Deputy Chief Medical Examiner Medical Examiner's Office	Practiced clinical, autopsy and surgical pathology for 11 years. In 2000, completed a fellowship in Forensic pathology. American Board of Pathology certified in anatomic and clinical pathology as well as forensic pathology. Chaired the committee to establish, as a clinical specialty for a 500-bed hospital in Texas, the Child and Adult Abuse Response Team. Founded and

		chaired the committee that plans a yearly conference concerning the investigation, intervention and prevention of child abuse.
<b>Kimberly Day, LSW</b> 5770 Social Work Building Orono, Maine 04469 207-581-3586	Child Welfare Coordinator University of Maine School of Social Work.	13 years experience in both private and public child welfare and/or working with the child welfare system through collaborative grants. Previous experience in early childhood, and in domestic violence Youth Services Coordinator. Coordinator of Child Death Serious Injury Review Panel, Child Abuse Action Network & Citizen Review Panel.
Janice Stuver Assistant Attorney General Chief, Child Protection Division Office of Attorney General #6 State House Station Augusta, ME 04333 Tel: 626-8800	Assistant Attorney General Chief, Child Protection Division	Child Welfare Attorney
<b>Margaret Greenwald, MD, Chief</b> Medical Examiner's Office 34-A Hospital St. Augusta, ME 04333 207-624-7162 <a href="mailto:Margaret.Greenwald@maine.gov">Margaret.Greenwald@maine.gov</a>	Chief Medical Examiner Medical Examiner's Office	23 years experience as a forensic pathologist 10 years as Chief Medical Examiner in Maine
Alan P. Kelley Deputy District Attorney Prosecutorial District IV Kennebec County Courthouse 95 State Street Augusta, ME 04330	Office of the District Attorney Prosecutorial District IV Kennebec & Somerset Counties 95 State Street Augusta, ME 04330	29 years of experience as a prosecuting attorney. 27 years, as Deputy District Attorney, with primary responsibility for the prosecution of cases involving sexual abuse, or serious bodily injury, to children in Kennebec County.
Marie Kelly, MSW Office of Child and Family Services Department of Health and Human Services  17 Eastward Lane Ellsworth, ME 04605 207-667-1600	Program Administrator, District 7, DHHS, OCFS	22 years experience with the Department of Health and Human Services.
<b>Ann LeBlanc, Ph.D.</b> Director, State Forensic Service State House Station # 11 Augusta, Maine 04330 207-624-4648	Director, State Forensic Services	Psychologist and administrator for State of Maine Department of health and Human Services since 1984, including Chief of Psychology and Chief Operating Officer at the Augusta Mental Health Institute, prior to appointment as Director, State Forensic Service in 1997
<b>Sgt. Anna Love (alternate)</b> Maine State Police	Sergeant, Maine State Police	BA in Criminology from the University of Southern Maine, ten years law enforcement



Stone Street Augusta, Maine 04330 <a href="mailto:Anna.H.Love@maine.gov">Anna.H.Love@maine.gov</a>		experience (Maine State Police), seven of which have been with the criminal division. Investigations of crimes against people, suspicious deaths and homicides.
<b>Mark Moran</b> Eastern ME Medical Center Grant 8 Pediatrics 489 State St. Bangor, ME 04401 207-973-7855 <a href="mailto:Mmoran@emh.org">Mmoran@emh.org</a>	Family Service and Support Team Coordinator; Pediatric Forensic Clinic Coordinator CASA	BSW/MSW from University of Maine; 5 yrs Child Protective Caseworker for Maine DHHS; 3+ yrs medical social work with Women's and Children's Services at EMMC.
<b>Stephen Meister, MD, FAAP, Chair</b> Edmund Ervin Pediatric Center Pediatric Rapid Evaluation Program 271 Water St. Augusta, Maine 04330 207-621-2304 <a href="mailto:Meistermcn2@aol.com">Meistermcn2@aol.com</a>	Medical Director, PREP Edmund Ervin Pediatric Center Pediatric Rapid Evaluation Program	23 years experience in pediatrics 10 years as Medical Director for PREP Prior experience on the Child Death Review Committee in San Diego County Member of the National Child Traumatic Stress Network
<b>Karen Mosher, Ph.D., Co- Chair</b> 66 Stone Street Augusta, Maine 04330 207-626-3455 <a href="mailto:kmosher@kbhmaine.org">kmosher@kbhmaine.org</a>	Clinical Director Kennebec Behavioral Health	28 years experience in public mental health including experience with child welfare, persons with severe mental illness, personality disorders, program development, and agency administration. Doctorate of Philosophy in clinical Psychology. Licensed as a psychologist in Maine.
<b>Lawrence Ricci, MD</b> 17 Bishop Street Portland, ME 04103 207-879-6160 <a href="mailto:riccil@aol.com">riccil@aol.com</a>	Pediatrician and Director Spurwink Child Abuse Program	Over 27 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 photo documentation of child abuse and neglect; adjunct faculty, University of Vermont College of Medicine
<b>Chief Judge Ann Murray</b> Maine District Court 163 State House Station, Augusta, Maine 04333 (207) 287-6950 Augusta Me <a href="mailto:Ann.m.Murray@maine.gov">Ann.m.Murray@maine.gov</a>	Chief Judge, Maine District Court	Appointed as District Court Judge in 1999, Deputy Chief Judge-2005-2007, Chief Judge – 2007 and continuing  District Court Judge
<b>Valerie J. Ricker, MSN, MS</b> Division of Family Health Key Bank Plaza, 7 <sup>th</sup> Floor State House Station 11 Augusta, ME 04333-0011 207-287-5396	Director, Division of Family Health, Maine Center for Disease Control and Prevention, Department of Health & Human Services	29 years experience working in maternal child health services in acute care and primary care clinical settings and administration of MCH public health services. 16 years in non-profit health systems and 13 years with Maine's Public

<a href="mailto:Valerie.j.ricker@maine.gov">Valerie.j.ricker@maine.gov</a>		Health agency, Maine Center for Disease Control and Prevention (Maine CDC)  Healthcare/Maternal & Child Health
<b>Lt. Gary Wright</b> 45 Commerce Drive, Suite 1 Augusta, ME 04330 207-624-7141 <a href="mailto:Gary.W.Wright@maine.gov">Gary.W.Wright@maine.gov</a>	Lieutenant, Maine State Police, CID II	20 years experience. Specializes in investigations of child abuse cases; supervises nine detectives and two Detective Sergeants; member of the Child Death and Serious Injury Review Panel
Joseph Riddick, Health Planner Injury Prevention Program (207) 287-5690 286 Water Street, 5th Floor 11 SHS Augusta, ME 04333-0011 <a href="mailto:Joseph.Riddick@maine.gov">Joseph.Riddick@maine.gov</a>	Health Planner Maine CDC, Division of Family Health Injury Prevention Program	20+ years experience working in the health field. 8 years at Eastern Virginia Medical School; 7 years as Assistant Health Administrator with the Virginia Department of Juvenile Justice. Master's degree in Business Administration, doctoral studies in Public Policy and Administration.  Injury and Suicide Prevention
Hannah Pressler, MHS, PNP-C 17 Bishop St. Portland, ME 04303 <a href="mailto:hpressler@roadrunner.com">hpressler@roadrunner.com</a>	The Spurwink Child Abuse Program Pediatric Nurse Practitioner	29 years of experience as a PNP. Forensic pediatric examiner since 1987. Full time at Spurwink since 1997. Attorney General's Advisory Committee for Sexual Assault Forensic Examiners. Pediatric Sexual Assault expert & Child Advocate. Doctor of Nursing Practice student Simmons College, Boston  Sexual Assault expert/Child Advocate
Renna Hegg 111 State House Station Augusta, ME 04333 207-287-4810 <a href="mailto:renna.hegg@maine.gov">renna.hegg@maine.gov</a>	Director of Juvenile Programs Maine Department of Corrections	30+ years experience in adult & community corrections, as Probation Officer, Juvenile Community Corrections, Officer & Regional Resource Coordinator - experience in administrating the Correctional Program Assessment Inventory  Corrections
Lyn Carter Maine Coalition to End Domestic Violence 104 Sewall St., Augusta, ME 04330 207-430-8334 ext 15 207-459-6756 (cell) 207-430-8348 (fax)	Community Response Coordinator Maine Coalition to End Domestic Violence	20 + years of experience providing advocacy for victims of domestic violence with a specialized focus on the nexus between domestic abuse and child victimization, 15 + years coordinating the communities response and presenting nationally a cross-disciplinary training model among substance abuse, child abuse and domestic violence professionals, collaborator on the creation of Child Protective's DV Protocol. Currently, the Coordinator of Rural Grant Program at the Maine Coalition to End Domestic Violence (MCEDV) providing experienced

		advocacy to child protective caseworkers and victims of domestic abuse interfacing with the child protective system.  Domestic Violence Advocate
Elizabeth Neptune Office of Minority Health Maine Center for Disease Control 11 State House Station Augusta, Maine 04333 287-6497 <a href="mailto:Elizabeth.neptune@maine.gov">Elizabeth.neptune@maine.gov</a>	Project Launch Manager	       Minority Health
Ad Hoc & Other: Katrina Rowe 2009-2010 Panel Intern 5770 Social Work building Orono Maine 04469 581-3586 <a href="mailto:Katrina.rowe@umit.maine.edu">Katrina.rowe@umit.maine.edu</a>  Win Turner Panel Researcher 5770 Social Work Building Orono Maine 04469 <a href="mailto:Win.turner@umit.maine.edu">Win.turner@umit.maine.edu</a>	Panel Intern     Panel Researcher	



## ***Citizen Review Panel***

### ***Committee Members***

<b>Name</b>	<b>Organization</b>
<b>Bonny Dodson, LCSW</b> <b>Chair &amp; Executive Committee Member</b> Casey Family Services 30 Summer St., Suite 5 Bangor, ME 04401	Casey Family Services
<b>Carl Schreiber, Pastor</b> <b>Vice Chair &amp; Executive Committee Member</b> 38 Johnson Mill Rd. Orrington, ME 04474 207-825-3404 <a href="mailto:pastorcarl@eoccmaine.com">pastorcarl@eoccmaine.com</a>	East Orrington Congregational Church
<b>Laura Minoty</b> <b>Executive Committee Member</b> 515 Wings Mills Rd. Mt. Vernon, ME 04352 <a href="mailto:Laura_minoty@yahoo.net">Laura_minoty@yahoo.net</a> TEL:207-293-4920	Parent
<b>Robin Russel</b> <b>Executive Committee Member</b> University of Maine 5770 Social Work Building Orono, Maine 04469-5770	Director, School of Social Work University of Maine Former adoptive and foster parent
<b>Virginia Marriner, LSW</b> <b>Executive Committee Member</b> Director Child Welfare Policy and Practice, DHHS, OCFS 2 Anthony Avenue Augusta, Maine 04333 207-624-7931	Department of Health and Human Services, Office of Children and Families Director Child Welfare Policy and Practice

<a href="mailto:Virginia.S.Marriner@maine.gov">Virginia.S.Marriner@maine.gov</a>	
<b>Dr. Adrienne Carmack</b> Penobscot Community Health Center 1068 Union Street Bangor, Maine 04401 <a href="mailto:acarmack@pchcbangor.org">acarmack@pchcbangor.org</a> TEL: 207-945-5247	Penobscot Community Health
<b>Nancy Webster</b> P.O. Box 176 Brooks, Maine 04921 <a href="mailto:woolweb@aol.com">woolweb@aol.com</a> TEL: 722-3676 217-8185	Early Childhood Specialist University of Maine
<b>Bette Hoxie</b> 294 Center St., Suite 1 Old Town, ME 04401	Adoptive and Foster Families of Maine
<b>Tracie L. Adamson, Esq.</b> Family Division Manager 24 Stone St., SHS171 Augusta, ME 04333 <a href="mailto:Tracie.adamson@maine.gov">Tracie.adamson@maine.gov</a> TEL: 207-287-6844	Family Division Manager Family Court State of Maine
<b>Anite Stratton</b> 28 Murphy Rd. Surry Maine 04684 <a href="mailto:Egyptas2@hotmail.com">Egyptas2@hotmail.com</a> 207-632-7551 (cell) 667-5658 (home)	Foster and Adoptive Parent
<b>Sgt. Paul Kenison</b> Bangor Police Department 240 Main Street Bangor, Maine 04401 <a href="mailto:Paul.kenison@bangormaine.gov">Paul.kenison@bangormaine.gov</a>	Bangor Police Department
<b>Margaret Criner</b> 6 Mayo St Orono, Maine 04473. 866-7962 <a href="mailto:Margaret.crinier@umit.maine.edu">Margaret.crinier@umit.maine.edu</a>	Adoptive Parent
<b>Shelley Megquier</b> DHHS, Domestic Violence Liaison 396 Griffin Road Bangor, Maine 04401 <a href="mailto:Shelley.megquier@maine.gov">Shelley.megquier@maine.gov</a> TEL: 207-561-4274	Domestic Violence Liaison
<b>Kimberly Day,</b> <b>Panel Coordinator</b>	University of Maine School of Social Work

Child Welfare Coordinator 5770 School of Social Work Orono, Maine <a href="mailto:Kimberly.day@umit.maine.edu">Kimberly.day@umit.maine.edu</a> TEL: 207-581-3586	
<b>Win Turner</b> PO Box 422 Blue Hill Maine 04614 374-2542 <a href="mailto:win.turner@umit.maine.edu">win.turner@umit.maine.edu</a>	Panel Research Consultant
<b>John Bear Mitchell</b> Associate Director Wabanaki Center University of Maine 5724 Dunn Hall Orono, ME 04469-5724 <a href="mailto:John.mitchell@umit.maine.edu">John.mitchell@umit.maine.edu</a> TEL: 207-581-1417	University of Maine
<b>Sara Meerse, Esq, MSW</b> Directing Attorney, Kids Legal Aid 88 Federal St. Portland Maine, 04112 207-828-2308 <a href="mailto:smeerse@ptla.org">smeerse@ptla.org</a>	Kids Legal Aid
<b>Lu Zeph</b> Director, Center for Community Inclusion & Disabilities Studies University of Maine Orono, Maine 207-581-1027 <a href="mailto:lu.zeph@umit.maine.edu">lu.zeph@umit.maine.edu</a>	Center for Community Inclusion & Disabilities Studies University of Maine
<b>David Richardson</b> Representative District 23 624 Hampden Rd Carmel Maine 04416 207848-3040 <a href="mailto:richardsond@hermon.net">richardsond@hermon.net</a>	Representative District 23
<b>James McGonagle</b> 148 college Ave 1(207)316-3514 james mcgonagle@umit maine.edu	Former Youth in Care
<b>Julie McClarie</b> 15 Eighteenth St. Bangor, Maine 04401 <a href="mailto:jsmcclarie@myfairpoint.net">jsmcclarie@myfairpoint.net</a> 947-1501 Cell: 356-2356	Adoptive parent       November 2011
<b>Pat Kimball</b> 98 Cumberland St. Bangor Maine 04401	Substance Abuse Wellsprings

941-1639 <a href="mailto:pkimball@wellspringsa.org">pkimball@wellspringsa.org</a>	April 2011
<b>Jennifer Chiarell</b> Child Protective Initiative Coordinator PO Box 653 Bangor, Maine 04401 p) 207-945-5102 f) 207-990-4252 <a href="mailto:jchiarell@sprucerun.net">jchiarell@sprucerun.net</a>	Domestic Violence Spruce Run Association  September 2011
<b>Susan Lieberman</b>  <a href="mailto:susan.lieberman@maine.gov">susan.lieberman@maine.gov</a>	Education  September 2011
<b>Renee Perron</b> Principal Southern Penobscot Regional School PO Box 543 Old Town Maine 04468 827-4444, ext 205 <a href="mailto:renee.perron@rsu34.org">renee.perron@rsu34.org</a>	Education  December 2011
<b>Amy Movius, MD</b> Pediatric Critical Care Physician 47 Griffin Ave Hampden Maine 04444 973-5591 <a href="mailto:amovius@emh.org">amovius@emh.org</a>	Medical  January 2012
<b>James Crotteau</b> 46 Berry Cove Rd Lamoine, Me 04605 <a href="mailto:jcrotteau@gmail.com">jcrotteau@gmail.com</a> 667-7470	Attorney, GAL  November 2011
<b><u>Ad Hoc Committee Members</u></b>  <b>David Richardson</b> Representative District 23 624 Hampden Rd Carmel Maine 04416 207848-3040 <a href="mailto:richardsond@hermon.net">richardsond@hermon.net</a>  <b>Gina Googins</b> DHHS 2 Anthony Ave Augusta Maine 04333  <b>Katrina Rowe</b> Child Welfare Committee Intern 5770 School of Social Work Orono, Maine <a href="mailto:Katrina.rowe@umit.maine.edu">Katrina.rowe@umit.maine.edu</a>	Representative District 23  Education Subcommittee member  Panel Intern

<p>TEL: 207-581-3586</p> <p><b>Win Turner</b>  PO Box 422  Blue Hill Maine 04614  374-2542  <a href="mailto:win.turner@umit.maine.edu">win.turner@umit.maine.edu</a></p>	<p>Panel Research Consultant</p>
--	----------------------------------

**CHILDREN'S JUSTICE TASK FORCE,  
Child Abuse Action Network  
Maine 3 Year Study – FY 2010**

The Maine Children's Justice 3-Year Study evaluates how child abuse and neglect cases are handled as they move through the system. As a result of the evaluation, the Children's Justice Task Force must make recommendations to improve handling and assess the progress of those recommendations every three years. The Children's Justice Task Force plans to reevaluate, but not necessarily complete, the following recommendations in the next three years.

**Introduction**

The Children's Justice Act (CJA), section 107 of the Child Abuse Prevention and Treatment Act (CAPTA), authorizes eligible states to fund programs to improve the handling of child abuse and neglect cases. Eligibility is contingent upon satisfying five criterion: 1) Compliance with the CAPTA Basic State Grant to improve Child Protective Services system; 2) Establishment and maintenance of a multi-disciplinary advisory Task Force; 3) Comprehensive review of the system handling of child abuse and neglect every three years; 4) State adoption of Task Force recommendations stemming from the three-year review; and 5) Submission of an application annually. Maine is required to include the three-year study in the FY 2010 application.

**Improvements**

The Task Force found that the several improvements had been made in since the last assessment.

- 1) The Department of Health and Human Services, Office of Child and Family Services (OCFS) decreased the number of children in residential treatment to 10%, down from 32%.
- 2) On the recommendation of the Child Death & Serious Injury Review Panel, OCFS has been using the Pediatric Symptom Checklist for children over 4 since 2007 and makes referrals to Child Development Services for all children under 4 in substantiated cases for screening, assessment and services as identified
- 3) The OCFS now has a system in place for multi-disciplinary forensic sexual abuse evaluation.

- 4) OCFS has improved its policy to look for relatives as resources for children, increasing placements from a low of 12% of all foster children placed with relatives to 30% and 50% for new entries into care.
- 5) A specific flexible fund has been established to assist relatives to meet the physical home standards for licensing.

### **2010 3-year Assessment: Method of Study**

The Maine Children's Justice Task Force, called the Child Abuse Action Network (CAAN) reviewed and evaluated investigative, administrative and judicial handling of child abuse and neglect cases. This evaluation was accomplished in two ways:

- 1) By conducting case reviews and child abuse data from governmental and other agencies.
- 2) By conducting a mixed-method evaluation, using both qualitative and quantitative methods, to conduct a formative evaluation of the Child Death and Serious Injury Review Panel (CDSIRP), a committee of the CAAN. This evaluation of the team's effectiveness and functioning was and will continue to be used to inform the CDSIRP of its current status and to help improve performance, resulting in more effective reviews of child deaths and improved tools for assessment and services to address maltreatment. These tools will be utilized with all disciplines working with children and families and will reduce the trauma to children and families and ensure fairness to accused.

### **Case Reviews and Child Abuse Data**

Individual findings of the review and recommendations are grouped by Coordination, Training, Judicial Handling, Investigative Handling, Administrative Handling, Legislative, and Services. The Children's Justice Act (CJA) assigns recommendations to three categories—(a) investigative, administrative and judicial handling of cases of child abuse and neglect and cases involving a potential combination of jurisdictions in a manner that reduces trauma to victim/family and ensures fairness to accused, (b) experimental, model and demonstration programs for improving handling or enhance effectiveness of child abuse and neglect cases, (c) reform of state laws, ordinances, regulations, protocols and procedures to provide protection for child from abuse; and progress on fulfilling recommendations.

#### **Coordination**

##### **Finding:**

Task Force members report a need for greater collaborative efforts, such as Multi-Disciplinary Teams, and Family Team Meetings to reduce duplication, the number of interviews to which child victims are subjected, and identify potential permanency resources earlier in cases.

##### **Recommendation**

Multi-disciplinary and parental/foster parent involvement in the planning and pre-planning process should begin at the onset of the case through the use of Family Team Meetings.

##### **Progress:**

The Task Force continues to offer trainings that allow for opportunities to learn and network with regional partners. OCFS also utilizes Family Team Meetings (FTM) that are family focused and since 2008, has emphasized the need to hold FTMs prior to a child's entry into care.

**Finding:**

The Maine Coalition to End Domestic Violence and the Maine Department of Health and Human Services have an agreement that places a specially trained domestic violence advocate in the child welfare offices. In many cases it was found that there was a lack of coordination with domestic violence advocates to address a family's history of or present experience with domestic violence.

**Recommendation:**

The Department should consistently and actively seek out the consultation of a domestic violence advocate and connect families that have experienced or are experiencing domestic violence, with domestic violence advocates.

**Progress:**

Maine participated in the New England Breakthrough Series Collaborative on Safety and Risk Assessment and many Task force members were on local teams helping to pursue one significant PDSA that enhanced the use of the domestic violence advocates in the local DHHS offices. This practice of enhanced use has now spread to all offices.

**Finding:**

Child welfare workers are not consistently collaborating with tribal members or tribal child welfare workers to gain access to the home and connect the family with valuable supports.

**Recommendation:**

A protocol should be developed to ensure that collaboration occurs between child welfare and the tribes to advocate for a client and connect the client with tribal supports.

**Progress:**

In collaboration with all of the Maine Tribes and Bands a stand-alone ICWA (Indian Child Welfare Act) Policy has been drafted and will be finalized in late 2010. Maine DHHS is in a Truth and Reconciliation (TRC) process with the Tribes and Bands to identify past challenges and support ongoing fidelity to equal and fair interaction with Maine's Native American population. Training will be provided to all DHHS staff once the policy and TRC are complete. There is more Native American representation on all of the Review Panels in Maine.

## **Training**

**Finding:**

In case reviews, it was found that case workers, foster parents, and other professionals working with children would benefit from training in child behavior and development and the impact of adverse childhood experiences on a child's behavior. This training might assist in the recognition of factors that differentiate children with the potential for violent behavior from typical adolescent behaviors.

**Recommendation**

Training should be provided to the child welfare community and educators on the impact of adverse childhood experiences.



**Progress**

The CAAN has provided training of Adverse Childhood Experiences (ACE's). OCFS work to conduct evidenced based clinical trials collaborating with Judge Baker Children's Center, Harvard University, in interventions to address disruptive behavior/conduct disorder are anticipated to demonstrate effective interventions for this population. DHHS is a member of the LAUNCH project in Washington County and is supporting the presentations by national experts in ACEs in the summer of 2010.

**Findings**

Multi-disciplinary training is valued by the members of the Task Force. Representatives of all disciplines expressed the need for more training, both joint training and agency-specific training.

**Recommendations**

- Training should have an interdisciplinary approach (including defining responsibilities of different agencies/organizations). Other training areas should include cultural competency, family support, information-sharing among groups (e.g., job fact sheets).
- Bring training to court, ensure consistency in training.
- Provide training, programs, and services in rural areas.
- Provide training and best practices specific to child abuse/sexual assault.
- Require Judges to have training in child abuse.
- Encourage multi-disciplinary regional trainings.
- Develop and implement training for first responders (Medical, Fire, Emergency Medical Service, Police) and health care providers (ER staff, pediatricians, physician assistants, nurses, etc).
- Training in recording and reporting for educators and childcare workers.

**Progress**

The CAAN conducted a survey of law enforcement offices and child welfare workers to determine their needs for a regional joint training. The results of the survey are being used to develop a two day conference that will bring together law enforcement, drug enforcement, child welfare workers and district attorneys. The conference will include ways in which CAAN, Child Welfare, Law enforcement, and other entities of the network can collaborate with the outcome being improved forensic interviewing and assessment practice in Maine cases that reduces additional trauma to the child victim and victim's family and also ensures fairness to the accused. A review of joint training for Maine Drug Enforcement Agents and OCFS caseworkers was presented to CAAN panel members and MDEA now is partnering with the panel and OCFS for future trainings. These training have highlighted the serious and growing issue of the drug endangered child that the panel has taken special interest in addressing.

## **Judicial Handling**

**Finding:**

The Panel has identified that there must be education that includes the judiciary related to the impacts of substance abuse in the lives of families. A significant increase in the number of infants born affected by drugs has been tracked by CAAN from both a public health and child welfare prospective.

**Recommendations:**

The state must have a coordinated response that includes the judiciary in addressing these issues.

### **Progress:**

The panel has identified specific trends in the data on drug affected infants and has shared that with the judiciary. The Family Drug Court sites are increasing. Two of the panels now have judicial membership.

## **Investigative Handling**

### **Enhance Investigative Expertise and Coordination in Order to Reduce Trauma to Child Victims**

### **Finding**

During case reviews it was common to find cases where children suffered previous inflicted injuries that were not identified as child abuse and neglect. There is insufficient medical expertise in the area of child abuse and neglect, particularly in rural areas where there is little or no access to physicians trained in medical evaluations of victims of child/adolescent sexual abuse, due, in part, to the lack of incentives, training, and personnel. General practitioners, pediatricians, and emergency room staff may lack a general awareness of child abuse and neglect issues, identification, and resources. Sexual Assault Nurse Examiners (SANE) nurses are trained in the physical collection of evidence, most often for adults, and may lack the full spectrum of training and experiences to work with the psychological/emotional support of young children while conducting physical exams and collecting physical evidence.

### **Recommendations**

- When a child presents with facial bruises the whole body should be examined at the request of the Department.
- When there is suspicion of inflicted injury to one child, all children in the family should be medically evaluated.
- When the Department receives a referral that a child has physical injuries, the child abuse specialist should be consulted and digital photos should be taken. Professionals involved; police, medical provider, CPS worker should coordinate the contact with the specialist.

### **Progress**

The OCFS, the CDSIRP, child abuse experts in the state and the state's pediatric child abuse specialist are working together to develop a protocol for consistent contact with the child abuse pediatric specialist to obtain an experienced opinion on the etiology of fractures or other serious injuries. The expectation to seek this opinion will continue to be reinforced with OCFS staff.

## **Administrative Handling**

**Finding**

The review of Pediatric Rapid Evaluation Program data showed that 25% of Maine children in care over age 12 have 4 or more placements; 90% of Maine children who come into care under age 5 have 1-2 placements.

**Recommendation**

The Department of Health and Human Service, OCFS, should develop a comprehensive review, recommendation, and support option for children who experience disruption of their placement a third time.

**Progress**

OCFS has been tracking the number of placement changes a child has and has instituted policy to support more pro-active work with caregivers to support placement and prevent disruption. OCFS is very interested in the recommendation to complete a comprehensive review of children who disrupt for a third time and has agreed to look at the feasibility of this process.

**Finding**

In cases where children come into care through a voluntary placement or juvenile action, the result can be a failure to establish findings of abuse or neglect.

**Recommendation**

Whenever warranted, the OCFS should determine if there is a substantiated finding of abuse or neglect, even in cases where children are placed voluntarily or juvenile action.

**Progress**

OCFS has clarified the substantiation and indication process of findings and has developed rules that support consistency in this process, including client's rights to appeal finding decisions. Rules will undergo a second revision with the support of a community workgroup staffed by a number of panel members.

**Finding**

Case Reviews found a pattern of failure to report to the Department of Health and Human Services in cases where mandated child abuse reports should be made.

**Recommendation**

The OCFS should have a consistent response to providers who fail to report under the mandated reporter statute. The response should include notification and education of their responsibility. OCFS agrees there is a need to have a consistent response to providers who fail to report under the mandated reporter statute. OCFS will utilize the template where needed.

**Progress**

The OCFS agreed with the recommendation and is utilizing a template letter to respond in cases where a report is not made.

## **Legislative**

**Finding**

Through case review, the Task Force found that residential water temperature of over 120 degrees is a risk to children and a public health issue. The Task Force researched national data and found that in Washington State the incidence of injury to children under 5 and the elderly dropped significantly after legislation was passed addressing this public health concern. The legislation required landlords to set the water heater limit at 120 degrees Fahrenheit before each new tenant moved in; that utility

companies send an annual warning of the dangers of hot water to all of its customers; and that manufacturers preset the water temperature at 120 degrees F.

#### **Recommendation**

- That the Commissioner of the Maine Department of Health and Human Services initiate a bill that would lead to the State of Maine adopting similar legislation.
- That steps will be taken to ensure that in foster and kinship homes the water temperature be set no higher than 120 degrees and that steps must be taken to work with the plumbing and heating industries to establish guidelines and determine the feasibility of legislation to address this need.
- Department of Health and Human Service's Foster Home Licensing unit check the residential water temperature during the licensing process and that warnings about the dangers of tap water temperature above 120 degrees be added to the foster parent newsletter annually.

#### **Progress:**

OCFS is in agreement with the recommendations and has formally informed the panel of that position.

## **Services**

#### **Findings**

The study found that in many cases, children had multiple injuries prior to coming in to custody that were identified as accidents. Their medical records were not thoroughly reviewed when they came into care.

#### **Recommendation**

That Maine continues its use of the Pediatric Rapid Evaluation Program (PREP), which is now in 6 counties; and recommends that it be implemented statewide.

#### **Progress**

OCFS has instituted a policy to require an initial medical assessment of each child entering care within 72 hours. OCFS has also begun work to ensure that each child in foster care has a medical home, a medical practice that can gather, maintain and facilitate record retention, as well as facilitate a consistent, coordinated delivery of health care. Consistent with state procedural guidelines a process of extending Requests for Proposals (RFP) to promote expansion of the PREP model of intervention is likely.

## **CDSIRP Evaluation**

The death of a child is a sentinel event that should urge communities to identify other children at risk for injury, illness or death (Covington, Foster & Rich, 2005). A comprehensive and broad review of a child's case information can lead to an understanding of risk factors and patterns, in order to prevent future tragedies. To fulfill this crucial responsibility, a well functioning child death review team is required. According to the Program Manual for Child Death Review (2005), a team is effective when it

has the right multi-disciplinary membership, but also when its members have a clear understanding of their role, and when the reviews lead to effective recommendations and actions.

A formative evaluation was conducted of Maine's Child Death and Serious Injury Review Panel team to identify its current functioning and to make any resulting recommendations for change. The purpose of the evaluation was to furnish information for guiding program improvement to help form and shape the program to perform better. The results are and will continue to be used to improve performance, resulting in more effective reviews of child deaths and improved tools for prevention. These prevention tools will be utilized with all disciplines working with children and families and will reduce the trauma to children and families and ensure fairness to accused.

### **Methodology**

A mixed-method evaluation, using both qualitative and quantitative methods, were used to conduct a formative evaluation of the team's perception of its effectiveness and functioning. Convenience, also known as availability, sampling was used in this evaluation. The survey was designed to take 10-15 minutes to complete by utilizing a Likert-scale to measure the respondent's degree of agreement with each statement.

The sample was comprehensive in that all members of the CDSIRP received the standardized survey developed by the National Center for Child Death Review. Four forms of notification of the survey were used to insure that no member is systematically excluded from participation. The survey was administered to the sample via email one month prior to return date directly following the CDSRP meeting. During that meeting members were notified of the upcoming survey and encouraged to participate, and this request was documented in the meeting minutes. A reminder of the return date was also sent to all members one week prior to the date.

### **Findings**

The survey findings suggest that most participants believe the team functions well. On the Likert Scale 5 represented strongly agree and the mean for all of the questions was within a few tenths of 4 which represented "agree". Broken down into all six areas the majority of the responses were "strongly agree" and "agree" with only a few outliers or comments to say otherwise. Areas for improvement:

- Participation: Some respondents stated that not all team members have the same opportunity to participate
- Mission: Some members find the mission unclear and believe that the goals and objectives should be measurable.
- Training: More training is needed particularly on the mission of the panel and its procedures.

### **Recommendations**

- As a result of the findings, the Panel held a meeting that began with a review of the Panel ground rules.
- The CDSIRP should develop a formal recruitment and orientation protocol.
- The CDSIPR should develop an annual training for all members of the CDSIPR to ensure that it is a well functioning team. The training should include:
  1. An overview of the purpose and history of child death review teams.
  2. Confidentiality

3. Protocols and procedures for each review.
4. Any relevant research based materials.

**Progress:**

The above recommendations have been put into place.

## **Sources**

Alexander, R. (2007). *Child fatality review, an interdisciplinary guide and photographic reference*. St. Louis, MO:

G.W. Medical Publishing

Bamberger, M., Rugh, J., & Mabry, L. (2006). Real world evaluation: Working under budget, time, data, and political

constraints, Thousand Oaks, CA: Sage.

Bolman, L.G. & Deal, T.E. (1995) What makes teams work? *Organizational Dynamics*, (33) 35-44.

Bunderson, J.S. (2003). Recognizing and utilizing expertise in work groups: A status characteristics perspective.

*Administrative Science Quarterly*, 48. 557-591.

Child Abuse Action Network. (May 1, 2009). Monthly membership meeting. [Meeting Minutes]. Child Welfare

Office, School of Social Work, Orono, Maine.

Child Welfare Information Gateway (n.d.) Evaluating prevention programs. Retrieved September 10, 2009, from

<http://www.childwelfare.gov/can/defining/can.cfm>.

Cohen, S.G. & Bailey, D.E. (1997). What makes teams work: Group effectiveness research from the shop floor to the executive suite. *Journal of Management*. 23(3). 239-290.

Covington, T., Foster, V. & Rich, S. *A program manual for child death review*. Ed. The National Center for Child Death Review. 2005.

Department of Health and Human Services. (2009). *In focus reference book*.

[PowerPoint]. Retrieved September 12, 2009, from

[http://www.maine.gov/dhhs/reference\\_book\\_2009.pdf](http://www.maine.gov/dhhs/reference_book_2009.pdf)

Janz, B.D., Colquitt, J.A. & Noe, R.A. (2006) Knowledge worker team effectiveness:

The role of autonomy, interdependence, team development, and contextual support variables.

*Personnel Psychology*. 50(4). 877-904.

McDonald, W.R. (2001) National Study of Child Protective Services Systems and

Reform Efforts. Retrieved September 16, 2009, from

<http://aspe.hhs.gov/HSP/protective01/index.htm>.



