

# MAINE STATE LEGISLATURE

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# **ANNUAL PROGRESS and SERVICE REPORT JUNE 2013**

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

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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 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 & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. It is anticipated that this structure will maximize Maine's limited financial resources while ensuring that all families will have access to services equally regardless of which system they first encounter.

Policy and Prevention Team: The Associate Director of the Policy & Prevention Team oversees four team leaders including: Eligibility, Child Care Services, Policy & Training and Statewide Child Protective Intake. This team manages all of the policy work and training needs for OCFS.

Community Partnerships Team: The Associate Director of the Community Partnerships Team oversees four Team Leaders: Resource Coordinator, Community Services, Behavioral Health Services and Recruitment and Retention Specialist. The team manages all of the contracted services for OCFS.

Intervention and Coordination of Care Team: The Associate Director of Intervention and Coordination of Care oversees the Behavioral Health Program Administrator as well as the eight Program Administrators who oversee the child welfare components of OCFS. The team manages all of the direct care work with children and families that require OCFS intervention.

Accountability and Information Services Team: The Associate Director of Accountability and Information Services oversees three team leaders: Federal Plan/PQI, Title IV-E/Adoption and Information Services. This team manages all the data and quality review needs for OCFS.

The organizational unit responsible for programmatic implementation of the CFSP is the Intervention and Coordination of Care team. The organizational unit responsible for the administrative support of the CFSP implementation is the Community Partnerships team. The organizational unit responsible for the development and submission of the CFSP and Annual Progress and Services Reports (APSR) is the Accountability & 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 and Maine Children's Trust.

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 Child and Family Services Reviews 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 has historically met quarterly to oversee implementation of the Maine CFSP and the Maine PIP.

Maine OCFS also has a strong collaboration with the Chief Child Protective Assistant Attorney General which includes monthly meetings between the AAG's office and the Director of OCFS, consultation with the AAG's office in policy development, and AAG participation in training new workers on the Maine District Court legal system and meetings between the AAG's office and Program Administrators overseeing the child welfare district offices. This collaboration allows for timely discussions and decision making related to decisions concerns child welfare practice and was recently demonstrated and commented on by ACF in Maine's May 2013 IV-E Audit.

## **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. The City of Portland child welfare also responded to the needs of the Portland neighborhood and hired a prevention worker who 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.

The greater Portland partnership continues to grow and refine the collaboration and engagement of partners and residents. There are now 42 members signed on to the partnership and an increase in the involvement of residents in South Portland. This group makes up the majority of the planning committee and is taking an active part in the prevention activities that are taking place in their community.

A new site in the Riverton area of Portland has been established and that is going well with strong support from the school and the greater community. Riverton School renovated an office to establish a HUB for a community builder and meeting space for the community.

A stakeholder meeting was held in March 2013 and was facilitated by a neutral facilitator. The meeting was structured to answer the following questions: what is working well? what are partners worried about? and what needs to happen going forward? A total of 90 partners representing all areas of the membership attended over a two day period to participate in planning for the future of CPPC in greater Portland. The numbers who participated attest to the commitment of the community to this work. With the information gathered a committee has been formed to take that information, make the necessary changes and to develop a plan for moving forward.

In 2011 Biddeford and Bangor also decided to move forward and establish CPPC in strategic neighborhoods.

Bangor has a full-time coordinator, parent partners, an active neighborhood committee, two child welfare caseworkers out-stationed to the community and fourteen agencies that have signed onto the partnership. Bangor now has 27 members who have signed on as partners. They have two parent partners who are serving the Bangor community, a prevention worker and geographically assigned assessment and case carrying workers. Bangor has expanded their focus to include the neighborhood of New Cape Hart. They have a strong resident group in the first targeted neighborhood that is leading the prevention activities that are happening in their community. They recently organized a neighborhood clean-up day that was very successful.

Biddeford has two child welfare assessment workers assigned to the identified neighborhood and a 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. Biddeford has an established Canopy Park Resource Center (HUB) in the center of the neighborhood that Biddeford Housing Authority recently renovated and designated the first floor space for community use. There is a DHHS prevention worker, community builder, and assessment worker stationed at the HUB. There are many activities that are occurring at this location including but not limited to weekly psychiatric services, committee meetings, support groups for mothers and fathers and activities for children. Biddeford has 14 members signed on to the partnership and many more that participate in the planning meetings. There has been such a strong interest in this initiative that the space could not accommodate the number of participants. They decided to divide up into smaller groups focusing on the issues that local residence are worried about; Housing, Youth, Safety and Children and Families.

In terms of families served, the Bangor site served 93 families between October and December 2011. The Greater 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. The greater Portland 3<sup>rd</sup> quarter numbers for FFY 2012 are 122/147 children/adults served unduplicated numbers. Biddeford 3<sup>rd</sup> quarter numbers are 13/11 children/adults served unduplicated numbers.

The Community Collaborative for Children Youth and Families-Tri County covering District 3 has convened a Planning Committee that is working to bring CPPC to the Lewiston/Auburn area. They are gathering data at this point to identify a targeted neighborhood and then will engage the residents to assess for readiness to start CPPC there. There is strong support for this initiative from public and private agencies, and faith based organizations.

The Evaluation data continues to show a drop in child removals from the Greater Portland area in CPPC targeted neighborhoods even though new neighborhoods have been added to the data over the years 2008 to 2012 from a high of 97 child removals in two neighborhoods to 44 child removals in seven neighborhoods in 2012.

Given the success of the program the OCFS is committed to spreading CPPC throughout the State.

#### 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.

In the greater Portland area three parent partners moved on to the careers of their choice in 2012 which is a loss for the program but a great success for them. Due to budget constraints only one full time Parent Partner and a half time Outreach Parent Partner (prevention) will be hired. Job postings have gone out for these positions.

#### Current Innovations in Maine Child Welfare Services

Family Stabilization Program (FSP): The Family Stabilization Program is a preventative service designed to provide assistance to parents of children who are at risk for experiencing abuse or neglect. There is evidence to suggest that adults who as children were impacted by adverse childhood experiences (ACE) are at higher risk for developing social, emotional, and cognitive impairment, as well as at risk for a higher incidence of disease and illness. As a preventative measure to counteract this serious health and safety risk, the Family Stabilization Program will employ early intervention strategies to identify families in Maine who are either currently involved with or at risk of becoming involved with the child welfare system, due to abuse or neglect concerns. The program will partner with families through frequent, meaningful contact in developing individualized plans to meet a participating family's identified need for assistance in the form of parenting education, support, and guidance. The services provided will range from a low level of intervention, such as providing families with quality parenting education, to a higher level of support which may; for example, involve assistance with connection to qualified service providers to address a family member's mental health or substance abuse issues. Recognition of current issues negatively impacting Maine families and purposeful response to those issues through provision of relevant and high-quality services are key components for this program in fulfilling its goal to provide a safety net for our most vulnerable families while ensuring Maine's children are afforded with opportunities to develop and grow in healthy families.

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 and sustaining a natural support system through extended family and community.

OCFS has continued utilizing the statewide FRP. Of the 183 children served by this program for FY 2012, 90 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. As a result of Maine's budgetary challenges the state funding for the FRP was cut by \$75,0000 however strategies were implemented to support a continuing of this service although more limited in terms of capacity to accept as many referrals as in the past.

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 the expectation that Facilitated Family Team Meetings (FFTMs) will occur in all cases prior to removal, with the exception of when there is an after-hours emergency situation. In those cases, an FFTM must occur within three days of removal. In addition, FFTMs are convened in cases where a placement change is being recommended but is against the wishes of the current caregiver. Initially each district identified two staff lines (primary and backup) with their roles in the office being solely the facilitators of these FTMs, however due to the significant challenges Maine has faced with staff vacancies and recruitment most districts have discontinued the practice of having two staff lines and, in some instances, districts have had to utilize the FFTM staff to carry cases due to operational need.

Between February 1, 2012 and March 29, 2013 a total of 736 Facilitated Family Team Meetings were held.

Community Partnership for Protecting Children: Please refer back to Page 2 for description.

Practice Model Implementation (PMI): OCFS is beginning year four 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 has been the ongoing access to Dr. Andrew Turnell and/or Connected Families, Dr. Turnell's designee to work with Maine. Historically web-based consultations were utilized which included opportunities for active cases to be presented and 'mapped' during the consult, providing a real learning opportunity for staff. Moving forward the decision has been made to maintain the contract with Connected Families which includes on-site, hands on training for staff which is the desire of staff as a better mode of learning. Connected Families provided on-site consultation to district offices in September 2012 as well as a centralized training for supervisors, middle management, quality assurance and facilitators for pre-removal FTMS in March and April 2013.

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.

Casey Family Program conducted a second training in March 2013 to all members of individual district Permanency Review Teams to ensure that districts are utilizing a consistent approach in these meetings. The four key purposes of the PRT include:

1. To develop a permanent plan for each child/youth that can be realistically implemented over the next six months.
2. To expand thinking about possible permanency options for children and youth and develop a plan for the next steps starting with engaging youth in their own permanency planning process.
3. To stimulate thinking about the pathways to permanency for youth.
4. To identify and address barriers to permanency through professional development, policy change, resource development and the engagement of system partners.

The expectation is that the PRT meetings will occur quarterly for each identified child/youth.

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. The Policy & Training Team will be working with the Strong Father's program to develop training for staff in this area.

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 be the lead agency and to partner with DHHS and other community agencies: Tri-County Mental Health Services (TCMHS), New Beginnings, Common Ties Mental Health Services and Health Affiliates of Maine. As a sign of the positive community support and positive outcomes, additional trainings are being scheduled to meet the demand for Transition to Independence (TIP) training. Maine has the first nationally certified TIP trainer which enables us to train case facilitators on an on-going basis.

In 2012, 30 additional youth entered TIP services with one of our partner agencies. This resulted in an increase to the total number of participants.

*Moving Forward* had hoped to hire three additional Peer Support Specialists in 2012; however, there is now a contract in place to have them hired in the beginning of 2013.

With a formal evaluation process, a database was created to allow access to information on the initiative; to track data; to identify overall strengths and challenges; and to track progress of youth enrolled in TIP toward meeting their goals.

During its third year, the collaborative Policy Workgroup drafted a comprehensive policy for Maine State agencies working with transition aged youth. The DHHS supports this policy, and hopes that in the upcoming year, this policy will also be supported by Department of Labor, Department of Correction, and Department of Education.

*Moving Forward* strives to include youth voice in all levels of Moving Forward, and to increase community involvement. We will continue to seek ways to include a variety of stakeholders in our processes and to ensure that our work reflects the voice of youth and young adults, consumers, families and providers.

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 signing of The Mandate which establishes the TRC and outlines the parameters of its work. The five Commissioners have been selected and were seated in February 2013 and have begun their initial work. This work will include spending time in each tribal community to hear the testimony from those impacted by decisions made by state child welfare. 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 2012-2013 of the Five-Year CFSP**

ACF approved Maine's Program Improvement Plan (PIP) 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 2013**

- ✓ 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. The Intervention & Coordination of Care Associate Director tracks 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.
- ✓ In general OCFS had maintained meeting timeliness expectations since the 3<sup>rd</sup> quarter PIP report. However the data does now suggest a drop in meeting the timeliness. From March 2012-March 2013, timeliness was met on average, 82 % of the time. Several factors have led to this a drop and include the following:
  - A significant increase in the number of appropriate reports made to OCFS (Oct. 2010-Sept.2011=9040 reports compared to Oct. 2011-Sept. 2012=9372 reports).
  - Ongoing challenges related to staff vacancies and the difficulty recruiting appropriate employees.
  - An increase in children entering foster care which has diverted resources and staff 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*

#### Progress through June 2013

- ✓ 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. During the OCFS restructure there was a delay in finalizing the FTM/FFTM Policy however this work has progressed and is to be finalized by June 2013.
- ✓ FFTM's have been conducted in 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 February 28, 2012 and March 29, 2013 a total of 736 FFTMs were held across the state. A recent PQI review that was conducted looking at new children entering foster care and whether a FFTM was held indicates

some drift in consistent use of the FFTM process. This study has been shared with OCFS senior and middle management and strategies developed to assure the process is utilized.

- ✓ The PQI Unit conducted reviews of 20% of FTMS conducted in June 2012 to assess the quality of those meetings. A FTM Review Report was submitted in the Quarter 8 (October 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. ROM data indicates that from between July 2012-February 2013, recurrence of maltreatment was prevented 93% of the time. This is below the national standard (94.6%) as well as a slight drop from the Quarter 2 PIP update (93.8%).
- ✓ Development of the Family Stabilization Program- please refer to page 4 for update.
- ✓ Continued plans for expansion of the Community Partnerships for Protecting Children. Please refer to page 2 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 2013

- ✓ The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services will not be renewed for SFY 2013. The OCFS has developed internal capacity by creating a Policy and Training Team that consists of seven Policy and Training Specialists and one Policy and Training Team Leader. This team was fully staffed by November 2012 and work has been underway to review policies, develop workgroups targeting policies needing revision, drafting and finalizing key 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 has been convened to begin this work.

- ✓ 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.
- ✓ There is an expectation of regular case reviews of recorded interviews by supervisors, with a focus on those staff who present as having more challenges with their practice. Supervisors are to 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, medication review and Permanency Review Team Meetings.

**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 ICWA Policy.*

**Progress through June 2013**

- ✓ 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.
- ✓ DHHS caseworkers receive ICWA training in pre-service. This training is conducted by a Native member of the TRC Convening Group, a representative from a tribal child welfare agency and the OCFS ICWA liaison. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; the TRC process which also explains the history what happened to Native Americans in this country and why ICWA was necessary; the case process and flow chart for ICWA cases; and the Indian Child Welfare Policy.
- ✓ Continued plans for expansion of the Community Partnerships for Protecting Children. Please refer to page 2 for update.

**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 2013

- ✓ The OCFS restructure that was fully implemented in the fall of 2012 created 7 Policy/Training Specialists. This team is responsible for coordinating policy development and subsequent training of those policies.
- ✓ 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.
- ✓ 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, as well as incorporated the federal educational law changes.
- ✓ Continued utilization of the statewide Family Reunification Program. Of the 183 children served by this program for FY 2012, 90 were successfully reunified with their families.

#### *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 2013

- ✓ In FY 2012, 40% 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. In the spring of 2013 a follow up training was provided to all district Permanency Review Teams with the expectation that PRT's will be routinely and consistently conducted across the state.

- ✓ 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 being 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. Moving forward, the Director of AFFM, the contract holder of the Resource Family Support Service is invested in incorporating a community conversation component through the agency's work with resource and kin providers, OCFS staff and local communities.
- ✓ As a result of the closing of the Maine Casey Family Services office, Maine discontinued its formal Extreme Recruitment process as that agency provided primary support for the 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 2013**

- ✓ The Policy and Training team was fully implemented, with staff hired, in November 2012. This is the group that is responsible for coordinating policy work along with the training components. The OCFS restructure created 7 positions within this team along with the Team Leader. The team is currently engaged in a review process of OCFS policy, and developing/streamlining policies. Additionally the curriculum of trainings is being reviewed to assure current policies are supported by the training curriculum.
- ✓ One of the remaining PIP data goals is timely establishment of appropriate permanency goals. Maine has steadily improved in this measure, the 2009 CFSR finding in this area was 67.5%, the latest PIP rolling data submission reflected this measure as being 87% with the final goal being 89%.
- ✓ Utilization of the Family Reunification Program as been maintained. Of the 183 children served by the program for FY 2012, 90 were successfully reunified with their families.
- ✓ Quarterly supervisory reviews- please see ST #5, page 12.

*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 2013**

- ✓ Providers trained in the Child Steps treatment modality remain an option for meeting children's needs although the research end of the program has concluded.
- ✓ 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 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 has been addressed by a multi-system workgroup that 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.
- ✓ The OCFS restructure integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care Team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare district staff as there are 9 MHCP's and 3 Clinical Social Workers that are housed across the state. The MHPCs provide consultation to community providers, families, child protective colleagues, Department of Correction, Department of Education etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, and attend team meetings on youth who may need temporary residential treatment. The hope is that in the team meetings those other services can be suggested and utilized versus having the youth have to leave their home to receive effective services. We are currently looking at this role and plan to add additional duties such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community based

treatment. MHPC's were trained on Permanency Reviews and have been attending those meetings in all the districts. As we continue to evolve with further integration it is anticipated that there will be more activities within the districts that can be shared by the MHPCs.

*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 2013

- ✓ The Me-CFSR is in its fourth round for each district. Maine's PIP baseline was established through this process, and Maine has submitted its fifth rolling quarter data to ACF based on these reviews. Maine has successfully met seven of the nine data measurement goals and believes it will successfully meet the remaining two by the fall of 2013. Overall, the data is showing incremental progress being made in most item-specific measures.
- ✓ In March 2013, PQI Specialists discontinued the practice of conducting district case reviews focused on items in the federal CFSR tool that has been more challenging in demonstrating improved outcomes. This decision was made in part due to the progress being made in the districts related to meeting the PIP measurements and also in preparation for the unit to undertake broader statewide projects as OCFS evolves its quality assurance to model the CQI process per the ACF guidelines. The unit has begun conducting reviews on a topic related projects, i.e. review of Facilitated Family Team Meetings, review of services cases to assess contacts with children and parents.

*CFSP Strategic Target 11: 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 2013

- The following documents were posted on the DHHS website **[http://www.maine.gov/dhhs/ocfs/prov\\_data\\_reports.shtml](http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml)** :
  - Maine Statewide Assessment for 2009 CFSR
  - Child & Family Services Review Executive Summary and Final Report
  - 2004-2009 Child & Family Services Plan Review
  - 2010-2014 Child & Family Services Plan
  - 2010 Annual Progress Service Report
  - Maine Program Improvement Plan 2010-2012
  - 2011 Title IV-B Annual Progress Service Report
  - 2012 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
- Quarter 6 Program Improvement Plan Update 0112-0312
- Quarter 7 Program Improvement Plan Update 0412-0612
- Quarter 8 Program Improvement Plan Update 0712-0912
- 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 OCFS is represented on the grant review panel. 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. The chart below reflects the number of reports DHHS received during calendar year 2012 as well as disposition of those reports:

<b>Final Decision</b>	<b>Total</b>
Inappropriate	9315
Child Protection Assessment	8210
Assign to Contract Agency	863
Link To Case for Assessment	169
Service Request Assigned	172
Open Case Not New Incident	8
Prenatal - Referred to Home Visitors	2
Referred to Tribes	10
DAB - Completed Assessment	45
DAB - Refer to PHN	220
DAB - Referred to Home Visitors	31
Refer to Licensing	309
IAU Assessment	205
IAU Screen Out	126
<b>Total</b>	<b>19685</b>

OCFS identified initial target goals for improving both the 72-hour and 35-day timeframes within an assessment. During the last year, March 2012-March 2013 the data indicates that there has been a downward trend in the following outcomes:

- The 72-hour timeframe for assessing safety of children was met, on average, 82% of the time down from last year's report out of 85.5%;
- 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 79% down from last year's 85.6% ; and
- The number of children in foster care increased from 1530 (March 2012) to 1885 (March 2013).

One plan to address the drop in the timeliness of assessing safety of children is to facilitate Quality Circles, bringing key OCFS staff from various regions together to have a discussion on the topics, identifying what is working for some districts who aren't challenged in this area and what are the barriers for those that are struggling. The information and recommendations gathered from these groups will be used to develop strategies that will support this work statewide.

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-house consulting staff and statewide coalitions that caseworker participate on. During this year DHHS was able to provide additional funding to the Maine Coalition to End Domestic Violence (MCEDV) with a commitment by MCDEV to provide semi-annual reports to the Department. This work includes:

- Training by DV-CPS Advocates defined as “providing information on domestic violence, dating violence and stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system”.
- Education provided by DV-CPS Advocates defined as “providing general information that will increase public awareness of domestic violence, dating violence, and stalking”.
- Products- All DV-CPS Advocates support the current process by assisting in the revision of the OCFS DV Policy, as well as, participating in drafting the FTM/FFTM Policy with attention to DV.
- Victims Served- In calendar year 2012, 792 victims were served by DV Advocates.
- Consultations- The total number of consults (with caseworkers, clients, DV Advocates, participation in FTM/FFTM’s and with others) for 2012 was 2978.

Several Maine counties also have access to the Community Partnership for Protecting Children (CPPC).

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 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 an effort to improve placement options and child well-being and permanency options, in 2012 the OCFS conducted a series of workshops for various stakeholder groups, including OCFS staff, foster and adoptive resource parents, current and former youth in care, and therapeutic agency staff. During these workgroup meetings, participants identified what is working well in the current foster care delivery system; what is not working well; and what will improve the current system. Following this review, OCFS identified a need to increase recruitment efforts of

qualified resource families who can meet needs of children in care, especially those of older youth with a history of multiple placement disruptions due to challenging behaviors. Further identified is a need to provide resource families with a Department-approved parenting program to increase caregiver skills in managing challenging behavior. Resource families identified a need for greater supports in the form of peer groups as well as a need for in-home supports when necessary to maintain placements.

In 2013 OCFS will review the recommendations of the stakeholder groups and will re-design a system of foster care which will better meet needs of children in foster care in our state. It is likely in the year ahead that Requests for Proposals (RFP) will be issued seeking providers of service components identified during the foster care review and redesign process. OCFS is optimistic that a redesigned system of foster care will be one in which children and youth are better served and one in which resource parent recruitment and retention rates will increase as a result of increased satisfaction due to high quality services offered to them by the Department.

OCFS promotes visitation in the least restrictive setting which meets safety needs of the child. Continued efforts are directed towards encouraging visitation in a child's resource home or other natural setting when circumstances allow. OCFS seeks opportunities to increase interaction between birth parents and resource parents to increase the level of collaboration in working toward permanency goals of the child.

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. 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.

OCFS staff collaborated with providers of contracted supportive visitation services for the purpose of finalizing performance-based measurements for the visitation contract. As a result of this effort, contracted agencies now report data relating to indicators of child safety during the visit.

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.

In FY 2012, 40% of children entering custody had their first placements in relative homes.

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. 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 2009, Maine was awarded an ACYF/Children’s Bureau Fostering Connections to Success and Adoptions Act three- year grant. The Maine Kinship Connections grant ended 9/30/2012. Services delivered through this grant were focused upon the goal of improving health, safety, and well-being for children involved with the child welfare system as well as those at risk of becoming involved with the child welfare system, especially those children who were living with kin. Three agencies delivered targeted services:

- Maine Kids-Kin, under the umbrella of Families and Children Together (FACT) delivered enhanced navigator services to kin families guiding families through the complex systems to assist them in identifying services and processes specific to meeting their individualized need.
- Casey Family Service supported families involved in Navigator services with facilitated family team meetings, when indicated, as well as provided family finding activities in line with Extreme Recruitment activities to children referred by the Department.
- Adoptive and Foster Families of Maine (AFFM) provided specialized training and consultation to kin families on issues relating to kin care.

Referrals to Maine Kinship Connections were received from DHHS staff on behalf of kin families involved with the Department as well as received directly from kin families. An extension of the contract until 12/31/2012 was granted to allow an evaluation of the program to be completed. During the extension period, an intern from the University of Maine worked with AFFM to develop a replication manual to show how the Maine Kinship Connections project



came into being and what the benefits and challenges were in working a grant with such a large consortium.

In addition to services to kin provided through the grant, the Department provided services to kin through two separate contracts. The contract with FACT funded family support services through a program titled Maine Kids-Kin. Goals of this contract focused upon assisting kinship care families by reducing their sense of isolation; increasing their understanding of and access to resources; and learning how to best care for their kin children. Strategies included providing a toll free information, referral, and support line; facilitating support and information groups; providing family and children's activities; providing information via a website and printed information, providing mental health information; providing training opportunities; and providing a library of resource information to kinship families.

A separate contract with AFFM included kin families in those served with Resource Support Parent Liaison Program services. The array of services provided by AFFM included training on the importance of maintaining kinship connections; access to a toll free number; access to library materials; a web site and List Serve to inform resource families of information and resources to support them in their caregiver role; and assistance to individual caregivers including accompanying them to Family Team Meetings and other meetings in which the caregiver expressed a desire for extra support.

Due to duplication in the services offered through these two separate contracts and the resulting confusion on the part of Department staff and consumers of services, the Department determined to streamline services to resource families by combining essential components of each previous contract into one which would serve families along a continuum of services, as needed. An RFP resulted in an award to AFFM to provide what is now termed Resource Family Support Services (RFSS). In the current contract, effective January 1, 2013 AFFM is responsible for the following:

- Providing services statewide to all resource families (foster, kinship, adoption and permanency guardianship) who are caring for children placed by the Department.
- Providing statewide support to kinship- care providers who are caring for children not in state custody all of the services and supports available through this contract.
- The current contract specifies that families are provided with information and support to assist them in providing quality care to children placed in their home.
  - It requires AFFM to maintain a List Serve to ensure prompt method of communication with all resource families.
  - It also requires a website maintained and updated to disseminate information and a toll free phone number is staffed to receive calls from resource families.
  - AFFM is charged with developing resource family support groups and peer mentors on a statewide basis.
- AFFM is responsible for supporting kinship families in transitioning from their former role as relative to their newly-assumed role of primary caregiver to their relative child. AFFM will work with these families to support them in their unique role as a relative working toward the goal of facilitating positive interaction between the child, the birth parent and the relative caregiver.
- AFFM will provide training to resource families, including acting as a co-trainer in all Department-delivered kinship training sessions provided to new kin families.

Performance measurement expectations are in place to monitor contract compliance in carrying out these responsibilities.

Moving forward, AFFM is very invested in serving a broad range of caregivers, both those involved in a formal manner with the Department and those who may be informally involved through a family-arranged safety plan. The Department recognizes that we need to increase awareness that our new contract for Resource Family Support Services is targeted to support this broad range of caregivers, including families who have stepped forward to offer support to their relative children who are not in state custody. We will enhance our efforts to increase awareness by ensuring all of our staff are aware of this support. We will use our MACWIS opening page to ensure staff awareness. We will request our staff use every possible opportunity, including family team meetings and kinship assessment and placement home visits, to inform families of the services available to them under this contract. We will ensure families are provided with contact information for AFFM.

Maine recognizes there needs to be continued improvements made in terms of timely reunifications. The May 2013, ACF Data Profile indicated that in FFY 2012, Maine achieved timely reunification for children in its care 61.2% of the time.

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.

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. In 2012, OCFS began utilizing limited placement slots in licensed homes which are affiliated with one of two agencies under contract to provide Multi-dimensional Treatment Foster Care (MTFC) services. Prior to 2012, slots in this program were reserved for youth involved with and referred by the Department of Corrections.

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 monthly basis. The tracking includes monitoring the number of moves out of residential placements each month 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. For FY 2012 the monthly average of children in residential care, as a percentage of the population, was 5.0%, the same percentage as the last reporting period.

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, and the establishment of intensive family reunification program services.

Another effort to reduce barriers to permanency for children in care and resource families is the Department's pursuit of LiveScan (electronic data processing) finger printing. The OCFS foster care and adoption program managers met on several occasions with the State Bureau of Investigations and several other state agency stakeholders to explore possible LiveScan vendor options.

In 2012, the State Bureau of Investigation contracted with a vendor for electronic fingerprinting services. The vendor agency is in the process of setting up fixed sites at designated locations across the state. In addition to the fixed sites, the vendor will provide mobile sites on a regularly scheduled basis in more remote or less populated areas of the state. Electronic fingerprint services will greatly reduce timeframes for receiving FBI criminal background check results as well as greatly reduce the need for repeat fingerprinting of applicants due to illegible fingerprints using the less reliable ink-based method of printing.

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 in many areas. Maine will need to develop strategies to sustain the growth and create opportunities to make continued improvements in outcomes of children. One strategy that should strengthen

Maine's adoption outcomes is for districts to create 'adoption unit's that will allow workers to specialize in this area which will likely strengthen the adoption program.

Measure	ACF Data Profile FY 2010ab	ACF Data Profile FY 2011	ACF Data Profile FY 2012
Family Reunification	61%	60.9%	61.2%
Adoption	34.1%	36.4%	32.6%
Exits to permanency prior to 18 <sup>th</sup> birthday for children in care 24+ months	29%	35.5%	38/2%
Exits to permanency for children with TPR	87%	90.8%	89.9%
Children Emancipated who were in foster care for 3+ years	67.4%	62.4%	54.3%

### **Adoption**

In FFY 2012 the Office of Child and Family Services legalized 232 adoptions.

For the second year 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 provided to 41 staff from across the state. The state would benefit from another round of this training in the coming year.

The NRCRRFAP 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. The newly trained trainers are responsible for training permanency/adoption caseworkers in their districts on how to write effective child write-ups. It would be beneficial to repeat this training in the upcoming year so more staff is available to train new caseworkers.

In 2012 Maine OCFS received approval from ACF to include 18 to 21 year olds in its title IV-E plan. Maine is now eligible to claim federal matching funds for otherwise eligible youth up to age 21.

Appointment of a Permanency Guardian is a dispositional alternative in child protection cases in Maine District Court. The number of Permanency Guardianships in FFY 2012 was 62. 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 tribe; 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.

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 provided a title IV-E Permanency Guardianship State Plan that meets 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 is still in place. 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, 2014.

The Incentive Award dollars continue to be allocated to support activities in the following areas:

- Faith-Based Resource Recruitment Project - (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.
- 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 events 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* provide 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 in need of Child Protective Services one being a family with *children under age 6*.

Maine has 848 children under the age of five years old in state custody. Of those, 72% are 0-3 years old, compared to last year's report of 950 children under age five with 47% of those being between 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 to be 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 added 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.

### **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 the Resource Family Support Services (RFSS) contract. This contract includes expectation of and accountability from the provider in supporting district delivery of fundamentals training to new applicant resource families, as well



as delivery of training opportunities to existing resource families. The RFSS 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 drafted. Once enacted, the revised 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 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.

In the past several years, trained OCFS staff has conducted fire inspections of relative homes using the same Life Safety code checklist as used by the Fire Marshal Office. A decision was made to transfer this responsibility back to the Fire Marshal Office and beginning in February 2013, all fire inspections are now the responsibility of the Department of Public Safety. OCFS has been assured by the Fire Marshal Office that fire and safety inspections of relative homes will be priority assignments for their staff, allowing us to continue our streamlined efforts to support our relative caregivers in becoming licensed resource families.

Recognizing the value of pre-service training while simultaneously recognizing the time constraints upon relatives who have assumed caregiver responsibilities for their relative children, OCFS provides a one day kinship-specific training. Feedback from kinship families has been very positive in regards to the benefits of participation in this training.

In 2012 responsibility for pre-service training of our applicant resource families transferred as a responsibility to OCFS staff. In prior years, this training was provided through the cooperative agreement with the Muskie School, University of Southern Maine. While this transition is in its early phase, initial feedback from district office staff has been positive. Among the positive feedback are comments that resource unit staff who are primarily responsible for delivery of the training are developing stronger connections with our applicant families. This allows them to have an increased understanding of what strengths and needs the resource families identifies during the training process and allows for better matching of children in those prospective placements.

As a result of their direct experience in training on the pre-service curriculum staff has identified several areas in which the curriculum needs to be improved. Resource unit district staff will collaborate with Central Office staff in the coming year to revise and improve the curriculum.

### **Resource Parent Training**

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS instead developed internal capacity to provide pre-service caseworker, resource family, and core trainings using various training delivery methods including onsite, regional and online modules.

In its current resource family training, OCFS is delivering a training curriculum developed by Muskie. OCFS has identified a need to revise and update the curriculum and in the coming year, resource unit supervisors and their staff will collaborate on this effort.

A training schedule has been developed and circulated amongst district resource units. Resource family applicants are able to participate in training sessions in a neighboring district, if the applicant misses a session in their home district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services (RFSS) contract added as a new responsibility the requirement that the contractor assist district staff in delivery of the pre-service training of

resource parent applicants. In a meeting between the contracted agency, Adoptive and Foster Families of Maine (AFFM) and resource unit supervisors, it was determined that this assistance would be carried out through AFFM taking over responsibility for training one specific module of the curriculum whenever it was offered in district training on a statewide basis. AFFM will also co-train with OCFS the kinship training sessions whenever these sessions are scheduled on a statewide basis.

The RFSS contract includes requirement of on-going training provided to licensed resource families. AFFM sponsors an annual training conference which brings together speakers on relevant topics, as well as workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

Efforts are also underway to provide caregivers with an evidence-based parenting program which will enhance caregiver skills in managing challenging behaviors. Discussions with developers of parenting programs are currently taking place and in the coming year, planning will continue regarding how best to implement the training. The eventual goal is to provide the parenting training to all applicant resource families as part of their pre-service training.

### **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 \$37,091 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 experienced 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 2012, the unit received 19,685 calls, 2,037 more calls than calendar year 2011.

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

In recognition of the challenges faced by frequent turnover, the OCFS restructure plan included a position dedicated to retention and recruitment of caseworker staff. In November 2012 The Recruitment & Retention Specialist position was filled.

Recruitment efforts have focused on reaching out directly to qualified students and professionals. In 2013 so far, OCFS has been present at 16 job fairs located in Maine and New Hampshire and have spoken directly with well over 600 qualified individuals. We are starting to see applications from those individuals. Additionally, classroom presentations to the departments of higher education in Social Work, Sociology, Psychology and Human Services educate students about Child Welfare work and the high need for qualified, motivated staff. A realistic Job Preview video has been made available to all applicants and those who are considering an application so that the job is well understood before the hiring decision is completed.

Once an applicant applies, they now receive additional information about the position, the Social Work Licensing Board and the interview process as well as the timeframe that can be expected.

The panel interview process is being looked at to decrease the amount of time from application to hiring decision and to simplify the process while still maintaining the integrity of it.

Staff retention efforts have focused on working with current staff to identify trends that impact retention. Large and small group meeting have been held to gather important staff perceptions about the work and their thoughts about retention. Entrance and exit surveys are now in use and give new and separating employees an opportunity to share thoughts about what impacted their decision to stay or leave the job. A Virtual Suggestion Box has been created so that employees

can provide comments related to staff retention at any time. Retention of staff is closely related to adequate training of staff so much attention is paid to the direct training of staff.

The use of interns is being increased. Interns support OCFS in two ways: interns assist current staff with certain daily tasks while completing their own learning process and once the internship is completed, we have a partially trained individual who understands the job and desires to be employed.

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**

Maine's recently revised 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 the 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 18<sup>th</sup> 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**

At this time the OCFS has not identified any Technical Assistance needs.

### **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 2012 was 26.

During 2012, the Maine Department of Health and Human Services did not record any disrupted foreign adoption involvement.

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

Historically, the OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. Specific 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. The work of this group has also expanded through the restructure to include quality assurance functions that are needed for the entire OCFS. In February and March 2013 the unit conducted a review of the Child Care Subsidy Program that is a requirement of the U.S. DHHS-ACF Child Care Office.

OCFS maintains its unit of staff dedicated to Performance and Quality Improvement (PQI), with a PQI Specialist housed in each of the eight Districts but supervised by a central office team leader. 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 will also continue to conduct an array of statewide special projects in order to provide senior management with qualitative data on areas of concern.

In response to the Information Memorandum (IM) distributed by ACF in August 2012 providing the likely model of the federal CFSR- Round 3, that being more of a focus on states CQI programs, focus groups were held in each district facilitated by the PQI Team Leader and Associate Director of Accountability and Information Services. Participants in these groups included a group of caseworkers and a separate group of supervisors. The purpose of these groups was to help assess how staff views the quality assurance program as currently operationalized, what is working with the program and what isn't working for staff. The focus groups confirmed the belief that, depending on what information is being provided to district staff from PQI, the information is used inconsistently with staff. It is recognized that in order for

CQI be effective and successful, all information provided needs to be reviewed and strategies developed to impact challenges that are highlighted in that information.

OCFS has conducted a preliminary assessment of how its PQI system currently meets the five key components of a sound QA/CQI system as laid out in the ACF IM. Overall Maine believes it has the basic structures in place but will need to strengthen some areas and implementation of processes.

1. Foundational Administrative Structure:

- a. Maine has dedicated staff housed in each district office and supervised centrally.
- b. PQI staffs are historically staffs who have worked within the child welfare program either as caseworker staff and/or supervisory staff who promote or demote to the PQI team. PQI staff is trained in the child welfare system, knows policy and can easily navigate the MACWIS system. The PQI team meets on a regular basis, at least quarterly, more if needed based on unit workload. Conference calls are also utilized to allow the team an opportunity for peer group contact to discuss or plan upcoming projects or challenges faced by the team.
- c. OCFS is in the process of creating job manuals for all positions, including PQI.
- d. Training, formally or informally based on the project need, is provided to PQI staff prior to conducting a specific project. This ensures that staff is familiar with the tool and/or process so that all staff use the tool consistently.
- e. An informal inter-rater reliability process is utilized on most projects and combines peer to peer consults, pairing in teams and/or consulting with the PQI Team Leader as an anchor point for any project/study.

2. Quality Data Collection:

- a. Maine is one of a few states with an ACF certified SACWIS program, certified in May 2009.
- b. Maine has dedicated staff housed in each district office and supervised centrally.
- c. Maine has utilized the ACF CFSR instrument as a review tool which provides clear instruction and guidelines on its use. The PQI unit has also consulted with the Boston ACF region to ensure that the integrity of the federal tool is followed. The assessment from ACF was that the Maine team consistently uses the tool with integrity.
- d. The 2012 OCFS restructure created the Accountability and Information Services Team which includes PQI, Title IV-E and the SACWIS/Information Services. This group is supervised by the Associate Director of Accountability & Information Services which allows for increased collaboration between the teams, sharing of data and support from each team to collect relevant data based on Office need. Between these systems Maine is able to collect quantitative and qualitative data to address key issues.
- e. Maine has the systems and resources in place to utilize and monitor AFCARS data, NCANDS data, CFSR, ACF data profile data and NYTD.

3. Case review data and process:

- a. PQI staff is routinely conducting case reviews which could be full blown case review using the ACF review instrument or focused reviews based on agency need for data.

- b. The current case review schedule that was established to meet the needs of the PIP allows for stratification of cases as well as including the largest metropolitan area in the state to be reflected in the rolling quarter data that is submitted to ACF. Each district office is reviewed annually using the federal format and include interviews with, at minimum caseworkers and/or supervisors and at times foster parents.
  - c. The process includes the PQI Team Leader as being the person responsible for providing QA on each of the tools which assures for inter-rater reliability as having one person always being the anchor.
- 4. Analysis and dissemination of quality data:
  - a. OCFS utilizes monthly management reports, Kids in Care reports, annual district CFSR's and has access to the Results Oriented Management System, all combined allows for ongoing tracking of outcomes.
  - b. OCFS has a data team of qualified staff to aggregate and analyzes data that can be broken down by district office.
  - c. OCFS has various Steering Committees that allow stakeholders to provide feedback to the OCFS.
  - d. OCFS maintains a website with current data related to outcomes.
- 5. Feedback to stakeholders and decision makers and adjustment of program and process:
  - a. The PIP Steering Committee has been a group of stakeholders who have been consultants for OCFS in terms of preparing for the CFSR; follow up on PIP progress and preparing for the CFSP. This has included regular meetings ranging from monthly to quarterly based on need.
  - b. District staff has access to reports provided by the data and PQI team although it does seem apparent that not all staff have the same level of access and this is likely based on district staff preferences. This is an area that needs to be strengthened.
  - c. OCFS is moving towards a stronger CQI approach and this will automatically involve the policy and training teams when outcomes are reported out that would indicated a need for policy review and/or strengthening of a training element.

PQI staff continues 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 March 2013, the unit discontinued conducting district specific case reviews that focused on the key CFSR items. This decision was made in consideration of the fact that Maine has made steady improvement with the PIP items and the reality that Maine needed to start shifting its focus towards building the unit's capacity to perform broader projects that could have more of an impact in respect to continuous quality improvement. Districts will still have the district specific information but the data will be rolled into statewide data with expectation that strategies will be consistently implemented statewide to ensure change in whatever topic/practice is evaluated. There will be a secondary review of the same practice at a later date by PQI to assess how the new strategies have affected the practice and improvements noted or not. That information will then be fed back to the district/state management teams for further modification of the strategies/practice if warranted to make improvement, utilizing the continuous quality improvement approach.



There will also be an approach implemented in the districts that are similar to the PQI Committees that the state had adopted several years ago. The purpose of the “Quality Circles” will be to pull together groups of staff to obtain their feedback related to whatever is the topic of the Quality Circle. While not fully developed, the vision is that these groups will be coordinated in such a way that the districts identified to meet to discuss a topic will be a true representation of Maine’s varying needs, i.e. diversity, population, culture etc. It is anticipated that participants may not be limited to OCFS staff but include stakeholder groups. Whatever decisions are made as a result of the discussions will be implemented statewide. Quality Circles are supported by both the Governor of Maine and the Commissioner of DHHS.

### **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, OCFS 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. 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.

### **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 as needed or requested. These meetings include the representatives from each tribe's child welfare agency and the DHHS/OCFS ICWA liaison and PQI Team Leader. These meetings have historically centered 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 July 2012, 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. 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.

As stated above, the ICWA workgroup meetings have historically focused on these issues and these issues are still address as needed. In addition tribal child welfare staff frequently contact the OCFS ICWA liaison to discuss specific case issues. The ICWA workgroup meetings have lately been combined with the truth and reconciliation convening group meetings.

In conjunction with the development of the *Indian Child Welfare Policy* an online training was developed for staff to ensure their understanding of the policy. This online training has taken longer to roll out than anticipated as OCFS now conducts its training internally rather than through the former cooperative agreement with the Muskie School. To roll out the online training OCFS has had to purchase the correct software and needs to complete the needed testing process before the training is available to staff.

The Department has an agreement with the Penobscot Indian Nation, which was signed in 1987, 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, which was signed in 2002 to assure that they have maximum participation in determining the disposition of cases involving the Band's children. This maximum participation has since been extended to all federally recognized tribes in Maine.

DHHS caseworkers receive ICWA training in pre-service. This training is conducted by a Native member of the TRC Convening Group, a representative from a tribal child welfare agency and the OCFS ICWA liaison. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; the TRC process which also explains the history what happened to Native Americans in this country and why ICWA was necessary; the case process and flow chart for ICWA cases; and the Indian Child Welfare Policy. 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.

If the tribe is unable to accompany the OCFS caseworker the caseworker is still expected to contact their tribal child welfare counterpart to make joint decisions regarding the case.

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 with a relationship with the child or family, that 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 either a tribally approved resource or a State licensed resource. We will accept a home study conducted by the tribe and will coordinate with them as the family moves through the State licensing or Tribal 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 is considered co-managers of the case with OCFS, and joint decision making is supposed to 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 Alternative Response Program, the Family Reunification Program 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 system and are therefore able to take custody of tribal children residing on reservation or tribal territory 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 enter care. The Aroostook Band of Micmacs and the Houlton Band of Maliseets do not have a tribal court system therefore; children from these tribes must enter state custody through the State of Maine District Court system.

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.

<b>Tribal Representation</b>	
<b>Tribal Affiliation</b>	<b>Contact Name</b>
Houlton Band of Maliseet	Tiffany Miles, ICWA Program Director

Aroostook Band of Micmac Indians	Tania Paul, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	Molly Newell, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Dolly Barnes, Social Services Director
Penobscot Nation	Debi Frances, Human Resources Assistant 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 was 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. It is anticipated that all counties will have access to PREP programs within the next 2 years*

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](http://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. The Associate Director of Intervention & Coordination of Care meets 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 2012, Maine saw children every month 97% of the time with 87% of those contacts occurring in the home.

OCFS is responding to the need to meet the federal goal of seeing children every month by developing the following strategies:

- Each district supervisor with case carrying workers will review the face-to-face contact report by the 15<sup>th</sup> 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 has the capacity to conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts if requested by management.

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 87%. 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.**



### **Child Maltreatment Deaths**

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.

The State does not include fatality as a finding in our SACWIS system.

The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but their format does not show if the death is from maltreatment.

### **CAPTA Plan- see Appendix C**

### **Training Plan**

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services will not be renewed for SFY 2013. The Office of Child and Family Services has developed internal capacity by creating a Policy & Training Team that consists of seven Policy & Training Specialists and one Policy & Training Team Leader. Their role is to provide new caseworker trainings, advanced trainings to more experienced workers and other trainings as deemed necessary to enhance staff's work with families and children. This training is done using a variety of delivery methods including onsite, regional and online modules. Utilizing this approach will allow for the opportunity for new hires to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This approach will also allow training needs identified to be addressed immediately instead of waiting for an outside agency to conduct the training. This will be of great benefit to districts.

OCFS was given access to the training curriculum used by Muskie and although some of the material is being utilized much of it will be changed to reflect current child welfare practices, policies and the State's implementation plans.

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.

The following is a summary of the current trainings being presented by the Policy & Training Team:

### **Introduction to Child Welfare/Foundation of Signs of Safety**

- The Office of Child and Family Services (OCFS) Practice Model and the Department of Health and Human Services (DHHS) Guiding Principles provide the framework for the

introductory day. The purpose of new worker training, and the roles of trainees and trainers are reviewed. Caseworkers are introduced to DHHS Guiding Principles, OCFS Child Welfare Policy and Practice Model and the importance of connecting these to caseworker practice. They are also introduced to the four components of the Practice Model Implementation Initiative and the case flow continuum.

- The practice of Signs of Safety is introduced starting with the four components that build the foundation of the Signs of Safety. These components are honoring, strength based, questioning approaches and safety organized practice.

### **Impact of Child Abuse and Neglect on Families and Children**

- This topic begins by looking at common ideas about abuse and neglect. Discussion and activities throughout the training focus on the various abuse types. New trainees are exposed to the many considerations related to weighing out the decisions around defining harm, severity and impact.

### **Family Dynamics**

- This session defines and explores the issue of family dynamics as observed in child welfare casework. Specific definitions and dynamics of race, ethnicity, culture, and values within family systems are reviewed. Participants are challenged to consider their own family values as they pertain to issues of counter-transference and triangulation. Family Systems Theory and its implications for casework are discussed and concepts are put into practice. Participants will also have the opportunity to further understand and define characteristics of a healthy family system and those of a family experiencing stress.

### **Medical Indicators of Child Abuse and Neglect**

- This presentation on Medical Indicators of Abuse and Neglect will familiarize the participants with the physical and behavioral indicators of child abuse and neglect. Participants will view pictures of bruises and injuries paying particular attention to differentiating between accidental and inflicted injuries. Dr. Ricci presents this session through a PowerPoint with the trainer in the room providing for open discussion.

### **Assessing Child Safety, Risk and Danger**

- This session introduces trainees to the process of assessment of safety, risk and danger in child welfare. Trainees are provided information on the process for assessing the level of severity of abuse/neglect, imminence, and impact of abuse and/or neglect on a child in child welfare referrals. The use of critical thinking skills in reaching informed decisions is discussed. The process of making a determination of the presence or lack of child abuse and/or neglect is outlined, as well as the assessment timelines per OCFS policy.

### **Fact Finding Child Interviewing, Signs of Safety/questioning approach**

- In order to accomplish the learning objectives for interviewing, we begin exploring the different types of interviewing methods including their similarities and differences. The focus will be on our Fact-Finding protocol and the questioning approach in Signs of Safety.

- Fact-Finding Interviewing begins by focusing on the theoretical underpinnings and phases of the interview. Then trainees are given the opportunity to practice their skill and get feedback. The Signs of Safety questioning approach will focus on the various types of questions used in order to engage with families and gather information during our work with them.

### **Introduction on the Impact of Substance Abuse on Families and Children**

- This training will address the impact of substance use on families. We will define some commonly used words that are used in substance use, statistics from Maine and personal reflection around people who use substances. We will also discuss what we might see in children who live with caregivers that have substance abuse disorders, what may be going on with individuals who have abused substances, the laws around substances affected infants and other pertinent law and policy.

### **Introduction on the Impact of Domestic Abuse on Families and Children, Linkage Project**

- This training will introduce the dynamics of domestic violence and the impact that it has on adult victims, child victims and how to identify these dynamics in a family. Safety planning will also be discussed as well as an introduction to the DV CPS liaison describing their role and how and when to access them. Included in the training are some documentation tips, assessment tips and planning around the intricacies of DV in some everyday caseworker tasks.

### **Family Team Meetings (FTM) and Intro to Facilitated Family Team Meetings (FFTM)**

- This training begins with discussion around the philosophy and underpinnings of family team meetings. Throughout, it is stressed that this model operates on a strength based perspective and that it is the responsibility of the OCFS to support families and unite family and community resources into a family team. Trainees are then introduced to the Signs of Safety questioning approach, gaining an understanding of their use in engagement and the preparation process. The training then moves into the steps and agenda of an FTM, preparation for a FTM and the role of the facilitator and co-facilitator. This is followed by a quick introduction about documentation of FTM and FFTMs.

### **Permanency Session 1,**

- This training will focus on service cases, reunification cases, educational stability, placement stability, family share, visitation, trail placement, parent partners, cease reunification, concurrent planning and termination of parental

### **Indian Child Welfare Act (ICWA) – Working with Native American Tribal Child Welfare**

- This specialized session provides the background and rationale for specialized child welfare policy and practice in working with Native American children. A historical perspective of child welfare practice in Native American communities is provided, leading to an overview of the Indian Child Welfare Act (ICWA). Guest presenters from Maine's Tribal Child Welfare system are contracted to facilitate the session, lending their expertise and first-hand perspective in working with this population. Also discussed is the Truth and Reconciliation Commission.

### **Office of Child and Family Services (OCFS) Orientation Training**

- The OCFS New Employee Training is designed to inform new employees within OCFS of the various aspects of OCFS. The OCFS mission statement is reviewed as well as other major DHHS offices. The OCFS organizational charts and staff roles are reviewed stressing that OCFS is all one team working together for the children and families of Maine. Statistics of the populations served are reviewed as well as confidentiality, where to find policy and law, professionalism, and the work environment. The Recruitment & Retention Specialist is available to discuss that specialized role. The training ends with a discussion of self-care.

### **Psychosocial Assessment Training**

- This training is designed to help participants to develop skills necessary to write a psychosocial assessment of a family. It initiates participants thinking in a more complete manner about what additional information may be needed about a caregiver. This process can assist caseworkers in developing key questions that would be asked of the mental health professional around caregiver functioning and capacity to change as it relates to child safety, permanence and well-being.

### **Permanency Session II**

- Adoption and Permanency Guardianship are discussed. Panels are included in this session are held on this day and include a 2 hour panel with resource family's and a 2 hour panel with youth in care. Trainees are asked to prepare three questions for each panel. The Resource Family Panel focuses on the needs of resource families and how caseworkers can support them. They give firsthand knowledge of the children and families we serve. The youth panel discusses what they need from caseworkers, reasons why children in care may behave in different ways and how best caseworkers can support them. Both panels tend to stress the need for caseworkers to communicate regularly and transparently with them to enable them to manage difficult situations successfully. ICPC is also covered.

### **Legal Training**

- The training begins by discussing substantiated, indicated and unsubstantiated findings. The training moves into case flow focusing on law and procedure during each part of a case. Petition writing is explained, getting ready for court and discovery is reviewed. Factual documentation is stressed throughout the training. The various types of hearings are explained from initial court action to TPR and how to prepare for court. The trainees will have the opportunity to practice being a witness and being questioned by legal interns.

## **Intake**

- This 6 hour core training will provide an overview of the typical duties of a Child Protective Intake Caseworker, both during normal business hours and after hours. Caseworkers will job shadow Intake Caseworkers to be able to listen to a live call being made to the Child Protective hotline, observe a Child Protective report and/or narrative logs being entered into MACWIS, learn how to make an Out of Home Investigation (OOHI) report, a Drug Affected Baby (DAB) report, a report to the District Attorney, and learn various databases that Intake uses to gather more information about a family's composition and demographics. Caseworkers will learn the criteria for reports to be assigned for assessment versus reports that are not assigned for assessment, and how long documentation is kept in MACWIS. Caseworkers will also learn the importance of using special instructions and how to contact Intake when needed.

## **Advance Medical Indicators**

- Dr. Ricci, Medical Director of the Spurwink Child Abuse Clinic in Portland, will lead this full-day workshop, which will describe and examine the medical indicators of child physical abuse, sexual abuse, and neglect. Dr. Ricci will also provide information to help caseworkers understand when to seek further medical evaluations and tests, and how to give meaning to information obtained, in light of what we know about the dynamics of child abuse and neglect.

## **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.

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

## **Evaluation**

### ***Moving Forward (page 7)***

Hornby Zeller Associates has a contract to conduct evaluation for *Moving Forward*. Evaluation will produce data relevant to the stated goals of the grant:

1. Effectiveness of the Transition to Independence (TIP) model;
2. Success of youth and young adult involvement;
3. The impact of policy change; and
4. Challenges and barriers to success.

The evaluators have created a database to allow access to information on the initiative; track data; identify overall strengths and challenges; and track progress toward assessed case plans of those enrolled in TIP. Evaluators are working to improve data collection both in terms of in-person interviews and follow-up documentation. Once these improvements are in place, the goal is that the research questions can be addressed more fully, providing robust data findings and service implications. Challenges have been staff changes, obtaining consents for interviews and

entering current information into database. Evaluation meetings have resulted in changes in the referral process and an enhanced database. It is hoped that the evaluation process will continue to improve as we work to ameliorate these barriers.

*Moving Forward* data shows that last year 30 young people entered services. This is an increase of the total number of participants when added to the number of youth already enrolled from the previous year and who remained in the program.

#### Resource Family Support

As all contracts now have to include performance measurements, these were included in the Resource Family Support Services (RFSS) contract. The contractor, AFFM, is required to report the following:

Goal: Training provided to resource family increases family's ability to meet child's need for permanency and for continued connections to family and community.

#### Performance Measure A:

60% of surveyed resource families will report an increase in their awareness of and active support of legal permanency for children in care. Resource families surveyed are those who during the contract year participated in district training in which the provider agency delivered fundamentals training components.

#### Strategies to Support Performance Measure A:

AFFM will deliver components of fundamentals training to resource family applicants which increases the resource families understanding and active support of permanency outcomes for children in care.

#### Data Collection for Performance Measure A:

AFFM will develop annual survey methodology to measure impact of provider's delivery of fundamental's training components towards the goal of increasing awareness and active support by resource families in the importance of legal permanency outcomes for children in care.

#### Performance Measure B:

60% of surveyed licensed resource families will report an increase in their awareness of and active support of children in care maintaining connections with their birth and extended family members and with significant other community relationships. Resource families surveyed are those who during the contract year participated in district fundamentals training in which the AFFM delivered fundamentals training components.

#### Strategies to support Performance Measure B:

AFFM will deliver components of fundamentals training to resource family applicants who increase the families' understanding and active support of children in care maintaining connections with their birth and extended family members and with other significant community relationships.

#### Data collection for Performance Measure B:

AFFM will develop annual survey methodology to measure impact of it's delivery of fundamentals training components in increasing awareness and support by resource families of the importance of children in care maintaining significant relationships with their families and communities

#### Maine Coalition to End Domestic Violence (MCEDV)

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 three sets of surveys, the last of which was completed in June 2012. They include results from OCFS/CPS staff and Domestic Violence Resource Center Advocates. The summaries were prepared for MCEDV by Win Turner, PhD, and Evaluator for the Rural Grant Program. In summary it was found that DHHS caseworkers do endorse the basic tenants of the Domestic Violence Policy. The data also indicated a strong degree of support for DV Liaison's being stationed in district office, both by surveyed casework staff and by surveyed DV Advocates as well as a need for further education of Advocates regarding the DHHS system.

### **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 37% 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 2012 is \$2,400,000.

### **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.



Additional funding spent on service activities affect reflect funding not spent on administrative or planning activities.

DHHS assures that the state funds expended for FFY 2011 for purposes of Title IV-B, subpart 2, is \$ 17,862,000. 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 2014 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 2014 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 age 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 district 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 Associate Director of Intervention & Coordination of Care 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 18 and 21 may continue to receive V9 services. The youth and adoptive parent must submit a letter of request to the Associate Director of Intervention & Coordination of Care for approval to remain in V9 status indicating the circumstances of why adoption could not have occurred prior to age 18. The youth must also continue to meet the other educational and employment eligibility criteria.
- Youth in foster care age 18-21 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 age 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 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 contract with the University of Southern Maine's Muskie School, a contract with Jobs for Maine Graduates, 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 (7) Youth Transition Workers are located in DHHS district offices across the State. Since September 2011, to address caseworker staffing shortages in the district offices, youth transition workers began carrying a reduced caseload (approximately 8 cases) of older youth in foster care. Additionally, youth transition workers and caseworkers continue to partner to carry out essential transition services with youth such as completing a comprehensive strengths/needs assessment with all youth in care at age 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 9/28/11.

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 was in place until June 30, 2012 to provide for the coordination of our eight (8) Youth Leadership Advisory Teams across the state. This included staffing to assist with planning and conducting the annual Teen Conference, Camp to Belong Maine, Community Engagement and Youth Permanency Efforts.

Due to the State's competitive bidding requirement, the OCFS Youth Transition Specialist and Youth Transition Caseworkers facilitated YLAT services during the months of October 2012 to February 2013, during the RFP process. In February 2013, a new contract for YLAT services was awarded to University of Southern Maine (USM) Muskie School of Public Service.

During the past 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 on-going 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. In 2013, we will continue to work together to ensure the smoothest possible transition for these vulnerable youth from one system to another through workgroups and regional early referral meetings.

Maine's Medicaid program (MaineCare) continues to extend medical coverage to youth who age out of foster care, who were adopted from foster care, or who are under Permanent Guardianship from foster care, from age 18-21. OCFS casework staff assists youth in foster care at the age of 18 to apply for MaineCare medical coverage. 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, 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 2014.

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

**ELIGIBLE POPULATION (FFY2013):**

Number of youth in care **aged 15-21 on Oct. 1, 2012:**

<b>AGES</b>	<b>FEMALE</b>	<b>MALE</b>	<b>TOTAL</b>
Age 15	27	43	70

Age 16	33	36	69
Age 17	29	51	80
Age 18	26	28	54
Age 19	20	19	39
Age 20	18	20	38
<b>TOTAL</b>	<b>153</b>	<b>197</b>	<b>350</b>

*This represents a reduction in the total number of youth in care from a year ago of 44 youth. As of 3/14/13, there were 351 youth in care aged 15-21.*

Of youth **age 15-21**, the length of time these youth had been in care on **October 1, 2012**:

<b>Length of time</b>	<b># of youth</b>	<b>% of total</b>
Less than 6 months	35	10%
6 months to 1 year	31	9%
1 to 2 years	38	11%
2 to 3 years	59	17%
3 to 4 years	36	10%
4 to 5 years	18	5%
5 to 6 years	21	6%
6 to 7 years	13	4%
7 to 8 years	18	5%
8 to 9 years	15	4%
9 to 10 years	16	5%
10 to 11 years	12	3%
11 to 12 years	8	2%
12 to 13 years	10	3%
13 to 14 years	4	1%
14 to 15 years	7	2%
15 to 16 years	5	1%
16 to 17 years	2	1%
17 to 18 years	1	0%
18 to 19 years	0	0%
19 to 20 years	1	0%
<b>TOTAL</b>	<b>350</b>	<b>100%</b>

**Estimated Eligible Population for FFY 2011 (as of 3/8/13 - youth currently in care):**

Age	14	15	16	17	18	19	20	/	<b>TOTAL</b>
Total Youth	63	73	72	73	60	33	40		<b>414</b>

*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](http://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 policy-makers about improving the child welfare system. YLAT groups met monthly in five sites in Maine, from September to May, covering 6 DHHS districts: Bangor, Rockland, Augusta, Lewiston, and Saco. YLAT met quarterly in Caribou and Ellsworth. In 2012, YLAT held 29 meetings with approximately 42 adult partners and 66 youth participants attending.

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?", "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 2012, 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. During these meetings with administrators, youth described the importance of family connections, youth having a voice in decisions about their life, support for their transition to adulthood, understanding their life history and experiences and the importance of youth gaining skills with their finances.

A Practice Leadership Retreat was held on February 22 – 23, 2012 at the University of Maine campus at the Alumni House. The purpose of the event was to prepare youth – adult teams for engaging in Community Conversations with OCFS staff, foster care treatment agency staff, and foster parents and adoptive parents. The "Community Conversations" were intended to be opportunities for foster parents, managers, direct service staff, and court personnel to learn, talk about and plan how best to achieve permanency for older youth.

The **Community Conversations** were held in 9 different locations across the state of Maine from March-June 2012. During these Conversations a panel, made up of youth currently in state care or extended care, alumni from foster care, youth and adults who have been adopted, and foster and adoptive parents, provided first hand insight about creating permanent family connections for older youth in care.

The key themes that emerged from the panel discussions, included:

- "Permanency is being connected to the people we have loved along the way."
- "Youth in care are not damaged goods, but a package ready to be opened."
- Meaningfully engage youth in discussions, planning and decision making from the beginning.

- It is important to work with birth families/families of origin; look for their strengths, because they exist and are part of the youth; encourage birth families to stay connected with youth.

After the panel discussion, the participants split into small groups (administrators, resources families, and direct care staff) to have a discussion around successes and challenges in supporting older youth in achieving permanency, as well as identifying and discussing potential areas for change, which included:

- Family Permanency is a priority for all youth.
- Youth need to have a meaningful voice in team meetings and decision making about their lives.
- Youth need effective and supportive teams.
- Early involvement of families provides more support for youth.
- Foster, kin and adoptive families' roles are important and challenging.
- Focused programs are helpful.

Increased collaboration and connections were themes that cut across a lot of the discussions in ways. Collaboration, connections and shared goals were highlighted as areas that could be improved. We believe the conversation needs to continue and additional Community Conversations are planned for 2013 and 2104.

In addition, approximately 30 YLAT members have provided 14 additional 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.

**YLAT and the Teen Conference:** In June 2012, Maine held its 22nd Annual Teen Conference for youth in foster care, with a theme of “Leadership – Courage - Change.” Youth and adult supporters participated in various workshops focused on telling your story, strategic sharing, change and transition, family relationships, preparing for adulthood, and permanency. The keynote speaker was Angie Cross, from the Foster Care Alumni of America who talked about how people can use their life to create change. At its conclusion, 64% of youth respondents reported feeling a greater sense of belonging as a result of attending the event, 74% reported that they learned that their life story is important, and 84% responded that they learned how to contribute to their communities. Notably, 87% of 23 adult partners reported that as a result of attending the conference they have greater respect for youth and 78% will be more inclined to involve youth in decision making.

The 23rd annual Teen Conference, scheduled for June 2013, will include an opportunity for young people and adult partners to consider what builds and maintains resilience in youth as they face life changes and transitions.

**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 provided input into issues related to permanency, well-being and youth in transition.

YLAT members have participated in the New England Youth Coalition (NEYC). The NEYC joined with the New England Association of Child Welfare Commissioners and Directors (NEACWCD) to create a regional Siblings Bill of Rights. The Bill was developed in recognition of the importance and value of sibling relationships and the need for their preservation. It is intended to guide the New England Child Welfare agencies in the delivery of care and services to the 18,600 children in their custody. The members of NEYC are very hopeful that the Siblings Bill of Rights will help guide agencies and families toward more sibling contact.

“Brothers and sisters have an important and powerful relationship. At DHHS, we have committed to improve our practice, place siblings together and create meaningful connections when they have been separated. On behalf of DHHS, I am proud to co-sign the Siblings Bill of Rights with Josh, who represents the NEYC and YLAT. We thank youth in care for teaching us how important siblings are to one another and for advocating for us to do a better job,” said Daniel Despard, Child Welfare Director of the Maine Department of Health and Human Services Office of Child and Family Services.

“The process of crafting the Siblings Bill Of Rights and working with the Commissioners and Directors has been a positive and empowering experience for the members of the Youth Coalition. It has shown them they have a valuable voice and can influence change,” said Anthony Barrows, Project Manager at Judge Baker Children’s Center. Josh Calcia, a YLAT member from Maine, agreed. Maine held it’s signing of the Sibling Bill of Rights on June 19<sup>th</sup> at the University of Maine during the annual conference for teens in foster care.

YLAT members also served an important role in philanthropy by leading in a project called, “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. A video about YLAT was developed with funds from the Creative Opportunities Grant and will be displayed on the YLAT website. The YLAT video can be viewed on the YLAT facebook page at <https://www.facebook.com/MaineYLAT>.

**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 continued the care package project for former youth in care who are now college students.

**Leadership Development:** YLAT produced a youth leadership manual, which is flexible and responsive to the developmental stages of group members. The manual is divided into 3 major sections – activities that provide learning and insights into individual leadership, team development, and leading to promote systemic change. This manual will be used initially for planning YLAT meetings and training events. Ultimately, it will be a resource for the

development of youth leadership certificates, with a goal of piloting the leadership certificate programs in the fall of 2013.

On October 27, 2012 a group of 15 youth and adults participated in leadership training as part of the Maine Youth Transition Collaborative's youth and community engagement initiative. Participants included people who have taken on leadership roles on behalf of youth in care in the areas of education, employment and family connections.

The purpose of the day was to develop youth and adults' leadership, advocacy and partnership skills. The day included fun activities, teambuilding and some great planning in the areas of employment, post-secondary education and family connections. The group engaged in meaningful discussions about the supports youth need and the opportunities that exist for older youth in care, as well as what they might do to expand these opportunities and help youth achieve their dreams. For example, youth said that often they are unaware of available resources, both on campus and in their communities. They stated that they would like to have one identifiable person on each college campus that could be available to answer questions or help youth find resources.

This group held further discussions on a conference call in December to identify next steps and turn their planning into action.

### **Consultation and Collaboration:**

The OCFS 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 and Bands:* In FFY 2012, OCFS continued Chafee funded Agreements with the Houlton Band of Maliseets, the Aroostook Band of Mic Macs, the two Passamaquoddy Tribes, and Penobscot Nation. Tribes and Bands 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 or Band 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 on-going financial and technical support from Jim Casey Youth Opportunity Initiative to support the MYTC. Because of recognized successes, Maine was also recently awarded additional funding from Annie E. Casey to continue efforts to improve employment outcomes from youth transitioning from foster care and to expand this work to youth transitioning from juvenile justice and a grant from the Cohen Foundation to expand our work in Southern Maine to better support students in post-secondary education and training. Part of this collaboration involves partnering with local universities and colleges to bolster supports to students from foster care both on and off campus

*Shared Youth Vision Council* continued its work through most of 2012, as a collaboration of many youth serving agencies and various community stakeholders from around the state that are an advisory group to the Governor's Children's Cabinet. The goal of the Committee is to develop strategic plans and coordinate initiatives at all levels to better serve the neediest youth and is focused on improving educational success for youth 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 shelter and outreach services. The primary goal of the committee is to establish a comprehensive system of services to meet the needs of homeless youth. 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 program and to serve as advisors 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.

### **Program Goals:**

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

Maine continues to support permanency for older youth through legislation that allows for the *reinstatement of parental rights* for a parent when termination of parental rights was made at

least 12 months prior. This process will allow youth in foster care to legally reunite with their parents who may over time have resolved the issues that caused the child to be unsafe.

To better support continued connections for youth transitioning to adulthood, Maine revised its foster care licensing rules to allow for an exception to the rule that “resource families shall not permit adult boarders or roomers” by allowing the family’s former foster child to continue residing in the home or to return to the home as an adult at a later date to live in the home, without impacting the resource family’s care of other foster children.

OCFS substantially revised its Youth Transition Policy and expanded the population of youth considered eligible for V9 Agreements, thereby reducing barriers to permanency. Now youth who are adopted after the age of 18 are able to retain their V9 status when V9 support is needed, and allows youth who reunify at age 16 or older to receive ETV funds in a manner consistent with youth who are adopted or entered Permanency Guardianship. Youth Transition Policy now instructs caseworkers to continue permanency efforts for youth, even after age 18 as part of their overall transition planning.

Maine has implemented a statewide system to continue with Permanency Review Teaming (based on the Permanency Roundtable model) to review the permanency needs of children and youth in care, regardless of age who do not have an immediate legal permanency plan. As part of this process, follow-up FTM’s are to take place that include youth and their supports. We are committed to improving the way we involve youth in their case planning.

To better support youth permanency through the Family Team Meeting process, in 2012, OCFS added a scaling question to the Family Team Meeting (FTM) process that allows each meeting participant to offer their perception of how included they felt they were in the decision making process.

Over the past year, OCFS partnered with the Strong Fathers Initiative in Southern and Northern Maine to increase the inclusion of fathers in cases. This represented an expansion of service area and also the designation of OCFS staff to serve as liaisons to promote including fathers and to train staff.

OCFS continues to provide financial supports and staffing to the Community Partnership for Protecting Children and has expanded the CPPC from Portland to Bangor as well.

In 2012, representatives from OCFS, judiciary, treatment foster care agencies, and youth alumni attended the 4<sup>th</sup> annual New England Permanency Convening and developed a plan to continue to work together toward improving permanency outcomes for older youth in care in 2013.

Maine’s Fostering Connections Kinship Grant and Extreme Recruitment process ended in 2012 with the completion of this demonstration project grant. We believe this grant allowed Maine to improve our collaborations and to move forward our efforts to improving the permanency outcomes for older youth in foster care.

During the past year, one district office established a youth support group for youth in care utilizing the 3-5-7 Model and youth participants also presented this model at Maine's annual Teen Conference.

In 2012, OCFS hosted nine Community Conversations across the state. These conversations invited child welfare staff, resource parents and therapeutic agency staff to hear from youth, alumni and others about the need for permanency for older youth in foster care as well as to identify what is working well in the community and what needs to happen next to improve outcomes for permanency for older youth in foster care. We intend to continue these Community Conversations in 2013 and to expand the audience to include the legislative community and others who can help in improving the permanency outcomes for youth in care.

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

*High School*--Maine enacted legislation to comply with Fostering Connections requirements around education stability. New OCFS policy provides guidance to caseworkers who are placing children that when a child comes into the custody of the Department of Health and Human Services, every effort will be made to find a placement in his or her own school district. When there are differences of opinion amongst collaborators, the DHHS has the final statutory authority to make the determination of which school meets the best interest of the student.

*Post-Secondary*--OCFS continues to provide ETV funds to youth to support post-secondary education programs. For youth who have had post-secondary education needs that cannot be funded through ETV because of federal restrictions, such as training programs through adult education, OCFS utilizes state funds to pay for these programs.

This past year, OCFS added as an eligible category to receive ETV funds youth who were reunified with parents at age 16 or older. This has been approved through our State Plan by Administration for Children and Families.

Youth transition workers and caseworkers continue to meet monthly with youth on V9 Agreements, and as part of their on-going 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 at around 60%.

OCFS continues to partner with the Maine Youth Transition Collaborative to develop resources and supports aimed at improving the post-secondary educational outcomes for youth in Southern Maine. 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 receiving student care packages.

Building upon the successes of the Maine Youth Transition Collaborative, Maine received a grant from the Cohen Foundation to help us expand the post-secondary educational supports to students in southern Maine colleges and training programs.

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

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

During the past year, Maine began annual permanency hearings for youth on Voluntary Extended Care (V9) Agreements as supported by Maine's "Extension to 21" legislation which defines DHHS support and care to youth in foster care, aged 18-21. Maine developed forms to use throughout the state to ensure consistency of practice.

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) age 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 policy change, at least 3 youth over age 18 now have legally permanent families.

OCFS continued to partner with the Maine Youth Transition Collaborative to increase resources for youth transitioning to adulthood. In York County, a collaboration of public and private partners has been meeting to develop community supports for youth in the areas of education, employment, housing, and life long connections. 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 continued to provide financial and in-kind support to *Camp to Belong Maine* (CTBM). Every summer since 2004, CTBM has allowed children and youth from across the state separated by out-of-home care to reunite for a week to bond and enjoy a typical camp experience together.

DHHS has continued to contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and a \$1 to \$1 matched savings program, Opportunity Passport<sup>TM</sup> to youth in and from foster care, aged 14-24. Since 2003, there have been 459 youth participants. Youth have been trained in financial literacy and opened savings accounts. Since 2003, youth have saved and matched \$357,075 making asset purchases for vehicles, laptops, education costs,

investments, apartment costs, and medical/dental expenses. DHHS intends to continue this contract for services with JMG for 2013.

OCFS continues to provide ETV funds to youth to support post-secondary training programs. For youth whose post-secondary training needs that cannot be funded through ETV because of federal restrictions, (i.e. training programs through adult education), OCFS utilizes state funds to pay for these programs.

Caseworkers continue to work with other agencies to access available services to eligible youth such as referrals to the Career Centers, Goodwill Industries, and training programs.

OCFS continues to support youth through its new policy regarding the use of Anti-psychotic medication by children in foster care. We recognize 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 considered a specific process must be followed and this policy outlines the process, including the requirement to monitor metabolic side effects. A Child Welfare Consent Worksheet must be followed when antipsychotic medications are being prescribed or considered. Caseworkers are required to participate in appointments with prescribers to evaluate this decision. Caseworkers continue to provide youth with the “**Making A Choice**” guide that was developed by youth in care and other stakeholders to help youth make an informed choice about taking prescribed antipsychotic medications.

In 2012, youth involved in Maine’s Youth Leadership Advisory Team (YLAT) provided feedback about their foster care experiences which is being used in Maine’s redesign of its foster care system.

In 2012, the Citizen Review Committee, which includes youth alumni and OCFS representation worked with other community members to evaluate services and supports being provided to youth from foster care who are on Voluntary Extended Care Agreements and to make recommendations to DHHS.

There are a number of collaborations across the state to better serve the needs of their community, including supports to youth in foster care. However, there continues to be regional differences in the number and variety of community resources that youth can access, such as dental care.

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

OCFS continues to utilize state funds to pay for the housing needs of youth with a Voluntary Extended Care (V9) Agreement. This allows youth to remain with resource providers, move into apartments, or establish other housing options (i.e. dorm placements) that youth could not afford on their own. Caseworkers regularly work with landlords to help youth secure housing.

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. Housing continues to be a challenge in Maine. We have areas where good connections with landlords allow young people to access housing, but in other parts of the state there are not as many housing resources available to youth transitioning from foster care.

In the upcoming year, OCFS we 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.

OCFS has modified the DHHS Intensive Temporary Residential Treatment (ITRT) process to allow placements for homeless youth, when absolutely necessary, as a means to prevent danger to these youth by continuing to live on the streets.

**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.

Maine will continue to use the DHHS Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care. Because of this process and our focus on residential placements only when medically necessary, Maine continues to have a low number of youth placed in congregate care settings. In May 2012, there were 80 youth (5.1% of the total number of youth in care) placed in residential care and by February 2013, this number had reduced to 75 youth (4.1% of the total number of youth in care).

In 2013, OCFS will continue to work with providers to ensure best practices through contracting and site reviews.

**National Youth Transition Database:**

Maine implemented NYTD (the National Youth in Transition Database) and was fully operational on 10/1/10.

Over the past year we continued 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.

NYTD data will be provided to youth at the annual Teen Conference in June 2013.

**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 continue to coordinate 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 their 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
2012- 2013	31	49	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 and well as administer the Education and Training Voucher Fund Program. The Department of Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program's services.

**ASSURANCES**

The State assures that:

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services,
2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner,
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1),
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);
6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;
7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;
8. Payments to the State will be used for conducting activities, and providing services, to carry

out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations,

9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A-102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80) and;

### **CERTIFICATIONS**

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

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

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

### **STATE MATCH**

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program. The State match for these funds includes the state's value of the Tuition Waiver Program, in-kind and third party contributions, and state funds which are not being used as match for other federal funding sources.

## **Appendix B**

# **Disaster Plan**

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

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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](http://maine.gov)) and OCFS ([maine.gov/dhhs/bcfs](http://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,
- o 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
  - Employee and management contact information and their emergency contact information
  - o (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  
Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order,
- o 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
- o (Worker 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  $\frac{3}{4}$  full gas tanks

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

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

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

## **Staff**

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

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

## **Providers**

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

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



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

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

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

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

### **Coordination with Courts**

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

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

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

### **Districts**

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and inform Intake. Districts

will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of MACWIS. District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

- ☐ Develop a plan for continuation of services to include:
  - 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. 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
  - o 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.

## **155BHOSTAGE TAKING**

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

- Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
- 1) 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. Evacuate the area if possible. If feasible, open outside window curtains and leave doors
  - 4) 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,
  - 7) confident and calm.
  - 8) Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
  - 9) Think about potential escape plan for yourself and other.

### 136B **Roles of Management In Hostage Taking**

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

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

## Appendix C

### Appendix C

State of Maine Department of Health and Human Services  
Office of Child and Family Services  
Child Abuse Prevention and Treatment Act 2012-2013 Update

The Maine Department of Health and Human Services' ("DHHS") completed an administrative restructuring in 2012 in its child welfare, children's behavioral health, early childhood, and public services management offices to strengthen and support greater child safety and wellbeing outcomes for children and their families. The Office of Child and Family Services' ("OCFS") commitment to ongoing improvements in its work of increasing child safety and greater wellbeing is strongly supported by the Child Abuse Prevention Treatment Act ("CAPTA") and the Children's Justice Act ("CJA") grant program requirements (CAPTA Section 106; CJA Section 107).

DHHS meets CAPTA Section 106 and CJA Section 107 grant requirements through a range of programs and supports in its agency child welfare work and through ongoing, strengthened, and increased inter-agency, intra-agency, interstate, intrastate, and multidisciplinary team work within our communities, supported by federal, state, and private resources, including parents and community members.

Maine Revised Statute Title 22, Chapter 1071: Child and Family Services and Child Protection Act, Subchapters 4004-C and 4011-C, were amended by the 126<sup>th</sup> Maine Legislature in 2012 to further strengthen and clarify the requirements of the law in respect to infants born exposed prenatally to drugs or alcohol. The amended Chapter 1071, Subchapter 4011-C, Notification of Infants with Prenatal Exposure to Drugs or Alcohol, clarifies health care providers must provide timely notification to DHHS of all infants ages 0 to 12 months whom a health care provider knows or has reasonable cause to suspect was exposed to illegal substance, requires medical monitoring resulting from prenatal drug or alcohol exposure (without regard to whether the substance was legal or illegal), or was born with facial characteristics, growth restriction, central nervous system abnormalities, or other characteristics consistent with prenatal alcohol exposure. It also delineates notification procedures to be used by the health care provider in its reporting to DHHS, including the provision of specific information in order to assist DHHS and the health care provider in devising a plan for the safe care of the child. Subchapter 4004-C, Response to Notification of Prenatal Exposure to Drugs or Alcohol, was amended to include the notification of infants born with prenatal exposure to alcohol. It also changes the language under 4004-C.2, Plan for Safe Care, requiring DHHS to, with the assistance of the medical or mental health provider of the mother, establish a plan for safe care of the infant for each infant the Department receives a notification on. (Previous language required a plan for safe care only for each child determined by DHHS to be affected by prenatal drug use.)

These requirements under Title 22 meet CAPTA requirements of Section 106.b.2.B.ii and iii, and support Maine's interagency response efforts in ensuring those infants' are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (legal or illegal substances) are identified as "drug affected baby" reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications which are determined to not involve allegations of child abuse and/or neglect are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106.b.2.B.v.).

Maine continues to experience an increase in the number of infants born drug-affected and in the number of children entering custody as a result of their parent(s)' substance abuse and ensuing problematic behaviors. During 2012, OCFS received 779 reports of drug affected babies. This is an increase of 16% from the 668 reports received in 2011, and 35% increase from the 572 reports received in 2010. Of the 779 reports received by OCFS in 2012: 58 (7%) were referred to alternative response services; 423 (54%) were assessed by OCFS child protective services; 220 (28%) were referred for the Public Health Nursing services.

The number of children, under age 18, in State custody in 2012 was 1,324 (as of 1/10/13), as compared to 1,471 in 2011 (as of 1/10/12) and to 1,587 in 2010 (as of 1/10/11). However, as of May 15, 2013, the number of children in custody in Maine has increased to 1,685, a 27% increase in a few, short months.

2012 was a challenging year for maintaining stable, child protective staffing. OCFS experienced a child protective caseworker statewide turnover rate of 29%. It responded with the establishment of the position Recruitment and Retention Specialist to provide focused efforts in the recruitment and retention of OCFS child protective caseworkers and supervisors. That work has correlated with a comparative increase in caseworker applicants with good qualifications and skill sets. OCFS child protective caseworker and supervisor staffing capacity is currently at 92%. 2013 attrition rate to date is 16% with resignations counting for 8% of that attrition number.

OCFS had 327 child protective caseworkers and 62 child protective supervisors conducting the work of intake, screening, assessment, investigation, and permanency work, noted below by geographical district office, at year end 2012:

District	Number of Caseworkers*	Number of Supervisors	Number of CPS Assessments**	Number of Children in Custody Under Age 18	Number Lost to Attrition ***
1	46	9	1081	291	14
2	52	10	1111	233	9
3	50	10	1605	224	16

4	26	4	751	129	10
5	46	10	1480	321	22
6	40	8	1158	261	17
7	23	5	455	111	9
8	25	5	556	115	4
9	19	2	N/A	N/A	4
<b>Total</b>	<b>327</b>	<b>62</b>	<b>8197</b>	<b>1685</b>	<b>105</b>

\*Does not reflect 30 caseworker vacancies and 3 supervisor vacancies.

\*\*This represents an increase of 37% from 2010 (5971 assessments) and an increase of 21% from 2011 (6751 assessments).

\*\*\*Retirements, terminations, resignations.

Maine OCFS child protective caseworkers and supervisors are required to have full social work Maine licensure before they can begin managing a child protective case. Newly hired caseworkers are also required to complete a Caseworker Pre-Service training program (“Pre-Service”) conducted by OCFS. Pre-Service provides a comprehensive curriculum and job shadow components to ensure caseworkers have the competencies and skills to perform child protective work. Personal safety training is provided for all State employees through the State of Maine’s educational training services.

During 2012-2013, Maine’s Citizens Review Panel (“CRP”) has focused its review of policies, procedures, and practices of State and local agencies, in accordance with CAPTA 106.c.4, on the review of:

- Kinship care challenges in respect to interactions with child welfare systems, expressed concerns for respite care services, qualification for benefit assistance denial as a result of “relative” definition exclusions and fictive kin exclusions.
- OCFS’ voluntary care program for youth leaving the State’s custody at age 18 to identify challenges for the youth using the program, and what is the impact on those youth upon the ceasing of the voluntary care program’s services when the youth reaches age 21. The voluntary care program is able to assist those particular youth from age 18 until age 21 with financial, case management, and benefit assistance while they are engaged in completing their high school or secondary school program or if they are in need of continued case management, mental health services, and financial support because of significant mental health needs.
- OCFS’ implementation of mental health assessment for each child upon the child’s entry into DHHS custody, the effectiveness of follow up on any resultant recommendations, and to look for any kind of outcome data that might be present in the child records.
- Community-expressed concerns in respect to legal services for parents and for children. The CRP subcommittee undertaking the review of this area of the child welfare system services is defining the scope of its review work. This subcommittee is also monitoring the Maine 126<sup>th</sup> Legislature’s review of proposed bills potentially impacting guardian ad litem services for the children in Maine.

The CRP experienced a significant level of member turnover during this period and has seen its members become more challenged in their availability to attend the regularly scheduled meetings. In 2012, the Panel had 29 members; current membership is now down to 19 and of those 19, a number of members are not attending regularly scheduled monthly meetings. The Panel is actively seeking new members to support its ongoing work, and though the requirements for CRP membership, under CAPTA Title 1, Section 106, are somewhat broad in specificity, the Panel has worked hard to follow the membership diversity guidelines provided for the State's Multidisciplinary Task Force under CAPTA Title 1, Section 107. The CRP issues a biennial report summarizing its work of reviewing specific areas of the child welfare system, the recommendations made resulting from those reviews, and including OCFS' response to the Panel's recommendations. The Panel's last biennial report was for the period 2010-2011.

Maine's Child Death and Serious Injury Review Panel ("CDSIRP") is a multi-disciplinary team of professionals with expertise in the prevention, treatment, and investigation of child abuse and neglect and with expertise in the conduct of child protective, juvenile, and criminal legal proceedings. CDSIRP receives and reviews reports of all child deaths and child serious injuries reported to OCFS and is goal-driven to reducing the number of child deaths and serious injuries to children. CDSIRP has been effective in its approach of identifying trends in causes of child deaths and child injuries and in identifying interventions, such as public education and community services that have had positive impact on decreasing particular causes of child deaths and serious injuries. The CDSIRP reviewed mandated reporter training programs in Maine and has been engaged and supportive of the State's efforts in improving its on-line, mandated reporter training program and in the State's support for the establishment of mandated reporter training programs by community service providers. In 2012, the Panel completed a comprehensive review of home births in Maine, finding that the percentage of home births experiencing birth complications/deaths is at a higher rate than for hospital births. Home births are about 1 % of all births in Maine. Two years of data studied determined home birth perinatal death rate was 3.4/1000 while during the same period Maine hospital perinatal mortality rate for all except very premature births was .7/1000. CDSIRP issued a number of recommendations, including that only pregnancies determined to be low risk pregnancies be candidates for home birth.

CAPTA funding continues to support the work of the CRP and the CDSIRP.

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. CAPTA funding has supported the 2012-2013 procurement of consultation and research services in a joint DHHS and Maine Department of Corrections endeavor for staff support on issues pertaining to identifying, disseminating, implementing, and evaluating empirically supported assessment and treatment interventions concerning sexual offending, juvenile justice assessment and intervention, and child abuse and neglect. Services, including facilitating effective, community and family-based interventions, monthly Sexual Behavior Treatment ("SBT") team consults for each of the State's juvenile correctional facilities, supporting intra-agency and inter-agency periodic meetings to both educate and enhance working relationships, and to complete the validation study of the Juvenile Sex Offender

Assessment Protocol II and the Treatment Needs and Progress Scale with the Maine State Forensic Service Data and then presenting those findings to State Forensic Service evaluators.

DHHS has used a portion of its CAPTA funds, a portion of its Promoting Safe and Stable Families Title IV-B funds, and State funds, in equal shares, to support the work of the Maine Children's Trust (Maine Revised Statute Title 22, Chapter 1058) in its administration of the CAN Council grant program for the promotion and delivery of parent access to evidence-based parent education. The Maine Children's Trust has issued twenty-two financial awards to community parent education program providers located throughout the State's communities. Those parent education programs include the Nurturing Fathers Program, 123 Magic, 1234 Parents, Incredible Years, Parents as Teachers, Active Parenting Now, Guiding Good Choices, Nurturing Program for Teen Parent, and Nurturing Program for Families. The Maine Children's Trust is required to submit quarterly reports on the progress of the goals as agreed to with DHHS.

DHHS will continue to use CAPTA funding for continued support of CRP and CDSIRP in its collective work. CAPTA funds and Title IV-B funds will be utilized to support improved access for the parents in our communities to effective, evidence-based parenting education programs. Those parenting education services will include the development and implementation of the Maine Parents Place Project virtual learning center. This type of parenting education delivery option will initially work with a pilot group of parents whom have been mandated by the State to complete a parenting education curriculum. CAPTA and Title IV-B funds will also be utilized for the development and implementation of a Community-Based Physician Education Project. Key areas of this work will be mandated report training and prevention training, including "Safe Sleep" strategies for infants and the "Period of Purple Crying". The mandated reporter education will use a peer-to-peer training model. It is intended the education be provided to a small network of physicians interested in being peer trainers. Development of the training syllabus for the Community-Based Physician Education Project will be accomplished under the guidance of a Board-certified child abuse pediatrician. The Project has identified a goal of training fifteen physicians, who will then provide trainings in their region of the State.

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