

MAINE STATE LEGISLATURE

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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 Child & Family Services Plan (CFSP).

In January 2011, Maine's new Governor, Paul LePage was sworn into office. Mary Mayhew was appointed as DHHS Commissioner in February 2011.

In March 2012, a new organizational structure was announced within OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure includes four teams focused on Policy and Prevention, Intervention and Care Management, Community Partnerships and Accountability & Information Services.

The organizational unit responsible for programmatic implementation of the CFSP is the Intervention and Care Management team. The organizational unit responsible for the administrative support of the CFSP implementation is the Community Partnership team. The organizational unit responsible for the development and submission of the CFSP and Annual Progress and Services Reports (APSR) is the Accountability and Information Services team.

Beliefs Statement and Practice Model

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

Consultation and Coordination

The Program Improvement Plan (PIP) Steering Committee includes representatives from tribal child welfare, state child welfare, court improvement, treatment foster care, community intervention, Attorney General's Office, the Ombudsman's Office, 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 CFSR Statewide Assessment, CFSP and PIP development, Committee members have become very knowledgeable on Maine child welfare issues, priorities and progress in addition to each individual member's area(s) of expertise. This Steering Committee meets quarterly to oversee implementation of the Maine CFSP and the Maine PIP.

Community Partnerships for Protecting Children (CPPC)

Community Partnerships for Protecting Children began in 2005 in two neighborhoods in Portland that had the highest number of abuse and neglect findings, domestic violence reports and substance abuse. The partnership is a national initiative based on the premise that no one

person, organization or government agency alone can protect all children. CPPC is now established in five neighborhoods of Portland, Westbrook and South Portland. Thirty-nine individuals and agencies have signed on as partners. Portland child welfare also responded to the needs of the Portland neighborhood and hired a prevention worker that is working with those parents that do not meet the criteria for case management; however, are at high risk of abusing or neglecting their children.

In 2011 Biddeford and Bangor decided to move forward and establish CPPC in strategic neighborhoods. Bangor has a full-time coordinator, a parent partner, an active neighborhood committee, two child welfare caseworkers out-stationed to the community and fourteen agencies that have signed onto the partnership.

Biddeford has two child welfare assessment workers assigned to the identified neighborhood and part time coordinator was just hired. They have eight agencies signed on to the partnership and fifteen agencies actively involved in the development of CPPC.

In terms of families served, the Bangor site served 93 families between October and December 2011. The Portland site served 507/342 children/adults in the first quarter of FFY 2012 and 163/255 children/adults in the second quarter of FFY 2012.

Parents as Partners

The Parents as Partners program has grown to three parent partners working with families in the greater Portland area and is expanding to a part-time position in Biddeford and two part-time positions in Portland that will focus on prevention. Since January 2009 a total of 65 parents have been served by Parents as Partners. The average time a family stayed engaged with their parent partner was eight months with 24% of the families staying involved for a year or longer. Of the families served by Parents as Partners, whose DHHS Child Protective case was closed, there is a 79% reunification or retained custody rate.

Hope for Maine Kids (HfMK)

A Faith-Based Resource Recruitment Project - *Hope for Maine Kids* (HfMK) is a faith-based outreach initiative created by the Department to partner with faith-based resources statewide. Partnership agreements were 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 vary depending on their own internal resources.

Current Innovations in Maine Child Welfare Services

Child STEPS: The Maine Steps Practice Model is now in the sustainability phase. The work in Maine and the sustainability phase are now supported in recognition that the first randomized control trial (RCT) on a modular approach to treatment for youth (MATCH) has just been published in the *Archives of General Psychiatry*. This is the study done on the Child STEPS model before our clinical trial here in Maine. The publication of the article validates that the modular approach to evidence-based psychotherapy treatments (EBTs) for youth is a crucial advance

in the mental health field. The majority of youth in community mental health settings and in child welfare seldom present with one type of problem making an EBT for any one type of problem only partially effective. In the modular approach, (MATCH) the common elements of EBTs for anxiety, depression, conduct problems, and post traumatic stress have been combined into one treatment. This treatment is used to deliver the interventions with the strongest evidence for the most common mental health problems that youth and families bring to community clinics. Publication of the study in this well-known journal validates how well positioned Maine is in now having MATCH available to our children and families.

The modular treatment studied in the article addressed anxiety, depression, and conduct problems. Post traumatic stress was added to MATCH just prior to the RCT conducted in Maine. It should be noted that MATCH addresses conduct problems in youth before adolescence. For serious conduct problems in adolescences, the EBTs with the strongest evidence are Multisystem Therapy (MST) and Functional Family Therapy (FFT), which are available in Maine, although limited. Three of Maine's largest community mental health centers are now on the forefront of implementing and further refining this cutting edge advance.

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.

OCFS has continued utilizing the statewide Family Reunification Program. Of the 156 children served by this program for FY 2011, 102 were successfully reunified with their families,

Since the inception of this program in 2006, the data supports that Maine has made great gains in reunifying families within 12 months as well as reducing the time children spend in foster care, in part due to the agency strategically focusing on this area, as well as having a program to support the strategy.

| FY | 05 | 06 | 07 | 08 | 09 | 10 | 11 |
|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| % timely FR | 42.7% | 46.4% | 58.3% | 55.8% | 58.3% | 61% | 60.9% |
| Median stay-month | 14.5 | 13.4 | 10.4 | 10.1 | 9.7 | 10.1 | 10.4 |

The Family Team Meeting (FTM): The FTM has been a cornerstone of Maine Child Welfare practice since 2003. The FTM is a process that brings together (a) family (b) informal supports (i.e. 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 brings together the wisdom/expertise of family and friends, as well as the resources, experience and expertise of formal supports.

In the spring of 2011, OCFS implemented Facilitated Family Team Meetings (FFTMs) in all cases prior to removal or in an after hours emergency situation, within three days of the removal. In addition, FFTMs are convened in cases where a placement change is being recommended but is against the wishes of the current caregiver. Each district identified two staff lines (primary and backup) with their roles in the office being solely the facilitators of these FTMs. They have had no prior involvement with the family, nor do they have a stake in the outcome of the case. This allows the case carrying worker to actively participate in the meeting without the responsibility of facilitating it.

The selected facilitators and supervisors met as a group several times during the summer and fall of 2011 to address practice skill development and ongoing implementation and sustainability of the practice. These meetings provided an opportunity to focus on current experience with discussions as to how the FFTM process is being implemented and utilized in each district. District practice inconsistencies were identified and brought to the Senior Management Team for clarification and direction. This group was also consulted by the Teaming Implementation Workgroup that was responsible for form/template development for FFTMs, as well as updating the FTM policy which included policy for the facilitated meetings.

Between April 1, 2011 and January 27, 2012 a total of 744 Facilitated Family Team Meetings were held.

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 is always driven by the same principles and should always follow the same basic phases and activities. In March 2012, the combined nine wraparound sites served a combined total of 217 clients.

Due to Maine's budgetary shortfalls, Wraparound Maine was defunded for the Maine FFY 2013 budget. Maine OCFS has other systems available to serve this population including frequent Family Team Meetings, Targeted Case Management and appropriate use of general state funds to meet flexible needs.

Community Partnership for Protecting Children: Please refer back to Page 1 for description.

Practice Model Implementation (PMI): OCFS is beginning year three of implementing new practices that will promote sustainable systemic changes through training and implementation of stronger case assessment interviewing skills, as well as using the Signs of Safety approach in working with children and families.

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 will promote improved quality of contact with children, birth parents and resource 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.

Signs of Safety: A key strategy for implementation of Signs of Safety is the ongoing access to Dr. Andrew Turnell and/or Connected Families, Dr. Turnell's designee to work with Maine. For the past year child welfare staff has engaged in web-based consultations with Dr. Turnell/Connected Families. Sessions have included opportunities for active cases to be presented and 'mapped' during the consult, providing a real learning opportunity for staff. Connected Families also provided individual district consults once per month, focusing on a case that had been difficult for the district. In the fall of 2011, due to the large number of staff vacancies and operational need, the Senior Management Team agreed that a more effective use of staff time would be for Connected Families to deliver skill-based, focused webinars that can be recorded, so that staff can view them when they have time versus participating in a weekly scheduled web consult. This allows supervisors to use the recordings in regularly-scheduled unit meetings to facilitate caseworkers learning from each other's good work. Connected Families will also provide on-site consultation to district offices in June and September 2012.

Dr. Turnell continues to provide consultation to the Senior Management Team and is impressed with the reflective and creative leadership the agency has demonstrated. He views Maine as demonstrating great depth of practice at a very early stage of implementation. In March 2012, Dr. Turnell spent a week in Maine intensely working with casework supervisors, senior management and assigned facilitators of Family Team Meetings on the signs of safety approach and transferring their knowledge to caseworkers in the field.

Extreme Recruitment (ER): In 2011, OCFS, supported through Casey Family Services, embarked on an extreme recruitment process for those youth who have been in Maine foster care for a long period of time.

The Extreme Recruitment model includes the following components:

1. Weekly, intensive meetings between the child's professional team for 12-20 weeks.
2. Concentrated support from child welfare supervisors.
3. Preparing the youth for adoption, including their mental health and educational needs.

A component of this process is having private investigators brought in to find relatives through internet tools, court databases and other methods. In addition, weekly meetings are held bringing the team together to review and reassess the status of the efforts being made to locate permanency options for the youth.

Between January 2011 and August 31, 2011, 26 youth between ages 14-18 were served. Of those, 16 youth (61.5%) had identified plans for permanency. The remaining 10 youth (38.5%) had family connections established for ongoing relationships.

Maine has entered its second year of Extreme Recruitment (ER), and for this year youth selected for ER will come from the Permanency Review Team process. Between October 1, 2011 and March 31, 2012, 19 referrals were received for ER.

Permanency Review Teams (PRT): OCFS Child Welfare developed a comprehensive Youth Permanency Review Strategy which includes Permanency Review Teaming based on Casey's Permanency Round Table model. This teaming process builds on the Family Team Meeting model and relies on collaborative teaming to ensure that youth's needs for safety, permanency and well-being are met. In the first phase, forty-eight youth were identified as meeting criteria for the comprehensive permanency review, all of which were completed in October 2011. Following these reviews districts were expected to spread the Permanency Review process for all youth in custody, identifying barriers to achieving permanency and developing plans to overcome those barriers facilitating timelier permanency. It is expected that this will improve the teaming process and permanency outcomes in Maine which will ultimately impact all children/youth and families involved in the child welfare system.

One concern raised by staff at the PRT trainings/meetings was that community stakeholder groups also need to be involved in conversations on permanency and the importance of permanency for all children. In response, a schedule of "Community Conversations" has been implemented. These meetings include foster parents, therapeutic agency representatives, licensing staff, permanency supervisors and caseworkers and are being held in nine sites across the state with a panel of youth and youth partners presenting on the importance of permanency and connections.

New England Fatherhood Initiative: The goal of this initiative is to develop and implement a unified approach to improving the manner in which OCFS interacts with fathers. A pilot project serving offices involved with the Community Partnerships for Protecting Children (Portland, Biddeford and Bangor) and in collaboration with the father-focused expertise of the STRONG Fathers program was developed. Coordination with Casey Family Programs, the community, DHHS and the contracting agency for STRONG Fathers, Opportunity Alliance, has occurred to plan for orientation for fathers, support groups, outreach to OCFS staff and other educational options. OCFS collaborated with Casey Family Programs to develop a Maine team to participate in the 2012 New England Fatherhood conference; the team included two fathers.

Healthy Transitions Grant-Moving Forward Initiative: In 2009 Children's Behavioral Health Services was awarded a five-year SAMHSA grant. *Moving Forward* is based in Androscoggin County and serves to address the transition needs of youth with serious emotional disturbance.

Moving Forward accomplishes this by utilizing an evidence-based practice—Transition to Independence (TIP)—which emphasizes youth-directed planning and development of essential life skills.

Hornby Zeller Associates became the new lead agency on October 1, 2011. They continue to partner with DHHS and community agencies, Tri-County Mental Health Services (TCMHS), New Beginnings, Common Ties Mental Health Services and Youth MOVE Maine. As a sign of the positive community support that has been generated by the *Moving Forward* Initiative, last year partners from *Moving Forward* met with a new local agency, and this new agency has agreed to utilize the *Moving Forward* model. They are identifying case managers in their agency to complete the TIP training.

During its second year, the *Moving Forward* Initiative met its goal of training Peer Support Specialists as well as meeting its youth referral goal of serving 30 to 50 youth. Additionally, Maine became the only site in the country to have a certified TIP Site Trainer who can now train local clinicians in using the TIP model with youth.

In the upcoming year, venues are being identified for initiative participants to attend, present and provide information about *Moving Forward*. Beginning in March 2012, the collaborative Policy Workgroup will begin reviewing state policies affecting youth to more effectively help youth transition to healthy adulthood. In 2012, three additional Peer Support Specialists will be hired and will be working within the initiative.

Truth and Reconciliation Commission (TRC): The Maine Wabanaki-Child Welfare Truth and Reconciliation Commission aims to create a common understanding of the truth of Maine's Tribal families and their interactions with state child welfare, as well as present recommendations for achieving healing for historical wrongs experienced by Wabanaki Tribes and to move forward in a positive manner.

In the past year the work has continued with the development of The Mandate which establishes the TRC and outlines the parameters of its work as well as defining the Commission Selection process. Concurrently tribal communities have been developing their own community supports in readiness for the public testimony, as those testifying will likely need emotional support before and after the event.

Three workgroups have been formed to address various elements that could be foreseen at this stage in terms of communication needs and strategies, developing strategies for obtaining additional funding resources and for archiving the work of the TRC process/work and outcomes.

Review of Goals for 2011-2012 of the Five-Year CFSP

ACF approved Maine's Program Improvement Plan in the fall of 2010. Maine's PIP is focused around four key strategies:

1. Implementation of Statewide Practice Model Initiative
2. Improve and Sustain the Frequency and Quality of Family Team Meetings
3. Improve supervision

4. Improve OCFS Sharing of Responsibility with the Community to Help Families Protect and Nurture Their Children.

OCFS measures the results, accomplishments, and annual progress towards meeting 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 2012

- ✓ 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 regarding staff allocations. District Operation Managers track this as well to assure 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 timeframes are being met and actions plans are developed to improve the practice when necessary.
- ✓ OCFS met the PIP data measure for timeliness of initiating assessments within the first quarter of PIP implementation. Maine's negotiated improvement goal was 81%; Maine exceeded that data goal within the first quarter at 84% and sustained that percentage through the 3rd quarter of the PIP at which time ACF agreed Maine had met the goal.
- ✓ OCFS has maintained meeting timeliness expectations since the 3rd quarter PIP report. From July 2011-February 2012, timeliness was met on average, 85.5% of the time.

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

- *Review/revise FTM policy*
- *Continued utilization of Family Preservation and Family Support*
- *Districts will utilize the Facilitated Family Team Meeting (FFTM) process (NEW GOAL)*

Progress through June 2012

- ✓ The workgroup responsible for developing tools for facilitated FTM's proposed to the Senior Management Team (SMT) that the Family Team Meeting Policy include the protocol for the FFTM as well as be congruent with the Signs of Safety approach being implemented in district practice. SMT agreed with this proposal. and the FTM policy was again revised.
- ✓ FFTM's have consistently been conducted in all situations where children are at risk of entering foster care, as well as in those situations where a placement change is being requested but against the wishes of the caregiver. Between April 1, 2011 and January 27, 2012, a total of 744 FFTMs were held across the state.
- ✓ The PQI Unit conducted reviews of 20% of FTMS at two distinct points during the last year to assess the quality of the FTM's being held. A FTM Review Report was submitted in the Quarter 4 (October 2011) and Quarter 6 (April 2012) PIP Updates.
- ✓ A statewide Action Plan addressing the challenges found in the PQI review of FTMs, the Casey Child Welfare Strategic Group Assessment, and FTM surveys was developed and submitted in the Quarter 6 (April 2012) PIP Update.
- ✓ Maine's Results 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. Maine met the PIP data measurement for repeat maltreatment by the Quarter 2 Update. The April 2012, ACF data profile indicates that Maine has continued to make improvements in the area of preventing recurrence of maltreatment, exceeding the national standard.
- ✓ Continued plans for expansion of the Community Partnerships for Protecting Children. Please refer to page 1 for update.

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

- *Develop/implement casework supervisor training and tools for:*
 - *Obtaining client feedback*
 - *Improving caseworker documentation*
 - *Performance management*
- *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 2012

- ✓ A Policy Workgroup has continued to work on revising various policies. In the past year, 11 policies were revised and disseminated. In the upcoming year it is anticipated that the Policy and Prevention team will have the responsibility of continued development and streamlining of policies to reflect child welfare, children's behavioral health and early childhood intervention component. The OCFS restructure plan created three policy specialist positions responsible for developing all policies.
- ✓ In the last year it became clear that a priority task in the Signs of Safety (SOS) implementation was to revise the Child Protective Assessment policy to fully align with the SOS approach. The initial work has been completed in terms of a high-level review being conducted with areas flagged that require further work. A workgroup composed of district representatives began meeting in April 2012, to revise the policy.
- ✓ 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 be accessible to Program Administrators.
- ✓ The Consumer Feedback Survey process changed from a phone survey to a mail survey as more consumers would be able to be surveyed. The survey was more reflective of the signs of safety approach and how, from a birth parent perspective, child welfare staff is engaging in this approach. The decision was made to conduct the mail surveys twice per year, sending out surveys to 20% of the birth parents involved with child welfare in each district. For the first round of surveys, 647 surveys were mailed out. The rate of return for the mail survey was very poor, and management agreed that other options needed to be explored as to the best way to obtain consumer feedback in a timely and efficient manner.
- ✓ In the past year, new technology software, Dragon Software, was provided to all district staff in order to create a more efficient manner for staff to document their work in MACWIS.
- ✓ In the past year, the expectation of regular case reviews of recorded interviews by supervisors was implemented which included the requirement that supervisors use these reviews in performance management with casework staff.
- ✓ In the spring of 2012, a strategy for collecting better information on placements was implemented. This included having supervisors adding a narrative entry when a child is placed with a relative. This assures that the supervisors have reviewed the relevant information and approve the placement as being appropriate and safe for the child.
- ✓ Staff has been provided with better tools to accurately capture information within MACWIS through development of several new MACWIS drop down lists. These include referral to the Home Visiting program and medication review.

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*

- *The ICWA workgroup, in collaboration with the Muskie School of Public Service, will develop online training modules on the Indian Child Welfare Act & Maine's ICW Policy.*

Progress through June 2012

- ✓ The ICWA Workgroup, in collaboration with representatives from the Muskie School of Public Services, has been meeting to develop an online training that will be easily accessible to state and tribal child welfare staff and speaks to the purpose of the Indian Child Welfare Act regarding what needs to happen in child welfare cases, as well as the current tribal and state activities.
- ✓ Due to significant staff vacancies experienced by state child welfare during the past year, the plan of having an ICW Resource Specialist has not been viable.
- ✓ Representatives from Tribal Child Welfare are presenters in each round of new worker pre-service.

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

CFSP Strategic Target 5: Increase stability of placements and permanency.

- *Continued utilization of Family Preservation and Family Support*
- *Develop/implement casework supervisor training and tools for:*
 - *Improving caseworker documentation*
 - *Performance management*
- *Quarterly supervisory review of every service case*
- *Develop districts/unit action 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 2012

- ✓ A Policy Workgroup has continued to work on revising various policies; however, this process will change in 2012 with the creation of three policy specialist positions. Refer to ST #3, page 10.
- ✓ Supervisors are reviewing each custody case every quarter to assure compliance with visitation decisions. The expectation is that families will move toward unsupervised visitation that will promote reunification. Between August 2009 and December 2011, a total of 3,961 visitation decisions were reviewed and recorded by casework supervisors, this data was submitted to ACF in the Quarter 6 PIP Update.
- ✓ In March 2012, the finalized Education Policy and PowerPoint were disseminated to district staff. This policy consolidated several different policies related to education into one policy, as well as incorporated the federal educational law changes.

- ✓ Continued utilization of the statewide Family Reunification Program. Of the 156 children served by this program for FY 2011, 102 were successfully reunified with their family.

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

- *District Action Plans to recruit, license and support relative placements and foster homes.*
- *Utilizing the Extreme Recruitment approach.*
- *Implementation of supervisory expectation to review and approve relative placements.*
- *Utilizing the Permanency Review Team approach for children in foster care to increase permanency options for all children.*

Progress through June 2012

- ✓ The Relative Exploration Policy was completed during the fall of 2011. The policy defines procedures required to fully implement the Fostering Connections requirements in terms of notifying all adult relatives when a child enters foster care.
- ✓ In FY 2011, 324 of the children entering foster care were placed with relatives on the day they were removed from their homes.
- ✓ In October 2011, comprehensive Permanency Review Teams were convened for 48 foster children across the state. Several children achieved permanency as a direct result of the review. It is expected that districts will routinely conduct permanency reviews for all children in custody.
- ✓ As a result of feedback from staff involved in the PRT's, a schedule of Community Conversations was developed and held in 10 communities to engage with foster parents, therapeutic foster care agencies and district staff through a panel of youth and youth partners. The goal is to increase the communities' awareness of the importance and need for children/youth to achieve timely permanency and how this impacts them throughout their lifetime.
- ✓ Maine has entered its second year of Extreme Recruitment (ER). Youth selected for ER will be identified through the Permanency Review Team (PRT) process. Between January 2011 and August 31, 2011, 26 youth between ages 14-18 were served. Of those, 16 youth (61.5%) had identified plans for permanency. The remaining 10 youth (38.5%) had family connections established for ongoing relationships. Between October 1, 2011 and March 31, 2012, 19 referrals were received for ER through the PRT process.

Goal IV: All children deserve a permanent family

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

- *Finalize Concurrent Planning Policy*
- *Develop OPPLA Policy*
- *Enhance Permanency Policy & procedures*

- 90-day supervisory reviews

Progress through June 2012

- ✓ In 2012, it is expected that the Policy and Prevention team will take the lead at developing all policies. The OCFS restructure plan created three new positions that will be responsible for developing all policies within OCFS.
- ✓ Continued utilization of the statewide Family Reunification Program. Of the 156 children served by this program for FY 2011, 102 were successfully reunified with their family.
- ✓ Quarterly supervisory reviews- please see ST #5, page 11.

CFSP Strategic Target 8: Increase timeliness and 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 and documentation for children in foster care.

- Continued utilization of Child STEPs
- Continued oversight of the Fostering Connections law to ensure health needs are met for children in foster care

Progress through June 2012

- ✓ OCFS will continue to utilize the Child Steps program which is now in substantiality phase.
- ✓ 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.

In the spring of 2012, in collaboration with Children's Behavioral Health Services (CBHS), a process was implemented to provide consults between child welfare and CBHS psychiatric staff to review situations when a child is prescribed antipsychotic

medication. These consults review the appropriateness and need for the medication, as well as anticipated duration for the medication. Staff is also expected to conduct quarterly medication reviews on children prescribed antipsychotic medication.

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

- *Conduct Case record reviews*
- *Conduct monthly district specific focused case reviews*

Progress through June 2012

- ✓ The Me-CFSR is in its third round for each district. Maine's PIP baseline was established through this process, and Maine has submitted its third rolling quarter data to ACF based on these reviews. Overall, the data is showing incremental progress being made in most item-specific measures.
- ✓ In January 2012, PQI Specialists in each district began conducting district case reviews focused on items in the federal CFSR tool that has been more challenging in demonstrating improved outcomes. Specifically:
 - Assessing safety and risk throughout the case;
 - Assessing and addressing needs and services for children, parents and caregivers;
 - Case planning with children and families;
 - Frequency and quality of caseworker visits with children; and
 - Frequency and quality of caseworker visits with parents.

A more focused approach will benefit districts by providing monthly data on strengths and/or challenges within their practice in these areas versus the annual review.

CFSP Strategic Target 10: Increase and improve communication

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

Progress through June 2012

- The following documents were posted on the DHHS website 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
 - 2010 Annual Progress Service Report
 - Maine Program Improvement Plan 2010-2012

- 2011 Title IV-B Annual Progress Service Report
 - Quarter 1 Program Improvement Plan Update 1010-1210
 - Quarter 2 Program Improvement Plan Update 0111-0311
 - Quarter 3 Program Improvement Plan Update 0411-0611
 - Quarter 4 Program Improvement Plan Update 0711-0911
 - Quarter 5 Program Improvement Plan Update 1011-1211
- The following information was posted on the DHHS/OCFS website:
 - Level of Care information updated
 - Public Service Management has been add and includes information pertaining to the Community Services Unit and the Residential Services Unit (Provider memos, data, reports, templates, grants, programs, etc.)
 - Foster parenting information revised and updated
 - Updated organizational chart
 - 2007/2008 Historical Strategic Plan added
 - Child Care Subsidy information
 - Foster parenting information
 - Quality for ME contact information
 - Rules pertaining to the Child Care subsidy program

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. OCFS has the capacity to track/monitor the age and demographics of referrals and develop practices and policies that will support those children most at risk. 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. During calendar year 2011, DHHS received 18,302 referrals of which 9,416 did not contain allegations of child abuse or neglect. A total of 6,770 reports were assigned through the child welfare system while 1,453 were assigned to the contract agency for Alternative Response.

OCFS identified initial target goals for improving both the 72-hour and 35-day timeframes within an assessment. During the last year, additional efforts were made to significantly improve those outcomes. Between July 2011-February 2012:

- The 72-hour timeframe for assessing safety of children was met, on average, 85.5% of the time up from last year's report out of 85.3%;
- 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 85.6% down slightly from last years 86.2% ; and
- The number of children removed from their homes decreased from 1552 to 1537.

It should be noted that staff were able to perform at a level that overall maintained the progress being made in these areas even though there were significant staff vacancy issues.

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
- Priority response to children under six who are more vulnerable

Maine identifies those populations at greater risk of maltreatment by following the policy highlighted above. In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with in-hours consulting staff and statewide coalitions that caseworker participate on. Between January and December 2011, DV advocates housed in district offices provided 513 consultations for child welfare staff specific to assessments and cases with concerns related to domestic violence. Several Maine counties also have access to the Community Partnership for Protecting Children (CPPC) (page 1). When CPPC was developed, OCFS identified those neighborhoods with the highest number of referrals to Child Protective Services to maximize the benefit of this program to the neediest geographical areas.

The *Child Protective Assessment Policy* workgroup recently convened to revise the policy to reflect the Signs of Safety approach.

The *Child Assessment Policy* includes 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.

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 from domestic violence, sexual assault, mental health, and substance use treatment specialists as needed.

Children Services

Maine has a state-administered district court system. DHHS caseworkers petition the court to seek placement of 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. However, prior to a petition being filed, caseworkers are required to request a pre-removal facilitated Family Team Meeting (FFTM) to bring all parties together to discuss the concerns and possibly prevent removal from the home through developing a safety plan that is realistic and acceptable to team members.

If a petition is filed, 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 a 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.

It is expected that within five days of a child entering foster care caseworkers will facilitate a Family Share meeting which is an informal meeting between the birth parents and resource parents. The purpose of this meeting is to allow the birth parent(s) and resource parent(s) to focus on the child's imminent needs (i.e. medication, schedule, comforting daily routines, etc.) and not on the child's entry into care or case details.

Throughout the life of the case there is dialogue, hearings, and documentation in court orders about reunification objectives and timeframes.

The *Selection of Placement Policy* highlights the importance of placing children in care or custody in a home or facility best able to meet their needs and facilitate progress toward the case goal 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 emphasizes the importance of priority exploration for relative placement options.

The policy was revised 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 Attorneys General.

In accord with the visitation policy, caseworkers are asked to consider on an individual family basis, whether or not visits need to be supervised in order to maintain safety during the visit. There is still variance among districts in how attentive staff is to differentiating between visitations which must be supervised for safety reasons and those that require less restrictive supervision. In some districts, referrals to contracted supportive visitation agencies have been significantly reduced as a result of thoughtful assessment of need for supervised visits by contracted agencies.

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. This is being addressed in Maine's Program Improvement Plan and data collected from August 9, 2009 to December 31, 2011 reflected that 3,961 visitation decisions were reviewed by casework supervisors.

Meetings are in process with agency staff providing contracted supportive visitation services for the purpose of finalizing performance-based measurements for the visitation contract. Draft base measurements relate to safety during the visits, measuring the number of visits which were terminated or suspended due to unsafe conditions. Draft base measurements also include the number of interventions required during a visit to address unsafe behaviors.

As visitation support staff are expected to actively engage birth parents during the visit and to facilitate positive interaction between parents and children, one would expect that as visitation support staff respectfully engage parents, informing them of any behaviors of concern which were observed during the visit, and noting positive progress during the visit, the behaviors of concern will decrease over time, and fewer interventions to address safety issues will be required.

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 ongoing process throughout the child's involvement with the child welfare system. Policy defines kin and includes those "fictive kin" individuals connected to the child through a significant emotional attachment. Policy also allows caseworkers to assess and approve kinship placements, prior to the kin becoming licensed resource providers which can 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 became 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 FY 2011, 364 children entering custody had their first placements in relative placements.

In 2011, OCFS instituted a process of having a trained facilitator conduct family team meetings in those cases where a placement change is recommended against the caregiver's wishes. This is in response to the fact that often children are removed from relatives against the wishes of the relative, and they are not generally part of the decision making.

In addition to emphasizing the need for relative and kinship resource searches and placement, Child Welfare Services is committed to supporting kin placements.

In recent years, Maine kinship families have received support in various forms through a grant to fund services for kin. These grant services end on September 30, 2012, although an extension is possible to allow for some continued services until December 2012. A University of Maine intern is developing a replication manual to support sustainability efforts. The parent advisory group formed during the grant period will be sustained beyond the grant-funded period.

The Department identified a need to streamline support provided to kinship families in the future. Two separate contracts, one of which currently supports kinship families and one of which currently supports resource families, will be combined into one contract. The new contract will afford kinship families with training opportunities and a variety of other types of resource

assistance to support them as caregivers. Emphasis on trainings provided by the contracted agency to kin will address issues such as the importance of children in care maintaining connections with birth families, with kin and fictive kin, and with their educational and community connections.

Maine recognizes there needs to be continued improvements made in terms of timely reunifications. The April 2012, ACF Data Profile indicated that in FFY 2011, Maine achieved timely reunification for children in its care 60.9% of the time, performing 18th out of 47 states in this measure.

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 (FUP).

OCFS collaborated with the Maine State Housing Authority in applying for housing vouchers through the FUP 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. Under this program, 100 housing vouchers are available to assist target families.

Currently district staff continues to refer families for housing voucher assistance through the FUP program. As families who have a voucher either give up the voucher or are deemed no longer eligible for a voucher, the voucher is turned over to an eligible family on the FUP wait list. During the fall and winter months of 2011, there were a significant number of families referred for FUP vouchers in which the qualifying reason for eligibility was the circumstance of the family being homeless.

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. 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. In 2005, 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 ongoing 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 April 2011 to March 2012, the monthly average of children in residential care, as a percentage of the population, was 5.0%, down from last year's average of 6.5%

The merger of child welfare services and children's behavioral health services within OCFS 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.

Other efforts to reduce barriers to permanency for our children in care and our resource families is the Department's pursuit of LiveScan (electronic data processing) finger printing. The Office of Child and Family Services foster care and adoption program managers have met on several occasions with the State Bureau of Investigations and several other state agency stakeholders to explore possible LiveScan vendor options. Most recently this group of stakeholders provided proposals to an out-of-state LiveScan vendor who is very interested in bringing these technology services to Maine. LiveScan fingerprinting services would greatly reduce timeframes for receiving FBI fingerprint results, greatly reduce fingerprinting errors, practically eliminate any need for re-fingerprinting due to unreadable prints, and reduce overall total costs to the Department.

With the implementation of these programs, Maine has become much better able to reach permanency goals of reunification, guardianship, and permanent placement with relatives.

While it's clear Maine has more work to do in terms of meeting permanency goals for all of the children in foster care, the data supports that its current practices are making a difference.

| Measure | ACF Data Profile FY 2010ab | ACF Data Profile FY 2011 |
|--|-----------------------------------|---------------------------------|
| Family Reunification | 61% | 60.9% |
| Adoption | 34.1% | 36.4% |
| Exits to permanency prior to 18 th birthday for children in care 24+ months | 29% | 35.5% |
| Exits to permanency for children with TPR | 87% | 90.8% |
| Children Emancipated who were in foster care for 3+ years | 67.4% | 62.4% |

Adoption

The AdoptUsKids website usage and maintenance by Maine casework staff has not progressed as effectively or as efficiently as the state had planned. This is due in part to a shift in several

districts from adoption units to permanency units. This has resulted in both supervisors and caseworkers assuming adoption and recruitment functions who have no previous experience in these areas. In recognition of this, OCFS requested Training and Technical Assistance from the National Resource Center on Recruitment and Retention of Foster and Adoption Parents (NRCRRFAP) and AdoptUsKids. The result was training on AdoptUsKids was provided to 41 staff from across the state.

The NRCRRFAP on Adoption also provided the “Lasting Impressions Training of Trainers” to staff representing each of the eight districts. This training focused on writing effective child write-ups that can be used for website listings and for the Maine Heart Gallery photo displays. The newly trained trainers are responsible for training permanency/adoption caseworkers in their districts on how to write effective child write-ups.

Appointment of a Permanency Guardian is 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 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, 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.

As previously reported Maine has experienced an increase in the use of the permanency guardianship option. In calendar year 2011, there were 108 Permanency Guardianships completed for children in Maine foster care. In 2011, OCFS successfully promoted legislation that allows children in permanency guardianship to be adopted. This legislation allows youth who were previously not able to commit to adoption the opportunity to move from a permanency guardianship situation to adoption that will be handled in the district court.

Maine has provided a title IV-E Permanency Guardianship State Plan that met the requirements as set forth in the Fostering Connections Act of 2008. This has allowed for Title IV-E matching federal funds to be received in numerous permanency guardianship cases that were not available to the State of Maine in the past. 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.

The Department’s faith-based initiative (Hope for Maine Kids - HfMK) has experienced limited growth. Between 2011 and 2012, three different DHHS district offices signed partnership agreements with local churches and organized meet-and-greet events that were hosted at the church facilities. Meet & Greet events bring together children in care (who usually have higher

needs and been in care longer than most) and prospective adoptive parents to give them an opportunity to meet one another, play games, eat lunch and mingle. Each of the faith-based resources (churches) did an exceptional job in hosting the events, providing supervising staff, games to play and other interesting and entertaining things to do. One very successful Meet & Greet was open to the community where community members could meet the children, meet church and state staff and get answers to their questions about adoption and foster care.

In compliance with the Multi-Ethnic Placement Act, OCFS supports and promotes interstate placement of children. In compliance with new Regulation No. 2 of the Interstate Compact on the Placement of Children (ICPC), caseworkers make preliminary inquiries of possible placement resources in other states prior to filing for an ICPC placement. This saves time and eliminates needless ICPC paperwork. Additionally all out-of-state resources are required to become licensed resources to minimize costs and increase Federal match funding for placements. This process ensures that other state public agencies or their contracted providers provide quality supervision that will meet the monthly face-to-face federal supervision requirements.

Adoption Incentive Payments

Maine received Federal Adoption Incentive Award dollars in late 2010, for the second year in a row. The awarded amount was \$113,373.00, and is available for expenditure through September 30, 2012. In the Department's continued efforts to reduce barriers to post adoption services to adoptive families, \$50,000.00 of that award has been allocated to be available to assist adoptive families in acquiring services, summer and special camp slots, along with other identified services/items to meet the special needs of their adopted children. This aligns with the Department's strength-based approach in supporting adoptive families.

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

- Faith-Based Resource Recruitment Project - *Hope for Maine Kids* (HFMK) (the previously mentioned Meet & Greet Events).
- District Permanency Events- 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.
- Support for the Adoption Program Manager and Deputy ICPC Administrator to attend the 2011 ICPC Annual Conference to assist in the upgrading of the Compact regulations to promote safe and appropriate interstate adoptive and foster care placements.
- Training for staff and other appropriate individuals that will promote and enhance the Department's adoptive and foster parent recruitment and retention efforts.
- Camp To Belong Maine (CTBM)- support and assist CTBM in promoting permanency, permanent sibling connections, and engaging older youth in the department's permanency initiatives.
- Focused training on topic areas including 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 *Hope for Maine Kids*.
- Support of continued exploration and facilitation of public/ private collaborations.
- Support of numerous adoption recognition including Probate Court Adoption Legalization events in four counties, an adoptive and foster parent training and recognition event, the Blaine House Adoption Tea, the Capitol Rotunda Hall of Flags recognition and celebration event, and several individual district adoption tea and celebration/recognition events.

Services for Children Under Five Years Old:

Maine's policies reflect the recognition that very young children are especially vulnerable and are in need of timely intervention and assessment:

- The *Intake Screening and Assignment Policy* provides assignment practice standards for districts to utilize in decision making in terms of assignment reports of child abuse and neglect. One of the factors to be considered is the vulnerability of the alleged child victim. "*Infants and very young children are especially vulnerable*".
- The *Child Protection Assessment Policy* includes criteria to be used in determining whether a family is need of Child Protective Services one being a family with *children under age 6*.

Maine has 950 children under the age of five years old in state custody. Of those, 47% are 0-3 years old. These children can be tracked through the Kids In Care Report that is broken down by the child's age and local supervisory unit.

All children who enter state custody are seen for a medical evaluation within 72 hours of entering foster care. Follow up to those appointments would be developmental screening when appropriate.

In terms of family foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that "*The total number of children in care may not exceed 6, including the family's legal children under 16 years of age, with no more than 2 of these children under the age of 2. The only exception which may be made to the number of and ages of children is to allow siblings to be kept together*". In terms of therapeutic foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that "*The total number of children in a Specialized Children's Foster Home may not exceed 4, including the family's legal children under 16 years of age, with no more than 2 children under to age of 2.*" "*The only exception, which may be made to the number and ages of children, is to allow siblings to be placed together.*"

Maine has taken a strong effort to prioritize placements of infants and toddler with relatives that supports timelier reunification and adoption. Maine recognizes that whether being cared for by their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life which has impact on their positive early childhood development. The early experiences of children contribute to their brain development and may have an effect upon long-term physical and mental health. Young children who have experienced trauma and other adverse childhood experiences have a critical need for continuity of care and for quality of care. As a result of Maine's participation in the 2011 Early Childhood Summit, OCFS has

collaborated with the courts to bring the national expert in this area to Maine for the Judicial Conference which will add to the education of the legal community in early brain science. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research about child development and the impact of early trauma and adversity. This promotion of evidence based programs for birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

OCFS has identified a number of action steps to further practice in early childhood service delivery. The following action steps were identified through participation in a multidiscipline New England Summit on Early Childhood:

- Education of Domestic Violence, Substance Abuse and Trauma for those working with this population.
- Increase messaging around brain development with “creative messaging” this is user friendly for:
 - Daycare providers
 - Families
 - Educators
 - Foster/resource parents.
- Review funding streams and regulations that are perceived as eligibility barriers and identify methods to address them.
- Question how we know who is serving all children birth-zero and their families and incorporate the following strategies:
 - Health Info Net.
 - Make sure that we are sharing progress and the findings of the expansion grant for modeling in multiple populations.
 - Prenatal to birth population must be made a priority population for services and treatment.
 - Identify what is working well in local community collaborative efforts.

Recruitment & Retention of Resource Families

District offices are primarily responsible for recruitment and retention efforts to support resource families. 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 regular appreciation events for resource families. There is consistent statewide practice in the utilization of preliminary informational meetings, single initial applications, joint education/training sessions, and in the screening process to determine eligibility standards. A single format is used 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 care. Changes have been made to streamline the home study to make it more consumer-friendly and indicative of a family’s strengths, needs and culture.

District retention efforts are supplemented through contracted services. A Request for Proposals (RFP) is in the process of development to solicit proposals for a Resource Family Support Services contract which will streamline services previously provided through two contracts. The Resource Family Support Services contract will include expectation of and accountability from the provider in supporting district efforts to deliver fundamentals training to new applicant resource families, as well as deliver training opportunities to existing resource families. The Resource Family Support Services contract will continue its role in communicating changes within the Department to resource families through various forms of communication. It will also continue its role as a source of communication regarding tangible goods, scholarships, and discounts donated by those in the community for use by resource families.

The Department recognizes how important availability of respite services is to resource families. Several years ago, as a budget savings initiative, respite services were no longer funded by the Department. This cost-savings measure contributed greatly to resource families expressing the loss of department funding for respite contributed to their belief the Department was not fully supporting their needs as resource families. The resource family voice was heard in regard to this need for support, and existing funding was reallocated to allow the Department to resume funding respite. Beginning in July 2012, resource families may avail themselves of up to 14 days of respite per year, based upon each child's level of care per diem rate. The Department will fund both the daily rate paid to the primary resource parent and to the temporary or crisis respite parent. This support is expected to be viewed by resource families as validating the Department's appreciation for the hard work demonstrated on a daily basis by resource families in providing quality care to Maine children in care.

Resource Family Licensing

Use of Terminology "Resource Family" Replaces Former Terminology of "Foster and Adoptive Family"

The Department's change in referring to families providing kinship care, foster care, permanency guardianship, or adoption services as "resource families" is indicative of a cultural change in the way in which the Department views families caring for children in care. Prior to this change, families were categorized depending upon their preference for providing a specific type of service. This tendency to categorize our families continued as a cultural norm even after policy, *Standards for Family Foster and Adoptive Homes*, was revised to clarify that the same standards must be met for families providing either foster or adoptive care.

It became increasingly apparent that in order to effect a culture change, other steps were needed. Legislation was enacted in 2011, to allow the Department to issue a resource family license to any approved applicant home in which foster care, permanency guardianship, or adoption services were provided to children in care of the Department.

Rule changes to the Chapter 16 and Chapter 15 Rules Providing for the Licensing of Family Foster Homes for Children and the Rules Providing for the Licensing of Specialized Children's Foster Homes have been proposed. Once enacted, the rules will align with the 2011 statute

changes in referring to “resource families”. Under the rules, all licensed resource families will be afforded the same rights and responsibilities, including appeal rights.

Changes are in process in the Department’s MACWIS system which will significantly impact the total transition to the concept of “resource family” rather than foster or adoptive family. The new “resource module” will streamline our approval process of resource families and will clearly allow us to demonstrate that an approved resource family has met all the requirements for licensing, including fingerprint-based background checks. This will greatly increase the Department’s efforts to maintain consistent practice statewide.

Resource Family Licensing Process

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 resource 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 resource 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 resource home license: Family Resource Homes for Children and Specialized Children’s Resource 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 resource homes providing therapeutic care through contracted child-placing agencies.

Licensing of Relatives

Maine has made substantial gains in placement of children with relatives. Although many of these placements begin as unlicensed placements, a concerted effort is made to encourage unlicensed caregivers to become licensed providers.

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 resource family licensure 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.

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.

OCFS is also 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 updated in a special computer drive on a weekly basis to allow licensing staff the ability to monitor their district's progress toward licensing unlicensed placement resources.

While the majority of unlicensed placements have not presented a problem with licensing of the placements, there are a few situations in which children are placed with relatives which present complicating factors in the process for licensure. The Department recognizes a need to assure that the assessment caseworker or other Department staff has assessed the basic safe condition of the kinship home prior to approving placement of the child with the relative. A related need is identified for engaging in an in-depth discussion with the caregiver regarding his/her personal capacity to assume full-time care of his/her relative children. There have been limited situations in which well-meaning relatives have come forward to offer to care for their relative children and have subsequently become overwhelmed with the responsibility, resulting in the need for the children to transition to another home for care. We are invested in improving upon our initial assessment of physical condition of kinship homes and of caregiver capacity to meet the needs of children and increase the likelihood of placement stability.

Resource Parent Training

Beginning in July 2012, district resource units will assume responsibility for delivery of fundamentals curriculum for all applicant resource families. Portions of the curriculum previously delivered by CWTI will be used in the delivery of the training. District resource units will also likely use online training in combination with discussion groups and panel discussions in training new families. Staff from contracted Resource Family Support Services will be expected to participate in delivery of fundamentals training in the district offices, once the new contract is awarded in the fall of 2012.

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

Child Welfare Workforce

Staff recruitment and selection- In order to qualify for a Human Services Caseworker position applicants must have a Bachelor's Degree from an accredited institution in Social Work/Social Welfare or a Bachelor's Degree in a related field such as Behavioral Science, Childhood Development, Education and Human Development, Mental Health and Human Services, Psychology, Rehabilitation Services or Sociology. Casework lines are generally exempt from the hiring freeze and open for recruitment which can be found on the government website.

The state application process includes a numerical evaluation that considers the applicant's background, training and experience. All selected applicants undergo a panel interview conducted by at least three management level staff in order to fill a district child welfare vacancy. The salary for caseworker staff ranges from \$34,091 to \$46,218 with health and dental benefits.

All new caseworkers are required to participate in pre-service training that covers a multitude of topics, including Introduction to Public Child Welfare in Maine, Fact Finding Interviewing, Legal Training, Family Team Meeting training, Psychosocial Assessment and Case Planning (a requirement for a Maine Social Work License), Assessing Child Safety, Risk and Danger, Introduction to ICWA, Medical Indicators of Child Abuse and Neglect, Impact of Substance Abuse on Families and Children and Impact of Domestic Abuse on Families and Children.

Within the first two years of hiring, new staff is expected to participate in several core trainings which would expand upon what they had experienced in pre-service and include: Medical Indicators of Child Abuse and Neglect, Dynamics of Substance Abuse and Domestic Violence and Batterer Intervention/Accountability.

In terms of ongoing training, there are district allocations for staff to continue their professional development in accordance with licensing requirements as well as to allow access to professional literature.

All supervisors hired in DHHS are required to participate in the training *Managing in State Government*. The focus of this training is the role of the supervisor in an organization and how it differs from the task based role of the employee. The training covers policies and procedures that are unique to supervision within state government including employee interviewee selection and performance evaluations.

As new initiatives and or practices are developed so are trainings, i.e. Signs of Safety, Fact Finding Interviewing and Facilitated Family Team Meeting.

In the past year OCFS has experience significant vacancies at the caseworker and supervisor level which has led to a variance in caseload size. It is expected that assessment workers will conduct six to eight new assessments per month, while permanency workers carry between twelve and fourteen cases at any given time. In terms of workload for the centralized intake unit calls are received and managed by staff as each call is received. In calendar year 2011, the unit received 17,648 calls.

While figures vary, the average supervisor to worker ration is six to one.

In recognition of the challenges faced by frequent turnover, the OCFS restructure plan does include a position dedicated to retention and recruitment of caseworker staff.

Skill development and measurement- All new state employees receive a three month evaluation followed by annual performance evaluations. Casework supervisors are expected to conduct quarterly field observations focused on individual casework practice and provide supervisory feedback on those observations. In terms of measurement, each district has a Performance and Quality Improvement Specialist who reviews district cases and provides feedback to staff related to practice. All supervisors have access to the Results Oriented Management data system that provides information related to meeting federal outcomes. Supervisors have access to an array of management reports to monitor the key components of practice and can be used in individual supervision to help track caseworker workload, activities and help set caseload priorities based on that information.

Transitional Living

During 2010 and 2011, Maine engaged in extensive revisions of its independent living policies. The new policy, titled “Youth Transition Policy” clarifies the Department’s commitment to permanency efforts for older youth while concurrently providing independent living services (life skills) to youth likely to age out of foster care, consistent with Foster Care Independence Act of 1999 (CHAFEE). This revised policy also includes provisions and requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008, the CHAFEE National Youth in Transition Database (NYTD), and The Patient Protection and Affordable Care Act. These revisions included extensive feedback and input from youth in care and foster care alumni.

DHHS policy outlines the independent living services that should be provided to youth in care, consistent with NYTD. These independent living services include: academic support, post-secondary educational preparation and support, career and vocational preparation, financial management, consumer skills training, housing education and home management skills, health education and family support, and healthy marriage education among others.

Transition planning with youth in care begins at age 15. Youth in care and foster care alumni assisted the Department in revising its Youth Transition Tool which is used in partnership with youth to assess their strengths, needs and goals.

Maine has programs in place to help children prepare for a successful transition to adulthood. Youth in care are offered extended financial and case management supports through a Voluntary Extended Care (V9) Agreement. Youth may agree to enter into a V9 Agreement upon their 18th birthday, and this Agreement may remain in effect until their 21st birthday, in order to accomplish their transition goals. 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 Child Welfare Services will make a referral to adult services through DHHS Office of Adults with Cognitive and Physical Disabilities. The Department also assists youth to make needed community referrals as well.

See CHAFFEE/ETV Report- **Appendix A**

Technical Assistance Request

Technical assistance was requested through the National Resource Center on Recruitment and Retention of Foster and Adoptive Parents (NRCRRFAP) and AdoptUsKids to train staff on the effective use of the AdoptUsKids website training staff. NRCRRFAP also provided the “Lasting Impressions Training of Trainers” to selected district staff focused on writing effective child write-ups that can be used for website listings and for the Maine Heart Gallery photo. The new trainers are responsible for training permanency and adoption caseworkers in their districts on how to write effective child write-ups.

Inter-Country Adoptions

The state takes responsibility 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 calendar year 2011 was 56.

During 2011, the Maine Department of Health and Human Services did not record any disrupted foreign adoption involvement. It is noted that the number of recorded foreign adoptions in 2011 saw about a fifteen percent decrease compared to numbers for 2010.

In 2011, one Maine private adoption agency was involved in a disrupted foreign adoptive placement. In accordance with its international agreement with the country of India, it was able to locate an alternative adoptive placement for an eight-year-old Indian boy with a two-parent Indian family in another state. At this time the placement is progressing toward adoption legalization. This process eliminated any need for that child to enter DHHS custody.

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 maintains its unit of staff dedicated to Performance and Quality Improvement, with a PQI Specialist housed in seven of the eight Districts but supervised by a central office program manager. This unit continues to conduct level of care reviews, substantiation/indicated finding appeal reviews, conduct district and/or state specific special studies as requested, and conduct monthly district specific case reviews.

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 January 2012, the unit began conducting a number of district specific case reviews focusing on the key CFSR items that Maine has historically been challenged in improving its practice. The intent is with a ‘real time’ review of items; versus the annual review, districts will have the opportunity to correct identified issues in the moment rather than having a retrospective look at the record.

In addition, this unit is the core team conducting the CFSR-style site review process which is the means for Maine to measure progress in its PIP. The unit participated in a meeting with representatives from ACF to ensure that the use of the federal review instrument by Maine PQI is consistent with how it is used by ACF. 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 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

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. MACWIS is very stable and is considered one of the most successful systems in Maine State Government. The MACWIS system receives ongoing maintenance to meet all new federal requirements.

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 for 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 (ROM) system to provide CFSR outcome data down to a worker level through a web-based portal.

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 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 1537 (*February 2012 OCFS Monthly Management Report*).

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.

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)

In February 2010, the Governor of Maine signed an Executive Order directing all state agencies to work collaboratively with Native American Tribes. Tribal child welfare representatives were already meeting quarterly or sooner if needed or requested with the DHHS, OCFS - ICWA liaison and PQI Program Manager. These meetings have continued and center on ICWA compliance in regard to specific cases, broader policy issues and training needs. Strengths and areas needing improvement are discussed, and steps are formulated to resolve issues. Any 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 2011, a comprehensive *Indian Child Welfare Policy* was developed by this workgroup as a stand alone policy, rather than having pieces of ICWA interspersed throughout various OCFS policies. This policy provides clear direction to OCFS staff that the tribal child welfare staff are co-managers of the case in every aspect through the life of the case.

In conjunction with the development of the Indian Child Welfare Policy an online training is being developed for staff to ensure their understanding of the policy.

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. Caseworkers, as part of the Child Protection Intake process and the initial CPS assessment, ask the family if they have any Native American heritage. The district court judges also ask questions regarding Native American heritage at court proceedings. When Native American heritage is known before the first contact

with the family, the tribe is notified and invited to participate in the initial visit. If Native American heritage is not known until after the first visit or at any other point in the assessment process, the tribe is invited to participate in the assessment from that point forward.

DHHS recognizes homes that have been licensed and 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 works 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 Indian Child Welfare 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) counseling, substance abuse services, in-home supports, parenting classes and 2) the family reunification program which offers intensive in-home supports to families whose children are being reunified. In addition, contract language with services such as the FRP and transportation includes tribes, therefore, children in tribal custody may also access state funded contracts.

The Penobscot Nation and the Passamaquoddy Tribe have a tribal court and are 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 entering care. The Aroostook Band of MicMacs and the Houlton Band of Maliseets do not have a tribal court and utilize the State of Maine District Court system; therefore, children from these tribes must enter state custody.

OCFS has continued its practice of sharing draft 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 and has access to and feedback on the APSR. 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 the fall of 2011, a new representative joined the Steering Committee group.

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 ICW 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.

| Tribal Representation | |
|--|--|
| Tribal Affiliation | Contact Name |
| Houlton Band of Maliseet | Tiffany Randall, ICWA Program Director |
| Aroostook Band of Micmac Indians | Tania Morey, ICWA Program Coordinator |
| Passamaquoddy Tribe at Pleasant Point (Sipayik) | Molly Newall, Social Services Director |
| Passamaquoddy Tribe at Indian Township (Motahkmikuk) | Dolly Barnes, Social Services Director |
| Penobscot Nation | Sonya-LaCoute-Dana, Social Services Director |

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 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 substantiated service cases to identify any behavioral health concerns. Those children that are scored in the high range are then referred for assessment either through our collaboration with Children's Behavioral Health or community providers.

2. Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home.

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.

Children are screened with a variety of research based tools to assess for signs of trauma, and these assessments are used to inform case planning and referral for services. To adequately and appropriately identify the presence of symptoms of trauma that interfere with health development and to effectively address the emotional and behavioral health needs of children who come to the attention of child welfare, an empirically-based method of screening children involved in the

child welfare system was identified. Child welfare workers now have the mechanism to provide universal screening through an instrument that has sound psychometric properties and can be utilized in the field with fidelity, cultural competence and respect to client rights. The Pediatric Symptom Checklist (PSC) is an appropriate screen tool. The PSC is a psychological screen instrument that facilitates identifying cognitive, emotional and behavioral difficulties. By identifying such challenges, appropriate interventions can be identified and initiated as early as possible in order to affect the best outcomes and address trauma.

The Child STEPS MATCH (Modular Approach to Treatment for Children with Anxiety, Depression, Trauma and Conduct Problems) has been implemented in Maine in the model called Child STEPS (Systems and Treatment Enhancement Project). This is an evidence-based treatment for children supported by the Youth Mental Health Network funded by the MacArthur Foundation. Children aged 6-15 have received services through three participating community mental health clinics. Those children appropriate for referral are children in new service cases, children in foster care not currently receiving treatment, children in pre-adoptive placements and in post adoptive placements. Children in new service cases should have a PSC score indicating the need for mental health services or there should be indicators of need as determined by caseworker and supervisor for a referral to be made.

Extensive training, monitoring and supervision is provided to the clinicians by the developer of MATCH at Judge Baker Children's Center, Harvard University. Caseworker staff has had overview training in understanding the approach and determining appropriate referrals.

Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma such as Multisystemic Treatment (MST), Cognitive Behavioral Therapy and others to address emotional trauma associated with child's maltreatment and removal.

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 (OMS) 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. OCFS staff are members of the Advisory Committee to the grant project and provide routine feedback to ensure the needs and outcomes for children in foster care are monitored.

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.

Maine utilized a multi-systematic workgroup to identify a process to provide oversight and protocols to monitor the appropriate use of psychotropic medications for children and youth in the foster care system. The choice of the protocol and consent guidelines were based on the T-MAY (Treatment of Maladaptive Aggression in Youth) The Rutgers CERTs Pocket Reference Guide for Primary Care Clinicians and Mental Health Specialists Copyright© 2010 Center for Education and Research on Mental Health Therapeutics (CERTs), Rutgers University, The REACH Institute (Resource for Advancing Children's Health), The University of Texas Pharmacy, New York State Office of Mental Health and California Department of Mental Health.

Child welfare workforce and providers are trained on the appropriate use of psychotropic medications through this formalized protocol/consent worksheet that addresses a process that is comprehensive and coordinated for assessment, and treatment planning to identify children's mental health and trauma-treatment needs. Policy states it is crucial to ensure that antipsychotic medications are being used only when clinically indicated, i.e. when the likely benefit from their use would outweigh their very substantial risk. When these medications are used, proper monitoring of their metabolic side effects must take place. The OCFS Consent Worksheet is to be followed when antipsychotic medications are currently prescribed or considered and require that prior to any consideration of medication to address a child's mental health needs the treating provider must be given a full description of the circumstances of the child that is inclusive of all conditions.

The state has promoted informed and shared decision-making through the development of the Youth Guide that allows the youth to give informed consent and assent promotes methods for ongoing communication between the prescriber, the child, his or her caregivers, other healthcare providers, the child welfare worker and other key stakeholders. Effective medication monitoring at both the client and agency level is well described as a process in the Consent Worksheet.

Collaboration with partners in Children's Behavioral Health (CBH) ensures availability of mental health expertise and consultation regarding consent and monitoring issues by a board-certified child psychiatrist. In the spring of 2012, monthly consults between OCFS Medical Director, CBHS, and child welfare staff were implemented. These consults allow districts staff to review difficult cases involving psychotropic medications with children's behavioral staff and to ensure that the psychiatric needs for children in foster care are being appropriately managed.

The state is pursuing mechanisms for sharing accurate and up-to-date information related to psychotropics.

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 MaineGeneral 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. Two additional PREP sites have been developed through the Spurwink Child Abuse Clinic in southern Maine and Penobscot Pediatrics in northern Maine. All of these programs are either developing the medical home for the child or helping to identify a medical home if one is not currently serving the child.

8. The state is taking steps to ensure that components of the transition plan development related to health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The Department has taken steps to ensure that the transition planning process with young people, age 18-21, includes planning with young people to consider Health Care Proxy or Healthcare Power of Attorney by including this in the health planning section its revised Voluntary Extended Care (V9) Agreement. Maine's recently revised Youth Transition Policy includes instructions for caseworkers to inform youth, beginning at age 18 about the importance of executing formal documents that define their wishes as to a Health Care Proxy or Healthcare Power of Attorney. OCFS was granted permission to provide young people with a website to download (free of charge) documents they would need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.

Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org) and OCFS will have printed information available at its annual Teen Conference in June

regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney.

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 of the ACF caseworker monthly contact expectation, Maine built a MACWIS report that automatically generates data on caseworker compliance with monthly contact with at least the majority of visits occurring in the child's place of residence. This provides a statewide average, as well as broken down by district.

In FFY 2011, Maine failed to meet the 90% goal of seeing children every month, only meeting this 87% of the time.

OCFS is responding to the need to meet the federal goal of seeing children every month by incorporating a strategy in its Strategic Plan. This strategy includes the following:

- Each district supervisor with case carrying workers will review the face-to-face contact report by the 15th of each month to identify those children that have not been seen in that month and develop a plan with the caseworkers for those children to be seen before the month's end. Each supervisor shall then send an e-mail to the Program Administrator to communicate how they have planned for the children to be seen.
- Supervisors shall engage in a preparatory supervision meeting with each caseworker, each month to develop a plan for a face-to-face monthly contact, including the areas to assess and questions to use in that assessment. Supervisors will document this preparation in supervision notes.
- In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. Quality will be measured by ongoing case reviews and at quarterly intervals; PQI will conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts.

OCFS has utilized the caseworker visit funding (section 436(b)(4) of the Act) on enhancing technologies to allow more efficiencies of caseworker time while out of the office, allowing more time in the home of the families they serve. This is evident through the increase in contacts made in the home which is at 88%. This technology allows caseworkers to have immediate contact with their supervisors while in the field, providing opportunity to consult and make timelier decisions related to the safety, permanency and well-being needs of children and families. When caseworkers feel supported and safe doing this difficult work, the likelihood of caseworker retention is significantly increased.

Disaster Plan

The Department's Disaster plan is contained in CFS Policy XV H. Emergency Response. This policy is hereby included in its entirety. Maine has not been affected by a disaster since the 2011 APSR submission. See **Appendix B**.

CAPTA Plan- see Appendix C

In regards to the sources used to compile information on child maltreatment deaths, the Child Death and Serious Injury Review Panel, supported through CAPTA funds, effectively coordinates and accesses information through the Medical Examiner's Office, the Department of Health and Human Services, the Department of Public Safety and the Maine Center for Disease Control Office of Vital Records (representatives of each entity sit on the panel) to better understand trends that relate to child abuse and neglect. This has allowed the panel to review more cases with a focus on particular areas of concern. This collaborative effort maximizes the expertise and data systems in the criminal justice system, the child welfare system and the public health system to address child maltreatment

Training Plan

The cooperative agreement between the State of Maine Office of Child and Family Services and the University of Southern Maine, Muskie School of Public Services will not be renewed for SFY 2013. Planning is underway to develop internal capacity to provide pre-service caseworker, resource family, and core trainings using various training delivery methods including onsite, regional and online modules. OCFS has access to the training curriculum used by Muskie and anticipates using this material going forward. In the restructuring of OCFS, four training positions were created to address this need. Utilizing this approach will allow for the opportunity for new hires and resource family applicants to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This will be of great benefit to districts and families.

Historically OCFS has provided training for some of its contract agencies. A training plan will be developed to ensure that contracted agencies are receiving the same training statewide to assure for consistency. It is expected that the trainings will be developed and incorporated under the Policy/Prevention team in the new restructure of OCFS.

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 conducting, planning and coordination of training opportunities with the court. OCFS personnel planned and provided presentations for the Judicial Conference in the spring of 2011. Staff presented information on all components of the Practice Model Initiative, including Fact

Finding Interviewing and the *Signs of Safety* model of family engagement, safety mapping and case planning. The Director of the Division of Child Welfare presented to judges, attorneys and other stakeholders across the state during the annual court forums which are a component of the Maine Court Improvement Project (CIP). OCFS played a significant role in the annual Guardian ad litem training in 2011, which provided an overview of the role of the Department in protective cases and presented information on new initiatives, along with the other topics presented to the GAL training group. This included an overview to protective case law and process, forensic assessment of child abuse and neglect, as well as a view from the bench presented by several judges. Youth and parent partners also presented to the GAL group. An OCFS staff person is a member of the planning committee for the spring 2012 Judicial Conference entitled, *Early Experiences Matter: How to Effectively Advocate for Vulnerable Children and Families*. OCFS is also represented on the Judicial Justice for Children Task Force.

OCFS will need to further review any financial opportunities to support training in which we would then make claim through this latest legislation.

Evaluation:

The USM Muskie School is currently conducting a data analysis of the medium 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. In state FY 2012, this evaluation will be discontinued as a result of the State of Maine terminating its cooperative agreement with the USM Muskie School.

OCFS has partnered with the Maine Coalition to End Domestic Violence (MCEDV) in an evaluation process specific to capturing data on a victim's experience with the child welfare system. The data is collected through regional case reviews conducted by district domestic violence advocates and the assigned supervisor of the case being reviewed. MCEDV is working with evaluators from the University of Maine Orono to provide analysis on the data received specific to how effective child welfare and domestic violence advocates are in terms of making a difference for victims of domestic violence.

In 2010, the Maine Children's Alliance (MCA) was awarded a grant by the Annie E. Casey Foundation to study Maine's implementation of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. MCA studied the early stages of implementation of the state and federal laws and identified positives advancements and barriers to success. The study was conducted using a variety of methods including focus groups, case reviews, one-on-one meetings, stakeholder surveys, and research and data analysis. In 2011, the report of this study was released and included short-and long-term recommendation practices to stakeholders, including OCFS Child Welfare, the Department of Education, school personnel and other agencies. In summary the findings from this study found that keeping children in the same educational placement does not usually present with significant challenges. Specific concerns noted included:

- Improved communication between DHHS and DOE;
- Provide more clarity in protocols;

- Implementation of cross-departmental training so all parties are working from the same understanding of the legislation; and
- Development of best practice strategies so that collaboration and timely sharing of information are a part of the decision making for children.

Financial Information

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 38% of the total costs for OCFS training initiatives during SFY 2012. Inclusive of all state and federal funds, including partner matches, the total estimated costs for training for SFY 2011 is \$2,985,043.

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 and support 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.
- Kinship Care Services- information and support services to be provided to relatives who are helping care for their grandchildren, nieces and nephews to alleviate the need for those children to enter state foster care.
- Supporting evidence-based parenting skills and supportive visitation.
- Support of domestic violence advocates in OCFS district offices.

- 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.

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.

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*.
- 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.

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.

DHHS assures that the state funds expended for FFY 2010 for purposes of Title IV-B, subpart 2, is \$__ \$ \$ 18,054,000. 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

States may not spend more title IV-B, Subpart 1 funds for child care, foster care maintenance and adoption assistance payments in FFY 2012 than the state expended for those purposes in FFY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FFY 2005 title IV-B, Subpart 1 funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005. States are also advised to

retain this information in their files for comparison with expenditure amounts in future fiscal years.

Expenditures in 2005 were \$0

The amount of state expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FFY 2012 title IV-B, Subpart 1 award may not exceed the amount of such non-federal expenditures applied as state match for title IV-B, Subpart 1 in FFY 2005 (Section 424(d) of the Act). For comparison purposes, submit with the CFSP information on the amount of non-federal funds expended by the state for foster care maintenance payments for FY 2005. States are also advised to retain this information in their files for comparison with expenditure amounts in future fiscal years.

Expenditures in 2005 were \$2,408,000.

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 will 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 during the year regarding the services and supports they receive. Their feedback of program strengths and needs are integrated into this State plan as well as used to shape Maine's laws and policies to support older youth involved in its child welfare program.

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 for academic school year fall 2012 through summer 2013.

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

For the purposes of Youth Transition Services, the terms child and youth are used interchangeably to mean an individual up to 21 years old. The Department of Health and Human Services elects the following youth as eligible for services under its CHAFEE Foster Care Independence Program:

- Youth in foster care who are age 15 to 18 years old.
- Youth who turn 18 years old while in foster care and who sign a Voluntary Extended Care (V9) Agreement with the Department to the age of 21, while residing in Maine or temporarily in another state as part of their V9 Agreement by meeting the requirements outlined in V.T. Youth Transition Policy.
- Youth who turned 18 years old while in foster care, but who were legally adopted after the age of 18, when that adoption disrupts prior to the age of 21.
- Youth who is residing with birth parents, may enter into a V9 Agreement from ages 18-21, when OCFS oversight and support is needed to ensure youth safety and permanency.
- Youth in the custody of the Department or on V9 Agreement who are pregnant and/or parenting, transitioning from residential placements, in apartment placements, homeless, and likely to need adult services will be given priority.

- Youth who experience adoption or permanent guardianship disruption, but who do not re-enter foster care may submit a letter of request for V9 status to the office from which they were adopted or entered permanent guardianship. The Program Administrator shall review the youth's request and make a recommendation to the Director of Child Welfare Policy and Practice for a final approval decision.
- Youth in foster care who would have been eligible for adoption assistance subsidy or permanency guardianship subsidy prior to turning 18 and who signed a V9 Agreement and are subsequently adopted through Probate Court between the ages of 18 and 21 may continue to receive V9 services. The youth and adoptive parent must submit a letter of request to the Division of Child Welfare Director of Policy and Practice for approval to remain in V9 status indicating the circumstances of why adoption could not have occurred prior to the age of 18. The youth must also continue to meet the other educational and employment eligibility criteria.
- Youth in foster care aged 18 to 21 who have a signed V9 Agreement and who has their parent's parental rights reinstated in accordance with Family Reunification Policy VII, F may remain in V9 status after the reinstatement of parental rights.
- Youth who was in foster care and is now experiencing factors that place the youth at risk of homelessness may request to enter into a V9 Agreement.
- Youth who were adopted, entered permanency guardianship, or were reunified with family at the age of 16 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds.

The Department does not discriminate with regard to CHAFEE youth transition services or ETV funding 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. Youth participation in youth transition services is voluntary but actively encouraged. Youth who decline youth transition services will be encouraged to reconsider their decision and may receive services at a later date up to the age of 21.

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 exiting foster care.
- Transition planning with youth beginning with a comprehensive assessment of youth strengths and needs, active participation of young people and their supports in case planning, and offering services/supports that that meets their individualized needs.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- 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.
- Encourage opportunities for youth in care which may lead to permanent, lifelong

connections.

- Provide needed academic supports, including post-secondary education financial support using federal Education and Training Voucher program funds.
- Improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- 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 do this by assisting youth to have legally permanent family and life-long connections; partnering with youth in decision-making; providing services youth want to meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.

Services to older youth in care are provided by youth transition workers, OCFS caseworkers, 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.

Seven youth transition workers are located in DHHS eight district offices across the State. In September 2011, to address caseworker staffing shortages in the district offices, youth transition workers began carrying a reduced caseload (up to eight cases) of older youth in foster care. Additionally, youth transition workers continued to carry out essential transition services with youth such as completing a comprehensive strengths/needs assessment with all youth in care at the age of 15 (Youth Transition Tool). This tool continues to serve as a foundation for transition planning for the youth and his or her family team.

Maine enacted legislation to define Maine's Extension to 21 support and agreement with District courts to provide annual permanency reviews for youth aged 18-21, when eligibility conditions are met (as defined in Fostering Connections) through Title 22, § 4037-A, Chapter 402, Sec. 5; effective September 28, 2011.

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-based resources.

A cooperative agreement with the University of Southern Maine (USM) Muskie School of Public Service provided for the coordination of our Youth Leadership Advisory Team and staffing to assist with planning and conducting the annual Teen Conference, Camp to Belong Maine, Community Engagement, and Youth Permanency Efforts.

During the year, designated program specialists within OCFS met with various contracted agency providers (therapeutic foster care and residential care) regarding provider expectations to meet the transition needs of youth placed with their agencies, including the need for youth in care to experience the same opportunities as their peers in the community to develop essential life skills. Youth transition workers and caseworkers address these needs with providers on an individual basis as well.

For young adults needing ongoing mental health services and supports as an adult, OCFS continues to follow the OCFS/OACPD (Office for Adults with Cognitive and Physical Disabilities) Transition Protocol. This ensures early referrals and coordination to meet the transition needs of Maine's most vulnerable youth. OACPD and OCFS also entered into an agreement allowing youth to remain on a V9 Agreement through OCFS to pay room and board costs while youth are on the waitlist, and OACPD provides case management services until the youth can enter the Section 21 Adult Waiver Program. We will continue to work together to ensure the smoothest possible transition from one system to another for these vulnerable youth.

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 the ages of 18-21. OCFS casework staff assists youth in foster care to apply for MaineCare medical coverage at the age of 18. Most youth continue to qualify for coverage under the federally-established poverty income guidelines used by MaineCare.

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 2013.

In accordance with Education and Training Voucher Program (ETV) regulations, we will continue to support the room and board needs of youth, aged 21-23, within available resources.

ELIGIBLE POPULATION (FFY2012):

Number of youth in care **aged 15 to 21 on Oct. 1, 2011:**

| AGES | FEMALE | MALE | TOTAL |
|--------------|---------------|-------------|--------------|
| Age 15 | 36 | 33 | 69 |
| Age 16 | 35 | 52 | 87 |
| Age 17 | 34 | 55 | 89 |
| Age 18 | 25 | 33 | 58 |
| Age 19 | 28 | 28 | 56 |
| Age 20 | 19 | 16 | 35 |
| TOTAL | | | 394 |

This represents a reduction in the total number of youth in care from a year ago of approximately 66 youth. As of February 10, 2012, there were 376 youth in care aged 15-21.

Of youth **aged 15 to 21**, the length of time these youth had been in care on **October 1, 2011**:

| Length of time | # of youth | % of total |
|-----------------------|-------------------|-------------------|
| Less than 6 months | 28 | 7% |
| 6 months to 1 year | 34 | 9% |
| 1 to 2 years | 68 | 17% |
| 2 to 3 years | 42 | 11% |
| 3 to 4 years | 29 | 7% |
| 4 to 5 years | 26 | 7% |
| 5 to 6 years | 17 | 4% |
| 6 to 7 years | 18 | 5% |
| 7 to 8 years | 24 | 6% |
| 8 to 9 years | 22 | 6% |
| 9 to 10 years | 14 | 4% |
| 10 to 11 years | 13 | 3% |
| 11 to 12 years | 25 | 6% |
| 12 to 13 years | 6 | 2% |
| 13 to 14 years | 9 | 2% |
| 14 to 15 years | 9 | 2% |
| 15 to 16 years | 4 | 1% |
| 16 to 17 years | 1 | 0% |
| 17 to 18 years | 1 | 0% |
| 18 to 19 years | 3 | 1% |
| 19 to 20 years | 1 | 0% |
| TOTAL | 394 | 100% |

On February 10, 2012, youth in care aged 15 to 18 comprised 26% of the total number of youth in care (394 out of 1491 youth). While the number of youth in care reduced from last year, the percentage of youth in care by this age group went up slightly from 22% the previous year.

Estimated Eligible Population for FFY 2011 (as of 2/10/12- youth currently in care):

| Age | 14 | 15 | 16 | 17 | 18 | 19 | 20 | / | TOTAL |
|-------------|----|----|----|----|----|----|----|---|--------------|
| Total Youth | 63 | 60 | 86 | 87 | 53 | 51 | 38 | / | 438 |

This represents youth located across the state. Eligibility is not dependent on location.

Youth Leadership Development Activities:

Maine's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as one of the most effective and active youth leadership boards in the country. Maine is focused on enhancing youth and adult partnerships through YLAT and promoting effective systems change.

Young people in foster care aged 14 and older, youth formerly in foster care, and adult partners from across the state contribute to this effort in various ways.

YLAT and Strategic Sharing: Young people and adult partners gather in district teams to learn leadership skills, develop priorities, and advise policymakers about improving the child welfare system. YLAT groups met monthly in five sites in Maine, from September to May, covering six DHHS districts: Bangor, Rockland, Augusta, Lewiston, and Saco. YLAT met quarterly in Caribou and Ellsworth. Since 2010, YLAT has held 96 meetings with approximately 41 adult partners and 126 youth participants attending.

In fall 2011, thirty-five young people and adults gathered for a focused strategic sharing training facilitated by the national Foster Care Alumni Association (FCAA) to build participants' skills in telling their stories to affect positive changes in the child welfare system. Participants brought their learning back to the larger YLAT meetings this winter to help further train youth and adult partners about how to most effectively use their experiences to inspire and instruct change.

Youth in YLAT were also introduced to and given the opportunity to practice the Signs of Safety and Family Team Meeting models. These approaches pose the following questions: "What are the concerns?"; "What is going well?"; and "What would we like to see happen?" Young people have taken this learning to initiate changes both system wide and personally. Youth are now beginning to share their reflections on the great impact that this preparation for their family team meetings and for court has made on their lives.

In spring 2011, YLAT members met with district operations managers, program administrators, supervisors, caseworkers, agency staff, and others for an annual opportunity to talk about what is working well and what they would like to see improved within their districts and system wide. At these meetings, young people expressed gratitude for what they described as "the system listening to the needs of its youth," highlighting the importance of caseworker relationships, choices, access to opportunities, and encouragement to participate in YLAT. Young people shared concerns regarding permanency, youth having a voice in decisions, placement options and transitions, communication, mental health, and normalcy for youth in care.

In the past year, approximately 35 YLAT members have provided 26 trainings for child welfare professionals, care providers, educators, potential adoptive and foster parents, and the legal community related to experiences of youth in care and needs of youth transitioning from foster care, with particular emphasis on permanent family connections, on youth rights, and on engaging youth in decision making processes. Beginning in March of 2012, 26 trained youth and adult YLAT members will provide nine additional trainings, called "Community Conversations", which will invite foster parents, managers, direct service staff, and court personnel to learn, talk about, and plan how best to achieve permanency for older youth.

Youth feedback has helped shape our policies, directed legislation (such as Reinstatement of Parental Rights), and influenced out directions with the PIP- such as focus on improved youth engagement in Family Team Meetings.

These activities will continue to be planned and supported in the upcoming year.

YLAT and Community Service: Young people participated in multiple community service projects throughout the year, including holiday caroling at a nursing home, making bird feeders, crafts and cards for the elderly and veterans, collecting and donating supplies for local animal shelters, and organizing an awareness-raising community movie event/youth panel focused on permanency and older youth. Young people also decorated a Christmas tree which was included in a local fundraising effort for youth in transition from care.

YLAT and the Teen Conference: In June 2011, Maine held its 21st Annual Teen Conference for youth in foster care with a theme of “Take a Stand.” Youth and adult supporters participated in various workshops focused on youth leadership, education, employment, decision making, and permanency. Maine Governor Paul LePage attended and spoke with the youth participants about his life challenges and his hopes for them. The keynote speakers included two former youth in care who are part of the national Foster Club All-Star program, as well as a former foster youth from Maine. At its conclusion, 86% of youth respondents reported feeling a greater sense of belonging as a result of attending the event, 86% reported that they learned things to help them achieve their goals, and 84% responded that they learned how to contribute to their communities. Notably, 89% of adult partners reported that as a result of attending the conference they will be more likely to seek young people’s input to help make their experiences in care better.

The 22nd annual Teen Conference, scheduled for June 2012, will include an opportunity for young people and adult partners to explore the power of claiming their own stories and expressing their transitions to empower themselves and to teach others.

YLAT and Workgroups, Committees, and Projects: YLAT members continue to be instrumental in child welfare policy development and practice improvements. In the past year, youth in care and formerly in care helped to guide the development of the policy and practice of the foster care portion within the statewide Integrated Health Outcomes for Children project, the OCFS Life Book policy, and the OCFS Youth Transition Policy.

YLAT members also serve an important role in a philanthropy project, “The Creative Opportunities Grant.” To date, YLAT members have helped to make grant award decisions on nearly \$20,000 for projects supporting youth in care or in transition. The programs that the young people have chosen to award funding this year include: adventure trips through an agency called “Squeaky Wheels,” an employment training program for youth in care from the Passamaquoddy tribe, a high-quality video highlighting YLAT for the web and for outreach, a project providing care packages for youth in care in Southern Maine, and an anti-violence campaign in Central Maine at Cony High School through the Civil Rights Team.

YLAT and Network Building: YLAT members are engaged in the York County Foster Care Collaborative, a network-building effort in Southern Maine focused on three critical objectives: 1) to build awareness in the community about youth transitioning from foster care; 2) to explore system changes that will better support youth; and 3) to leverage community resources and connections that will help these youth enjoy stable, productive lives. This year, YLAT members have contributed to the work by creating a care package project for former youth in care who are now college students.

YLAT and the Answers Handbook: The Answers Handbook, a handbook about life in foster care created by youth in care, has been updated. Originally produced in paper form in 2001, the Answers Handbook, in its fourth revision, is now available online at the YLAT website.

YLAT and a Youth Leadership Curriculum: YLAT is producing a youth leadership curriculum, which is flexible and responsive to the developmental stages of group members. It will provide a range of activities highlighting areas such as creating a safe space, forming youth and adult partnerships, advocating, giving back to the community, and learning how to strategically share experiences. It is expected to be completed June 2012.

Consultation and Collaboration:

The Office of Child and Family Services has a strong commitment to collaboration with youth, parents, care providers, other professionals, and various community stakeholders. We believe this ensures a coordinated approach to serving the needs of older youth in care by encouraging public and private partnerships to maximize limited resources.

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

Maine Tribes: In FFY 2012, OCFS continued CHAFEE funded agreements with the Houlton Band of Maliseets, the Aroostook Band of MicMacs, the two Passamaquoddy Tribes, and Penobscot Nation. Tribes define their eligible youth population, as well as the services and supports they provide utilizing CHAFEE funding. The eligible population is generally defined as youth between the ages of 14 and 21, although they may serve some younger youth who are under tribal care and responsibility, and extends to youth who reside within the tribal or band community. Through this collaboration, bands and tribes are provided funding to meet the transitional needs of youth in their communities that they identify, while ensuring youth have culturally-supported experiences. OCFS will continue to collaborate in FFY 2013.

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. As part of the MYTC, over the past couple of years, The York County Collaborative has brought together youth in care, service providers, post-secondary educators, employers, and others in the community to address the needs of transitioning youth in York County. This collaborative focuses on the barriers identified by youth: housing, education, employment and lifelong connections. Maine continues to receive ongoing financial and technical support from Jim Casey Youth Opportunity Initiative to support the MYTC, and because of recognized successes, Maine was also recently awarded additional funding from Annie E. Casey to continue efforts to improve employment outcomes for youth transitioning from foster care and to expand this work to youth transitioning from juvenile justice.

For FFY 2013, the MYTC received a grant from Casey Family Programs to convene a multi-

system workgroup aimed at improving career pathways for youth exiting foster care and juvenile justice. DHHS will be partnering with the MYTC on this endeavor as well as continuing other efforts of the MYTC.

Shared Youth Vision Council 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 it is focused on improving educational success for youth while reducing the rates of juvenile justice involvement. This council was established as part of the Governor's Juvenile Justice Task Force and has begun expansion into the local communities to develop local solutions.

Homeless Youth Provider Committee is made up of providers of homeless youth shelters and outreach services. The primary goal of the committee 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. In the upcoming year, OCFS will be working to better coordinate funding and service to youth experiencing homelessness through its contract procurement process.

Juvenile Justice Advisory Group (JJAG)-oversees several federal juvenile justice grant programs and serves as advisor to the Governor and State Legislature related to juvenile justice issues and proposed laws.

New England Youth Collaborative: Youth in care, youth formerly in care, and adult supporters (staff) from all 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. The NEYC is a youth driven, adult-supported organization that has begun to develop resources for New England, such as a Sibling Bill of Rights and have also presented to the New England Commissioners and Directors.

These collaborative efforts will continue in FFY 2013. Additionally, DHHS will be reviewing the overall transition needs of youth and working within our Moving Forward grant to develop an overarching policy with partnering state agencies that will guide consistent transition planning and supports to youth served by DHHS, Department of Labor, Department of Education, Office of Substance Abuse and Juvenile Justice. Additionally, DHHS will be engaging in a Request for Proposal for Maine's Homeless Youth Services that will align state resources with Maine's Homeless Youth Act.

Program Goals:

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

OCFS remains committed to increasing the number of youth who leave foster care to a permanent family. OCFS revised the Youth Transition Policy to require concurrent planning for youth permanence, as well as transition planning for adulthood. These increased expectations

also extend to youth aged 18 to 21 on a Voluntary Extended Care (V9) Agreement, where this time is considered additional time to work with young adults around permanency planning, as well as supports to help them transition successfully to self-sufficiency.

In spring 2011, the Maine Performance and Quality Improvement (PQI) Specialist Unit conducted a case review of the 113 youth with a goal of APPLA or Self Sufficient Adulthood. This review was followed up by a phone survey in August 2011, with the same cohort of youth, of which 58 youth participated in the phone survey. The case review and the telephone survey results were aggregated and recommendations were made to the OCFS Senior Management Team.

With support from Casey Family Services, Maine developed an Integrated Permanency Strategy to address the permanency needs of older youth in care. This includes a Permanency Review Teaming (PRT) process similar to our Residential Review Process that was highly successful. In November 2011, with staffing support from Casey Family Programs, Maine spent a week reviewing 48 cases of youth who have been in care more than three years, to engage in a focused review of the work that has been done and to develop creative plans to move youth toward permanency. Also, as part of this strategy we have established practice leads in each of the District Offices and designated a staff to serve as a specially-trained Family Team Meeting Facilitator (FTM) to help with Family Team Meetings that would benefit from a neutral facilitator.

In FFY 2012, Maine entered its third year of its Fostering Connections Kinship Grant. Maine has entered its second year of Extreme Recruitment (ER), and for this year youth selected for ER will come from the PRT process. Extreme Recruitment is an urgent process to find a permanent family for a youth in a fraction of the time it would normally take (12-20 weeks vs. 12-24 months) by using weekly, intensive meetings.

Between January 2011 and August 31, 2011, 26 youth between the ages of 14 to 18 were served. Of these, 16 youth (61.5%) had identified plans for permanency. The remaining 10 youth (38.5%) had family connections established for on-going relationships.

Maine continues to be involved in the New England Permanency Convening and has identified strategies to improve outcomes for older youth in care: review youth cases with a goal of APPLA and make recommendations to district offices regarding permanency efforts; revise APPLA policy; implement Extreme Recruitment; continue permanency efforts with youth aged 18 to 21; improve FTMs; and improve communication with the judiciary regarding permanency needs of older youth.

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

Youth transition workers and caseworkers meeting monthly with youth on V9 Agreements, and as part of their ongoing support are connecting youth to the available supports, services, and community opportunities at their post-secondary institution. The percentage of youth returning to post-secondary education the subsequent fall remains steady around 60%.

Over the past year, OCFS in partnership with the York County Collaborative, worked with youth and post-secondary educational partners from York County Community College, Southern Maine Community College, and the University of Southern Maine to provide support to students. This included student gatherings where students could learn about various campus supports, and students received student care packages.

Maine continues to support 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. Thirty 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, he/she have up to five years of waiver eligibility to complete his/her undergraduate degree, provided they remain in good academic standing.

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

OCFS will continue its efforts to communicate with the Family Division of the Courts to explore additional opportunities to improve youth participation in their court hearings. In FFY 2012, OCFS presented at the Court Forum and highlighted the need to include youth and their supports in all aspects of their court process.

During the past year, OCFS managers worked with the Administrative Division of the Courts to garner their support to provide annual permanency hearings to youth on extended care agreements (V9 Agreements) aged 18 to 21, to comply with requirements of Foster Connections.

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

With additional revisions to the Youth Transition Policy during the past year, we have expanded our services to youth, as well as increased the pool of youth eligible to receive youth transition and V9 services. We are pleased that this has allowed permanency in cases where youth can now be adopted after the age of 18 and can retain V9 status. Because of this, at least three youth over the age of 18 now have legally-permanent families.

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 lifelong connections. In February 2012, through the York County Foster Care Collaborative (YCFCC), 12 youth were trained by our partners, Goodwill Industries and Vocational Rehabilitation, in work readiness. Also, by reaching out to local employers we are assisting approximately 20 youth to apply for jobs this summer.

DHHS continues to provide financial and in-kind support to *Camp to Belong Maine* (CTBM). Every summer since 2004, CTBM has allowed siblings from across the state that have been separated by out-of-home care to reunite for a week to bond and enjoy a typical camp experience together.

DHHS continued a contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and a matched savings program, Opportunity Passport™. During FFY2012, there were 180 youth (43 new) participants. Youth were trained in financial literacy and opened savings accounts. From May 2011 to February 2012, youth saved \$45,000 and withdrew matches of \$30,000. Since its beginning in 2003, the program has served approximately 440 youth, and participants have matched over \$275,000 for vehicles, laptops, education costs, investments, and apartment costs.

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

Maine continues to partner with homeless youth providers in Maine to ensure better coordination of services and funding to support youth experiencing homelessness, some of whom have experienced the child welfare system.

In the upcoming year, OCFS will continue to explore resource and funding opportunities in collaboration with various public and private stakeholders. This continues to be an area of slow growth in Maine.

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

OCFS established performance-based contracts with all group and residential care programs and has dedicated contract staff to oversee the services they provide to ensure compliance with recently-revised *Residential Standards* that emphasize 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. Currently, 5% of youth in care are placed in congregate care settings.

Maine will continue to use the DHHS Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care. OCFS works with providers to ensure best practices through its contract process and through annual site reviews.

National Youth Transition Database:

Maine implemented NYTD (the National Youth in Transition Database) and was fully operational on October 1, 2010. Maine met the reporting compliance for youth receiving independent living services.

In the next year we will continue our outreach efforts to ensure compliance with NYTD requirements and to look at ways to use the data collected through NYTD to help improve youth outcomes related to permanency, safety, and well-being.

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 reunified from Maine DHHS
- 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 transition workers coordinate the educational planning in district offices. Youth are well informed that they must apply for federal FAFSA funds and for the tuition waiver, if applicable, and are encouraged to apply for available scholarships. 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.

We inform youth in care, caregivers and OCFS staff about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT, and other youth leadership events.

The CHAFEE Independent Living Program Manager (Youth Transition Program Specialist) approves the youth’s eligibility for ETV funds and makes the final determination of youth’s ETV allocation under the guidelines of the ETV program. These expenditures are tracked separately from other expenditures under the CFCIP.

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:

| Academic Year | New Participants | Continuing Participants | Total Participants |
|---------------|------------------|-------------------------|--------------------|
| 2009-2010 | 51 | 51 | 102 |
| 2010- 2011 | 58 | 65 | 123 |
| 2011-2012 | 28 | 52 | 80 |

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, as 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 aged 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

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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:
 - o News releases to radio and television stations, cable tv, newspapers
 - o Information on the state (maine.gov) and OCFS (maine.gov/dhhs/bcfs) websites.
 - o 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
 - o Children in Care – Current Primary Open Placement Report
 - o Worker Demographic Report
 - o Listing of Assessments Report
 - o Listing of Service Cases Report
 - o Resource Capacity Availability: Foster Care-Regular Report
 - o Resource Capacity Availability: Foster Care-CPA-Level of Care Report
 - o 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:
 - o Calling Tree
 - o Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
 - o Children in Care – Current Primary Open Placement Report
 - o Resource Capacity Availability: Foster Care-Regular Report
 - o Resource Capacity Availability: Foster Care-CPA-Level of Care Report
 - o Listing of Assessments Report
 - o Listing of Protective Cases Report
 - o AAG and judges contact information
 - o 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 :
 - o Calling Tree
 - Employee and management contact information and their disaster plan contact information (Worker
 - o Demographic Report under development)
 - o Children in Care – Current Primary Open Placement Report
 - o Resource Capacity Availability: Foster Care-Regular Report
 - o Resource Capacity Availability: Foster Care-CPA-Level of Care Report
 - o Listing of Assessments Report
 - o Listing of Protective Cases Report
 - o 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
 - o Demographics Report under development)
 - o 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 in 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:
 - o Assessment of new reports within 72 hours of the report
 - o Service provision to Child Protection service cases within 5 days of the disaster
 - o Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible
 - o 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
 - o Coordinate with other agencies that have information about child and family location, needs.
 - o 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:

- 1) Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
- 2) Isolate the perpetrator from innocent bystanders or potential victims if possible.
- 3) Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
- 4) Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
- 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 bold, confident and
- 7) 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

- 1) Notify local law enforcement immediately and provide them with any pertinent information 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 cover, and wait for a
- 4) signal.
- 5) Stay in constant communication with law enforcement.
- 6) Have a designee secure the doors to avoid innocent bystanders from complicating the situation.
Meet law enforcement officials at a pre-designated location and provide them with good directions to and
- 7) 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

STATE OF MAINE

CHILD ABUSE PREVENTION TREATMENT ACT (CAPTA) PLAN UPDATE **2011-12**

The State of Maine continues to utilize the CAPTA State Grant Program to meet the intended goals of improving the state's response to abused and neglected children and enhancing and supporting the state's child protective activities. Support, education and attention are focused on activities directed towards the needs of agency caseworkers and multidisciplinary professionals who intervene in child abuse and neglect. The underlying purpose is to improve the investigation and prosecution of cases of maltreatment in a manner which mitigates further trauma to the victim and victim's family and ensures fairness to the accused. Specific attention has been made to maltreatment fatality patterns as well as all infant fatalities and serious injuries in young children. OCFS collects data on child maltreatment death through its child protective services system and/or law enforcement and correlates that with the Medical Examiners Office data. The impact of substance abuse on child fatalities has been analyzed by looking at correlations between substance abuse in families and drug affected infants, infant fatalities resulting from unsafe sleep environments and children in drug endangered environments.

Legislative Update

The 2011-12 State of Maine 125th Legislative 2nd session passed several bills related to protection of sexually abused or exploited children, addressed the needs of the Maine State Police Computer Crimes Unit to improve prosecution, added increased oversight for bail determinations in domestic violence crimes, and added further protections for the victims of family and domestic violence. No specific bills were entered by the Department although the above were closely monitored by the Department to ensure the enhancement and support of the state's capacity to protect children and families in keeping with the intent of CAPTA.

Janice S. Stuver, Assistant Attorney General, appointed by the Attorney General as the Chief of the Child Protection provides the following explanation: The bills passed as to enhancing the protection of sexually abused or exploited children and the protection of victims of domestic violence do not substantively affect the Child and Family Services and Child Protection Act and further would not affect eligibility. These bills do not substantively affect the Child and Family Services and Child Protection Act because these bills substantively affect the criminal prosecution of perpetrators of sexual abuse and exploitation and/or domestic violence.

State CAPTA Activities Update:

The State engages in enhanced and improved practice through ongoing analysis of data outcomes and policy needs. Any changes during the 2011-12 FFY from the State's previously approved CAPTA plan are not structural and are intended to improve family engagement, improve

interview practice and expand knowledge in mental health, substance abuse and domestic violence as complicating factors that impact the safety of children. Enhanced areas of focus and description of activities are identified in how the State proposes to use funds to support the 14 program areas (section 106(b)(1)(C)(ii)) in the following comments.

State of Maine Child Protection Services Workforce

The Division of Child Welfare has 124 caseworkers and 26 supervisors responsible for intake, screening, assessment and investigation of child abuse and neglect reports. Break down by district:

| District | # of Casework Staff |
|-----------------|----------------------------|
| 1 | 13 |
| 2 | 17 |
| 3 | 21 |
| 4 | 9 |
| 5 | 17 |
| 6 | 13 |
| 7 | 5 |
| 8 | 5 |
| Intake | 24 |

Assessment workers are expected to conduct six assessments per month at a minimum.

The Division of Child Welfare requires that potential candidates for caseworkers be eligible for full licensure in social work. Once hired, new workers are required to participate in Caseworker Pre-Service Training that is designed 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 orient them to the work they will be undertaking. The training provides 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.

Caseworker Pre-Service Training uses a competency-based training curriculum for new staff to support the delivery of OCFS Child Welfare casework services. The Pre-Service program incorporates a five-week in-class curriculum, three on-line learning modules and a three-week field practice experience. The web-based portion of the training supplements classroom 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. New workers complete a continuum of training and learning events for their professional development.

The Pre-Service curriculum is regularly revised and updated in conjunction with changes in policy and practice, and will undergo review this year to ensure integration of new initiatives such as Fact-Finding Child Interview Protocol, Signs of Safety and content of the Resource Family Introductory Training curriculum.

Due to Maine's budgetary constraints, the cooperative agreement between the State of Maine Office of Child and Family Services and the University of Southern Maine, Muskie School of Public Services will not be renewed. Planning is underway to develop internal capacity to provide pre-service caseworker, resource family, and core trainings using various training delivery methods including onsite, regional and online modules. OCFS has access to the training curriculum used by Muskie and anticipates using this material going forward. In the restructuring of OCFS, four training positions were created to address this need. Utilizing this approach will allow for the opportunity for new hires and resource family applicants to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This will be of great benefit to districts and families

All staff has the opportunity to participate in ongoing training in order to remain current with research and practice and continue their professional development. New caseworkers continue to develop through mandatory Core training topics that are offered on an alternating schedule over a two-year period. Topics include, but are not limited to, *Medical Indicators of Child Abuse and Neglect, Domestic Violence and Batterer Intervention and Dynamics of Substance Abuse*.

In addition to the ongoing training opportunities new supervisors are required to participate in 4-day training for *Managing in State Government*.

Juvenile Justice Transfers:

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System if they become involved with the criminal justice system, but rather remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or guardian. The Department has increased collaborative work with the Department of Corrections, the Office of Adult Mental Health and Child Welfare to ensure more collaborative and comprehensive plans are developed for youth who have experienced maltreatment and now, due to trauma and mental health complications, are transitioning to the adult system of care. A Memorandum of Understanding (MOU) has been developed to facilitate this transfer to the adult system ensuring the rights of these victims of child maltreatment will receive the required services in the adult system to ensure well being and safety.

The State continues to utilize CAPTA funding to address the 14 program areas as identified in the act:

1. The intake, assessment, screening and investigation of reports of child abuse or neglect has been enhanced through targeted training of child protective intake and assessment staff in a research grounded, Fact Finding Interview Protocol, that was developed in collaboration with one of the nation's leading researchers in forensic interviewing. Intake and assessment is further strengthened using the *Signs of Safety* framework. This work involves screeners sharpening their questions for referents calling to report child maltreatment. Screeners have been coached to ask behaviorally specific questions to get clear information that is synthesized into a "Reported Harm Statement". In addition, screeners have been coached in using solution-focused questions to gather information about what's working well for the family. These include "exception questions" to better understand what is happening with the family in those times when they are not maltreating their children. Assessment caseworkers report that the intake narratives they

receive now when assigned an assessment are much more useful, because they begin the assessment not only with more clarity regarding the alleged maltreatment, but also helpful information about strengths that may lead to safety. Caseworkers report that their ability to engage with the family is greatly enhanced by already having identified strengths to discuss and engage with at the beginning of the assessment.

2. The state has worked very successfully in creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate and intrastate protocols to enhance investigations. In addition to the CJA Task Force multidisciplinary teams function in all areas of the state to enhance activities designed to promote safety for children and families. An example is a multidisciplinary workgroup that has just completed a two year long process of revising the rules that govern the appealing and responding to appeals of substantiated reports of child abuse or neglect. The revisions to the rules will expand appeal rights and provide individuals more opportunity to remove substantiations, if good cause can be given and evidence of change in behavior that indicates a safe approach to the care of children exists.

The state continues to collaborate with the Family Division of the Courts in the oversight of the provisions for the appointment of a guardian ad litem appointed to represent a child in judicial proceedings and in the development of training programs and curriculum. Steps are taken to ensure that training includes information on the developmental stages of children.

3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families is met through practices that require the Division of Child Welfare to respond to all appropriate child abuse and neglect reports within a 72 hour timeframe to ensure their safety. Conclusions regarding safety are factually supported and made with input from parents, children, and extended family and community stakeholders. Families are supported in increasing the safety of their children by making and implementing agreed upon plans that reflect the family's strengths, perspective and goals and are supported by evidenced-based services designed to meet the unique needs of the family. This is accomplished through the implementation of the *Signs of Safety* framework, using safety mapping in Family Team Meeting environments. This allows the family to bring a network of supports to the table and fosters a community approach to safety.

4. Enhancing the general child protective system by improving staff skill and implementing *Signs of Safety* has promoted a more informed system. Implementation has included strategic planning consults with the developer, Andrew Turnell, and child welfare senior management which has resulted in a clear focus for the *Signs of Safety* implementation plan. Andrew Turnell worked collaboratively with staff to design on-site training for supervisors and family team meeting facilitators that set platforms for developing strong questions that lead to clear harm and danger statements and clarity in safety goals. This approach increased staff ability in the questioning approach as well as identified strategies for spreading the learning. Senior management is clear that the role and relationship of the supervisor is critical to implementation of a model that is carried out with fidelity. Supervisors are provided coaching opportunities in the work they do with staff.

5. The state is proactive in ongoing development and updating of the Maine Automated Child Welfare Information System (MACWIS), a comprehensive system of technology that supports

the child welfare program and tracks reports of child abuse and neglect from intake through final disposition that allows full flow of information exchange across the state child welfare system. The State of Maine has a fully compliant SACWIS system meeting the requirements set forth by the Administration of Children and Families. The Maine SACWIS system (MACWIS) is the single repository for all allegations of abuse and neglect, assessment information, final disposition, court information, case management, ICPC information and financial information as well as the forms, reports, plans and narratives associated with the child welfare activities. The MACWIS system is continually upgraded to meet changing federal requirements and business needs.

The state has received a grant to pursue more comprehensive data collection, data sharing and information flow in the areas of health care that is specifically targeting the needs of children who enter foster care. This is identified as the QUALITY DEMONSTRATION GRANT: IMPROVING HEALTH OUTCOMES FOR CHILDREN (IHOC) IN MAINE AND VERMONT (CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)).

6. The State has had a Cooperative Agreement with the University of Southern Maine, Muskie School for over 15 years that has supported developing, strengthening and facilitating training for staff and stakeholders. The goal of Caseworker Pre-Service Training has been 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 orient them to the work they will be undertaking. The training has provided a 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. The Caseworker Pre-Service Training incorporates a five-week in-class curriculum, three on-line learning modules, and a three-week field practice experience. The web-based portion of the training supplements classroom 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.

A continuum of training and learning includes preparation work with supervisors and new staff, ongoing coaching and support and routine communication with supervisors. On-line check-ins occur with trainees during field practice weeks and weekly reflections are shared with supervisors. A knowledge test, skills assessments and field practice assessment are administered at the conclusion of training. The Pre-Service curriculum is regularly revised and updated in conjunction with changes in policy and practice and over the past year underwent revision to ensure integration of the Fact-Finding Child Interview Protocol and the *Signs of Safety* framework. Training in early childhood, child and adolescent development is a core component of Pre-Service training. The training programming will be transitioning from the University to a State in-house system over FFY 2012-2013.

Trainings regarding research-based strategies are promoted throughout the state to ensure effective parent engagement, safety of children and support to ensure effective practice related to the legal duties of staff and other stakeholders.

The state provides a cross agency personal safety training curriculum that is made available to case workers.

7. Efforts to improve the skills, qualifications and availability of individuals providing services to children and families and the supervisors of such individuals, through the child protection system, are addressed through continuing education programming that responds to the intermediate and advanced training needs of new and experienced casework staff, contracted child welfare agency staff and resource families. Specialized training programs are delivered to contracted child welfare agency staff - Alternative Response Program (ARP) staff and Family Reunification Program (FRP) staff - to increase knowledge and skills as well as to ensure that these services reflect current OCFS policy and practice expectations. For resource families, training focuses on skill and competency development, increased understanding of child welfare-related systems, and child development needs.

Training offerings enable all staff to stay current with research evidence and practice, as they continue their professional development. Training programs are offered in mixed modalities, to address key topics identified through the Child and Family Services Plan and CFSR/Program Improvement Plan. The promotion of post-baccalaureate education for casework staff increases professional knowledge and credentials and promotes the social work profession in child welfare. This training is indicative of a system that is focused on ongoing improvements in the recruitment and retention of caseworkers.

8. The state has developed an on-line training protocol for individuals mandated to report child abuse and neglect in collaboration with the CBCAP grantee, the Maine Children's Trust. This process has increased the efforts of the Centralized Intake Staff in developing systems of increased community outreach. Child Protective Intake staff sit on community boards and have helped design reporting formats for improved, streamlined and more accurate reporting. This has been especially effective in improving the process for the reporting of drug affected infants.

9. The State takes a strong role in developing, implementing and operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions. This has been highlighted by the efforts led by the state agency to address the increase in drug affected infants in Maine. Coordinated approaches are utilized to maximize existing social and health services, not only drawing upon their expertise, but bringing additional information to the state to build a stronger response to this concern. Strong collaborations have been maximized through the efforts of the Child Death and Serious Injury Review Panel that helps the state agency in identifying trends and provides recommendations for intervention and resolution.

The numbers of adoptive placement of infants who have been relinquished for adoption, but who have special conditions, are extremely small, but in those limited situations, the State has worked closely with private licensed adoption agencies, the Probate Court and the local bar to identify services necessary to facilitate a well-supported adoption that addresses the ongoing needs of child and family.

The State currently uses a system of differential response in preventing child abuse and neglect through the Alternative Response Program, which is delivered through private agencies with each district having access to these programs.

10. The State has utilized the Children's Justice Task Force and the Child Death and Serious Injury Review Panel to effectively lead efforts in developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including an approach that reflects the principles of differential response. A collaborative focus has been on the multiple negative influences involved in the abuse and neglect of children, specifically, substance abuse, domestic violence and parental depression, which impact on protective factors and affect parenting, child development and the on-going risk of maltreatment. The Task Force recognizes the need for professionals to be provided with opportunities for education in the co-occurrence of multiple risk factors and identify evidence based practices for assessment, intervention and coordination in families with multiple risk factors. The Task Force has brought forward the information on Adverse Childhood Experiences (ACEs) over several years and in multiple venues to further educate the community on factors that impact child abuse and neglect. The Panel is well versed in promoting a trauma-informed system of care.

11. The state has expanded and enhanced the Community Partnerships for Protecting Children (CPPC) program that has had a significant role in building the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level. The CPPC is a powerful coalition of parents, neighbors, social service organizations, municipal leaders, interfaith communities, schools, law enforcement and businesses working together to keep children safe and families thriving. Fiscal year 2011 showed incredible growth in the power and reach of CPPC through greater parent and neighbor involvement and increased and stronger partnerships that provided more opportunities to meet the needs of residents in CPPC neighborhoods. Attached is a report outlining CPPC's fiscal year 2011 program highlights. The report demonstrates how activities at the neighborhood level have a significant impact in supporting children in the entire community. Agency caseworkers are housed in the neighborhood centers that can promote direct intervention on the ground level with families.

12. The State supports interagency collaboration between the child protection system and the juvenile justice system with a goal of improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems. The State provided, in collaboration with the Court Improvement Project, training to the judiciary and parent's attorneys in June of 2011 on the Fact Finding Interview Protocol to ensure understanding in all jurisdictions of the components of the Protocol. Coordination and discussion are ongoing with the adult mental health system to ensure adequate transition between the adult correctional system, adult mental health and children's services. The State is dedicating a number of resources to ensure adult and children's services are promoting a smooth transition for youth.

13. The state is promoting greater integration of systems by a comprehensive, structural reorganization intended to support and enhance interagency collaboration among public health agencies, agencies in the child protective service system and agencies carrying out private community-based programs. The work of the CPPC reflects these goals as well.

The state child welfare system has worked well with the education systems to provide child abuse and neglect prevention and treatment services. This collaborative approach has supported the state's efforts to maintain educational stability for youth in foster care.

The State has a strong network of public and private agencies that address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports. The Pediatric Rapid Evaluation Program (PREP) is available in almost all areas of the state. PREP is designed to provide an initial medical and psychosocial evaluation of children who have been taken into foster care as a result of abuse and/or neglect. The program provides a rapid assessment to facilitate a comprehensive view of the needs of the child to assist in planning appropriate management, treatment and placement as necessary. The program also assists in finding and/or acting as a medical home for these children.

In keeping with the Child Welfare League of America (CWLA) Standards for Health Care Services for Children in Out-of-Home Care, the program has three main components:

1. Collection of vital information, including birth, medical, and mental health care, immunization and school records in order to assemble a complete record of the child's care and needs. This report is then given to DHHS and is forwarded by them to the child's primary care provider and other providers as needed.
 2. The program medical provider carefully reviews each child's medical records, performs a thorough physical examination, summarizes the medical history and makes recommendations for ongoing care. If the child remains in care, a follow-up evaluation is provided in 8 to 12 months.
 3. Mental health professionals, including psychologists and social workers, assess the child's developmental progress, stress/trauma experience, psychosocial functioning and coping strategies and make recommendations regarding placement needs, evidenced based mental health approaches and further assessment needs.
14. The state has a strong history of collaboration among child protective services, domestic violence services, sexual assault, animal welfare, law enforcement and other agencies that respond to and treat child abuse and neglect and other forms of violence in the home. Investigations, assessments, interventions and the delivery of services and treatment provided to children and families are often coordinated to prevent further harm to the victim. The State has received a federal grant and internally supports the placement of domestic violence experts/advocates in the child welfare offices to better support the provision of services that assist children exposed to domestic violence and support the care giving role of the non-abusing parents. The CJA Task Force has provided training in the past that was designed to increase child welfare and law enforcement working partnerships. The CPPC neighborhoods have caseworkers and community policing housed together in the neighborhood and responding together to family crisis concerns. The Maine Citizen Review Panel is in its fourth 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 State works collaboratively within its divisions of Child Welfare Services, Children's Behavioral Health Services, 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.

State of Maine CAPTA/SLO coordinator:

Virginia S. Marriner, Director Child Welfare Policy and Practice
OCFS/DHHS

2 Anthony Avenue, SHS #11

Augusta, Maine 04333

virginia.s.marriner@maine.gov