2018 Annual Progress & Services Report

(Submitted June 2017)

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

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 2015-2019 CFSP.

The OCFS is a member of the larger Maine community working toward a system of care that is child-centered and family-focused, with the needs of the family and child dictating the array of services.

The organizational unit responsible for programmatic implementation of the CFSP is the Child Welfare Services, overseen by Associate Director, Bobbi Johnson. The organizational unit responsible for the administrative support of CFSP implementation, for the development and submission of the CFSP, and for the development and submission of Annual Progress and Services Report (APSR), and all required reporting is the OCFS Operations Unit, overseen by Associate Director, Robert Blanchard.

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. The Practice Model can be found at the following link: **http://maine.gov/dhhs/ocfs/cw/policy/**

Consultation and Coordination

The Community Partnerships for Protecting Children (CPPC): CPPC is a national initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone has the capacity to protect all children and strengthen all families. Community Partnerships work in Maine began as a successful pilot program in 2005 in Portland and expanded over the next eight years to include six additional communities and neighborhoods with the support of the Edna McConnell Clark Foundation, The Center for Community Partnerships in Child Welfare within the Center for the Study of Social Policy, Office of Child and Family Services (OCFS), and many community individuals and organizations. The goal of this work is to utilize the CPPC model as a continuum of care which targets families who are identified as at risk for Child Welfare involvement due to concerns of child abuse/neglect at any stage of intervention. Families who access CPPC supports will demonstrate an increase in protective and promotive family attributes to maintain child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the local areas which have been identified as areas of high need. The Hub is a central location that brings together services, programs, people, and supports. These Hubs are identified by researching data from Child Welfare and Law Enforcement as it relates to areas in a community which have the most frequency of child protective and police reports. Hub and community data is collected and analyzed through a contract between OCFS and the University of New England (UNE).

Through CPPC data collection and community partnering, the evaluation report submitted by Thomas Chalmers McLaughlin, PhD from UNE, shows reductions in the number of appropriate reports referred to DHHS for Cumberland, Androscoggin, Franklin, and Oxford Counties. In York County there was a 19% increase in appropriate reports. In relation to removals, four of the five communities have seen reductions in the number of children removed. Also, when looking at the reoccurrence of an appropriate case in a 12 month period, data shows reduced maltreatment rates in Bangor, Portland, South Portland, and Westbrook, CPPC target neighborhoods are slightly lower than the regional repeat maltreatment rates. These are just a couple of examples of how, through Neighborhood Networking, and strong partnerships, families can be successful in their communities. Due to the success of the initial CPPC pilot sites, CPPC is now in Districts 1-6 with a plan to look at Districts 7 and 8 in 2018.

Maine Children's Trust (MCT)**:** The Trust serves as administrator for the CAN Councils network, which will deliver quality parent programming for DHHS. MCT promotes parent access to evidence based parent education. MCT also serves as project coordinator in the development and implementation of the Maine Parents Place Project virtual learning center. MCT is leading the development of this training delivery option in partnership with the State. This virtual learning center has begun an initial pilot group, including parents which for whom the state has mandated their participation in a parent education program. MCT serves as project administrator in the development and implementation of a Community Based Physician Educational Project. The key areas will be Mandated Report Training, prevention training, including Safe Sleep strategies for infants, and the Period of PURPLE crying. For the Mandated Reporter Training (MRT), MCT intends to utilize a peer-to-peer training model. MCT is coordinating the development of a training syllabus for the MRT, ~~and~~ an educational program for the prevention programs, and is utilizing a small network of physicians who are interested in providing peer training. MCT recently announced the 2015-2016 child abuse and neglect prevention grants. The identified priorities for this grant period are programs that promote protective factors: Parental Resilience, Social Connections, Knowledge of Parenting & Child Development, Concrete Support in Times of Need, and Health Social & Emotional Development.

Maine Child Welfare Advisory Panel (MCWAP): This panel has been in existence since 2015 and is a multi-disciplinary team made up of a diverse group of stakeholders. The work within the group focuses ~~in~~ on their mission~~,~~: *Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, respectful, and responsive to child and family needs, and providing an adequate framework for safe, thriving children having permanency with families and community.* The members of this group were formerly part of the Child Welfare Steering Committee and the Citizen Review Panel. Given the overlap in roles and responsibilities, a decision was made to combine the work of these two groups into one group. The role of MCWAP has been focused on assessment of child safety, and providing feedback, and oversight to both the OCFS Strategic Plan and CFSR process. Over the past year, activities have included: coordination of a Cops and Caseworkers Training event, cataloguing training resources and opportunities statewide focused on child welfare topics and developing a neutral facilitator pilot project for Family Team Meetings convened by OCFS. These activities support the goals of the OCFS Strategic Plan.

Maine Youth Transition Collaborative (MYTC): ~~A~~ MYTC is a partnership of public and private sector groups who work together at the ~~S~~state and local levels to increase opportunities for youth currently in care, and improve outcomes for youth formerly in care who are transitioning to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for these Youth. MYTC includes services provided by Maine Learn to Earn and Achieve Potential (LEAP) and Southern Maine Youth Transition Network (SMYTN). Also through MYTC, SMYTN Community of Practice, OCFS is partnered with young people to revise the OCFS Youth Transition Policy and Voluntary Extended Care (V9) Agreement. www.maine-ytc.org

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been an existing group since 1999, and has included OCFS staff, and Indian Child Welfare Staff, as well as staff from the Muskie School of Public Service. The role of this group has been to provide a forum for collaboration between state and Indian Child Welfare programs with regard to co-management of ICWA cases from Intake through to permanency. This collaboration has also included teaming of Indian child welfare workers with OCFS quality assurance (QA) staff to conduct QA reviews regarding native children in state foster care. One of the most positive outcomes of this collaboration has been the joint development of the OCFS Indian Child Welfare Policy. In July 2012, a comprehensive *Indian Child Welfare Policy* was finalized. This policy was developed by the ICWA 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 indicating that tribal child welfare staff ~~is~~ are co-managers of the case in every aspect through the life of the assessment/case. In the fall of 2015, the ICWA Workgroup

modified that policy to include the new BIA guidelines. OCFS continues its practice of sharing draft policy with the tribal child welfare personnel for comment.

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The CDSIRP is comprised of representatives from many different disciplines. Its membership, which is mandated by state law, shall include the following disciplines: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys, and criminal or civil assistant attorneys general.

The CDSIRP meets monthly to review cases, evaluating sentinel events, patterns of injury and/or death, and the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP's goal is to help reduce the number of preventable child fatalities and serious injuries in the state; accomplishing this by reviewing cases, summarizing findings, and making recommendations for changes to the current system to increase child protection, safety, and care. The members of the CDSIRP are volunteers who give generously of their time and expertise, and who represent both public and private agencies with an interest in the welfare of Maine children. Through their commitment, the Panel has been able to build a collaborative network to foster teamwork, and to share the recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all of New England to share experience, information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. In the past 2 years, the CDSIRP reviewed cases of the following nature: substance-exposed newborns, sentinel injuries in infants under 6 months of age, suicide in teenage females, burns, home births, unsafe sleep, transportation of children to hospitals by an alleged perpetrator, hospital transports and child deaths, and serious injuries that occur during domestic violence incidents. The CDSIRP has participated in dual case reviews with ~~the~~ Maine's Domestic Violence Homicide Review Panel.

The CDSIRP follows the review protocol to meet the purpose defined by 22 MRSA, Chapter 1071, Subsection 4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statues, rules, policies and procedures.

Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. For the past year, this group has been meeting to improve the quality and timeliness of alternative response services provided to families in need of community support to prevent a higher level of child welfare intervention. Through the use of data, the group has looked at outcomes to include: engagement with families, initial contact with alleged child victims within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining system gaps for families, and strategies to most effectively meet ~~these~~ identified needs.

Foster Family-Based Treatment Association (FFTA)- Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly, and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built statewide consistency in expectations and responses to the needs of providers, resource families, and children served through treatment foster care. The group has developed a recruitment plan, and continues to look for ways to increase access to this service, especially for youth transitioning from residential treatment, and those with high behavioral health needs.

State Data Profile

Maine

Child and Family Services Review (CFSR 3) Data Profile

September 2016

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS)

Calculations based on 2015 Federal Register syntax (revisions pending)

Risk Standardized Performance (RSP)

Permanency Outcome 1

		13B14A	15B16A
Permanency in 12 months (entries)	RSP	29.6%	
	RSP interval	26.8% - 32.5%	
	National standard (NS)	40.5%	
	Performance relative to NS	Not met	
	Data used	13B-16A	
Permanency in 12 months (12 - 23 mos)	RSP		40.9%
	RSP interval		37.4% - 44.4%
	National standard (NS)		43.6%
	Performance relative to NS		No diff
	Data used		15B-16A
Permanency in 12 months (24+ mos)	RSP		32.9%
	RSP interval		30% - 35.8%
	National standard (NS)		30.3%
	Performance relative to NS		No diff
	Data used		15B-16A
Re-entry to foster care	RSP	3.8%	
	RSP interval	2.3% - 6.5%	
	National standard (NS)	8.3%	
	Performance relative to NS	Met	
	Data used	13B-16A	
Placement stability (moves/1,000 days in care)	RSP		2.73
	RSP interval		2.47 - 3.01
	National standard (NS)		4.12
	Performance relative to NS		Met
	Data used		15B-16A

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

Met | No diff | Not met

Risk Standardized Performance (RSP)

Safety Outcome 1

		15AB, FY15	FY14-15
Maltreatment in care (victimizations/100,000 days in care)	RSP	6.94	
	RSP interval	5.03 - 9.59	
	National standard (NS)	8.50	
	Performance relative to NS	No diff	
	Data used	15A-15B, FY15	
Recurrence of maltreatment	RSP		13.5%
	RSP interval		12.3% - 14.8%
	National standard (NS)		9.1%
	Performance relative to NS		Not met
	Data used		FY14-15

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

The colors highlight performance (RSP Interval) relative to the National Standard:

National Standard (NS) is the observed performance for the nation as described in the May 2015 Federal Register notice.

Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national standard.

Risk-Standardized Performance (RSP) Interval is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

Performance relative to the national standard (NS) indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the national standard. "No Diff" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS.

Data Used refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

The colors highlight performance (RSP Interval) relative to the National Standard:

Met No diff Not met

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. For a complete description of the numerator and denominator for each statewide data indicator, see the Data Dictionary.

		13B14A	15B16A
Permanency in 12 months (entries)	Denominator	934	
	Numerator	276	
	Observed performance	29.6%	
Permanency in 12 months (12 - 23 mos)	Denominator		557
	Numerator		254
	Observed performance		45.6%
Permanency in 12 months (24+ mos)	Denominator		518
	Numerator		219
	Observed performance		42.3%
Re-entry to foster care	Denominator	269	
	Numerator	5	
	Observed performance	1.9%	
Placement stability (moves/1,000 days in care)	Denominator		150,260
	Numerator		377
	Observed performance		2.51

		15AB, FY15	FY14-15
Maltreatment in care (victimizations/100,000 days in care)	Denominator	684,071	
	Numerator	34	
	Observed performance	4.97	
Recurrence of maltreatment	Denominator		3,718
	Numerator		396
	Observed performance		10.7%

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Maine **September 2016**

Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS) Calculations based on 2015 Federal Register syntax (revisions pending)

Data Quality

Setting national standards and measuring state performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance against the national standards. States that exceed established data quality limits are excluded from statewide data indicator calculations (and marked with a "DQ" on the RSP tables). All values represent the percentage of problem cases in a state. **Values in orange in the table below indicate the percentage of problem cases exceeds the data quality limit.** A blank cell indicates there was no data quality check assessed for that particular data period. 'DQ' indicates the data quality check was not performed due to data quality issues. For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

AFCARS Data Quality Checks

	Limit		MFC	Perm	PS	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A
AFCARS IDs don't match from one period to next	>	40%	•	•	•	23.8%	18.3%	18.3%	17.2%	16.5%	18.4%	17.3%	19.0%	19.4%	
Age at discharge greater than 21	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	>	10%	•	•	•	0.2%	0.3%	0.2%	0.8%	1.4%	0.2%	0.3%	0.2%	0.6%	
Enters and exits care the same day	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	>	5%	•	•	•	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	>	5%	•	•	•	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	>	5%		•		0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	>	5%			•	0.5%	0.4%	0.4%	0.2%	0.3%	0.1%	0.2%	0.5%	0.1%	0.5%
Percentage of children on 1st removal	>	95%	•	•	•	84.8%	84.6%	84.6%	85.3%	86.3%	86.8%	87.5%	88.4%	87.8%	87.5%

NCANDS Data Quality Checks

			MFC	RM	2012-2013	2013-2014	2014-2015	2012	2013	2014	2015
Child IDs for victims match across years	<	1%		•	5.4%	5.6%	5.6%				
Child IDs for victims match across years, but dates of birth and sex do not	>	5%		•	0.3%	0.2%	0.0%				
Missing age for victims	>	5%	•	•				0.1%	0.1%	0.1%	0.1%
Some victims should have AFCARS IDs in child file	<	1%	•						100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N	-	•						Y	Y	Y

MFC Maltreatment in foster care
Perm Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)
PS Placement stability
RM Recurrence of maltreatment

FAIL DQ PASS

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- The most recent available data demonstrating the state's performance is included for each of the two safety outcomes. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- A brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators is developed based on this data and input from stakeholders, Tribes, and courts.

State Response:

Safety outcome 1 includes timeliness of initiating investigations of reports of child maltreatment **(Item 1: Timeliness of initiating investigations of reports of maltreatment)**. This item was assigned a rating of Area Needing Improvement in the 2009 CFSR.

The 2009 CFSR negotiated PIP goal for Item 1 was 80% and Maine was able to exceed that goal at 84% within the first PIP quarter. The method of measurement was through the OCFS Management Report. Since that time, the data indicates that OCFS caseworkers have had more difficulty in initiating timely investigation. This challenge was recognized as OCFS was developing the 2015-2019 CFSP, and determined that focus needed to be placed on this measure, and as such, Maine reports back on this area through the APSR:

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%
Actuals					
CFSR	76%	66%	-	-	
Management Report	75%	80%	-	-	-

In an 11/1/2016 query of the ACF Online Management System (OMS), which consisted of data pulled from 92 case reviews, Item 1 was rated as a strength in 66% of the cases reviewed.

An analysis of the specific data in this report found that the majority of delays were a result of lack of timeliness on the part of the district staff involved. Reasons were identified as the following:

- First efforts to contact family taking place the day the 72-hour timeframe would expire;

- Report assigned to caseworkers on Fridays before a weekend, and the caseworker's inability to see the family on the same day; and
- Scheduling conflicts impacting caseworker's ability to see the family in a timely manner.

The data also supported challenges meeting the 72 hour timeframe when the report was sent to the Alternative Response agencies, as well as when a report was assigned to the Out of Home Investigations Unit. There were examples of the Intake unit not referring the report to the appropriate district within the required timeframe.

Historically, OCFS has conducted its own assessment related to worker workload and staff allocation. Given the continued challenges in making progress in this area, combined with the ongoing feedback related to the workload being unmanageable, OCFS contracted with an outside consultant to assess the staff allocation and workload assignments. This draft report was completed and made available to OCFS at the end of December 2016. The recommendations will be utilized by the Executive and District Management Teams to inform decision making on caseworker workload, staff allocations, and the structure of district operations.

In 2016, OCFS set the expectation that the supervisor and caseworker complete the Assignment Activity Worksheet prior to the caseworker responding to the report. The Assessment Policy has been strengthened, and includes the expectations that the supervisors are entering Preliminary Safety Decisions. The policy includes expectations around documentation, which includes streamlining the documentation content in the narrative section, and includes guidelines regarding reduced documentation of unsubstantiated assessments. These tools streamline the work for both the caseworkers and the supervisors, and therefore lead to more effective utilization of time and workload management.

Safety outcome 2 includes services to families for protection of the child(ren) in the home, and prevention of the removal of the child(ren), or re-entry of the child(ren) into foster care **(Item 2- Services to prevent removal)** and risk assessment and safety management **(Item 3-Risk and safety management**). Both of these items were assigned a rating of Area Needing Improvement in the 2009 CFSR.

The negotiated 2009 CFSR PIP goal for Item 2 was 58.5%, and the method of measurement was the quality case reviews; OCFS exceeded the goal, reaching 61% in the PIP in Quarter 4. Since that time, the case review data reflects that, in general, there is ongoing progress made in this area, with a drop in performance in the latest round of reviews:

Me.-CFSR Round	Item 2
Round 1: 11/2009-10/2010	49%
Round 2: 11/2010-10/2011	61%
Round 3: 11/2011-10/2012	79%
Round 4: 11/2012-10/2013	87%
Round 5: 11/2013-10/2014	89%
Round 6: 11/2014-10/2015	81%
Round 7: 11/2015-10/2016	57%
7-Year Average	**72%**

An analysis of the specific data in the OMS Round 7 CFSR report found the following:
- The majority of the identified issues were substance use and domestic violence;
- Many of the challenges cited were a result of families not being set up with appropriate services; and
- Not assessing all the critical case members/caregivers in/out of the home.

Incorporated into Item 2 is re-entry into foster care, formerly Item 5, a standalone item to review in the previous CFSR cycles. Re-entry into foster care was not determined to be problematic for Maine in the 2009 CFSR, as 100% of the cases reviewed were rated strengths in this area.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine falls within the appropriate range in relationship to meeting this standard. The national standard is 8.3%; Maine's Risk-Standardized Performance (RSP) is 3.8%. Based on this data, Maine meets the standard and would not be required to address this issue through the PIP process.

The negotiated 2009 CFSR PIP goal for **Item 3** was 50.5%, and the method of measurement was the quality case reviews. This was a difficult goal to meet, but OCFS exceeded the goal reaching 53% in the PIP rolling Quarter 5. This area continues to be a challenge for OCFS, and the 7-Year Average reflects that Maine has fallen below the goal established in the previous PIP:

Me.-CFSR Round	Item 3
Round 1: 11/2009-10/2010	40%
Round 2: 11/2010-10/2011	34%
Round 3: 11/2011-10/2012	41%
Round 4: 11/2012-10/2013	48%
Round 5: 11/2013-10/2014	45%
Round 6: 11/2014-10/2015	52%
Round 7: 11/2015-10/2016	41%
7-Year Average	**43%**

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The element of this item most often found not met is that of the agency conducting ongoing assessments, and accurately assessing all of the risk and safety concerns for the child(ren) in foster care, and/or any child(ren) remaining in the family home (3B).
- 35% of the cases where 3B was not met were in home service cases, and 65% were foster care cases.

    - The concerns related to in home cases were generally related to the following:
        - Lack of full assessment of others living in the home (i.e. relatives, significant others of parents);
        - Lack of full assessment related to substance use and domestic violence, both in relation to parents, and their significant others;
        - Lack of assessing parent's/caregiver's protective capacity before allowing them to be the primary caregiver for a child; and
        - Lack of ongoing contact with children in safety planned situations to continue to assess their safety in these living environments.

    - The concerns related to ~~the~~ foster care cases were generally related to the following:
        - Not continuing to assess safety and risk of children who remain in the birth home after a sibling enters foster care;
        - Lack of assessing safety of children during visitation with family;
        - Lack of assessing safety of children in foster care settings of both resource parents and relative providers; and
        - Lack of assessing significant others to parents of children, despite there being contact between the children and the significant others through visitation.

The 2015-2019 CFSP includes various strategies that will impact this area, and includes strengthening policy, supporting training and coaching opportunities, and streamlining work flow so staff can focus on what is most critical.

OCFS implemented a real time review model, Eckerd Rapid Safety Feedback (ERSF), to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Manager. All of the QA staff were trained in the model in November 2015, with full implementation of the program on 3/7/16, which included 3 reviewers (two primaries, 1 backup) from the QA unit assigned to this program. Based on a comprehensive review of 5 years of data in MACWIS and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, reduction in the probability of high severity child abuse was found. Among those critical case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (RSF Program Manager and the QA Specialist who reviewed the case), and the caseworker, and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

ERSF staff uses a four step process to meet the program goals:

1. Debrief any potential safety concerns, and/or emerging dangers with the caseworker and caseworker's supervisor;
2. Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified;
3. Identify who will be responsible for action tasks, and assign timeframes for resolution; and
4. Provide positive feedback regarding case strengths, as well as discuss case concerns, and opportunities for improvement.

Since implementation of ERSF, 3/7/16 through 3/17/17, there have been 401 cases assigned for review and 294 staffings held.

Incorporated into Item 3 is recurring maltreatment/recurring safety concerns, formerly Item 2, a standalone item to review in the previous CFSR cycles.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine no longer meets the national standard related to recurrence of maltreatment. The national standard is 9.1%, Maine's Risk-Standardized Performance (RSP) is 13.5%. Based on this data Maine would be required to address this through the PIP process. It is anticipated that the adoption of the ERSF process will positively impact the challenges faced related to recurrence of maltreatment.

The originally submitted 2015-2019 CFSP included the expectation of district action plans for districts that are struggling in the area of recurrence of maltreatment. Since that submission the decision was made to include strategies to address this concern in the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-18). Key action steps include the following:

- Strengthening and providing training on the Assessment and Findings Policies.
- Researching best practices for reducing repeat maltreatment rates.
- Providing training in Motivational Interviewing.
- Training experienced assessment caseworkers in Advanced Forensic Interviewing training. This training was completed in November 2016, with a plan to offer three more rounds to the remaining eligible staff.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators, and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency outcome 1 includes the following:

- Item 4- Stability of placement;
- Item 5- Permanency goal for child;
- Item 6- Achieving reunification, guardianship, or permanent placement with relatives; and
- Item 7- Placement with siblings.

Item 4: (Stability of placement) was assigned a rating of Area Needing Improvement in the 2009 CFSR. Due to there being significant improvement in this area between the review and the final approval of the PIP, Maine was not required to specifically address this area in the PIP.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine meets the national standard related to stability of placement. The national standard is 4.12 moves (per 1,000 days in care); Maine's Risk-Standardized Performance (RSP) is 2.73, within the acceptable range. Based on this data, Maine meets the national standard, and would not be required to address this issue through the PIP process.

The data collected through the case review process, although pulled from a significantly smaller sample of cases, found that Maine does fall below the federal case review 95% threshold, and has fluctuated between 67% in Round 2, to 89% in Round 4- meeting a 7-Year Average of 78%:

Me.-CFSR Round	Item 4
Round 1: 11/2009-10/2010	78%
Round 2: 11/2010-10/2011	67%
Round 3: 11/2011-10/2012	77%
Round 4: 11/2012-10/2013	89%
Round 5: 11/2013-10/2014	77%
Round 6: 11/2014-10/2015	82%
Round 7: 11/2015-10/2016	75%
7-Year Average	**78%**

Item 5: **(Permanency goal for child)** was assigned a rating of Area Needing Improvement in the 2009 CFSR. The PIP negotiated goal for this item was 89%, the method of measurement being the quality case reviews. Maine met that goal at 89% in the PIP Quarter 6 submission.

The quality case review data indicates a fluctuation in performance over the course of 7 review cycles, falling below the goal established in the previous PIP:

Me.-CFSR Round	Item 5
Round 1: 11/2009-10/2010	78%
Round 2: 11/2010-10/2011	62%
Round 3: 11/2011-10/2012	80%
Round 4: 11/2012-10/2013	89%
Round 5: 11/2013-10/2014	76%
Round 6: 11/2014-10/2015	59%
Round 7: 11/2015-10/2016	69%
7-Year Average	**73%**

In Rounds 6 & 7, QA was able to extract data related to the specific questions incorporated in Item 5 in order to identify where the challenges are in relation to timely establishment of appropriate permanency goals.

Measurement	Measurement Met Round 6	Measurement Met Round 7
Identification of permanency goal	100%	100%
Permanency goal established timely	87%	80%
Permanency goal appropriate	92%	79%
Child in care 15 of most recent 22 months	54%	54%
Filing timely termination of parental right	76%	62%
Exception to requirement of filing termination of parental rights	61%	40%

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data indicates a drop in performance related to establishing an appropriate permanency plan. Primary concerns found include:
    - In many cases the permanency goal of reunification extended between 12-16 months, despite clear indication that parents were not making progress on their reunification plan.
    - The majority of cases reviewed found that the challenge often related to extending reunification goal as opposed to moving towards an adoption goal; there were a few examples where the adoption goal was not appropriate given case circumstances, and a goal of OPPLA would have been more appropriate.
    - One area noted as a concern was the delay between the decision to file a termination of parental rights petition with the court, and the actual filing of the petition, followed by lengthy court delays in hearing the cases and making the judicial determination.

Key strategies that will address these issues include streamlining caseworker workflow, strengthening the Family Team meeting process, implementing effective Maine Strategic Plan Action (MSPA) meetings (a.k.a. Permanency Review Teams), Child Specific Recruitment activities (including the Heart Gallery), and Family Share Meetings; all of which will require caseworker attention, and time to adequately document these activities.

Three additional strategies were implemented in 2016 that will impact children's permanency goals, and timeframes related to meeting those goals:

- A district review process has been implemented where all youth in care 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for a period of time, and monitoring the progression being made toward achieving permanency for these youth.
- All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a termination of parental rights without an identified adoptive family will participate in the Heart Gallery, and be listed on AdoptUsKids. Through a recruitment contract, Spurwink will support these efforts.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases are reviewed by QA to determine if the meetings are being held within 5 business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement, and how well exceptions are documented. While the quantitative data would indicate that districts are completing a high number of Family Share meetings, the qualitative data would indicate that the meetings are not occurring as consistently as expected. As specific data has been shared there has been improvement in terms of how the work is being documented that would better allow for a clean quantitative pull of data, (i.e. caseworkers using the correct MACWIS narrative drop down headers).

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals; however there was a decrease in performance between CY 2015 and the CY 2016 data.

Family Share Meetings:

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015 Quantitative 65% Qualitative 63%	**CY 2016** Quantitative 52% Qualitative 48%			

Item 6: (Achieving Reunification, Permanency Guardianship, Adoption, Other Planned Permanent Living Arrangement) This item is a consolidated item to determine if the identified permanency goals have been achieved through reunifications, guardianship, adoption, or other planned permanency living arrangement.

In the 2009 C FSR, the item rating how well the agency performed in achieving timely goal of reunification/guardianship (Item 8) was assigned a rating of Area Needing Improvement. The data supported significant improvement in this area between the review and the final approval of the PIP, so Maine was not required to specifically address this area in the PIP.

The revised data measures in the permanency areas are broken down into three distinct periods. The table below depicts that breakdown, as well as the Maine data reflected within the ACF Summary Data- CFSR 3 Statewide Data Indicators (September 2016):

ACF Data Indicator	National Standard (NS)	Risk-Standardized Performance (RSP) Interval
Permanency in 12 months for children entering foster care	40.4%	29.6 NS not met
Permanency in 12 months for children in care 12-23 months	43.6%	40.9% NS met
Permanency in 12 months for children in care 24+ months	30.3%	32.9% NS met

The data reflects Maine not meeting one of the three data measurements which would require action through a PIP process, specifically looking at children achieving permanency within 12 months of entering foster care.

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The concerns related in this area were related to both agency challenges, and court delays.
    - There were many cases where the decision to file the TPR was made, but then there were a number of months until the petition was actually filed.
    - Once heard, there were apparent delays in receiving the judicial determination of the hearing.
    - There were many examples of delays in completing the post-TPR paperwork, as well as delays found in recruitment efforts.
- Agency responsibility related to having children in care for extended months prior to filing a petition for termination of parental rights. This includes children in care with reunification as the goal for 12-22 months.
- There were multiple examples of lack of concerted efforts to engage and work with birth fathers in the reunification plan.

Strategies developed that should positively impact Maine's performance in this area include:

- A district review process where all youth in care for 6 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for a period of time, and monitoring the progress~~ion~~ being made toward achieving permanency for these youth.
- All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a termination of parental rights without an identified adoptive family will participate in the

Heart Gallery and be listed on AdoptUsKids. Through a recruitment contract, Spurwink will support these efforts.

- Re-development of the Family Reunification Program (FRP). The agency remains committed to re-developing the FRP, with an anticipated contract start in the summer of 2017.
- Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed.

Item 7: (Placement with siblings) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 87% of the cases reviewed, just missing the 90% goal for the review.

The ongoing quality case review data reflects that OCFS has demonstrated improvement in this area with the exception of the Round 2, and Round 6. The data has ranged from 86%-100%, with the 7-year average reaching 94%, very close to the 95% marker, as evidenced in the table below:

Me. -CFSR Round	Item 7
Round 1: 11/2009-10/2010	100%
Round 2: 11/2010-10/2011	86%
Round 3: 11/2011-10/2012	100%
Round 4: 11/2012-10/2013	94%
Round 5: 11/2013-10/2014	95%
Round 6: 11/2014-10/2015	90%
Round 7: 11/2015-10/2016	92%
7-Year Average	**94%**

Strategies that should strengthen this item include more effectively teaming with families, and including the voices of youth in this process.

Permanency outcome 2 includes the following:

- Item 8- Visiting with parents and siblings in foster care;
- Item 9- Preserving connections;
- Item 10- Relative Placements; and
- Item 11- Relationship of child in care with parents.

Item 8: (Visiting with parents and siblings in foster care) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 71% of the cases reviewed, failing to meet the goal of 90% for the review.

The ongoing quality case review data reflects that OCFS remains challenged in this area. The data has ranged from 63%-85%, with the 7-year statewide average reaching 75% as evidenced in the table below:

Me.-CFSR Round	Item 8
Round 1: 11/2009-10/2010	70%
Round 2: 11/2010-10/2011	63%
Round 3: 11/2011-10/2012	78%
Round 4: 11/2012-10/2013	84%
Round 5: 11/2013-10/2014	85%
Round 6: 11/2014-10/2015	77%
Round 7: 11/2015-10/2016	69%
7-Year Average	**75%**

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Services and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25, who are currently in, or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016. Thirty-seven percent of respondents wanted to have more input in their family visits.

The 2015-2019 CFSP will support this work, and includes the increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the family. OCFS has taken steps to embed specific questions related to father's participation in the FFTM process, which can be measured through the FFTM database. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

Item 9: **(Preserving connections)** was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 84% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS initially made steady improvements in this area; however has experienced a drop in performance in the last three rounds. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 9
Round 1: 11/2009-10/2010	70%
Round 2: 11/2010-10/2011	73%
Round 3: 11/2011-10/2012	88%
Round 4: 11/2012-10/2013	98%
Round 5: 11/2013-10/2014	88%
Round 6: 11/2014-10/2015	86%
Round 7: 11/2015-10/2016	66%
7-Year Average	**81%**

There have been policy and practice changes since the 2009 review, including the Indian Child Welfare Policy. This policy clearly outlines the co-case management roles between state child welfare caseworkers, and tribal child welfare caseworkers. The most recent update to the ICWA Policy, effective February 1, 2016, was revised in collaboration with the ICWA Workgroup, which includes representatives from the Indian Child Welfare communities, OCFS, and the legal community. Several changes were incorporated into the ICWA policy in order for OCFS to be in compliance with the updated guidelines that were provided to ~~S~~state ~~C~~courts and Child Welfare ~~A~~agencies implementing the Indian Child Welfare Act. This update was done ~~due to~~ as a result of changes made by the Bureau of Indian Affairs, *Guidelines for State Courts in Indian Child Custody Proceedings.*

Work continues towards strengthening the teaming process to ensure that formal and informal supports are consistently identified and invited to participate in these meetings. These team members are most likely family members who can support connections being preserved for children if/when they enter foster care.

Timely relative notification when children enter foster care is key in ensuring that the agency is involving family members, and provides an opportunity for grandparents and other adult relatives to engage with the agency to ensure that connections are preserved. The QA unit conducts quarterly reviews on the level of compliance in providing written notification to all grandparents and all known adult relatives. The data supports that the agency does a good job in relative exploration with the family within 35 days of the assessment, and documenting that exploration. However, the data indicates that the agency is challenged in providing written notification to all grandparents and all known adult relatives. Progress has been made in this area, however more work needs to be done to ensure that OCFS is in compliance with the law.

The Lexis Nexis search engine has been available to child welfare staff since May 2015 to help support locating family members once identified. A training webinar was created, and is available to staff as a guide to this resource. A review of the resource was provided at a statewide supervisors meeting in the summer of 2016. Between 5/11/15-12/29/16 there were 1398 requests from district staff for this service.

Given the importance of engagement with all family members, OCFS included this practice in the 2015-2019 CFSP in order to monitor and measure the goal of increasing safety, nurturing family relationships, and family/community connections.

Item 10: (Relative placement) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 74% of the cases reviewed, below the 90% goal.

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the 2016 calendar year, relative placements ranged from 31% to 34% averaging out at 32%.

The ongoing quality case review data reflects that OCFS had made steady improvement in this area, however experienced a drop in performance in the review period 11/2013-10/2014; a slight improvement in Round 6, but a significant drop in Round 7. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me.-CFSR Round	Item 10
Round 1: 11/2009-10/2010	55%
Round 2: 11/2010-10/2011	65%
Round 3: 11/2011-10/2012	73%
Round 4: 11/2012-10/2013	85%
Round 5: 11/2013-10/2014	70%
Round 6: 11/2014-10/2015	72%
Round 7: 11/2015-10/2016	61%
7-Year Average	**69%**

Trends that were highlighted through the case reviews indicated that barriers to meeting this timeframe included:

- Child(ren) not placed with a relative, and it was unclear if maternal and paternal relatives were explored and assessed for placement options.
- Not updating relative resources (simply ruling people out based on old information).
- Ruling relatives out on assumption they cannot manage the child's behavior.
- Ruling relatives out when they live far away or out of state.
- Not contacting incarcerated parents or parents living out of state.
- Not talking to children/youth about who they consider a safe resource.

- Not responding to relatives when they reach out to DHHS.
- Discounting relatives because of the relative's age, or the relative's own previous dealings with DHHS from many years ago, without re-assessing a relative's current circumstances.
- Discounting a relative completely because they are not a placement option.

Maine has strengthened policy to reflect expectations that comply with Fostering Connections specific to relative notifications. The data and challenges related to this were highlighted in the previous item. Maine has also collaborated with outside agencies to provide supports to kinship placements, as well as modified its rate structure to provide financial support to kinship providers, and encouraging providers to apply for foster care licensing.

The 2015-2019 CFSP will support this work, and includes increased funding for supported visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side of the family. OCFS has taken steps to embed specific questions related to father's participation in the FFTM process, which can be measured through the FFTM database. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

These areas of practice related to effective teaming will continue to be of focus in the OCFS Child Welfare Strategic Plan (SFY 2016-18).

Item 11: (Relationship of children with parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated an area needing improvement in 60% of the cases reviewed, below the 90% goal.

The ongoing quality case review data reflects that OCFS has made some improvement in this area, trending up during the first four rounds of review, maintaining at 70% for Rounds 4 & 5, increasing to 77% in Round 6, and dropping back in Round 7:

Me.-CFSR Round	Item 11
Round 1: 11/2009-10/2010	64%
Round 2: 11/2010-10/2011	51%
Round 3: 11/2011-10/2012	66%
Round 4: 11/2012-10/2013	70%
Round 5: 11/2013-10/2014	70%
Round 6: 11/2014-10/2015	77%
Round 7: 11/2015-10/2016	69%
7-Year Average	**67%**

Trends highlighted through the case review indicate that barriers to meeting this standard include:

- Lack of documentation that reflects parents being notified, or invited to activities outside of visitation, and services such as medical and dental appointments, school events (sports, Parent Teacher Conference) or other important events in the child's life.
- Lack of documentation to reflect why inviting parents to their child's activities would not be appropriate.
- Lack of efforts to promote a relationship with both parents beyond visitation.
- Discomfort by caregivers (relatives and foster parents) in having parents attend the child's appointments and events, yet this issue isn't addressed by the caseworker.
- Parent incarcerated, or out of state, and efforts are minimal to engage these parents.

The data supports the need to continue work in this area. In the past year there has been work to strengthen the OCFS Teaming Process by recommitting to the Family Team Meeting, and Facilitated Family Team Meeting models, which includes caseworkers being identified for this role who will not carry other cases, as well as being provided specialized training and coaching. OCFS has continued to collaborate with Casey Strategic Consulting, and the University of Southern Maine Muskie School of Public Services to assess barriers, and develop a work plan to strengthen teaming process. District based training and coaching will begin in May 2017, including each district. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.

Family Share Meetings have also been identified as a key strategy to strengthen the relationships between children and their parents, through building a relationship between the parents and resource parents. Family Share Meeting Policy, developed, and implemented in August 2015 outlines the expectations for when these meetings should occur, and who should be involved.

The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases are reviewed by QA to determine if the meetings are being held within 5 business days of the child's entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement, and how well exceptions are documented. While the quantitative data would indicate that districts are completing a high number of Family Share meetings, the qualitative data would indicate that the meetings are not occurring as consistently as expected. As specific data has been shared, there has been improvement in terms of how the work is being documented that would better allow for a clean quantitative pull of data, (i.e. caseworkers using the correct MACWIS narrative drop down headers).

The following table demonstrates staff improvement in the implementation of these meetings in respect to meeting the CFSP goals, however there was a decrease in performance between CY 2015 and the CY 2016 data.

2015-2019 CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015 Quantitative 65% Qualitative 63%	**CY 2016** Quantitative 52% Qualitative 48%			

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data, and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data, and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-being outcome 1 includes the following:

- Item 12- Needs and services of child, parents, and foster parents;
- Item 13- Child and family involvement in case planning;
- Item 14- Caseworker visits with child; and
- Item 15- Caseworker visits with parent(s).

Item 12: (Needs assessment and services to children, parents, resource parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 40.1%, and Maine was able to exceed that goal at 45% in the fourth PIP quarter. The method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS had made some improvements in this area, however there was a drop between Rounds 6 and Round 7 in all three areas of focus- children, parents and resource parents. As a result of the change in the OSRI~~,~~ during Rounds 6 and 7, Maine was able to focus on areas that provided the greatest challenges ~~in~~ with ~~respect~~ regard to assessing and addressing the needs of children, parents, and resource parents.

Me CFSR Round	% Met Item12a (children)	% Met Item 12b (parents)	% Met Item 12c (resource parents)
Round 6: 11/2014-10/2015	93%	49%	83%
Round 7: 11/2015-10/2016	87%	37%	74%

In Rounds 6 and 7 QA was able to extract data related to the specific questions incorporated in Items 12a, b, and c:

Item 12 Question	% Met Round 6	% Met Round 7
A2. During the period under review, were appropriate services provided to meet the child's identified need?	91%	85%
B3. During the period under review, were appropriate services provided to meet the mother's identified need?	69%	54%
B4. During the period under review, were appropriate services provided to meet the father's identified need?	58%	41%
C2. During the period under review, were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?	84%	75%

In an 11/1/2016 query of the ACF Online Management System (OMS), which consisted of data pulled from 92 case reviews, Item 12 was rated as a strength in 40% of the cases reviewed, below the outcome of the 2009 CFSR in this area. Broken down further:

- Needs Assessment and Services to Children was rated a strength in 87% of the cases reviewed;
- Needs Assessment and Services to Parents was rated a strength in 37% of the cases reviewed; and
- Needs Assessment and Services to Foster Parents was rated a strength in 74% of the cases reviewed.

An analysis of the specific data in the OMS Round 7 CFSR report, specifically looking at the issues related to the poor performance in the area of parents, found the following:

- The agency is less likely to conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs than it is the mothers.
- Paramours/significant others of parents are often not assessed despite having caregiving roles for the children.
- Fathers who live out of the home in service cases are more likely to be excluded from assessment of needs, and ~~then~~ not provided appropriate services to address any identified needs. There were several examples where the explanation provided through the interview process was the belief held by the agency that the fathers didn't have relationships with the children despite conflicting information indicating there was visitation between the children and their fathers.
- There were cases where there was a difference of opinion between what the initial assessment caseworker had determined as a need for a family and what the permanency/case carrying caseworker believed was the need. This often led to confusion on the part of the family as to what they were required to do, and created delays in families receiving the appropriate services.
- The agency often continued with the same type and level of service provision despite there being information that the family was not benefiting from the service, often requiring more intense treatment than they were receiving.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Services and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide, in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Respondents of the survey were asked if they received any information or training about the specific life skills such as: how to succeed in high school or college, apply to college, preparing for college, finding a job, keeping a job, finding housing, financial literacy skills, etc. Overall, at least half of the respondents indicated they received information or training about the listed categories.

The categories where the most youth responded having received training or information about were (highlighted in blue below): Advocating for yourself (85%); Communication skills (85%); and Daily living skills (84%). Among the categories where they responded that they had received the least amount of information or training were (highlighted in yellow below): Finding housing (38%); College application assistance (28%); and Preparing for college (25%). Categories with the most 'Not sure' responses are highlighted in red (Keeping a job; College application assistance; and Healthy connections with extended family).

	Yes	Percent (%)	No	Percent (%)	Not Sure	Percent (%)	Total
Education success	90	76.9%	15	12.8%	12	10.3%	117
College application assistance	70	60.3%	32	27.6%	14	12.1%	116
Preparing for college	75	65.2%	29	25.2%	11	9.6%	115
Finding a job	89	76.7%	17	14.7%	10	8.6%	116
Keeping a job	76	66.1%	23	20.0%	16	13.9%	115
Finding housing	58	51.3%	43	38.1%	12	10.6%	113
Financial literacy	88	75.9%	17	14.7%	11	9.5%	116
Daily living skills	98	83.8%	11	9.4%	8	6.8%	117
Developing healthy relationships	94	81.0%	15	12.9%	7	6.1%	116
Communication skills	98	84.5%	11	9.5%	7	6.0%	116
Healthy sexuality or sex education	89	76.1%	17	14.5%	11	9.4%	117
Advocating for yourself	99	84.6%	11	9.4%	7	6.0%	117
Healthy connections with bio family	86	73.5%	22	18.8%	9	7.7%	117
Healthy connections with extended family	82	70.1%	22	18.8%	13	11.1%	117

It is clear that more work needs to be done in this area related to assessing and addressing needs and services for youth, parents, and foster parents; but most specifically related to working with parents. It is believed that the 2015-2019 CFSP will support this continued work through strengthening the teaming process, the Maine Strategic Plan Action Steps (MSPAS), funding for supported visitation, Maine Enhanced Parenting Program (MEPP), and the Family Reunification Program (FRP).

Item 13: **(Child and family involvement in case planning)** was assigned a rating of Area Needing Improvement in the 2009 CFSR. The PIP goal negotiated for this item was 54.9%, and Maine was able to exceed that goal at 62% in the fourth PIP quarter, the method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS initially made some improvements in this area, trending up primarily in Rounds 3 & 4, but dropping in Rounds 5, 6, and 7. As evidenced in the table below, the 7-Year Average is lower than the goal achieved by Maine during the PIP:

Me.-CFSR Round	Item 13
Round 1: 11/2009-10/2010	43%
Round 2: 11/2010-10/2011	41%
Round 3: 11/2011-10/2012	65%
Round 4: 11/2012-10/2013	70%
Round 5: 11/2013-10/2014	62%
Round 6: 11/2014-10/2015	64%
Round 7: 11/2015-10/2016	45%
7-Year Average	**56%**

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reflects that the agency has challenges in involving children/youth, and both parents in case planning; however the data reflects that the fathers in these cases were less likely to engage in the case planning process.
- The data reflects the agency is challenged in engaging with out of home fathers consistently in case planning.
- The data suggests a lack of monitoring of progress being made, and/or compliance with reunification/case plans.
- The data collected through the case review interviews reflects that many parents were not aware of what was expected of them. This appears to reflect a lack of clear discussions with them related to the direction of the case, and the expectations of the parents.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Services and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide, in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Survey respondents were asked if they felt included in the overall decision making during their time in foster care. Of the 117 respondents, 48% indicated they 'always' felt included; 46% indicated they 'sometimes' felt included, and 6% indicated they 'never' felt included.

Youth were asked who they thought had listened to their voice, or opinions during their time in care (with the option to check as many as they wanted), three quarters of youth checked that their caseworker listened to them. A high percentage of respondents also indicated that their relatives, foster parents, and staff (73%) listened, and the GAL (51%). Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%), 5% of respondents checked they felt that no one listened to them.

Respondents were asked to rate whether they felt included in the plans for 10 different areas listed in the tables below:

	Case Plan	School Plan	Placement Plan	Permanency Plan	Court Case Review
Always or almost always	45.3%	47.9%	38.5%	44.4%	50.0%
Some	35.9%	25.6%	27.4%	30.8%	22.4%
Not at all or Very little	13.7%	19.7%	25.6%	17.9%	19.0%
Does not apply to me	5.1%	6.8%	8.5%	6.8%	8.6%

	Family Visitation Plan	Health Care Plan	Mental Health	Therapy	Medication
Always or almost always	47.9%	47.9%	47.0%	48.3%	47.5%
Some	23.9%	18.8%	18.8%	22.4%	21.2%
Not at all or Very little	14.5%	23.1%	26.5%	22.4%	19.5%
Does not apply to me	13.7%	10.3%	7.7%	6.9%	11.9%

In the past year there has been work to strengthen the OCFS Teaming Process by recommitting to the Facilitated Family Team Meeting model, which includes caseworkers being identified for this role who will not carry other cases, as well as being provided specialized training and coaching. O CFS has continued to collaborate with Casey Strategic Consulting and University of Southern Maine Muskie School- of Public Services to assess barriers, and develop a work plan to strengthen the teaming process. A July 2016 survey conducted by USM Muskie School of Public Service found that:

- FTM and FFTM practice was in a state of partial implementation.
- Many caseworkers and some FFTM facilitators had not been adequately trained in meeting preparation and facilitation.
- The need to fully implement teaming was not perceived as urgent by some staff.
- Other workload demands interfere with teaming preparation and facilitation.

In summary, updated training and coaching was an identified need to meet the goals of the OCFS Practice Model. District based training and coaching will begin in May of 2017, and will include all districts throughout the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district. By June 2018 all staff will be trained, and/or re-trained on FTMs.

It is clear that more work needs to be done in this area, and it is believed that the 2015-2019 CFSP will support this through continued work strengthening of the teaming process, and continued support and training related to OCFS Fact Finding Protocol and Motivational Interviewing.

Item 14: **(Caseworker visits with child)** was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 68.4%, and Maine was able to exceed that goal at 69% in the sixth rolling PIP quarter. The method of measurement was through the quality case reviews.

The following table reflects the level of contact made with all child victims within 72 hours, and monthly contacts with children on open service cases:

	CY 2015	CY 2016
All victims seen within 72-hours	75%	75%
Monthly contact with children in open service cases	69%	81%

Data supports that Maine consistently meets the federal Monthly Caseworker Face to Face expectations, both in terms of frequency, and the majority of the visits taking place in the child(ren)'s home:

	% of children seen	% of children seen in their home
FFY 2015	97%	87%
FFY 2016	97%	87%

The ongoing quality case review data reflects that OCFS continues to have challenges in meeting this standard. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me. -CFSR Round	Item 14
Round 1: 11/2009-10/2010	57%
Round 2: 11/2010-10/2011	54%
Round 3: 11/2011-10/2012	59%
Round 4: 11/2012-10/2013	62%
Round 5: 11/2013-10/2014	63%
Round 6: 11/2014-10/2015	79%
Round 7: 11/2015-10/2016	63%
7-Year Average	**62%**

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reviewed in the service cases reflect primary challenges related to quality issues, and include not seeing all the children in family, not seeing children alone, and not addressing safety with the children. The data also reflected some challenges related to frequency of face to face contacts, as evidenced by having gaps in contact between visits with children.
- The data reviewed in the foster care cases reflect primary challenges related to quality issues and include not having conversations related to safety, permanency, and well-being with the children, not seeing children alone, and not seeing children in an environment that is conducive to an open conversation.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Service and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age, and currently in foster care. Youth were asked to identify the frequency, in which they talked with their caseworkers, resulting in findings that 43% of youth reported having contact with their caseworker more than a few times per month; specifically:

Frequency of Contact with Caseworker		
Contact Frequency	Frequency	Percent
Once a week or more	10	21.3%
A few times a month	10	21.3%
About once a month	5	10.6%
About every other month	3	6.4%
About every three months	2	4.3%
Less often	10	21.3%
Never in the past year	7	14.9%

The following is how those age **18 and over** answered the same question (About how often did you talk on the phone, text, or e-mail with your caseworker in the past year?**)**. There were a total of 55 youth who were in the age range and in care. The majority, (75%), were in contact with their caseworkers either once a week, a few times a month, or about once per month.

Frequency of Contact with Caseworker (18+)		
Contact Frequency	Frequency	Percent
Once a week or more	9	16.4%
A few times a month	23	41.8%
About once a month	9	16.4%
About every other month	3	5.5%
Less often	5	9.1%
Never in the past year	6	10.9%
Total	55	100

Reviewing the data extracted from the OCFS Management Reports, and the case review data, it is apparent the challenge related to contact with children is mainly related to the quality of the contact, versus the frequency.

Since the 2009 review, Maine has strengthened policy, and the management reporting related to contact made with children who remain in their home. Supervisors and district management have the ability to monitor, and track compliance on this issue. This is an area that needs continued focus, and the 2015-2019 CFSP will support this goal. Continued use of fact finding interviewing, streamlining caseworker activities, and the work done on redesigning documentation methodology, and policy should provide support to caseworkers on sharpening skills to obtain the key information to assure child safety, permanency, and well-being is met. Additionally, caseworkers will be able to efficiently streamline documentation and other casework activities, while ensuring quality contacts with children are taking place.

Item 15: (Caseworker visits with parents) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated 2009 CFSR PIP goal for this item was 40.7%, and Maine was able to exceed that goal at 48% in the fifth rolling PIP quarter. The method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS has continued to have challenges in meeting this standard. As seen below, the 7-Year Average reflects that Maine has been unable to sustain the outcome that had been achieved during the PIP period:

Me. -CFSR Round	Item 15
Round 1: 11/2009-10/2010	30%
Round 2: 11/2010-10/2011	19%
Round 3: 11/2011-10/2012	40%
Round 4: 11/2012-10/2013	35%
Round 5: 11/2013-10/2014	37%
Round 6: 11/2014-10/2015	42%
Round 7: 11/2015-10/2016	21%
7-Year Average	**32%**

An analysis of the specific data in the OMS Round 7 CFSR report found the following:

- The data reflects that the primary issues related to contact with mothers includes lack of quality discussions of safety, permanency, and well-being issues, and not seeing them alone. In many instances the contacts with mothers took place ~~in~~ at court, FTMs or with the mother's significant others/paramours present.
- The data reflects that the primary issue related to contact with fathers was that the contacts were not being held in settings conducive to private conversations, often taking place at FTMs, or at court. There were many instances where, conversations with the fathers did not include assessing and addressing safety, permanency, and well-being issues.

The 2015-2019 CFSP will support the work needed in this area on strengthening and improving the teaming process. The FFTM database will also be able to capture how the agency is involving birth fathers at the onset of a case, or at least at the point of decision making related to removal. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

Policy supports the need to see each parent monthly in open services cases, and in cases where reunification is the permanency goal.

Well-being outcome 2 includes educational needs of child(ren) being met.

Item 16: (Educational needs of child) was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 60% of the cases reviewed, missing the 90% goal for the review.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in the last 4 rounds of reviews, slightly dropping in Round 7, reaching a 7-year average of 90%:

Me. -CFSR Round	Item 16
Round 1: 11/2009-10/2010	75%
Round 2: 11/2010-10/2011	82%
Round 3: 11/2011-10/2012	96%
Round 4: 11/2012-10/2013	92%
Round 5: 11/2013-10/2014	96%
Round 6: 11/2014-10/2015	98%
Round 7: 11/2015-10/2016	92%
7-Year Average	**90%**

In Rounds 6 & 7, QA was able to extract data related to the specific questions incorporated in Item 16 in order to identify how well the agency ~~did in~~ performed with regard to engaging in concerted efforts to address the child(ren)'s educational needs through appropriate services. The case review data reflects that Maine has remained strong in this area, meeting this standard in 98% (Round 6) & 92% (Round 7) of the cases reviewed.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Service and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016. Forty-two percent of respondents did report they wanted more input in their education.

Strategies that will strengthen performance in this item include:

- OCFS and the Department of Education (DOE) have finalized a data sharing agreement to obtain the results of standardized testing related to reading level in 3rd grade and high school graduation rates. This information will be provided twice a year, and will allow district casework staff to be proactive in addressing educational needs.
- Collaboration between OCFS and DOE to implement the requirements of the *Every Student Succeeds Act.*

Well-being outcome 3 includes physical health of child(ren) being met **(Item 17- Physical health needs of the child**) and mental/behavioral health of child(ren) **(Item 18- Mental/behavioral health of the child)** both of which were rated as an Area Needing Improvement in the 2009 CFSR.

Item 17: (physical health needs of the child) was rated a strength in 83% of the cases reviewed, below the 90% goal for the review.

In 2015 the Quality Assurance Unit completed a second review of the compliance related to a couple of tenants of the Child Health Assessment (CHA) Protocol (an initial review was conducted in 2014):

1. Are initial health exams scheduled within 10 days?
    a. In 59% of the cases reviewed, there was documentation of medical appointments being made within 10 days of the child's entry into care.

2. Does the narrative reflect that the Pediatric Symptom Checklist (PSC) was completed for children between 4-17 years old whenever there is a substantiated finding and/or a child enters custody?
    a. In 25% of the cases reviewed, there was documentation of the PSC being completed.

As a result of the 2015 QA data and proposed legislation the CHA Protocol was updated with the new expectations implemented on 2/1/16. MACWIS drop down choices were developed in order for staff to document their use of the PSC, CDS referral, and the medical appointments being scheduled. This will allow for easier tracking of compliance in this area through the MACWIS system. Prior to implementation, Program Administrators reviewed the CHA Protocol with their staff.

The data reflects that OCFS remains challenged in meeting this expectation:

Medical Appointments: Of the 904 children removed in CY2016, 259 (29%) had a medical appointment scheduled within 10 days of removal, based on documentation in the narrative log.

Pediatric Checklist: Of the 420 children removed in CY2016 between the ages 4-17, 13.6% had a Pediatric Checklist narrative log documented within 30 days of the removal.

The OCFS Child Welfare Strategic Plan (SFY 2016-2018) includes a focus on increasing the number of youth who have an initial medical appointment scheduled within 10 days.

In 2016 a strategy was implemented to ensure that all children under age of 3, who are victims in a case of substantiated or indicated child abuse, or who are members of that household, ~~get~~ are referred to Child Development Services (CDS). The OCFS Information Services Team generates a report every two weeks of every applicable child that gets sent securely to a central point of contact at CDS. The goals of this strategy are to increase compliance with CAPTA, increase the number of child welfare referrals being sent to CDS, and removing this task from staff to reduce administrative burden.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in Rounds 3 & 4, a slight drop in Round 5, some improvement in Round 6, but dropping in Round 7. As seen below, the 7-Year Average reflects that Maine has fallen below the outcome of the 2009 CFSR:

Me. -CFSR Round	Item 17
Round 1: 11/2009-10/2010	73%
Round 2: 11/2010-10/2011	69%
Round 3: 11/2011-10/2012	83%
Round 4: 11/2012-10/2013	88%
Round 5: 11/2013-10/2014	81%
Round 6: 11/2014-10/2015	85%
Round 7: 11/2015-10/2016	77%
7-Year Average	**79%**

In Rounds 6 & 7, QA was able to extract data related to the specific questions incorporated in Item 17 in order to identify how well the agency has performed in assessing and addressing the physical health needs of children. The data reflects the following:

Item 17 Question	% Met Round 6	% Met Round 7
B1. For foster care cases, during the period under review, did the agency provide appropriate oversight of prescription medications for physical health issues?	92%	92%
B2. During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?	94%	87%
B3. During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?	84%	80%

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Service, and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide, in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age, and currently in foster care. The survey provided the following data related to the youth being provided medical and dental health care:

- 92% reported having a regular health care provider.
- 81% reported having had a dental checkup less than a year ago.
- 87% answered no to the question *"Has there been a time over the past year when you thought you should get medical care but you did not?"*

Maine recognizes the need to continue to work on improving health care oversight and coordination, and documentation for children in foster care. The objectives in the 2015-2019 CFSP will support that work.

Item 18 (Mental/behavioral health of the child) was rated strength in 72% of the cases reviewed, which fell below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS remains challenged in this area. The data has ranged from 67%-84% as evidenced in the graph below, with the 7-Year Average being just above the outcome of the 2009 CFSR:

Me. -CFSR Round	Item 18
Round 1: 11/2009-10/2010	67%
Round 2: 11/2010-10/2011	70%
Round 3: 11/2011-10/2012	76%
Round 4: 11/2012-10/2013	84%
Round 5: 11/2013-10/2014	77%
Round 6: 11/2014-10/2015	79%
Round 7: 11/2015-10/2016	73%
7-Year Average	**75%**

In Rounds 6& 7, QA was able to extract data related to the specific questions incorporated in Item 18 in order to identify how well the agency has performed in assessing and addressing the mental/behavioral health needs of children. The data reflects the following:

Item 18 Question	% Met Round 6	% Met Round 7
B. For foster care cases, during the period under review, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?	94%	85%
C. During the period under review, did the agency provide appropriate services to address the children's identified mental/behavioral health needs?	81%	74%

Trends that were highlighted through the case reviews indicate that barriers to meeting this standard include:

- Issue(s) that have come up for a child/youth, yet it's not clear that the issue(s) are being addressed.
- Mental health needs of the child are unknown due to the lack of assessment of these areas.
- Child(ren) in mental health treatment and there is a lack of documentation as to who the provider is, or how treatment is progressing, particularly those involved in play therapy.
- Cases where there is no discharge planning documented.
- Child(ren) on mental health medication, however the policy regarding the oversight of medication is not followed.
- Passport Medical Screen in MACWIS is often significantly out of date.

Since the 2009 CFSR, Maine ~~had~~ continued to work toward~~s~~ improving the work conducted to assess and address children's mental health needs. The 2015-2019 CFSP will support this work related to consistent implementation of policies and procedures.

In three of the eight child welfare districts, an agency is responsible for providing a comprehensive medical and behavioral health assessment for all children entering foster care. The goal is to find a way to leverage Maine Care funding to expand this service statewide.

The 2015 reorganization included the creation of a clear Children's Behavioral Health Team. Children's Behavioral Health services focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disabilities, Autism Spectrum Disorders, and mental health disorders.

In collaboration with the CBH Team, a plan was developed to lower the usage of psychotropic medication for youth in foster care. In calendar year 2015, 23% of youth in foster care were on one or more psychotropic medications~~,~~; in 2016 the aggregate number was 22.8%. The goal for OCFS is that by the end of 2017 this number will drop 5% to 17% of youth being on one or more psychotropic medications.

The OCFS Child Welfare Strategic Plan (SFY 2016-2018) includes a focus on decreasing the use of psychotropic medications in foster youth. Specifically:

- Caseworkers and supervisors will review all youth on psychotropic medications quarterly.

- Caseworkers will attend medication management appointments with youth and their caregivers at least quarterly.
- Districts will consult with CBHS staff regarding any medication related questions or concerns.

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The surveys were conducted between late-June and early-November 2016.

There were a total of 47 youth included in this survey who were **between 14 and 17** years of age, and currently in foster care. Seventy-eight percent answered no to the question "*Has there been any time over the past year when you thought you should see a mental health professional for a problem such as depression, anxiety, or substance abuse, but did not?"*

Systemic Factors:

Systemic Factors includes the following:

- Information Services (Item 19)
- Case Review System (Items 20, 21, 22, 23, & 24)
- Quality Assurance System (Items 25)
- Staff and Provider Training (Items 26, 27, & 28)
- Service Array and Resource Development (Items 29, 30)
- Agency Responsiveness to the Community (Items 31 & 32)
- Foster and Adoptive Parent Licensing, Recruitment and Retention (Items 33, 34, 35, 36)

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

MACWIS has maintained a rating of Strength since 2009. Through the use of MACWIS, OCFS continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care.

The system remains functionally stable. The MACWIS system continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care. The system continues to gather reliable data, which is entered in a timely manner. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. The entry of demographics within the system is a combined effort of the state's eligibility system, which is the default and single client repository for demographics, and the entry of OCFS staff. ACES, ~~as~~ the eligibility system, exchanges its demographic data with MACWIS every 2 hours. MACWIS utilizes validation and system controls for date accuracy, element requirement and entry requirement prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business process of intake, assessment, and case. Supervisory oversight ensures that the status of a child is entered accurately and timely. Audit reporting for AFCARS and NYTD

elements, and for OCFS Child Welfare policy and practice requirements and quality are run monthly, but any of the standardized report auditing can be run as needed. Timeliness of placement and of child goal/child plan entry is also available through reporting. MACWIS is also capable of producing IVE eligibility reporting as well as financial reporting for foster care and adoption. This reporting allows staff to verify inaccuracies, correct data errors, and/or identify system issues that need to be addressed by the Information Services team. Staff can submit data fix helpdesk tickets for correction of the data, or submit requests for application changes that may enhance a user's accuracy and timeliness. During the past 6 years, Maine has continued to sustain a high functioning Information Services team and Program, which is responsive to the needs of MACWIS users, while also upholding federal, state, and department rules, policies and practices.

Throughout the year, the MACWIS system receives ongoing maintenance. Seven certified release deployments were committed during 2015, continuing to improve the support of all new federal requirements.

One of the 7 certified releases to which OCFS committed this past year was also the largest in MACWIS history. It entailed the redesign of business processes, and recoding of PowerBuilder programming; converting the existing current multiple resources into one Family Resource. This Central Resource can now be tracked in the provision of licensed and unlicensed services. OCFS Information Services has continued its work with OCFS management, internal business users, other DHHS partners, and community representatives; as well as OIT MACWIS for the incorporation of requirements from the Fostering Connections to Success and Increasing Adoption Act of 2008. During the spring of 2015, Information Services, along with the OCFS Policy and Training Unit, and a committee of internal state and community members met for the development and implementation of the requirements for The Preventing Sex Trafficking and Strengthening Families Act. This functionality was released July 2015.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

As highlighted in Item 13, Maine continues to be challenged in this area, particularly with parents with the qualitative case review finding fluctuation between rounds in respect to performance.

Trends that were highlighted through the case reviews indicate that barriers to meeting this standard include:

- Fathers not being included in the case planning process.
- Age/developmentally appropriate children not being invited to participate in case planning.
- Lack of documentation of FTM for both parents.
- Lack of documentation that reflects why the case is open~~ed~~ and what has to be done for the case to close, and for the children to safely return home.
- There are limited efforts made to involve parents who are out of state (such as phone conference for the parent at the meeting).

- While QA noticed progress made in ensuring older youth are invited to participate in the meetings, the challenge remains when youth chose not attend, and no documentation was provided regarding how the information from that meeting was shared with the youth at another time.
- Frequency of FTMs being insufficient based on the facts of the case- FTMs not being held when there are significant changes in the circumstances of the case

In January 2016, the DMT reviewed the Child Case Plan document and defined the steps needed to complete it:

1. FTM is held with the child to create the initial child plan or update the current child plan.
2. Caseworker fills out the relevant screens in MACWIS with updated information (i.e. medical passport, education).
3. Caseworker will create a new child plan in the child plan module.
4. Caseworker will complete the child plan document in event tracking.
5. Caseworker sends the document for approval in event tracking and then in the child plan module.
6. Supervisor will approve the plan in event tracking and the child plan module once they have reviewed the child's case plan, and confirmed that there is a corresponding FTM in the narrative log.

The PAs were provided instructions on how to run their own AFCARS Overdue Case Plans Report so they can monitor the work in the districts. There was also exploration on what tools may be available to district supervisors in order to monitor the timeliness of completing child case plans. The Policy & Training Team includes training related to the development of the child's case plan occurring in a FTM as part of the Foundations Training.

The quantitative data ~~would~~ indicates that these strategies have had an impact in terms of ensuring that case plans are ~~completing~~ completed timely in relation to AFCAR reporting. For the period 4/1/2016 – 9/30/2016, based on the AFCARS Penalty report for this period, only 3.21% of the case plans for the foster care population were missing at the end of the period. However, work ~~remains~~ must continue in terms of improving ~~on~~ the quality of the case planning process.

In February 2016, the QA unit reviewed a random sample of 122 children statewide, specifically looking at the 2 prior case plans for the identified children. The sample of children reviewed were those who had been in care for at least 18 months. The purpose of the review was to assess how well OCFS is doing in completing case plans on time, and how children, birth parents, resource parents, and children's informal supports were engaged in the case planning process, including within the FTM.

In summary:

- The QA review looked back at the 2 prior case plans in all the cases selected for review to check on compliance related to time frames. In this study it was found that the last 2 case plans were completed on time in 27% of the cases reviewed.
- Given that the Maine FTM is one mechanism used to engage families in case planning, this study looked at the frequency of the case plan being developed through the FTM process. It was found that case~~s~~ plans were completed at a FTM in 23% of the cases reviewed. Reviewers were looking at the timeframe of when a FTM was held in relation to the case plans ~~under~~ in question, and whether or not it could be determined that there was discussion related to case planning.
- Mothers were present at both FTMs related to case planning in 31% of the cases reviewed; fathers were present at both FTMs in 14% of the cases reviewed.
- Children 12+ years of age were present for each FTM associated with a case plan in 67% of the cases reviewed.
- Resource parents were present at both FTM's associated with a case~~s~~ plan in 51% of the cases reviewed.
- Children's informal supports were present at both case planning FTMs in 14% of the cases reviewed.

- Children did not sign any of the case plans reviewed.
- Reviewers found both case plans reviewed in event tracking in 56% of the cases reviewed.

A follow up review of a sample of 82 case plans occurred in September 2016. This review didn't assess for the quality of the case plans, focusing only on~~at~~ whether or not plans were completed, approved, in event tracking, and developed within the context of a FTM. The following was found and reported to the OCFS Executive Management Team and the District Management Team:

- In 95% of the cases reviewed, the case plan history module contained a current case plan; 99% of which were approved by the supervisor.
- Of the plans completed and approved by the supervisor, 85% could be found having been pulled into an event tracking document.
- Of the 85% of plans pulled into the event tracking document, 92% were pulled into event tracking within 30 days of the plan being completed in the case plan history module.
- Of the 85% of plans pulled into event tracking, 12% were blank documents.
- Of the completed case plans, 23% seemed to have been completed through the FTM process; with 86% of those meetings documented in the narrative (not a blank FTM narrative).

The Data Innovation Project worked with staff of the Youth Leadership Advisory Team (YLAT) at the University of Southern Maine's Muskie School of Public Service and Office of Child and Family Services (OCFS) Youth Transition Caseworker team, to conduct a statewide in-depth survey of youth between the ages of 14-25 who are currently in, or have recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. The surveys were conducted between late-June and early-November 2016.

Survey respondents were asked if they felt included in the overall decision making during their time in foster care. Of the 117 respondents 48% indicated they 'always' felt included; 46% indicated they 'sometimes' felt included, and 6% indicated they 'never' felt included.

Youth were asked who they thought had listed to their voice or opinions during their time in care (with the option to check as many as they wanted), three quarters of youth checked that their caseworker listened to them. A high percentage of respondents also indicated that their relatives, foster parents, and staff (73%) listened, and the GAL (51%). Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%), 5% of respondents checked they felt that no one listened to them.

Respondents were asked to rate whether they felt included in the plans for 10 different areas listed in the tables below:

	Case Plan	School Plan	Placement Plan	Permanency Plan	Court Case Review
Always or almost always	45.3%	47.9%	38.5%	44.4%	50.0%
Some	35.9%	25.6%	27.4%	30.8%	22.4%
Not at all or Very little	13.7%	19.7%	25.6%	17.9%	19.0%
Does not apply to me	5.1%	6.8%	8.5%	6.8%	8.6%

	Family Visitation Plan	Health Care Plan	Mental Health	Therapy	Medication
Always or almost always	47.9%	47.9%	47.0%	48.3%	47.5%
Some	23.9%	18.8%	18.8%	22.4%	21.2%
Not at all or Very little	14.5%	23.1%	26.5%	22.4%	19.5%
Does not apply to me	13.7%	10.3%	7.7%	6.9%	1 1.9%

OCFS recognizes the importance of having supervisors actively oversee the case planning process as those plans should be consistent with what needs to occur for a family to successfully reunify with their children, and/or maintain care for their children. In the spring of 2016, the DMT finalized a supervisory review protocol for quarterly review for children in care cases, and monthly review for services. This protocol includes a template that supervisors use in order to document the review in MACWIS. Supervisors participated in training that included information regarding ~~on~~ the expectations for use of the template, and the completion of the template. Full implementation of the review process began in September 2016.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as Maine provides periodic reviews for each child in foster care, and they are generally held in a timely manner. The process in place at the time of the 2009 review remains, children in foster care are reviewed by the court at least once every 6 months.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038 mandates that "If a court has made a jeopardy order, it shall review the case at least once every 6 months, unless the child has been emancipated or adopted."

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038 (5) stipulates "After hearing or by agreement, the court shall make writing findings that determine:

A. The safety of child in the child's placement;
B. The continuing necessity for and appropriateness of the child's placement;
C. The effect of a change in custody on the child;
D. The extent of the parties' compliance with the case plan and the extent of progress that has been made toward alleviating or mitigating the causes necessitating placement in foster care;

E. A likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship; and
F. If the child is 16 years of age or older, whether or not the child is receiving instruction to aid the child in independent living."

The June 2016 Title IV-E Foster Care Eligibility Primary Review found that of the 80 cases that were randomly selected for review, all were found to have the required judicial determinations explicitly documented and within the required timeframes.

> "The OCFS has collaborated with the court and the Maine Office of the Attorney General to create court orders that are child-specific and clearly reflect the case circumstances. Regular communication between OCFS and the Office of the Attorney General has resulted in timely corrective actions when potential concerns are identified with certain court orders. Court orders, along with court affidavit's consistently provided information about the home from which the child was removed; the circumstances in the family home, and the child abuse and neglect factors which brought the case to the attention of the state and court. These court orders were timely and sufficiently documented the contrary to the welfare and reasonable efforts requirements that the court must determine in a specified timeframe."

In March 2015, OCFS was notified that the state audit of foster care and adoption assistance cases were completed, resulting in no audit findings. This audit included a review of court hearings ~~being~~ that were held within the appropriate timeframe.

A recent MACWIS query that included all children in the state of Maine foster care system at the time of the query, found that Maine seems to be challenged in having the first hearing within the first 6 months of children entering custody, although improvement was made between CY 2015 and the first two quarters of CY 2016.

District	# Removals lasting more than 6 months CALENDAR YEAR 2015	JR Hearing w/in 6 months
1	110	35%
2	142	31%
3	103	50%
4	37	54%
5	156	35%
6	134	40%
7	55	42%
8	34	74%
Total	**771**	**40%**

District	# Removals lasting more than 6 months Jan-Jul 2016	JR Hearing w/in 6 months
1	79	57%
2	54	30%
3	48	35%
4	13	69%
5	119	31%
6	53	55%
7	25	92%
8	18	55%
Total	**409**	**45%**

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response

This item was assigned a rating of strength in the 2009 CFSR as information obtained confirmed that permanency hearings are held within 12 months of a child's entry into foster care, and usually every 6 months thereafter. Maine continued to utilize the same system to ensure these hearings are taking place within this same timeframe.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4038-B. Permanency Plans mandates:

"**1**. **Mandated permanency planning hearing**. Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing and shall determine a permanency plan within the earlier of:

A. Thirty days after a court order to cease reunification; and
B. Twelve months after the time a child is considered to have entered foster care. A child is considered to have entered foster care on the date of the first judicial finding that the child has been subject to child abuse or neglect or on the 60th day after removal of the children from the home, whichever occurs first.

2. Subsequent permanency planning hearings. Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing within 12 months of the date of any prior permanency planning order."

Since 2009 Maine has undergone three Title IV-E Foster Care Eligibility Reviews, 2010, 2013, and 2016 as well as a state audit in 2015, passing all four.

The June 2016 Title IV-E Foster Care Eligibility Primary Review found that of the 80 cases randomly selected for review, all were found to have the required judicial determinations explicitly documented, and within the required timeframes.

On an annual basis the OCFS IV-E Financial Review Eligibility Specialists conduct a review to ensure that case records contain the appropriate court documentation demonstrating that permanency review hearings occur within 12 months from the date the child entered foster care and no less frequently than every 12 month thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

This data is based on the first hearing entered with the type of "Judicial Review/Permanency Hearing" that occurred within 12 months for children that entered care during 2015, and that remained in care at least 12 months.

DISTRICT	ALL REMOVALS CY2015	CY2015 REMOVALS > 12 MONTHS	OF REMOVALS > 12 MONTHS, # WITH PERMANENCY HEARING WITHIN 12 MONTHS	% WITH PERMENENCY HEARING WITHIN 12 MONTHS
1	116	105	97	92%
2	152	131	130	99%
3	113	87	83	95%
4	41	34	34	100%
5	171	139	133	96%
6	162	113	111	98%
7	68	45	40	89%
8	47	29	29	100%
TOTAL	**870**	**683**	**657**	**96%**

A follow up study of 25% of the cohort of children who were in foster care 18+ months found that the agency performed well in respect to ensuring that annual permanency hearings were held following that first year of the child's entry into care. In this review of 91 cases annual permanency hearings were found in 97% of the cases, in fact in most of the cases the reviews were occurring more than annually.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR as it was evident that Maine had a process for filing a petition for TPR in accordance with ASFA.

In the Me. - CFSR Rounds 6 & 7, data was extracted related to the specific questions incorporated in Item 5 (appropriate and timely establishment of permanency goals) in order to identify where the challenges are in relation to timely establishment of appropriate permanency goals.

Measurement	% Met Round 6 (11/2014-10/2015)	% Met Round 7 (11/2015-10/2016)
Filing timely termination of parental right	(t=62) 76%	(t=45) 62%
Exception to requirement of filing termination of parental rights	(t=18) 61%	(t=15) 40%

Trends highlighted through the case review indicated that barriers to meeting this timeframe included:

- It's not usually clear from the record as to the delay in changing case goals. Sometimes reunification goes significantly beyond the 12/15 month mark before the TPR (caseworkers and the court trying to give the parents additional opportunities to reunify) and it's not clear if there are compelling reasons for extending the reunification timeframe.
- This item also speaks to whether or not a goal is appropriate to the case. There are times when it does not appear that the parents are involved in reunification at all (or just minimally) but the Department is not making any efforts to move towards a TPR when it appears that would be appropriate (even though earlier than the 12 month mark).
- Lack of documentation related to concurrent planning.

Three strategies implemented in 2016 will impact children's permanency goals and timeframes related to meeting those goals include:

- In May 2016 monthly data planning calls were implemented to include District Program Administrators. Districts will concentrate on permanency for ~~S~~specific youth who have been in custody for a period of time, and monitor the progression being made toward achieving permanency. The preliminary data reflects that this process is leading to an increase in children being returned home.
- Developing a process where all youth in care 0-9 months will be reviewed to identify any barriers to reaching timely permanency, and strategizing ways around those barriers.
- OCFS Information Services is developing a 'data dashboard' that will be able to support supervisors and managers in real time as to children are in the permanency continuum.

These strategies will allow for ongoing review of child's immediate permanency goals and needs, which should support staff in making timelier decisions related to filing for termination of parental rights.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2009 CFSR.

Maine Statute Title 22, Chapter 1071 Subchapter IV §4033-5 mandates that "*The department shall provide written notice of all proceedings in advance of the proceeding to foster parents, pre-adoptive parents and relatives providing care. The notice must be dated and signed, must include a statement that foster parents, pre-adoptive parents and relative providing care are entitled of notice of and a right be heard in any proceeding held with respect to the child and must contain the following language:*

> *'The right to be heard includes only the right to testify and does not include the right to present other witnesses or evidence, to attend any other portion of the proceeding or to have access to pleadings or records.'*
>
> *A copy of the notice must be filed with the court prior to the review or hearing."*

Since 2012, QA has conducted several reviews related to assessing how well the agency provides written notification to foster parents/caregivers of court activity. The chart below reflects the percentage of cases where the reviewer found evidence that the foster parents were notified for the last year of Judicial Reviews/Permanency Hearings. The data reflects that the agency needs to ~~do~~ improve in this area:

District	2012 % Notified (t=417)	2015 % Notified (t=252)	2016 % Notified (t=185)
1		82%	94%
2		30%	73%
3		63%	68%
4		81%	71%
5		73%	60%
6		88%	77%
7		36%	73%
8		87%	84%
State Average	**77%**	**69%**	**73%**

Barriers identified by caseworkers and supervisors related to ensuring timely notification includes:

- Timeliness in receiving court orders that specify the next court date.
- Trailing docket scheduling changes and/or late notification of when the hearing is scheduled.
- Changes in court dates and times not being communicated to the staff responsible for sending notifications to foster parents.

District staff will develop strategies to address the barriers unique to their district and the District Management Team will create a uniform process to ensure that notifications are consistent and timely.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 2015-2019 CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR.

1. Historically, the OCFS has recognized the need for strong quality assurance oversight, and has dedicated staff to that activity. OCFS maintains its unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts who are supervised by the central office QA Program Manager. This unit is the core team conducting the CFSR-style site review process which was developed as the means for Maine to measure progress in its PIP following the 2009 CFSR. This process continued following Maine's completion of the PIP as a means to conduct quality case reviews. Specific activities have included monthly case reviews, as well as special projects to provide senior management with qualitative data on areas of concern. The work of this group has also expanded through the restructure to include federal audits of the Child Care Subsidy Program.
2. Maine has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The 2015-2019 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
3. The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit. QA staff is routinely conducting case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on agency need for data.
4. District staff has access to reports provided by the Data and QA Teams, although it does seem apparent that not all staff has the same level of access. This is likely based on district staff preferences.

In 2016 OCFS continued the debriefing meeting protocol following each of the districts CFSR. This is an opportunity for all staff to be informed of the outcome of their review, and engage in a dialogue with the QA Program Manager and the Regional Associate Director of Child Welfare. The meetings include having districts focus on identifying the barriers to meeting the expectations, and ~~to~~ developing strategies that will result in improvement in identified areas. The feedback in the districts has been that these meetings have been informative and helpful for direct line staff and their supervisors. The Regional Associate Director of Child Welfare is responsible for following up with districts to ensure this work has been completed, and is ongoing.

The OCFS Senior Management Team targeted several key practice areas that require focus, including quarterly QA reviews and reporting out, three of which are included as measurements for several of the 2015-2019 CFSP strategies. These include:

- Conducting Family Share Meetings at the time children are placed in foster care, as well as when there has been a change in placement;

- Relative Notification- ensuring that all grandparents and known adult relatives have been notified of a child's entry into foster care within 30 days;
- Ensuring that voice recordings of child forensic interviews are downloaded into the MACWIS system.

OCFS has conducted an assessment of how its QA system currently meets the five key components of a sound QA/CQI system as laid out in the ACF Information Memorandum. Overall, Maine believes it has the basic structures in place.

1. Foundational Administrative Structure:
    a. Maine has dedicated staff housed in each district office and supervised centrally.
    b. QA staff are historically those who have worked within the child welfare program, either as a direct care caseworker, and/or supervisory staff who promote or demote to the QA team. QA staff are trained in the child welfare system, knows policy, and can easily navigate the MACWIS system. The QA team meets on a monthly basis. 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 has created job manuals for all positions, including QA.
    d. Training, formally or informally, based on the project need, is provided to QA staff prior to conducting a specific project. This ensures that staff are familiar with the tool and/or process so that all staff use the tool consistently. The QA unit has access to the Online Monitoring System (OMS) system through the federal CFSR Portal and has moved to using that system to conduct the individual case reviews. The unit has also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure it is meeting the requirements for maintaining the integrity of the tool during case review, and has received certificates verifying this completion. As new QA staff are hired, they are trained in this process through teaming with their peers as well as reviewing the training modules on the OMS system.
    e. An informal inter-rater reliability process is utilized on most projects and combines peer to peer consults, pairing teams and/or consulting with the QA Program Manager as an anchor point for any project/study.
    f. In the past year the QA unit has continued to utilize the Questions & Answer database for the CFSR. This tool is updated each time a new question is asked and appropriately answered. This system also allows for consistency in conducting both review processes.
2. Quality Data Collection:
    a. Maine has an ACF certified SACWIS program, which was certified in May 2009.
    b. Maine has dedicated staff housed in each district office and supervised centrally.
    c. Maine has utilized the ACF OSRI as a review tool which provides clear instruction and guidelines on its use. The QA 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. The ACF Boston regional staff and the JBS consultants meet with the OCFS QA staff annually to discuss the OSRI and provide feedback to questions asked by the QA Unit.
    d. The 2012 OCFS restructure created the Accountability and Information Services Team which includes QA, Title IV-E, and the SACWIS/Information Services. This group is supervised by the Associate Director of Operations, which allows for increased collaboration between the teams, sharing of data and support from each team to collect relevant data based on Office need. In 2015 there was further realignment which resulted in an expansion of this group with the name change to the Operations Unit. The goal of this realignment is increased fiscal accountability and increased effective and efficient services through appropriate quality assurance programs. Between these systems, Maine is able to collect quantitative and qualitative data to address key issues.

e. The OCFS Data team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit.
f. Maine has the systems and resources in place to utilize and monitor AFCARS data, NCANDS data, CFSR, ACF CFSR Statewide Data Indicators, and NYTD.

3. Case review data and process:
   a. QA staff is routinely conducting case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on agency need for data.
   b. The case review schedule that Maine has utilized since the 2009 CFSR was established to meet the needs of the PIP and also 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. Following the 2017 CFSR, it is anticipated that the structure/process adopted by Maine will be adjusted to ensure that the review process is consistent with how the CFSR 2017 process was implemented due to the baseline for the anticipated PIP being established using that methodology.
   c. In late 2015/early 2016 work was completed to strengthen this process in terms of developing a defined sampling methodology. This methodology has since been approved by federal review team data experts.
   d. The case review process includes the QA Program Manager as 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. Maine did develop a backup plan for the QA process, should additional staff be required going forward. These staff were trained by the QA Program Manager, and then observed by ACF to ensure they could appropriately manage the QA component of the CFSR process.

4. Analysis and dissemination of quality data:
   a. OCFS utilizes monthly management reports, Kids in Care reports, annual district CFSRs, and has access to the Results Oriented Management System, which all combined, allows for ongoing tracking of outcomes.
   b. OCFS has a data team of qualified staff to aggregate and analyze data that can be broken down by district office.
   c. OCFS has various stakeholder groups 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. In the fall of 2015, the decision was made to restructure the various panels and committees facilitated by the OCFS to increase efficiencies to enhance the overall quality of conversations and planning within the stakeholder groups. In December, OCFS facilitation of the Child Welfare Steering Committee and the Citizen's Review Panel were ended. The members of both of those groups were encouraged to continue involvement by participating in the newly named Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly and is co-chaired by the Associate Director of Child Welfare. Each month there is an agenda item to review the Child and Family Services Review (CFSR). This is related to the OCFS Strategic Plan report, which next year should incorporate all, or most of the CFSR measures.
   b. District staff has access to reports provided by the data and QA team. It seems that not all districts disseminate reports, which is likely based on district staff preferences. This is an area that could be strengthened. The Associate Director of Child Welfare has committed to following up with districts related to the need for plans to be developed and implemented in response to the various QA studies that are conducted.

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 indicate a need for policy review, and/or strengthening of a training element.
d. In the winter of 2014, the Quality Circle process was implemented in every district, which allows district staff the opportunity to identify challenges to their work, and create and implement strategies to overcome those barriers. Quality Circles are supported by the Governor of Maine and the Commissioner of DHHS. In 2015, the facilitators of these groups began having quarterly meetings with the OCFS Director, and Associate and Regional Directors of Child Welfare. The purpose of this contact is to learn about new, innovative processes that have been implemented in the district as a result of the Quality Circle work, as well as to identify resources and support that would promote implementation of ideas. These meetings also provide an opportunity for members of the OCFS Executive Management Team to identify statewide trends/needs, and provide innovative solutions for statewide implementation.
e. QA staffs members continue to be available to provide more district-specific consultation through working on special reviews that could provide the district relevant information for that district in its efforts to improve outcomes.

In the spring of 2016, OCFS implemented a real time review model, Eckerd Rapid Safety Feedback (ERSF), to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, who are overseen by the ERSF Program Manager. All of the QA staff was trained in the model in November 2015, with full implementation of the model rolling out 3/7/16, with 3 reviewers (two primaries, 1 backup) from the QA unit assigned this responsibility. Based on a comprehensive review of 5 years of data in MACWIS and other sources, critical case practice issues were identified that, when completed to standard, could reduce the probability of high severity child abuse. Among those case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (RSF Program Manager and the QA Specialist who reviewed the case) and the caseworker and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

In service of these goals the ERSF staffing uses a four step process.

1. Debrief any potential safety concerns and/or emerging dangers with the caseworker and caseworker supervisor;
2. Develop a plan to reduce potential threats to the child(ren) if safety concerns and/or emerging dangers are identified;
3. Identify who will be responsible for action tasks and assign timeframes for resolution; and
4. Provide positive feedback regarding case strengths, as well as discuss case concerns and opportunities for improvement.

Since implementation of ERSF on 3/7/16 through 3/17/17 there have been 401 cases assigned for review and 294 staffings held.

One of the agreements made between Maine OCFS and Florida Eckerd to support successful implementation of this model, is that Eckerd conducts quarterly site visits with the Maine RSF team to ensure that the team is implementing the tool to fidelity. One aspect of this process is for them to review the data that has been collected since implementation. The following table is the most recent collection and analysis of the data:

SAFETY CONSTRUCTS	First Quarter of Implementation (3/22/16-6/21/16)	Second Quarter of Implementation (6/22/16-9/21/16)	Third Quarter of Implementation (9/22/16-12/21/16)	**Percent Improvement**
Question 1 - *Utilizing family history in decision making*	53.80%	69.80%	75.68%	**21.88%**
Question 2 – *Assessing child vulnerability*	67.90%	62.90%	67.57%	**-.33%**
Question 3 - *Identifying and responding to present harm/danger and emerging danger*	53.80%	44.00%	40.54%	**-13.26%**
Question 4 - *Identifying protective capacities and responding to deficits*	36.30%	40.50%	47.27%	**10.97%**
Question 5 - *Stakeholder communication*	40.00%	54.30%	59.46%	**19.46%**
Question 6 - *Identifying perpetrators and linking maltreatment to harm*	73.80%	75.00%	75.68%	**1.88%**
Question 7 - *Sufficiency of safety planning*	45%	46.10%	40.54%	**-4.46%**
Question 8 - *Sufficiency of supervisory reviews*	60.50%	36.20%	20.72%	**-39.78%**
Overall	53.90%	53.60%	47.49%	**-6.41%**

The data reflected overall improvements seen in four of the eight areas reviewed. There are two questions (3 & 8) that have trended downward between quarters one and three. It is believed that the decline in question 8 continues to result from guidance given by Eckerd during the quarter one site visit (that this question should be answered within the context of the other question, and if gaps are identified by the review, which were not identified and addressed by the supervisor, this question should not be answered yes). Following the third site visit in December 2016, it was recommended that Eckerd fidelity reviewers complete an exercise to review at least a 10% sample of ERSF cases simultaneously with the assigned Maine ERSF reviewer, in order to provide assistance in developing strategies to help impact those measures. Due to some difficulty in establishing technology availability those exercises were delayed, but will be enacted in the future to help the Maine program maximize the effectiveness of the model.

OCFS continues their contract for the 9th year with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data, down to a caseworker level, through a web-based portal. During 2015, ROM upgraded Maine's ROM Reports Service Model. This model now provides OCFS technology updates, enhanced reporting functionality, and allows for a range of new administrative tools for staff customizations. Maine OCFS Information Services staff continues to work with the ROM Director and University of Kansas team in replacing, modifying, eliminating, and/or phasing out reports from the ROM Core Model to successfully align with the changing CSFR Round 3 outcome measures.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the 2015-2019 CFSP that includes the basic skills and knowledge required for their positions?
Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR, as Maine demonstrated providing comprehensive child welfare training to new caseworkers, and ensuring that caseworkers are fully trained on relevant issues prior to assuming a caseload.

Since the 2009 CFSR, there has been a significant shift in staff 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 developed internal capacity by creating a Policy & Training Team that consists of seven Policy & Training Specialists, and one Policy & Training Program Manager. Their role is to provide new caseworker trainings, advanced trainings to more experienced caseworkers, 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. This approach allows for new hires to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This approach also allows identified training needs to be addressed immediately instead of waiting for an outside agency to conduct the training. In 2016, there were 5 rounds of New Caseworker Trainings conducted with 111 new child welfare caseworkers, and 19 Alternative Response Program staff participating in the training.

In December 2016, an anonymous survey was disseminated to 111 new caseworkers, those who had been hired since January 1, 2016. The response rate was 48% or 53 responses of 111 sent out.

The survey asked the following specific questions (below with response date) to cover whether they felt that the training prepared new caseworkers adequately to perform their jobs:

	Not helpful at all	Not really helpful	Neither helpful nor unhelpful	Somewhat helpful	Very helpful
How helpful was New Worker Training in enhancing your skills on engaging with families?	1.92%	9.62	7.69%	48.08%	32.69%
	Not prepared at all	**Not really prepared**	**Neither prepared or unprepared**	**Somewhat prepared**	**Very prepared**
How well did New Worker Training prepare you for new assessments and/or newly assigned cases?	0.00%	9.43%	11.32%	66.04%	13.1%
How well did New Worker Training prepare you to work with families in the following areas?					
a. Safety	0.00%	5.66%	5.66%	52.83%	34.85%
b. Permanency	0.00%	9.64%	11.54%	44.23%	34.62%
c. Well-being	0.00%	1.92%	9.62%	53.85%	34.62%

Which of the following additional New Worker Training did you find:	Helpful	Least Helpful
Answer Choices		
Working within OCFS	24.53%	41.86%
Technology/Macwis	35.85%	32.56%
Legal Training	60.38%	2.33%
Psychosocial Training	15.09%	9.30%
Indian Child Welfare Act (ICWA)	16.98%	4.65%
Ethics Training	15.09%	11.63%
Children's Behavioral Health in Maine	28.30%	18.60%

The 2016 survey was revised so each respondent could include their name on the survey. This was done to enable Policy and Training staff to be able to have follow up conversations with the new worker(s) on questions where they responded that they were dissatisfied, or did not feel that the training met their needs. This information will ~~then~~ be taken into consideration regarding any necessary revisions to the training.

All New Caseworkers must complete the entire New Caseworker training or they will not remain employed as a child welfare caseworker. In 2016 111 out of 112 staff completed New Caseworker Training, one participant reached the decision that child welfare work was not suited for her and left the agency. Completion of trainings by caseworkers is tracked in a data base that allows OCFS the ability to pull a list of all trainings a caseworker

has completed per caseworker, or by a particular training topic. There is also a New Caseworker Checklist that lists all trainings and activities that have to occur within specific timeframes before a new caseworker can be assigned to cases. This checklist is completed, and signed off on, by the supervisor and the new caseworker. The checklist is kept in the new caseworker's file. Below are the items/activities and timeframes of the New Caseworker Checklist:

Core trainings that have to be completed prior to assigning cases to a caseworker:
(Review of policies and other assigned readings during the Foundations Training have to be completed on days that staff are in the office):

- Complete Foundations Training (This is a 12 day training over four weeks offered five times a year, centrally). Breakdown of the Foundations training is as follows (all days are 9:00am-4:00pm):

	Week 1	Week 2	Week 3	Week 4
Day 1	Introduction to the OCFS, Laws, Policy, Practice and Dynamics of Child Abuse and Neglect	Introduction to Intake Process; Introduction to Child Protective Assessment Process	Introduction to Family Team Meetings and Facilitated Family Team Meetings	Introduction to the Court Process and What's Involved During a Permanency Case When Children are in Foster Care
Day 2	Introduction to Domestic Violence; Introduction to Substance Abuse	Introduction to MACWIS Assessment Screens; Introduction to Fact Finding Interviewing Process and Making Decisions on Child Abuse and Neglect Findings	Service Cases; Removing Youth from their Homes and What They Need in Care	Introduction to Working with Resource parents, Resource Panel; Reasonable and Prudent Parenting Standards; Child Case Plan
Day 3	Medical Indicators of Child Abuse/Neglect; Parents as partners; and debrief of Week 1	Introduction to Fact Finding Interviewing Process and Making Decisions on Child Abuse and Neglect Findings- continued from Day 2	MECASA Human Trafficking Presentation; Youth in Care Panel Discussion	Introduction to Being a Guardian To A Youth In Care; School Stability; Youth In Care Bill of Rights; Reasonable and Prudent Parenting

Activities that have to be completed prior to assigning cases to the caseworker:

- Job shadow 2 assessments (involving child interviews) and at least one monthly face-to-face contact of a child in DHHS custody or a service case (it is recommended that documentation of the interviews be completed by the new caseworker and reviewed by the supervisor).
- Job shadow a FFTM, and document the FFTM in the narrative window, using the FTM/FFTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing could include a waiver and discuss with the supervisor.

- Read at least two PPO petitions and two straight petitions.
- Read at least four assessments (2 substantiated, 1 indicated, and 1 with no findings) and discuss with supervisor.
- Listen to three fact finding interviews that are associated to the assessments.
- Attend an FTM, document the plan from this meeting, and review with supervisor.

Once the above is completed the caseworker can be assigned assessments/cases. The caseworker's supervisor is required to accompany the new caseworker on their first assessment/family visit (service cases/other cases). The supervisor will assume the role of observer and assist the caseworker as needed. The supervisor may also determine that additional job shadowing/observations in the field should occur, and will make a plan with the caseworker for this to occur.

The supervisor is responsible for reviewing the Customer Service Acknowledgement Form, the Policy Signature Sheet, and the Employee's Confidential Statement sheet with the caseworker and obtaining their signature. This discussion should include instruction outlining that the caseworker should only access MACWIS records they are working on and that all computer entries can be tracked as to their usage.

Trainings that are to be done within the first six months of hire:

- Working within OCFS – Orientation
- Staff Safety
- Legal Training
- MACWIS/Technology Training
- Introduction to ICWA
- Social Work Ethics (6 hour for those with a conditional Social Work License)
- Psychosocial Assessment (only for those with a conditional Social Work License)

Activities that are to be done within the first six months:

- Conduct at least two assessments
- Job Shadow a jeopardy hearing
- Job Shadow a monthly face to face contact with a youth or their parents in a case with a goal of reunification
- Job Shadow a monthly face to face contact with a youth or their resource parent in a case with a goal of adoption (post TPR)

Activities/Trainings that are to be done within the first year:

- Child Welfare Trauma Training Toolkit (prerequisites: completed Foundations Training and have at least 6 months of on the job experience)
- Introduce/participate in on-site training with TANF, OFI, and other programs that assist families with whom we work; this will be coordinated by the supervisor
- Attend Children's Behavioral Health in Maine training

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the 2015-2019 CFSP?
Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and

support services, foster care services, adoption services, and independent living services pursuant to the state's 2015-2019 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the 2015-2019 CFSP.

State Response:

Since the 2009 CFSR, shift occurred as referenced in Item 26, however the same standards remain as far as requiring caseworkers to attend core trainings on various topics over the following two years post completion of the pre-service training. Additionally, all caseworker staff are required by Maine social ~~case~~worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics. In order to monitor completion of the ongoing training requirement, the Social Work Licensing Board regularly audits a portion of license renewal applications it receives. While there is no formal interface between OCFS and the Board, if the Board audits a caseworker and the caseworker can't demonstrate having the required amount of contact hours, that caseworker's license would not be renewed.

OCFS does not require all staff to be licensed, as there are many different job classifications within OCFS that do not require this. However, all Child Welfare supervisors, and caseworker staff are required to be licensed. When new caseworkers are hired, the training liaison from the Policy and Training unit meets with the supervisor and new caseworker. During this meeting, the liaison checks on the status of the new caseworker's conditional/full social work license to ensure they are licensed, or have started the process, as caseworkers cannot be assigned cases until they have a conditional/full social work license. All staff with social work licenses are initially put into the OCFS training database, but OCFS does not monitor each caseworker's license and renewal dates, as it is the responsibility of caseworker to track their contact hours needed, and date of license renewal.

Bringing the pre-service training in house also allows for more direct collaboration with the DHHS Staff Education and Training Unit (SETU), as this unit also provides ongoing trainings, and tracks those trainings. Ethics Training is provided through SETU.

New supervisors are required to participate in training ~~in~~ regarding employment and labor laws in the 4-day *Managing in State Government Training.*

In the Spring/Summer of 2015, all child welfare supervisors participated in a 3-day Supervisory Academy Training on administrative, educational, and supportive supervision. The evaluation data reflected the following:

- 95% of the participants were satisfied with the training;
- 100% agreed/strongly agreed that the trainer provided practical ideas that can be used on the job;
- 100% agreed/strongly agreed that the training was relevant to their job;
- 68.5% agreed/strongly agreed that their knowledge on the topic was substantially increased as a result of the training;
- 100% agreed/strongly agreed that the information provided in the training could be used in their work; and
- 76% agreed that they would be effective in their work as a result of the training.

All new Child Welfare supervisors are required to participate in the Supervisor Academy Training. This experience led to OCFS bringing the LAMM (Leadership Academy for Middle Managers) and LAS (Leadership Academy for Supervisors) trainings to Maine ~~in~~ as the next steps for the supervisory leadership team, and was rolled out in the spring of 2016. By December 2016, two cohorts had participated in, and completed the LAMM. By February 2017 Maine will have completed its first cohort of supervisors participating in the LAS with the next one starting in May 2017.

In addition to new caseworker trainings, ongoing trainings that were available in 2016, and the number of staff trained include:

TRAININGS	TOTAL STAFF
Advanced Medical Indicators	22
Child Care Subsidy Program MACWIS	8
Child Welfare Trauma Training (2-day training)	45
Children's Behavioral Health in Maine	173
Child Plan Youth Voice	222
Child Passenger Safety	185
Drug Identification, Impairment Recognition and Caseworker Safety	113
Facilitated Family Team Meeting Training	38
Failure to Thrive: Diagnosis, Treatment & Family Support	22
FFTM Facilitator Training	24
Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare	65
Legal Training	91
Legal Training-Mock Trial	25
MACWIS & Technology Overview	86
MACWIS PPO Functionality	1
OCFS Documentation Training	13
Office of Child & Family Services – New Caseworker Training	111
Online Period of Purple Crying	111
Permanency Two- Understanding Permanency Options for Children	13
Psychosocial Assessment	110
Rights of Recipients of Mental Health Services Who Are Children in Need of Service	160
Special Topics for the 0-4 Population: Abusive Head Trauma and Safe Sleep	89
Supervisor Training Academy- Modules 1,2,3	15
Transition to Independence process (TIP)	43
Working Within OCFS	81
Human Trafficking & Commercial Sexual Exploitation of Children	321
Advanced Forensic Interviewing	100
Leadership Academy for Middle Managers	24
Leadership Academy for Supervisors	14
LGBTQ	150
Infant Mental Health	24
Brain Development, Trauma and Parenting	257
Our Kids are Not Broken	60
Reaching Teens Institute	54
Social Work Ethics (6 hr)	120
Beyond Mandated Reporter Training	69
Ethical Decision Making (4 hr)	154

Evaluations for two of the larger workshops, Brain Development and LGBTQ, included the following data:

Brain Development, Trauma and Parenting: Tools for Working with Youth Birth Parents	
Survey Question: I can apply the contents of this presentation to my work:	Responses
Strongly Agree	65%
Agree	27%
Neutral	5%
Disagree	5%
Strong Disagree	0%

The LGBTQ evaluations were structured in a question/narrative format. Overall the responses related to seeking comments/feedback and/or suggestions for the training were positive. ~~Of t~~Those who responded described the training as being 'helpful,' and 'great,' and were very positive towards the presenter. The following comments represent feedback regarding what additions to this training social workers would find helpful in the future of this training:

"….not separating of gender identify and sexual orientation…"
"…helpful to go over the caseworker role…"
"…would like to have had time to discuss case scenarios and develop talking points on this issue….

The following are responses to the question "what additional resources, information, or support would help you, in your role, to support best practice with LGBTQ youth?":

"More knowledge of local resources."
"Ongoing training."
"List of sites to help."
"Mandatory training for ALL staff and foster parents."
"Clarify in policy."
"More professionals and groups in the community to refer youth to."

Additional trainings are generally based on needs identified by staff or management. Advanced Forensic Interviewing and OCFS Teaming Process (FTM/FFTM -getting back to the fidelity of the model) occurred in 2016, and will continue in 2017. Motivational Interviewing will be offered in 2017 as well.

OCFS is currently in the process of contracting with Justice Planning and Management Associates Inc. (JPMA) to turn many of its '101' level trainings (ones that do not require in classroom time) into interactive, online, E-Learning Courses. This Blended Learning Training System (E-Learning and In-Classroom Trainings) will

improve the level and quality of staff trainings by increasing worker knowledge and skills to work more confidently and competently with Maine's children and their families, in order to achieve better safety, permanence, and well-being outcomes. The JPMA system will also enable OCFS to post all of its new/revised policies on the system. All staff will be required to log into the JPMA system to read new/revised policies, pass a short quiz on the main points of the policy, and then sign a form stating they read and understand the policy. This system will also allow OCFS to be able to track individuals to ensure they have signed off on having read/understood the policy, and passed the quiz.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR, as Maine was able to demonstrate providing initial and ongoing training for foster and adoptive parents, including licensed relative caregivers. Since the 2009 CFSR, there have been changes to this training component.

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 that was revised and updated in 2016. A workgroup was formed in 2015 for this purpose. The workgroup included district staff who were trainers of the current curriculum. The revised curriculum includes six training modules. Among the topics covered are those relating to why children enter care, why children think they enter care, reunification, supporting birth family connections, adoption and permanency guardianship, policies relating to positive discipline, Family Team Meetings, optimal child development, and understanding the impact of abuse and neglect upon brain development; and bonding, attachment, and trust. The revised curriculum adds some topics including video presentations, which were not previously included, such as the Period of Purple Crying video, and the Safe Sleep environment video, both of which are focused upon ensuring safety of infants and babies under the age of one year old.

The workgroup created a PowerPoint presentation to accompany the Trainer and Participant Training Manuals, as well as updated a resource guide for applicants. When forwarding this revised curriculum to management at the end of March 2016, the workgroup recommended that at least once annually, the group of trainers of this curriculum will meet to review the success of the curriculum in meeting the initial training needs of applicant

families. The annual meeting of trainers will be an opportunity to suggest any further need for revision or updates to continually assure that the curriculum is as up-to-date with current information as possible.

The workgroup recognized that due to the amount of information presented to new applicants, this initial training presents more of an overview and orientation, rather than in-depth training on any one topic. The workgroup recommended that on-going trainings be available to resource parents to provide more in-depth topical trainings relevant to their role than can be provided during the introductory training.

During the summer of 2016, the revised Resource Family Introductory Training (RFIT) was piloted in several districts. Additional needs for revision were identified and the RFIT revision workgroup reconvened on several dates to complete the suggested revisions. On October 28, 2016, a Train-the-Trainer meeting occurred to present the completed curriculum to all potential trainers who will be delivering this in district offices.

While resource unit staff are primarily responsible for delivery of introductory training, adoption and permanency unit staff may also participate as co-trainers. Training staff from the contracted Foster Care Support Services are primarily responsible for delivery of the final session of the introductory training. This final session consists of ensuring applicants are familiar with the resources that will be available to support them in the role as resource families. The final session also includes a facilitated discussion with currently licensed resource parents.

The RFIT training workgroup met on several occasions during 2016 to also work on revising the 6 hour kinship training which is required in circumstances in which a waiver is granted to relative and fictive kin who are caring for a child in custody. With the granting of a waiver, the kinship family is able to participate in the abbreviated 6 hour kinship-specific training in lieu of the full 18 hour RFIT training. The kinship specific training provides the caregiver with an overview of the system, as well as provides them with information regarding their new role as a licensed resource parent, and the expectations that role entails. Revisions to the curriculum included inserting information about the impact upon the developing brain when a child experiences traumatic events. It provides caregivers with strategies to support a child's normal child development. It is likely that the revised Kinship training will be approved for implementation in the spring of 2017.

A Resource Family Introductory Training and a Kinship-specific training calendar is regularly updated and circulated amongst district resource units. Resource family applicants are able to participate in training sessions in a neighboring district, if the dates and times of training are more convenient for them than those offered in their home district. Similarly if the applicant misses a session in their home district, then the applicant is invited to participate in that session when it is offered in an adjoining district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services (RFSS) contract includes a requirement of on-going training provided to licensed resource families. The contractor 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.

The contractor throughout the year delivers, or arranges for training to be delivered in resource family support group settings. The contractor also maintains a listserve, which notifies resource families of trainings delivered by various community partners in various parts of the state. The contractor maintains a lending library of books and video training materials, which are available to resource families.

In January 2016, OCFS conducted a survey of licensed foster and kinship parents to obtain a better understanding of how the foster program is functioning. Among the topics upon which the survey focused was

the topic of training needs. Fifty percent of respondents reported interest in attending trainings on the following topics:

- Foster parents' rights
- Attachment disorder
- Effective discipline techniques
- Caseworker and foster parent relationships
- Substance exposed infants and children
- Adoption

In 2016 the OCFS invited foster parent representatives from each district office to meet with OCFS Deputy Director and other program managers on a quarterly basis with the purpose of identifying and supporting foster parents with the types of supports that are beneficial to their roles. The Foster Parent Advisory Committee is a formalized committee within our system. The Committee has identified four key areas upon which it chooses to focus its attention initially. Among those areas identified for focus is the area of training. A sub-committee was formed to address this need.

The following topics have been identified by the Training sub-committee as examples of trainings which they would like to see offered to foster parents in all parts of the state:

- Parenting teens / preteens in custody.
- Caring for substance exposed children.
- Positive/Alternative discipline.
- The impact of trauma and strategies on how to deal with the resulting behaviors.
- The court process and the legal responsibilities of obtaining custody.
- Grief and loss, focusing upon the foster parent's perspective from the time a child is placed in their home until the child reunified with their birth parents. Identify the different kinds of losses and how to cope with them. Ways to practice self-care related to grief and loss.
- Effective strategies for resource parents on how to work effectively with birth parents, caseworkers, and Guardians ad Litem.
- Facilitated Family Team Meetings- What is the foster parent's role?

In 2016, foster parents who participated in grant-funded trauma training expressed very high levels of satisfaction with the training, which was delivered by Heather Bigger, implementation manager of Maine Children's Trauma Response Initiative, Maine Behavioral Health Services; and by Arthur Grant, foster care program specialist at Community Health and Counseling Services. This training afforded resource parents with information about children's exposure to trauma and provided them with information regarding how to support these children. This grant ended, and OCFS agreed to explore avenues for continuing to provide this highly desirable training to a wider array of resource families. In November 2016, a faith-based community of foster parents in southern Maine requested an abbreviated training provided by these two trainers. Feedback provided by participants in this abbreviated training was very positive.

In 2016, OCFS began efforts to provide training to resource parents related to implementing the Reasonable and Prudent Parenting Standards. At the annual spring conference for resource families, the Resource Parent Program Manager and a trainer from the OCFS Policy and Training Team co-trained a workshop on this topic.

Following that initial training, the PowerPoint presentation used during the training became a foundation upon which to build a webinar training, which can be easily accessed by resource parents. This webinar can also be

used during resource parent support groups or district events/meetings as a means to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards.

The OCFS policy and training team has also developed training on appropriate use and installation of child car seats. This one and one half hour training will be available to resource families in various venues during the 2017 calendar year.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the 2015-2019 CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the 2015-2019 CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2015-2019 CFSP.

State Response:

This area was assigned a rating of Area Needing Improvement in the 2009 CFSR, as it was found through the Statewide Assessment and stakeholder interviews that although Maine had established effective services to promote reunification, the amount of overall services has diminished due to budget cuts, and that this has affected the State's ability to achieve permanency for some children.

To address the concerns, the PIP included continued utilization of statewide services, and a survey to assess service array and decision making related to key services. The action steps were met, but, during the PIP period, Wraparound Maine, an identified key service, was defunded due to budgetary challenges; however, other systems were in place that would continue to service families. Results from the survey of birth parents and child welfare staff confirmed the two groups as having similar experiences in terms of barriers to many of the services being too far away, to the service and availability of transportation. Key services were identified through this work and presented to the Steering Committee and OCFS Senior Management Team in August 2012. At that time the restructure of OCFS was being implemented, and it was agreed that this provided the Office with an opportunity to further assess and address the needs of children and families in Maine from a more holistic approach, starting with prevention. The 2015-2019 CFSP will support this ongoing development work, including foster parent recruitment, ARP increased funding in supervised visitation and ARP, the fatherhood work, and expansion of the CPPC program.

OCFS has developed and implemented a number of services that will support families and children's needs in Maine and include:

- Bridger Program- A collaboration between OCFS, Public Health Nursing (PHN) and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance

exposed. The purpose of the Bridger Program is to improve outcomes for infants and their families by increasing coping skills, removing barriers, and building on strengths utilizing all the needed supports and services within the families' community. A PHN Bridger Liaison is co-located in each child welfare District Office for a set number of hours each week. The Liaison is a resource for OCFS staff and PHN staff to improve understanding of what each agency does, and build increased collaboration to serve families more effectively.

- Through the Maine Coalition Against Sexual Assault 400 nurses were trained statewide in forensic interviewing for sexual assault victims. The training programs consists of two components, 1) to cover 13+ year old victims; and 2) to cover pediatric victims. These interviews take place in the local emergency rooms.
- The Office of Violence Prevention (OVP), housed within OCFS, participated in the expansion of the Child Advocacy Centers (CAC); their work includes supporting the multidisciplinary teams in the CACs. There are currently 4 CACs in the state with others being developed in the remaining parts of the state to ensure adequate access statewide for families. Trained forensic nurses are part of the multi-disciplinary teams.
- Maine Enhanced Parenting Program (IVE Demonstration Project)- Through collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care. OCFS has designed a child welfare demonstration project that is closely aligned with our mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations. This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. In order to be eligible for this service, a family must have at least one child who is between the ages of 0-5 years old, and is either at risk of entering custody, or entered state custody; and a recent substance abuse assessment (FASA preferred or an assessment utilizing the American Society of Addiction Medicine (ASAM) criteria) that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available in 5 of the 8 districts with a plan to expand to the other 3 districts.
- C.A.S.E. (Center for Adoption Support and Education): In 2016, Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI), and is implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving toward, or achieving the goals of adoption and/or guardianship.
- Family Reunification Program: OCFS issued a Request for Proposals for the Family Reunification Program service. This service should be available in the summer of 2017 on a statewide basis to families in the process of reunification with children in the Department's custody. Maine will be contracting with a provider who can deliver, with fidelity to the model, an intensive reunification service, which was initially developed in Michigan, and which was able to demonstrate statistically significant success with reunification.
- Adoptive & Foster Families of Maine (AFFM): provides Resource Family Support Services (RFSS) statewide to resource parents (kinship parents, licensed foster parents, adoptive parents, and permanency guardianship parents) with an array of resource assistance to support them in their role of caregivers for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent, as well as support of the resource parent's increased understanding of the role shared with the Department in promoting timely permanency outcomes (including reunification), for children in care. Additionally, RFSS provides resource parents with an identified, neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children. It also allows them an emotionally-safe setting in which they can discuss how they are personally impacted by the tasks involved in caring for children who are in the custody of the Department.

- Judge Baker Children's Center: The Modular Approach to Therapy with Children (MATCH) is a groundbreaking, evidence-based psychotherapy developed by two child psychologists: Dr. John Weisz at Harvard University, and Dr. Bruce Chorpita, at UCLA. These two treatment developers, and the child psychologists who work directly with them, are the only MATCH trainers. The only way a therapist can become certified in MATCH is to receive training and consultation by child psychologists in one of these two groups. JBCC provides MATCH training and consultation to clinicians covering the service areas in Southern and Central Maine.
- Supported Visitation: Support of family visits shall consist of skilled observation and assessment of parent-child(ren)'s interactions, and in modeling/teaching parenting skills by a trained Visitation Support Caseworker during scheduled visit time(s) for the purpose of providing a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives, and the parent/child interaction can be strengthened through facilitating appropriate interactions and parenting techniques. This is a statewide service.
- Clinical Team Intervention and Assistance for Foster and Kinship Families: OCFS is preparing to offer a new supportive service to resource and kinship families in 2017. This contract will provide a service array which includes support available during regular business hours from liaisons who will be based in each of the eight district OCFS offices. Among other duties, liaisons will contact all families who have accepted a new placement in order to ensure the resource family is aware of services available to them. They will be offered information and support, which can be provided by the liaison, as well as social work in-home supports at either the LSW-level or the LCSW-level to support them in their roles as caregivers. The determination of whether LSW or clinical level support is appropriate will be based upon the family's expressed need and willingness to participate in a more intensive service. This social work support available to the resource parent is anticipated to indirectly impact retention of these families, as we are aware that some families discontinue providing the service when they feel they cannot manage a child's challenging behaviors or when they are experiencing unresolved grief and loss when a placed child leaves their home. Oftentimes resource parents describe becoming attached to children who then return to the custody of a birth parent, and this inevitably sets the stage for a resource parent experiencing grief and loss. Clinicians will now be available to support families through this transition.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2009 CFSR, as it was determined that services provided by OCFS are not accessible to families and children in all areas of the State. Waiting lists for services, such as psychiatric evaluations, dental services, substance abuse treatment, and in home services was a barrier in this area.

Similar to 2009, it is noted that there are no measures for effectiveness specifically related to service accessibility. Maine's geography and severe weather can restrict accessibility. Public transportation remains

limited and lacking in some areas. Caseworkers often transport or arrange transportation for case members and recently OCFS was able to allocate additional funding to transportation service.

OCFS views itself as a member of the community that works together to assure the families and children in Maine will have their needs attended to appropriately. The 2015-2019 CFSP supports development of community programs that will be accessible statewide and include increased funding in supervised visitation and ARP, and the expansion of CPPC, and/or OCFS support of other active community collaborations.
In the 2009 CFSR Maine was able to demonstrate the ability to individualize services despite the limitations attributable to service availability and accessibility. At that time it was recognized that Maine was able to implement several initiatives that allowed for individualization of services to meet the unique needs of children and families. Effective case planning, including engaging family, children/youth, and their informal supports is one manner to assess and provide individualized services for the families. As noted previously, OCFS needs to improve on engaging with families through the teaming process in order to develop effective plans that will address each person's unique needs. The FFTM database will be able to capture how the agency is involving birth fathers at the onset of a case, or at least at the point of decision making related to removal. Of the meetings entered in the database for FFY16 (October 1, 2015 - September 30, 2016), fathers attended 64% of the meetings.

Staff works with families with developmental challenges, and from various cultural backgrounds. To ensure services are provided in a developmentally and culturally competent manner, OCFS utilizes resources such as interpreters, translation of documents, cultural brokers, and works with a family's team to ensure that individuals understand information presented, and are competent to make decisions.

Since the 2009 CFSR, Maine has continued to work towards implementing services that could meet individualized needs of children and families. In March 2012, a new organizational structure was announced within the 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 included four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012.

The OCFS 2015 realignment of tasks/scope of work included the creation of a Children's Behavioral Health Team, separate and distinct from its former placement within the Child Welfare Team. The Children's Behavioral Health Services Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Program Manager works closely with the resource coordinators to amend Maine Care policies. The Program Manager also works towards developing provider capacity across Maine as well as working closely with other staff within CBHS to increase the integrity of our services. Additionally they will ~~as~~ establish measureable performance outcomes for those involved.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to 2015-2019 CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2015-2019 CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2015-2019 CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2015-2019 CFSP.

State Response:

This item was assigned a rating of strength in the 2009 CFSR, as the State was found to be working cooperatively with ~~the~~ many stakeholders to implement the goals and ~~of~~ objectives of the 2015-2019 CFSP.

OCFS continues to be involved in many of the same groups and forums that promote State engagement as it was in 2009 and includes the following:

- Youth Leadership Advisory Team (YLAT) www.ylat.org: Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are, or have been in foster care. Youth Leaders involved in YLAT provide feedback to OCFS that is used in developing Policy and Practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS around Foster Parent Recruitment, Youth Transition Policy, and improved normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, and other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT also partner with OCFS on Regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.

- Maine Child Welfare Advisory Panel (MCWAP): This panel has been in existence since 2015 and is a multi-disciplinary team made up of a diverse group of stakeholders. The mission of the group is: *Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, respectful and responsive to child and family needs, and providing an adequate framework for safe, thriving children having permanency with families and community.* The members of this group were formerly part of the Child Welfare Steering Committee and the Citizen Review Panel. Given the overlap in roles and responsibilities, a decision was made to combine the work of these two groups into one group. The role of MCWAP has been focused on assessment of child safety and providing feedback and oversight to both the OCFS Strategic Plan and CFSR process. Over the past year, activities have included: coordination of a Cops and Caseworkers Training event, cataloguing training resources, and opportunities statewide focused on child welfare topics, and developing a neutral facilitator pilot project for Family Team Meetings convened by OCFS. These activities support the goals of the OCFS Strategic Plan.

- Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector partners who work together at the State and local levels to increase opportunities for Youth in Care, and improve outcomes for Youth Formerly in Care who are transitioning. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for these Youth. MYTC includes services provided by Maine Learn to Earn and Achieve Potential (LEAP) and Southern Maine Youth Transition Network (SMYTN). Through MYTC, Maine has developed an educational support partnership for youth in foster care to ensure youth transition from

high school to college and career (LEAP). Also through MYTC, SMYTN Community of Practice, OCFS is partnered with young people to revise the OCFS Youth Transition Policy and Voluntary Extended Care (V9) Agreement. www.maine-ytc.org

- ICWA Workgroup: The ICWA Workgroup has been an existing group since 1999, and has included OCFS staff and Indian Child Welfare Staff, as well as staff from the Muskie School of Public Service. The role of this group has been to provide a forum for collaboration between State and Indian Child Welfare programs with regard to co-management of ICWA cases from Intake through permanency. This collaboration has also included teaming of Indian child welfare workers with OCFS QA staff to conduct QA reviews regarding native children in state foster care. One of the most positive outcomes of this collaboration has been the joint development of the OCFS Indian Child Welfare Policy. In July 2012, a comprehensive *Indian Child Welfare Policy* was finalized. This policy was developed by the ICWA 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 tribal child welfare staff are co-managers of the case in every aspect through the life of the assessment/case. In the fall of 2015 the ICWA Workgroup modified that policy to include the new BIA guidelines. OCFS continues its practice of sharing draft policy with the tribal child welfare personnel for comment.

- The Community Partnerships for Protecting Children (CPPC): CPPC is a national initiative based on the premise that keeping children safe is everyone's responsibility and that no single person, organization or government agency alone has the capacity to protect all children and strengthen all families. Community Partnerships work in Maine began as a successful pilot program in 2005 in Portland and expanded over the next eight years to include six additional communities and neighborhoods with the support of the Edna McConnell Clark Foundation, The Center for Community Partnerships in Child Welfare within the Center for the Study of Social Policy, Office of Child and Family Services (OCFS), and many community individuals and organizations. The goal of this work is to utilize the CPPC model as a continuum of care which targets families who are identified as at-risk for Child Welfare involvement due to concerns of child abuse/neglect at any stage of intervention. Families who access CPPC supports will demonstrate an increase in protective and promotive family attributes to maintain child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, family and youth/young adults. Through the work of these networks, Community Hubs are developed in the hot spot areas. The Hub is a central location that brings together services, programs, people and supports. These Hubs are identified but researching data from Child Welfare and Law Enforcement as it relates to which areas in a community do the child protective and police reports occur with the most frequency. Hub and community data is collected through a contract between OCFS and UNE. Through this data collection and community partnering, data shows that for 2015, given the complex and intricate nature of the child welfare system, data suggests communities are seeing changes over the long term.

- Maine Child Death and Serious Injury Review Panel: This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries with a focus on improving our systems of child safety and care. The Panel meets monthly to review cases evaluating sentinel events, patterns of injury, and/or death, and the effectiveness of our state programs that provide for child protection, safety and care. Through the Panel's findings and recommendations, the group hopes to help reduce the number of preventable child fatalities and serious injuries in the state. The members of the Maine Child Death and Serious Injury Review Team are volunteers who give generously of their time and expertise, and who represent both public and private agencies with an interest in the welfare of Maine children. Through their commitment, the Panel has been able to build a collaborative network to foster teamwork and to share the recommendations with the larger community.

Additionally, the Panel meets annually with the Child Fatality Review Teams from all of New England to share experiences, information, and review cases that involve services from more than one state, or which represent a challenge that all of our States are trying to address. In the past 2 years, the Panel reviewed cases of the following nature: substance-exposed newborns, sentinel injuries in infants under 6 months of age, suicide in teenage females, burns, home births, unsafe sleep, transportation of children to hospitals by an alleged perpetrator, and hospital transports and child deaths and serious injuries that occur during domestic violence incidents. The Panel has participated in dual case reviews with the Maine's Domestic Violence Homicide Review Panel.

The Child Death and Serious Injury Review Panel follows the review protocol below to meet the purpose defined by 22 MRSA, Chapter 1071, Subsection 4004, the panel is to recommend to state and local agencies methods of improving the child protective system, including modifications of statues, rules, policies and procedures.

The Maine Child Death and Serious Injury Review Panel (CDSIRP), is comprised of representatives from many different disciplines. Its membership, which is mandated by state law, shall include the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys, and criminal or civil assistant attorneys general.

- ARP Coalition: This Coalition is made up of providers of ARP services statewide. For the past year, this group has been meeting to improve the quality and timeliness of alternative response services provided to families in need of community support to prevent a higher level of child welfare intervention. Through the use of data, the group has looked at outcomes to include engagement of families in the service, initial contact within 72 hours, seeing families at least monthly, successful completion of the service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining system gaps for families and strategies to most effectively meet identified needs.

- Foster Family-Based Treatment Association (FFTA)- Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built~~build~~ statewide consistency in expectations, and responses to the needs of providers, resource families, and children served through treatment foster care. The group has developed a recruitment plan, and continues to look for ways to increase access to this service, especially for youth transitioning from residential treatment and those with high behavioral health needs.

OCFS can continue to demonstrate that the federal reports are routinely shared in CAAN Meeting. Tribal representation is being sought to participate in this meeting. The 2015-2019 CFSP and associated APSRs and can be found at http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml available to the public, including state Tribal representatives.

OCFS will continue its work on engaging key partners in development and implementation of goals. The OCFS Director and Children's Behavioral Health staff are setting up regular provider calls for an array of internal and external stakeholder groups. The purpose being to ensure consistent communication is occurring.

Item 32: Coordination of 2015-2019 CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the 2015-2019 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

This item was assigned a rating of Strength in the 2009 C FSR, as Maine was able to demonstrate its coordination with other Federal and federally assisted programs.

Since 2009, Maine has continued to work towards coordinating with other federal or federal assisted programs. In March 2012, a new organizational structure was announced within the 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. T he new structure included four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012. In February 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability, and to increase effectiveness and efficient services though appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team, and Contracted Services Quality Assurance Team (CSQA). It also designated a Child Welfare Team, Children's Behavioral Team and an Early Intervention Prevention Team.

The Children's Behavioral Health Services Team will be assisting with policy development, provider engagement, and improvement of all behavioral health services. The team leader will be working closely with the resource coordinators to amend Maine Care policies and to develop provider capacity across Maine as well as ~~be~~ work~~ing~~ closely with other staff within CBHS to increase the integrity of services, as well as to establish measureable performance outcomes.

The Finance Team will be providing management of the financial aspects of OCFS. This work will include contracting, financial analysis, and management of accounts, appropriations, and allocations. OCFS will be clear on the role associated with quality oversight of services and the role of financial coordination.

APS Healthcare continues to have the contract with the State of Maine's DHHS to provide a Behavioral Health Utilization Management System for services currently purchased through the State's Office of Maine Care Services and administered by the CBHS of OCFS.

As part of the Maine ASO Behavioral Health Utilization Review Program, APS HealthCare continues to provide eligibility verification and utilization management services that include: prior authorization, utilization review, and retrospective review for behavioral health services through their web based authorization system, Care Connection. T his system in collaboration with the State of Maine web based Enterprise Information System collects, tracks and produces data associated with children's behavioral health assessment, treatment, transitional services, and reportable events that supports the continuum of care and services for children who are not in foster care, as well as those who are in foster care.

Interagency agreements and policies that facilitate the coordination of services with the following departments, agencies, or groups:

- Department of Corrections
- DHHS Office of Aging and Disability Services
- Office of Public health Nursing
- Department of Education
- Penobscot Indian Nation
- Houlton of Maliseet Indians
- Maine Children's Trust, Inc.
- Local and State Law Enforcement
- Maine Coalition to End Domestic Violence
- Maine State Housing Authority
- Municipal housing authorities
- The Thrive Initiative
- Maine Center for Disease Control
- Office of Substance Abuse and Mental Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services

Examples of coordination of other federal programs include:

- Maine Enhanced Parenting Program (IVE Demonstration Project): Through collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS), and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with our mission of ensuring the safety of all Maine youth and aimed at improving outcomes for one of our most vulnerable populations. This service is for parents with substance abuse and parenting challenges, which have resulted in a service case with substantiated findings, or a child entering state custody. In order to be eligible for this service, a family must have at least one child who is between the ages of 0-5 years old, and either at risk of entering custody or entered state custody; and a recent substance abuse assessment (FASA preferred or an assessment utilizing the American Society of Addiction Medicine (ASAM) criteria) that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available in 5 of the 8 districts with a plan to expand to the other 3 districts.

- Maine Care Services: Current health information and family health history is tracked in MACWIS, and ongoing work has been occurring between OCFS and Maine Care Services (OMS) to ensure transfer of medical information as the new MIHMS system rolls out. OCFS currently has access to the Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history, and foster children enrolled with a provider currently using Maine EHR will have their information added to the system. OCFS will continue to work with Maine Care towards the use of an electronic health record system to increase the system's use for foster children's medical record information.

- C.A.S.E. (Center for Adoption Support and Education): In 2016 Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI) and implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving towards or achieving the goals of adoption and guardianship.

G.Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR, as Maine was able to demonstrate having standards for resource family homes and child care institutions that are reflected in the OCFS and DHHS licensing procedures respectively.

The standards in place in 2009 have remained essentially unchanged. Kinship and non-kinship families have the same standards to meet in regards to licensing, with the exception of a shortened kinship training. If a kinship home chooses to take on non-kinship children, they are expected to complete the full lengthier training. While the Resource Family Licensing Standards were revised and are in the process of being reviewed prior to becoming finalized policy in 2017, there was no substantive change to the standards outlined in the previous 2008 standards policy. This latest revision was instead an effort to provide more succinct policy guidance. The revised policy includes newly inserted information about the added requirements for foster parents to apply reasonable and prudent parenting standards. The newly inserted information in the Resource Family Licensing Standards policy is as follows:

Reasonable and Prudent Parenting

Reasonable and prudent parenting standard is defined as the standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time encouraging the child's emotional and developmental growth, that a caregiver must use when determining whether a child in foster care under the responsibility of the state/Tribe to participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child's safety while also ensuring the child has the opportunity to participate in normal child and youth activities.

Caregiver (for this purpose only) is a foster parent or designated official at a child care institution. As defined in Title IV-E of the Social Security Act, section 475(10).

A combination of requirements and standards for foster and adoptive homes and institutions are found in Maine statute, foster home licensing rules and OCFS policy. Family foster homes and child care institutions are subject to licensure and are included in the general licensing category of children's homes. The OCFS licenses resource family homes, which must meet the uniform standards prior to approval. Once approved for a resource family license, the licensee can choose from an array of service provision, including foster care, adoption, permanency guardianship, or respite. The approval of resource homes, as opposed to our former practice of separately licensing foster homes and approving adoptive homes, allows the licensee to seamlessly transition amongst various types of service provision during the term of the license without encountering previous barriers relating to a need for submitting a new application or need to repeat background checks when one chooses to provide a different service type. The Maine DHHS Division of Environmental & Community Health (DECH)

licenses children's residential care facilities, child placement agency, emergency shelters and shelters for homeless children.

The Resource Family Licensing Standards policy describes the inquiry, informational, application, and home study components in the process related to becoming licensed. These standards include requirements relating to age, health/functioning, background checks (including criminal history), and physical plant (including a fire inspection and water test).

The home study includes a review of various life domains, including the applicant's life experiences, family relationships, support systems, family beliefs and values. The home study also includes an assessment of applicant's ability to parent safely and successfully, and meet the needs of the children served by OCFS, as well as the applicant's ability to collaborate as a team partner with OCFS and service providers. Foster and adoptive parents are required to attend an initial 18-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. While this initial 18- hour training is frequently waived for kinship families who are carrying for a relative child placed in their home, the kinship family is required, as part of the process for becoming licensed, to participate in an alternative 6- hour kinship-specific introductory training.

Resource family licenses are issued for a two-year term. Licenses for facilities and programs last 2 years, with the exception of child-placing agencies, which are licensed for 1 year. District Resource Unit licensing supervisors are responsible for approving licensing recommendations and for assuring that licensing standards and policies are followed.

While Maine doesn't have any specific quantitative or qualitative data related to standards being applied equally, if we license a home, then the license itself is evidence that the home met standards, perhaps with a waiver for a specific non-safety standard for a specific kinship home. In the process of licensing a home, the home study process assures that the home and caregiver are safe. OCFS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory fire inspection, and for a caregiver to demonstrate that any past involvement which involved a concern relating to child welfare, criminal or motor vehicle charges or convictions has been resolved to the point that these are no longer current safety concerns. The OCFS process of licensing approval assures that no individual with a disqualifying type of felony conviction is approved for licensure.

Non- safety waivers, which are commonly granted, allow a relative or kinship family to meet the introductory training requirement through their participation in kinship training rather than requiring them to participate in the full Resource Family Introductory Training. Waivers are documented in the OCFS MACWIS system in the Resource module in a waiver documentation screen. Due to the consistent licensing process of approved homes, OCFS regards every licensed home as meeting uniform standards.

Resource Unit Supervisors meet as a group monthly with the Resource Parent Program Manager for the purpose of ensuring consistent statewide licensing practice. Through review of policy and practice, as well as through discussion of complicated licensing scenarios, the Resource Unit staff strives to reach consensus regarding consistent practice relating to application of specific licensing standards.

Maine DHHS, OCFS, MACWIS Information Services	
Foster Home Application & Approval Data 1/1/16-12/31/16	
Initial Applications	741
Renewal Applications	486
Approved Renewal Applications	383 (as of 3/24/17)
Approved Initial Applications	384 (as of 3/24/17)

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR, and Maine was able to demonstrate that it provides for background checks and fingerprinting as a component for all licensed foster and adoptive placements, including relatives and child care institution staff.

Maine requires all applicants for resource family licensing to complete fingerprint-based background checks through national crime information databases. DHHS Resource Family Licensing Standards policy additionally requires in-state background checks, including State Bureau of Investigation criminal background checks, Bureau of Motor Vehicle background checks, and OCFS Child Protective Services background checks. If the applicant has resided out of state in the past five years, then out of state child abuse registries for all household members above age 18 are also checked. In order for a resource family license to be approved, the home study and supporting documentation must verify that the federally required background checks were completed.

In 2016, Maine OCFS trained all staff who are required to have access to fingerprint-based background checks with a PowerPoint training to ensure that these staff are aware of security measures required by the FBI CJIS division. Each office was made aware of the need for compliance regarding storing these criminal background check results in locked cabinets.

DHHS policy for Relative Placement and Kinship Care, including Fictive Kin requires in-state criminal background checks and OCFS CPS background checks must be initiated at the time of placement of any child in a home that has not yet been licensed. Prior to placement in an unlicensed kinship home, policy requires completion of a kinship assessment. This assessment determines the safety of the home, as well as safety and capacity of the caregiver. Due to situations in which OCFS staff has approved placements in homes, which once these homes applied for licensing, were determined not able to meet standards, there is increased focus upon the need for quality kinship assessments. The Resource Program Manager is often consulted in situations where there is complex history to ensure that standards are applied consistently. Resource unit staff has been challenged when presented with situations in which a child has been placed in a home and the child's needs appear to be met by the caregiver, yet there are circumstances which prevent the home from being licensed.

Some of these factors may include insufficient space in the caregiver's home, inability to pass a fire and safety inspection, or past criminal or child welfare history which has not been satisfactorily resolved to assure confidence in the caregiver's capacity to provide safety to the child. Due to these situations, OCFS is now requiring all kinship assessments to be approved by the Resource Unit Supervisor who is more likely to identify issues which may present licensing challenges. OCFS has, however, identified that not all kinship assessments are channeled through the resource unit supervisor, especially when placement in a kinship home occurs on week-ends or after-hours. This issue of ensuring quality kinship assessment of caregivers who can meet licensing standards will continue to be a focus of OCFS managers, supervisors, caseworkers, and resource unit staff as we progress into another year of improving practice in this area.

OCFS practice requires that within 30 days of placement of a child in an unlicensed home, the caregiver must apply for a resource family license and is expected to complete as part of the application process fingerprint-based background checks of national criminal databases.

Maine requires employees to conduct criminal background checks on all child care institution staff and to keep the results of those checks on file.

The June 2016 Title IV-E Foster Care Eligibility Primary Review also found that OCFS is in compliance with the background provisions: "Maine's criminal background checks system is effective. The completion of fingerprint-based checks of the national crime information database to ensure compliance with section 47 (a) (20) of the Act are clearly documented in the licensing file. The OCFS has designated staff that work with state police to ensure criminal background checks are completed and process timely".

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

This item was assigned a rating of strength in the 2009 CFSR, as Maine was able to demonstrate that concerted efforts are being made in various locations to recruit resource families that reflect the ethnicity and race of these children.

During 2010-2014, there was a cultural shift in the ways in which the Department looked at recruitment of resource families who could meet the specific ethnic and cultural needs of children in care. Rather than the Department assuming internal responsibility for recruitment, there was recognition that diligent recruitment of families needed to be an effort shared with youth in care, resource families, community members, and organizations, including faith-based organizations. Partnerships were built with community members and organizations. Some of these partnerships were formalized into community partnerships and others were more informal in structure.

Youth were invited to participate in various workgroups and meetings, including panel participation during district resource family informational meetings and pre-service training for prospective resource families. Hearing the youth voice has been described by both Department staff and by community members as very instrumental in educating the community about the need for families in the community who are compatible in their interest and capacity to meet a youth developmental cultural needs.

For a period of time, the Department collaborated with Casey Family Services in providing Extreme Recruitment services. This proactive approach to recruitment involved preparing youth for permanency, diligent search for potential permanency kinship resource families, and stressing the importance of youth having connections to their extended family members to increase their awareness of their cultural heritage and their identity with their biological family and community.

During the summer of 2015, OCFS initiated a new contract service focused upon recruitment of foster families who can provide temporary care to children in foster care, as well as recruitment of adoptive homes for children in care who are waiting for an identified adoptive family.

Near the end of the first contract year, it became apparent to both the contract agency and to OCFS that the provider was not successful in efforts to recruit families to provide placement to children for whom OCFS has identified a target need. A mutual decision was made to not enter into a second contract year.

OCFS has contracted with another agency to provide this service, which began its work in November 2016. The contract includes very specific outcomes for recruitment of new families in each district and statewide and includes the following:

- Tracking unique inquiries;
- Tracking those who attend informational meetings;
- Tracking those who apply and eventually become licensed providers; and
- The contract agency is to create a recruitment plan with approval from OCFS management.

The contracted provider will not include retention activities, as retention of families is the responsibility of OCFS, and an additional supportive agency, Adoptive and Foster Families of Maine. Retention activities are in the form of mentoring appreciation events, an advisory committee, advanced and improved trainings, district specific events and support groups.

Maine DHHS OCFS has been challenged during the past year in locating appropriate placements for children in the following groups which are being targeted for special focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs, with no identified step-down placement home in the community.
- Infants who are born drug-affected and who are in the process of reunification with birth family.
- Larger sibling groups, especially those with older children.

Accompanying the need to recruit families who can provide placement to these targeted populations is the need to focus upon matching of these children to caregivers who can maintain their connections to their culture, extended family, and community of origin while recognizing and supporting the racial and ethnic diversity of children in foster care in Maine. OCFS collaborates with Tribal partners toward enhanced and focused recruitment of Tribal families who can provide placement to children in care who have connections to a Tribe.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or

permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

This item was assigned a rating of Strength in the 2009 CFSR, as Maine was able to demonstrate that it effectively uses cross-jurisdictional adoption exchanges including AdoptUsKids and the Interstate Compact on the Placement of Children (ICPC) to support permanent placements for children.

In terms of using cross district resource to support permanent placements for children this is an area that could use some strengthening in Maine. In years past each adoptive family had an adoption caseworker assigned to them that assisted them in being matched with a child. This allowed for better information sharing/matching of adoptive family profiles and child profiles across districts. This isn't in place at this time.

We do utilize the following program/resources:

1. We utilize AdoptUsKids so Maine families can see all the available kids in Maine.
2. We utilize the Wendy's Wonderful Kids program for recruitment.
3. We have a new recruitment contract with Spurwink that will include child specific recruitment.
4. Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match.
5. Families sometimes contact the Adoption Program Manager if they are concerned they haven't been matched with a child. The Program Manager has the family send their profile which is then sent to all the adoption supervisors.

The OCFS ICPC Program Specialist maintains a spreadsheet to track the ICPC home studies Maine completes for children in the custody of the states. The spreadsheet allows the Program Specialist quick access to determine what studies are pending and is able to have communication with local offices to ensure timely completion of the home studies. The types of home studies completed include parent, relative and adoption.

In 2016, a total of 104 home study requests were received and assigned, this includes parent, relative and adoption. At the time the data for this assessment was collected there were 9 studies pending. Of the 95 studies completed, 83% were completed within the 60 day timeframe allowed under the Safe and Timely Interstate Placement of Foster Children Act of 2006.

The only available measures of effectiveness are the statistical reports available from the DHHS ICPC manager. Findings from a review of annual ICPC statistical reports indicate that requests for out of state adoption homes studies have been increasing over the last 4 years:

Year	# of ICPC adoption request for out of state placement
2009	36
2010	9
2011	13
2012	11
2013	12
2014	16
2015	21
2016	33

The data reflects adoptive placement requests for children in the care of another state being placed in Maine have been declining during the last 2 years:

Year	# of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19

Review of Goals for 2016-2017 of the 2015-2019 CFSP

The following is Maine's 5-year CFSP 2015-2019 which reflects the needs of the OCFS and is in line with the Assessment of Performance report.

The established baselines were drawn from the last four cycles of the Maine Child and Family Services Case Reviews utilizing the federal case review instrument, leading up to the CFSP submission in June 2014. OCFS will measure 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, Quality Assurance data, and data received from ACF. T he qualitative measurements in each of these items, unless otherwise specified, include reviews completed October 1, 2015-September 30, 2016.

Strategic Goal: Child Safety, first and foremost

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

Rational for selection of the CFSP goal:

As addressed in the Assessment of Performance section this is an area that Maine has been challenged in sustaining progress in timely initiation of investigating reports of child abuse and neglect. In the APSRs leading up to the development of the CFSP the data indicated that Maine has been timely in initiating investigations of child abuse and neglect ranging between the low of 75.5% in 2010 to the high of 85.5% in 2012. T he established OCFS goal in terms of Management Report is 90% which has been difficult to reach which suggests

a need for focused work in this area as all children deserve a timely response when it comes to assessing their safety.

Objectives over the next 2 years:

- *Annual, periodic staff allocations among districts.*
- *Annual, periodic staff allocations within each district.*
- *Supporting continued expansion and implementation of the Child Advocacy Centers Model statewide.*

Baseline: Item 1- Timeliness of initiating investigations of reports of child maltreatment within agency established timeframes.
Measurement Methodology: O CFS Management Reports, QA Targeted Project Reports, Qualitative Case Reviews.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%
Actuals					
CFSR	76%	66%	-	-	
Management Report	75%	80%	-	-	-

Progress through April 2017:

- ✓ Districts have been reviewing staffing patterns and case/assessment workload to align staffing into practice areas of greatest need.
- ✓ The Child Welfare Associate Director will meet with the Operations Associate Director to review the Caseworker Workload Report and then with the District Management Team (DMT) to make any recommendations for adjustments. Based on the recommendations from the Organization Assessment conducted by Hornby-Zellar Associates (HZA) Inc., OCFS contracted with that firm to conduct a workload analysis study.
- ✓ The DMT will develop a process for periodic staff allocations within each district.
- ✓ In 2016 Hornby-Zellar Associates (HZA), Inc. conducted an organizational assessment at the request of the Office of Child and Family Services. In requesting this assessment OCFS asked for an examination of four broad areas: the efficiency of its child welfare processes and its allocation of resources, the discrepancy between the number of child maltreatment reports it receives and the number it assesses, the high rate of repeat maltreatment and the efficiency and effectiveness of its family team meetings. Final recommendations from HZA included: a workload analysis, streamlining documentation, clarifying key decision-making points and implementing a documentation management system.
- ✓ Workload Study: Stemming from information obtained in the Organizational Assessment conducted by Hornby-Zellar Associates (HZA), Inc., in 2015, a workload study was conducted by the same company in 2016. The goal of this study was to determine if Maine had sufficient child welfare staff to handle the workload. In its workload study, HZA used two research strategies: a random moment survey to determine how much time casework staff spent in providing casework services to families, versus other

activities, such as training and administrative tasks, and a time study to determine how much time it takes to fulfill casework functions when basic policy requirements are met. Those two measurements of time are then combined with the volume of cases to determine if OCFS has sufficient numbers of staff to handle the child welfare workload. While the study has been completed, the final report has yet to be disseminated to OCFS. At that point, OCFS will make decision related to next steps in relation to workload challenges.

- ✓ OCFS continues to expand the Child Advocacy Center model statewide with most recent opening of a site in Bangor in the fall of 2016. Districts currently without a CAC in their geographical location utilize neighboring sites. The National Child Advocacy Center (NCAC) requires certain criteria be met in order to be nationally certified as a CAC. Sites use those guidelines as well as the practice and policy expectations for law enforcement and child welfare in developing protocol.

Goal #2: Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need. *(CFSR Items 2, 3, 12 &13)*

Rational for selection of the CFSP goal:

Maine has also been challenged in the area of risk assessment and safety management of children. In the four Maine CFSR cycles leading up to the development of the CFSP strength was noted in this area ranged from a low of 34% in 2010 to a high of 48% in 2013. The last three cycles have indicated an upward swing in this area but the agency is not satisfied that this will be sustained without additional focus on this area.

Objectives over the next 2 years:

- *Continued support and training opportunities of the OCFS Fact Finding Interview protocol.*
- *Implementation of Motivational Interviewing Training.*
- *Training on the OCFS Teaming (Family Team Meetings and Facilitated Family Team Meetings)process.*
- *Implementation of quarterly supervisory review protocol of child and family plans.*
- *Review/reassess elements needed to strengthen the OCFS Management Reports.*
- *Implement revised policies/procedures. (health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS).*
- *Assess current procedures within the Health Care Plan and identify areas that will require strengthening and implement new procedures.*

Baseline: Item 3– Were concerted efforts made to assess risk and safety concerns related to the child in their own home or while in foster care.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
41%	45%	49%	53%	57%	61%
Actuals					
CFSR	56%	45%	-	-	

Baseline: Item 17– Agency appropriately addressing the physical health of the child including dental health needs.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
78%	80%	83%	85%	88%	90%
Actuals					
CFSR	83%	79%	-	-	

Baseline: Item 18– Agency appropriately addressing the mental/behavioral health of child.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
74%	77%	80%	83%	87%	90%
Actuals					
CFSR	80%	69%	-	-	

Measurement Methodology: QA Targeted Project Reviews, Qualitative Case Reviews, Results Oriented Management Data, OCFS Management Reports.

Progress through April 2017:

- ✓ The most recent data profile reflects that, as a state, Maine is struggling preventing recurrence of maltreatment and will be required to address this in the anticipated Program Improvement Plan. The originally submitted 2015-2019 CFSP included the expectation of district action plans for districts struggling with this issue. Based on the more recent data, the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-2018) included strategies to address reducing recurrence of maltreatment. These include:
    - o Strengthening and providing training on the Assessment and Finding Policies.
    - o Researching best practices in reducing repeat maltreatment rates.
    - o Providing training in Motivational Interviewing.
    - o Training experienced assessment workers in Advanced Forensic Interviewing training, which was completed in November 2016, and a plan is in place to provide ongoing training to staff.
    - o Revision of the Rules that oversee the Substantiation and Finding processes.
- ✓ Pre-service training for all new caseworkers includes the Fact Finding Interviewing Protocol. In 2016, 100 staff were trained in Advanced Forensic Interviewing. In 2017, Fact Finding Interviewing Training and Motivational Interviewing Training will be provided to staff and will continue to be available on a semi-annual basis.
- ✓ The Family Team Meeting Policy, which includes the Facilitated Family Team Meeting protocol, was reviewed and updated and will be implemented as the OCFS Teaming process. The training curriculum was completed concurrent to the policy development. Casey Family Services Strategic Consultants has

also participated on the implementation team for the OCFS Teaming process. It was recognized that the last time all staff were comprehensively trained in this process was in 2005 when FTMs were first implemented within OCFS. District based training and coaching will begin in May 2017, reaching all districts through the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.

- ✓ In the summer of 2016 the supervisory quarterly review tool was implemented. Supervisors are expected to complete a quarterly review on each case to ensure safety, permanency, and well-being needs are being assessed and addressed. Implementation has been inconsistent and the barriers identified include a tracking mechanism to aid district supervisors in timely review. The Associate Director of Child Welfare has been working with the Information Services Team to develop a notification system to support this new practice.
- ✓ OCFS is developing a data dashboard that will include Strategic Plan measures and will provide real time data available at the caseworker/unit/district/statewide level. Elements of the current OCFS Management Report will be incorporated into the dashboard.
- ✓ In January 2015 the Child Health Assessment (CHA) Protocol was distributed to the District Management Team with the expectation that all staff will be trained on the protocol. A process has been developed to ensure that Child Development Referrals are made in any case with a finding at the end of the child protective assessment. Based on performance data, a strategy was developed to utilize the Children's Behavioral Health Nurse Care managers to provide oversite. The Nurse Care Managers will receive weekly reports of new children entering foster care and will follow up with district staff to ensure that the initial medical appointment has been held and that any recommendations are being followed.

Goal #3: Efficient, effective casework (engagement, assessment, teaming, planning & implementation) is evident in case documentation. *(CFSR Items 2, 3, 12, 13. 14, 15 & Systemic Factor 20-written case plan)*

Rational for selection of the CFSP goal:

An overarching challenge in Maine has been the ability of staff to document their work with families that demonstrate family engagement and inclusiveness in assessment of the issues and development of effective plans that will make a real impact in the families and children. The strategies identified in the CFSP should support improvement in this area.

Objectives over the next 2 years:

- *Increased use of the OCFS Fact Finding Interview protocol supported by annual training which is implemented and monitored.*
- *Implement Structured Decision Making in assessment.*
- *Streamline caseworker and supervisor activities.*
- *Continued training for supervisors on administrative, educational and supportive supervision.*
- *Evaluate the current fatherhood efforts state wide and develop strategies to improve engagement of fathers and paternal relatives.*
- *Training on the OCFS Teaming (Family Team Meetings and Facilitated Family Team Meetings) process.*

Measurement Methodology: Qualitative Case Reviews, QA Targeted Project Reviews, Completed Policy

Baseline: Item 3- Were concerted efforts made to assess risk and safety concerns related to the child in their own home or while in foster care.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
41%	45%	49%	53%	57%	61%
Actuals					
CFSR	56%	45%	-	-	

Baseline: Item 14 – Frequency and quality of caseworker visits with child.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
58%	64%	70%	77%	85%	95%
Actuals					
CFSR	80%	66%	-	-	-

Baseline: Item 15– Frequency and quality of caseworker visits with parent(s).

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
30%	33%	36%	40%	44%	50%
Actuals					
CFSR	42%	30%	-	-	-

Baseline: Voice Recordings of child interviews downloaded in MACWIS.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
65%	100%	100%	100%	100%	100%
Actuals:					
	CY 2015 89%	CY 2016 90%			

Progress through April 2017:

- ✓ In May 2017 OCFS will be implementing Structured Decision Making (SDM) in the Intake process.
- ✓ OCFS is in the beginning stages of planning the implementation of Structured Decision Making in the assessment process. This will include a component related to safety planning. It is anticipated that full implementation will be completed in 2018.
- ✓ The Family Team Meeting Policy, which includes the Facilitated Family Team Meeting protocol, was reviewed and updated and will be implemented as the OCFS Teaming process. The training curriculum was completed concurrent to the policy development. Casey Family Services Strategic Consultants has also participated on the implementation team for the OCFS Teaming process. It was recognized that the last time all staff were comprehensively trained in this process was in 2005 when FTMs were first implemented within OCFS. District based training and coaching will begin in May 2017, including all the districts through the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.
- ✓ Pre-service training for all new caseworkers included the Fact Finding interviewing Protocol. In 2016 100 staff were trained in Advanced Forensic Interviewing. In 2017 both Fact Finding Interviewing Training and Motivational Interviewing Training will be provided to staff and will continue to be available on a semi-annual basis.
- ✓ OCFS has continued to follow up with the recommendation from the Organizational Assessment conducted by Hornby-Zeller Inc. In the past year the work has included the following: developing a more streamlined policy format, developing of a document management system and developing of a unified case plan. It is anticipated that the work will be finalized and implemented by late 2018.
- ✓ Supervisory Training Development: The experience OCFS had with the 3-Part Supervisory Academy Training that was rolled out in 2016, led the OCFS to bring the LAMM (Leadership Academy for Middle Managers) and LAS (Leadership Academy for Supervisors) trainings to Maine in the next step for the supervisory leadership team and was rolled out in the spring of 2016. A recent decision was made requiring that all supervisors participate in the LAS training.
- ✓ OCFS has also taken steps to imbed specific questions related to father's participation in the FFTM process which can be measured through the FFTM database.

Strategic Goal: Parents have the right and responsibility to raise their own children.

Goal #4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children. *(Systemic Factors 29, 30- Service Array & 31- Agency Responsiveness to Community)*

Rational for selection of the CFSP goal:

OCFS considers itself a member of a community working collaboratively to meet the needs of families and children. The OCFS restructure in 2012 provided opportunity for the agency to streamline its work and resources to better support the work in and of the larger Maine community as OCFS should not be involved in a family for a signification amount of time OCFS should be one of a continuum of services that the families and

children in Maine have access to strengthen the family. To that end the strategies identified in the CFSP will support that goal and vision.

Objectives over the next 2 years:

- *Continued implementation of Mandatory Reporting Training to community stakeholder groups.*
- *Effective training and implementation of the OCFS Teaming (Family Team Meeting Policy and Facilitated Family Team Meeting) process.*
- *Continued expansion of CPPC to other areas in Maine in addition to Biddeford, Portland, Lewiston, Bangor and working with other communities to identify already existing coalitions and offering our support.*
- *Ensuring FAMILY SHARE Meetings are occurring when children enter custody.*
- *Trauma training offered for both resource parents and district staff.*

Baseline: **While there is no specific data related to the systemic factors 29, 30 - Service Array & 31- Agency Responsiveness to community that will be impacted by these strategies, there are practices that, if consistently implemented, should indicate progress made in this area.**

Those include:
Baseline: Facilitated Family Team Meeting prior to the removal of a child from their home (5 days before or after removal).

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
23%	29%	34%	40%	46%	50%
Actuals:					
	CY 2015 51%	CY 2016 47%			

Baseline: Family Share Meetings after the removal of a child from their home.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%
Actuals:					
	CY 2015 Quantitative 65% Qualitative 63%	**CY 2016** Quantitative 52% Qualitative 48%			

Measurement Methodology: QA Targeted Project Reviews.

Progress through April 2017:

- ✓ The Family Team Meeting Policy, which includes the Facilitated Family Team Meeting protocol, was reviewed and updated and will be implemented as the OCFS Teaming process. The training curriculum was completed concurrent to the policy development. Casey Family Services Strategic Consultants has also participated on the implementation team for the OCFS Teaming process. It was recognized that the last time all staff were comprehensively trained in this process was in 2005 when FTMs were first implemented within OCFS. District based training and coaching will begin in May 2017, including all and districts through the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.
- ✓ The Request for Proposal for the CPPC expansion has been finalized for seven of the eight districts. In 2016 OCFS, providers, and community members worked to establish and strengthen the community approach to ensuring child safety. An OCFS Program Specialist was identified to oversee the CPPC program and develop consistency statewide to develop these services. The Program Specialist will supervise staff dedicated to prevention work.
- ✓ The QA unit conducts quarterly reviews to determine if the policy is being followed in relation to utilization of Family Share meetings. Districts are provided with the overall summary that is the quantitative pull. A smaller subset of cases are reviewed by QA to determine if the meetings are being held within 5 business days of child entry into foster care, whether meetings are being held when there has been a placement change without caregiver agreement and how well exceptions are documented. While the quantitative data indicates that districts are completing a high number of Family Share meetings, the qualitative data indicates that the meetings are not occurring as consistently as expected. As specific data has been shared there has been improvement in terms of how the work is being documented that would better allow for a clean quantitative pull of data, (i.e. caseworkers using the correct MACWIS narrative drop down headers), however the data also reflects a decrease in performance between CYs 2015 and 2016.
- ✓ Continued implementation of Mandatory Reporting Training to community stakeholder groups. A Process was instituted with a Policy & Training Specialist and Intake Supervisor identified as trainers for train the trainers (referred to as T3s). This duo has continued to train OCFS staff, tribal members from both the Maliseet and Passamaquoddy tribes, and Child Advocacy Center staff to provide Mandatory Reporting Training statewide. There have also been two Child Advocacy Center staff trained as T3s that can now train their own staff to become trainers. As a result of new Legislation requiring mandated reporters to participate in this training every four years, OCFS expanded to include community partners as trainers.
- ✓ Beginning in 2016 OCFS offered training regarding childhood trauma for resource parents to enhance their capacity to support children who have experienced child abuse and neglect. Resource parents have indicated that the training improved their ability to support the foster children in their care.

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

Goal #5: Increase stability of placements & permanency. *(CFSR Item 4 & 5)*

Rational for selection of the CFSP goal:

As addressed in the Assessment of Performance section Maine has been challenged in sustaining progress in the area of timely and appropriate permanency goal setting. The data indicates a swing towards progress being made, however it also indicates a need for continued focused in this area given the critical nature of the indicator and the potential lifelong impact it has on children.

Objectives over the next 2 years:

- *Review/revise and strengthen OCFS Teaming (Family Team Meeting Policy and Facilitated Family Team Meeting) process.*

- *Training on OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) process.*
- *Effective implementation of Maine Strategic Plan Action Steps.*

Baseline: Item 5– Were appropriate permanency goal for child established in a timely manner.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
77%	80%	82%	85%	87%	90%
Actuals:					
	76%	69%			

Measurement Methodology: OCFS Reports, QA Targeted Project Reviews, Qualitative Case Reviews, Results Oriented Management System Data, ACF Annual Data Profile.

Progress through April 2017:

- ✓ The Family Team Meeting Policy, which includes the Facilitated Family Team Meeting protocol, was reviewed and updated and will be implemented as the OCFS Teaming process. The training curriculum was completed concurrent to the policy development. Casey Family Services Strategic Consultants has also participated on the implementation team for the OCFS Teaming process. It was recognized that the last time all staff were comprehensively trained in this process was in 2005 when FTMs were first implemented within OCFS. District based training and coaching will begin in May 2017, including all districts through the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.
- ✓ OCFS QA continues to conduct quarterly studies to determine how well the agency is doing in providing relative notification of children entering foster care. Due to the law being clear that all known grandparents and adult relatives are to be notified, if there is no documentation of all known maternal and paternal grandparents and adult relatives being notified, the cases would be rated as not met. Typically what is found is that some of the relatives are notified but not all that should be notified are despite the agency being aware of the relatives.
- ✓ Three additional strategies were implemented in 2016 and will continued through 2017, that will impact children's permanency goals and timeframes related to meeting those goals:
    - o A district review process had been implemented where all youth in care 8 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers. The decision that youth should be reviewed sooner and by June 2017 youth in care for 6 months will be reviewed.
    - o Monthly report out by District Managers on specific youth who have been in custody for a period of time and monitoring the progress being made toward achieving permanency for these youth.
    - o All children in foster care with a TPR will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a termination of parental rights without an identified adoptive family will participate in the Heart Gallery and be listed on AdoptUsKids. Through a recruitment contract, Spurwink will support these efforts.

Goal #6: Increase safe and nurturing family relationships and family/community connections. *(CFSR Items 8,9,10,11)*

Rational for selection of the CFSP goal:

As addressed in the Assessment of Performance section Maine has been challenged in promoting relationships with parents and other family connections beyond just visitation. The data indicates a swing towards progress being made, however it also indicates a need for continued focused in this area given the critical nature of the indicator and the potential lifelong impact it has on children.

Objectives over the next 2 years:

- *Review/revise and strengthen the OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) Policy.*
- *OCFS Teaming (Family Team Meeting and Facilitated Family Team Meeting) Process training, monitoring and performance management.*
- *Evaluate the current Fatherhood efforts state wide and develop strategies to improve engagement of fathers and paternal relatives.*
- *Evaluate and redesign the recruitment and retention of relative and resource homes to include components required to meet the Multi-Ethnic Placement Act (MEPA and Inter-Ethnic Placement Act (IEPA).*
- *Develop a written statewide plan to fully implement foster connections statutory requirements that state exercise due diligence to notify all adult relatives when child enters foster care.*

Baseline: Item 11– Were concerted efforts made to promote, support, and/or maintain positive relationship of child in care with parents.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
63%	66%	69%	73%	77%	80%
Actuals:					
	76%	74%			

Baseline: Relative notification letters are evident in MACWIS.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
8%	100%	100%	100%	100%	100%
Actuals:					
All grandparents	**CY 2015** 48%	**CY 2016** 52%			
All adult relatives	**CY 2015** 42%	**CY 2016** 53%			

Measurement Methodology: O CFS Management Reports, QA Targeted Project Reviews, Qualitative Case Reviews, Results Oriented Management System Data.

Progress through April 2017:

- ✓ The Family Team Meeting Policy, which includes the Facilitated Family Team Meeting protocol, was reviewed and updated and will be implemented as the OCFS Teaming process. The training curriculum was completed concurrent to the policy development. Casey Family Services Strategic Consultants has also participated on the implementation team for the OCFS Teaming process. It was recognized that the

last time all staff were comprehensively trained in this process was in 2005 when FTMs were first implemented within OCFS. District based training and coaching will begin in May 2017 and will include all districts through the year. The goal is to have all caseworkers and supervisors certified in FTM facilitation by September 2018 through the support of certified Teaming Specialists in every district.

- ✓ The Quality Assurance Team will begin conducting surveys related to teaming in conjunction with the Child & Family Services Review in 2017. These surveys will include interviews with youth, parents, resource parents and GAL/CASAs. The data collected will be fed into a database that will allow OCFS to establish baseline data prior to full implementation of the Teaming Initiative. This measurement process will be sustainable through the QA Team as case review is an ongoing model utilized by OCFS.
- ✓ OCFS has also taken steps to imbed specific questions related to father's participation in the FFTM process which can be measured through the FFTM database. OCFS has also imbedded a focus on the engagement of fathers and paternal family members in the MSPAS and relative notification practices. This is an area OCFS recognizes as needing more attention and will continue to look for opportunities within its practice to strengthen engagement with fathers and paternal family.
- ✓ In July 2016 components of the SMT Accountability Plan (eff. 2/2015) were incorporated into the Child Welfare Strategic Plan. Data supports improvement in notification of all relatives however focus needs to remain on this area. The Lexis Nexis search engine has been available to child welfare staff since May 2015. From 5/11/15-12/29/16 1398 requests for a Lexis Nexis search for relatives were made by district staff. In the summer of 2016 a strategy was developed to strengthen the use of Lexis Nexis in search for relatives. The central office point person for Lexus Nexis receives the weekly list of children in foster care and sends an email reminder to the assigned caseworker related to relative notification and the use of this search engine.
- ✓ In the spring of 2016 the Request for Proposals for the Clinical Support program was posted. This service was delayed, in part due to the agency's procurement process however; currently contract negotiation is in process.
- ✓ Multi-Ethnic Placement Act- In the fall of 2016 a decision was made to end the recruitment contract with KidsPeace. Since that time OCFS has contracted with Spurwink to continue this work. Spurwink meets with district staff monthly to maintain focused efforts upon recruitment of families who can meet the diverse ethnic and cultural heritage of children in care. This recruitment effort includes targeted, diligent and child-specific recruitment of families who can promote the child's continued involvement and connection with a child's ethnic, religious and cultural history.

Strategic Goal: How we do our work is as important as the work we do.

Rational for selection of the CFSP goal:

The 2012 OCFS restructure brought together the Quality Assurance Team and the Data and Information Services Team. This joining lends itself to strengthening the qualitative and quantitative data collection that then informs senior and district managers as to strengths and challenges within the district practice and outcomes. It is important that the practices involving families and children be measured to determine gaps in practice, policy or services so improvements can be made when identified as necessary.

Goal #7: Further strengthen the OCFS Continuous Quality Improvement program to support district practice and operations as well as the CFSP. *(Systemic Factor 25)*

- *Update and disseminate the OCFS QA/QI Operational Plan on an annual process.*
- *Develop and implement district Quality Circles.*

Baseline: Systemic Factor 25 (No baseline data available)

Measurement Methodology: Completed QA/QI Operational Plan, Associate Director Report, Case Review data and report.

Progress through April 2017:

- ✓ The QA/QI Operational Plan that was originally developed in 2014 was updated and disseminated in 2015. The revisions made included defining the process that will be used in the federal CFSR. This plan can also be found on http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml.
- ✓ All district offices and central office have established Quality Circles and meet routinely. The OCFS Director, Associate Director of Child Welfare and the Regional Associate Director of Child Welfare have quarterly meetings with the district QC facilitators. The purpose of this contact is to learn about new innovative processes that have been implemented in the district as a result of the QC work as well as to identify resource and support that would promote implementation of ideas. These meetings also provide an opportunity for members of the OCFS Executive Managements Team to identify statewide trends/needs and innovative solutions for statewide implementation.
- ✓ Throughout the past year the QA Unit has continued its work on strengthening the OCFS internal review process to meet the ACF criteria for state option CFSR in 2017. In December 2016, Maine was notified that ACF approved the case review process and began the CFSR 2017 in April 2017.

Current Services Supporting the CFSP Goals

OCFS Teaming Process: The Family Team Meeting (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 (FFTM) 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 five days of removal.

In 2016 Maine partnered with Casey Family Programs and the University of Southern Maine-Muskie School of Public Service to develop a curriculum and deliver training to staff to build their skills in both facilitation and using the teaming process to achieve permanency. As part of this process, the OCFS Deputy Director, the Associate Director of Child Welfare Services and members of both the training team and data team are involved in the development of a comprehensive implementation plan to support staff success in this area of practice. This includes the development of certified Teaming Specialists in every district who will support caseworkers and supervisors the teaming work.

Maine Children's Trust (MCT): MCT serves as administrator for the Child Abuse & Neglect Council network, which will deliver quality parent programming for DHHS. MCT promotes parent access to evidence based parent education. MCT also serves as project coordinator in the development and implementation of the Maine Parents Place Project virtual learning center. MCT is leading the development of this training delivery option in partnership with the State, with the initial pilot group of parents to include parents the state has mandated to take parent education. MCT serves as project administrator in the development and implementation of a Community Based Physician Educational Project. The key areas will be Mandated Report Training, prevention training including Safe Sleep strategies for infants and the Period of PURPLE crying. For the Mandated Reporter Training (MRT), MCT intends to utilize a peer-to-peer training model. MCT is coordinating the development of a training syllabus for the MRT and an educational program for the prevention programs and is utilizing a small network of physicians who are interested in providing peer training. MCT recently announced

the 2015-2016 rounds of child abuse and neglect prevention grants. The identified priorities for this round are programs that promote protective factors: Parental Resilience, Social Connections, Knowledge of Parenting & Child Development, Concrete Support in Times of Need and Health Social & Emotional Development.

The Community Partnership for Protecting Children (CPPC): CPPC is a national initiative based on the premise that keeping children safe is everyone's responsibility and that no single person, organization or government agency alone has the capacity to protect all children and strengthen all families. Community Partnerships work in Maine began as a successful pilot program in 2005 in Portland and expanded over the next eight years to include six additional communities and neighborhoods with the support of the Edna McConnell Clark Foundation, The Center for Community Partnerships in Child Welfare within the Center for the Study of Social Policy, Office of Child and Family Services (OCFS), and many community individuals and organizations.

The goal of this work is to utilize the CPPC model as a continuum of care which targets families who are identified as at-risk for Child Welfare involvement due to concerns of child abuse/neglect at any stage of intervention. Families who access CPPC supports will demonstrate an increase in protective and promotive family attributes to maintain child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the areas of critical need. The Hub is a central location that brings together services, programs, people and supports. These Hubs are identified by researching data from Child Welfare and Law Enforcement as it relates to which areas in a community do the child protective and police reports occur with the most frequency.

Hub and community data is collected through a contract between OCFS and the University of New England (UNE). Through this model of community partnering, data supports that in 2015 communities are seeing changes over the long term even given the complex and intricate nature of the child welfare system. In the evaluation report submitted by Thomas Chalmers McLaughlin, PhD from UNE, data collected through CPPC shows reductions in the number of appropriate reports referred to DHHS for Cumberland, Androscoggin, Franklin, and Oxford Counties. In York County, there was a 19% increase in appropriate reports. In relation to removals, four of the five communities have seen reductions in the number of children removed. Also, when looking at the reoccurrence of an appropriate case in a 12 month period, data shows recidivism rates in Bangor, Portland, South Portland and Westbrook CPPC targeted neighborhoods are slightly lower than the regional recidivism rates. These are just a couple of examples of how, through Neighborhood Network and strong partnerships, families can be successful in their communities. Due to the success of the initial CPPC pilot sites, CPPC is now in Districts 1-6, with a plan to look at Districts 7 and 8 in 2018.

In order to address identified gaps related to secondary and tertiary intervention services, while maximizing resources within their communities, Parent Partner Programs were established.

Parent Partners will provide support to and empower parents who are:

a. At risk of involvement in the child welfare system based on an identification of Risk Factors (Early Intervention);
b. Presently involved in the child protective system (Open Case); or
c. Transitioning their case out of the child protective system due to closing assessment, closing service case, reunification, guardianship plan, Termination of Parental Rights (TPR)/Adoption, etc. (Transition Cases).

The overarching goals of the Parent Partner Program are to utilize a peer-support model to:

a. Increase parents' ability to identify, and as a result, decrease individual and family Risk Factors using available resources;
b. Increase parental resilience, social connections, knowledge of parent and child development;
c. Function as integral partners in collaboration with child welfare, to promote time-sensitive family reunification and/or support parents through a timely alternative permanency plan if/when it determined to be in the best interest of the child; and
d. Reduce the likelihood of current or future abuse or neglect by supporting parents as they work to increase their own Protective and Promotive Factors using available resources, which can include but are not limited to, substance abuse and/or mental health treatment, parenting classes, and/or services offered by local Child Abuse and Prevention Councils, case management services, housing, transportation, etc.

These Life-trained, CPPC paraprofessionals can offer a wealth of knowledge and experience in three ways:

a. As ***parent advocates*** the Parent Partners will mentor parents identified in Early Intervention, Open, and Transition Cases. It is expected that Parent Partners will attend PFTMs (Early Intervention), FTMs, and FFTMs (Open and Transition Cases) as a multi-faceted, dynamic systems navigator for the family; and/or
b. As ***parent leaders*** the Parent Partners will act as the "parent's voice" as participants on various committees and workgroups, offer feedback for materials generated by partners, including child welfare, and provide input on pol icy and program development to ensure programs are family centered; and/or
c. As ***parent coaches*** the Parent Partners will offer weekly, topic-based workshops for parents involved in, or at ~~R~~risk of involvement in the child welfare system, including regular support groups.

Parent Partners and community partners of CPPC will be trained in and offer Preventive Family Team Meetings (PFTM) to identify and decrease Risk Factors while increasing Protective and Promotive Factors for families identified as vulnerable for child maltreatment.

Overarching Measures of CPPC:

Families in the CPPC Communities will have a reduction in the incidents of child maltreatment findings (including ~~Uns~~Substantiated, Indicated, and Unsubstantiated) by 15% more than the State trend by July 2020.

Eighty percent of families who participate in Preventative Family Team Meetings attain at least 60% of their goals specified in the Individualized Preventative Family Team Meeting Plan by July 2020.
Eighty percent of families, who participate in the Preventative Family Team meeting process, score 3 or higher on the domains of the Self-Sufficiency Matrix as identified in the family-specific plan by discharge from CPPC services by July 2020.

Increase number of unduplicated community members who access information and services at the Community Hub by 70% as measured by the Hub Monthly Reporting Form by July 2020.

Eighty percent of parents participating in the Parents as Partners Program demonstrate an increase in Protective and Promotive attributes as indicated on the Parents as Partners Assessment Tool by July 2020.

Eighty percent of parents participating in the Parents as Partners Program demonstrate an increase of Protective and Promotive attributes as indicated on the Self-Sufficiency Matrix by July 2020.

Maine Strategic Plan Action Steps (MSPAS): In 2016 a district review process was developed and implemented where all youth in care 6-8 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers. This process included monthly report out by District Managers on specific youth who have been in custody for a period of time and monitoring the progression being made toward achieving permanency for these youth.

Adoptive & Foster Families of Maine (AFFM): provides Resource Family Support Services (RFSS) statewide to resource parents (kinship parents, licensed foster parents, adoptive parents, and permanency guardianship parents) with an array of resource assistance to support them in their role of caregivers for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent, as well as support the resource parent's increased understanding of the role shared with the Department in promoting timely permanency outcomes (including reunification) for children in care. Additionally, RFSS provides resource parents with an identified, neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children. It also allows them an emotionally-safe setting in which they can discuss how they are personally impacted by the tasks involved in caring for children who are in custody of the Department.

AdoptUsKids**:** Provides a weblink service that allows for a seamless link between children available for adoption listed by DHHS, and families, and national resources. Access to this site has resulted in more children being adopted both in Maine, and across state borders. This partnership is essential in promoting permanency for children in the child welfare system.

UKR (ROM): ROM Reports is a web-based service that provides outcome reports to OCFS. The reports provide up-to-date performance data on the federal CFSR outcomes and other program improvement measures using information provided by Maine OCFS. ROM measures have been updated to ensure consistency with the Federal CFSR measures. Training has been provided to the District Management Team (DMT) on new reports available.

Judge Baker Children's Center: The Modular Approach to Therapy with Children (MATCH) is a groundbreaking, evidence-based psychotherapy developed by two child psychologists: Dr. John Weisz at Harvard University, and Dr. Bruce Chorpita at UCLA. These two treatment developers, and the child psychologists who work directly with them, are the only MATCH trainers. The only way of therapist can become certified in MATCH is to receive training and consultation by child psychologists in one of these two groups. JBCC provides MATCH training and consultation to clinicians covering the service areas in Southern and Central Maine.

Maine Coalition to End Domestic Violence (MCEDV): The MCEDV provides support for domestic violence advocates (DV-CPS Advocates). These DV-CPS advocates are placed in child protective services units in their local Department of Health and Human Services, OCFS District office. The primary intent of the Maine DV-CPS Program is to strengthen the relationship between Maine's Domestic Violence and Child Protective systems in order to enhance early identification, intervention, and system collaboration in cases of intimate partner abuse, and child protection that will 1) increase the safety of non-offending parents and thereby the safety of children; 2) decrease the short and long term physical and emotional risks to all victims of family violence; 3) minimize separation between them; and 4) hold batterers accountable. The Program serves adult victims of domestic violence who have a co-occurrence of child maltreatment and domestic violence within their family and are determined by the child protective system to be the non-offending parent.

Physical Plant Funding: The OCFS supports relatives who are caring for children in their home to meet the standards for licensing through provision of physical plant funding, if needed, to support them in obtaining a

satisfactory fire and safety inspection. While certain standards (non-safety) may be waived on a case-per-case basis for relatives to allow them to be approved for licensing, a satisfactory fire and safety inspection is a statutory requirement which cannot be waived. Physical plant funding is most frequently requested for the purpose of assisting with replacing windows in a relative home to allow the windows to meet the egress-sized dimension required by the Life Safety Code. The maximum amount of physical plant assistance which may be provided to any applicant relative family is $5000, although the majority of requests are for ~~far lesser~~ significantly smaller amounts.

Alternative Response Program (ARP): ARP provides community based intervention services to families who have been reported to DHHS with allegations of low to moderate severity child abuse and/or neglect. Also, families considered appropriate referrals for this program are those who are in need of intervention services to enhance child safety and well-being but do not require Child Protective Services. Supporting the OCFS Practice Model, which focuses on the family's strengths as well as needs, Alternative Response providers partner with families to provide case management services and in planning for the safety, permanency, and well-being of their child(ren). The Alternative Response Program is a time-limited service aimed at promoting family competence while helping the family develop a network of community resources that will continue to support the family.

Supervised Visitation: Support of family visits shall consist of skilled observation and assessment of parent-child(ren)'s interaction and in modeling/teaching parenting skills by a trained Visitation Support Worker during scheduled visit time(s), for the purpose of providing a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives, and the parent/child interaction can be strengthened through facilitating appropriate interactions and parenting techniques.

Family Reunification Program: OCFS issued a Request for Proposals for the Family Reunification Program service. This service should be available in the summer of 2017 on a statewide basis to families in the process of reunification with children in custody of the Department. Maine will be contracting with a provider who can deliver, with fidelity to the model, an intensive reunification service which was initially developed in Michigan, and which was able to demonstrate statistically significant success with reunification.

The goal of FRP Services is to return children to their family's care sooner and safer than would occur during the usual Reunification process by providing the family with an intensive array of social work services to meet the family's individual needs. The basic tenet of FRP is a belief that families can change, which requires a willingness and genuine enthusiasm to support, validate, and recognize the family's progress toward creating a safe environment in which to provide care for children. The FRP Team Leader and Support Worker are collaborators in this effort with the Team Leader partnering with the family to identify goals and strategies to parent safely, and the Support Worker assisting the family with practicing the strategies. The FRP Team's presence in the home during non-traditional work hours is a key component of this service, so that parents are present during natural times for family intervention.

FRP services focus on educating and supporting the family in internalizing behaviors and skills that strengthen the family's ability to provide safety; therefore, preventing further out-of-home placements for the family's child(ren). The FRP Team does not address every dysfunction with which the family may present, but rather focuses on those that are identified as impacting child safety by assisting families who have had their children removed from their care by the Department to learn effective parenting skills, access and utilize needed resources, and develop a supportive, ongoing Natural Support System, to ensure the Safety, Permanency, and well-being of their children. OCFS recognizes the importance of individual choice of service providers and will work with the family to ensure continuity of services that are necessary and important to the family to promote successful reunification; however, due to the intensive nature of the FRP, which will require the family members to be available to participate in family and community activities as supported by the involvement of

the FRP team, it may be suggested by the family's support team, including the Department, that the family limit its involvement with outside practitioners during engagement in FRP services, unless there is a medical or mental health necessity for maintaining the service linkage.

While the FRP Team is the primary source of the contact for the family during its work with the FRP, the FRP Team will collaborate with the local district OCFS offices in meeting the program's goals. Fidelity to the model is implemented through ensuring that families referred to the FRP meet eligibility criteria as determined through review by the OCFS liaisons in the district offices. OCFS will provide the initial training in Michigan Model Family Reunification as specified prior to services starting after the contract has been awarded. OCFS will provide annual training thereafter.

Maine Enhanced Parenting Program (IVE Demonstration Project): Through collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with our mission of ensuring the safety of all Maine youth and aimed at improving outcomes for one of our most vulnerable populations. This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings or a child entering state custody. In order to be eligible for this service a family must have at least one child who is between the ages of 0-5 years old, and either at risk of entering custody, or entered state custody; and a recent substance abuse assessment (FASA preferred or an assessment utilizing the American Society of Addiction Medicine (ASAM) criteria) that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available in 5 of the 8 districts with a plan to expand to the other 3 districts.

Based on the specific interventions selected for the target population, OCFS expects to see the following short-term outcome improvements:

- Improved competence in managing common child behavior challenges and developmental issues;
- Decreased use of punitive methods to manage children's behavior;
- Decreased parental stress;
- Increased parental confidence; and
- Reduced parental substance abuse during treatment.

Expected long-term outcome improvements include:

- Increased numbers of children who remain safely in their homes;
- Reduced repeat maltreatment;
- Reduced reentry into foster care;
- Increased rates of reunification and timeliness to reunification;
- Improved child and family well-being; and
- Development of recovery skills for longer term recovery from substance abuse.

OCFS's leadership team and resources are committed to the success of this waiver project. OCFS implemented its demonstration project as an opportunity to improve services available to the children and families of Maine. This Demonstration Project service began April 1, 2016. The staff from the two contracted providers are trained in both Triple P and Matrix Model IOP.

C.A.S.E. (Center for Adoption Support and Education): In 2016 Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI) and implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving towards or achieving the goals of adoption and guardianship.

Bridger Program: A collaboration between OCFS, Public Health Nursing (PHN), and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance exposed. The purpose of Bridger is to improve outcomes for infants and their families by increasing coping skills, removing barriers and building on strengths utilizing all the needed supports and services within the family's community. A PHN Bridger Liaison is located in each child welfare District Office for a set number of hours each week. The Liaison is a resource for OCFS staff and PHN staff to improve understanding of what each agency does and build increased collaboration to serve families more effectively.

Through the Maine Coalition Against Sexual Assault, 400 nurses were trained statewide in forensic interviewing for sexual assault victims. The training programs consist of two components, 1) to cover 13+ year old victims; and 2) to cover pediatric victims. These interviews take place in the local emergency rooms.

The Office of Violence Prevention (OVP): Housed within OCFS, the OVP participated in the expansion of the Child Advocacy Centers (CAC), their work includes supporting the multidisciplinary teams in the CACs. There are currently 4 CACs in the state with others being developed in the remaining parts of the state to ensure adequate access statewide for families. Trained forensic nurses are part of the multi-disciplinary teams.

Clinical Team Intervention and Assistance for Foster and Kinship Families: OCFS is preparing to offer a new supportive service to resource and kinship families in 2017. This contract will provide a service array which includes support available during regular business hours from liaisons who will be based in each of the eight district OCFS offices. Among other duties, liaisons will contact all families who have accepted a new placement in order to ensure the resource family is aware of services available to them. They will be offered information and support which can be provided by the liaison, as well as social work in-home supports at either the LSW-level or the LCSW-level to support them in their roles as caregivers. The determination of whether LSW or clinical level support is appropriate will be based upon the family's expressed need and willingness to participate in a more intensive service. This social work support available to the resource parent is anticipated to indirectly impact retention of these families, as we are aware that some families discontinue the service when they feel they cannot manage a child's challenging behaviors or when they are experiencing unresolved grief and loss when a placed child leaves their home. Oftentimes resource parents describe becoming attached to children who then return to the custody of a birth parent, and this inevitably sets the stage for a resource parent experiencing grief and loss. Clinicians will now be available to support families through this transition.

Resource Family Support***:*** OCFS contracts with a provider agency which is responsible for providing training and supportive services to resource families with the desired outcome of retention of skilled and well-supported resource families.

As a result of an RFP process, the current agency providing this service array, known as Resource Family Support Services, is Adoptive and Foster Families of Maine (AFFM). AFFM is responsible for delivery of contracted services on a statewide basis. Included in the services are those which are viewed as priority services to support resource families. Mentoring services are offered to every newly licensed home and made available to resource family who requests this service. Experienced resource parents are trained as mentors in a curriculum developed by AFFM in collaboration with OCFS.

Ensuring every resource family has access to participate in a peer support group in the county in which the resource family resides is another expectation of the contractor. AFFM is required to either facilitate the support group meeting or to support the existing support group with whatever administrative or other type of support the group may need. This may include funding or providing child care for those attending support group meetings, as well as arranging for trainers to provide topical trainings during a portion of the support group meeting.

AFFM is also responsible, under the terms of the contract, for providing a 24 hour a day, 7 day a week warm line service to support resource families. This provides resource families with a neutral entity with which to process any challenges which may arise for resource families.

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.

As all contracts now have to include performance measurements, these measures are included in the Resource Family Support Services (RFSS) contract. The contractor, AFFM, is required to report the following metrics at designated reporting periods outlined in the Rider A of their contract:

Performance Measures:

Measure 1: 100% of applicants or newly licensed resource families statewide are contacted by (email, phone or face-to-face) and offered a trained mentor within 30 days as reported monthly by the provider.

Measure 2: All 16 counties will have a support group that meets needs of resource families in each county.

Measure 3: 80% of surveyed District PAs, APA's and Resource Supervisors will report satisfactory collaboration with the provider as reported quarterly through an OCFS delivered survey.

Measure 4: 100% of randomly selected Resource Families report that they were given a Welcome Packet by the provider at the time of licensure.

Technical Assistance

C.A.S.E. (Center for Adoption Support and Education): In 2016 Maine OCFS was selected as a pilot state to begin working with the National Adoption Competency Mental Health Training Initiative (NTI) and implementing the C.A.S.E. training statewide to better support the work of adoption and guardianship for those children and families moving toward, or achieving the goals of adoption and guardianship.

Organizational Assessment: In 2016 Hornby-Zellar Associates (HZA), Inc. conducted an organizational assessment at the request of the Office of Child and Family Services. In requesting this assessment OCFS asked for an examination of four broad areas: the efficiency of its child welfare processes and its allocation of resources, the discrepancy between the number of child maltreatment reports it receives and the number it assesses, the high rate of repeat maltreatment, and the efficiency and effectiveness of its family team meetings. Final recommendations from HZA included: a workload analysis, streamlining documentation, clarifying key decision-making points and implementing a documentation management system.

Workload Study: Stemming from information obtained in the Organizational Assessment conducted by Hornby-Zellar Associates (HZA), Inc., in 2015, a workload study was conducted by the same company in 2016. The goal of this study was to determine if Maine had sufficient child welfare staff to handle the workload. In its workload study, HZA used two research strategies: a random moment survey to determine how much time casework staff spent in providing casework services to families given other activities such as training and administrative tasks and a time study to determine how much time it takes to fulfill casework functions when basic policy requirements are met. Those two measurements of time are then combined with the volume of cases to determine if OCFS has sufficient numbers of staff to handle the child welfare workload. While the

study has been completed, the final report has yet to be disseminated to OCFS. At that point, OCFS will make decision related to next steps in relation to workload challenges.

Evaluation

Public Health Nurse and Home Visiting Partnership for Families with Substance Exposed Newborns-Bridger Programs: This project will evaluate the effectiveness of the Office of Children and Family Services (OCFS) partnership with Public Health Nursing (PHN) and Home Visiting (HV) through the Bridger programs. Nurse Bridger targets mothers with substance exposed infants who need some form of clinical intervention while the Home Visiting Bridgers also work with substance exposed newborns after PHN or in lieu of it when the infant's risks are not clinical. The evaluation will include both formative and summative components, which look at the processes, and the level of coverage of the program, as well as the results for parents, their newborns, and the public systems that serve them.

The aims of the evaluation are to learn more about how the partnership between OCFS and the agencies providing Bridger services is working in light of the state mandate for medical providers to report all instances of substance exposed newborns; to measure improvements in the parents' understanding and capacity to care for their infants, and to quantify the outcomes for infants and their mothers.

Research Objectives

1. Describe the case flow and service provision of Bridger programs.
2. Assess the collaboration between public health nursing, OCFS and the home visiting programs.
3. Assess parental gains in their ability to care for substance exposed newborns.
4. Assess the health, safety and cost outcomes of the program.

Community Partnerships for Protecting Children (CPPC): This project will gather data and to produce outcomes to ensure increased Quality Assurance for the contracted CPPC agencies. The evaluator shall ensure that the CPPC model brings together OCFS, and communities to better serve vulnerable, at-risk children, and their caregivers, to reduce abuse and neglect by developing tangible, and sustainable strategies to strengthen families, neighborhoods and the Child Welfare System.

The work of the CPPC in Maine ~~has~~ expanded beginning in October, 2016. The work in Portland, South Portland, and Westbrook has continued. New contracts were awarded, and new CPPC work will begin in Belfast/Rockland, Augusta, Bangor, Bridgton, and Sanford. As a result, the evaluation work has expanded to these areas as well. The project is community based, and as a result, the approaches to working with children and families are also community specific. The community level work is the backbone of the project's success. Due to the different needs and cultures of each site, different neighborhoods are operationalized differently than the work in other neighborhoods. Standardized activity data collection tools have been created to capture participant level data from Hub activities, self-sufficiency level data and data from interactions with participants at family team meetings and parents as partners encounters.

To map these activity level data, a methodology was developed, focusing on using an average 2012-2014 years as baseline and then comparing that three year average with calendar year data from 2015. This was used for appropriate reports at the regional and then CPPC neighborhoods, as well as for removals at the regional and CPPC level neighborhoods. The concept for this approach is based on the premise that CPPC neighborhood activities have an impact on child welfare cases reported to OCFS.

CPPC continues to review and analyze DHHS cases in specific areas:

1. Reduction of substantiated and indicated assessments.

2. Reduction of reoccurring maltreatment occurring within 12 months.
3. Reduction of substance abuse ingestion reports.
4. Reduction of serious injury reports.
5. Reduction of total number of serious injuring and suspicious deaths.

Maine Enhanced Parenting Program (MEPP) Evaluation: The evaluation of the MEPP project is being conducted by Hornby Zeller Associates, Inc. (HZA). HZA is a national firm which is conducting Title IV-E Waiver evaluations in two other states. Through rigorous construction of comparison groups and a pre-post assessment HZA will evaluate the effects of the evidence-based interventions when they are provided together. The evaluation will consist of three components, including a process evaluation, an outcome or effectiveness evaluation and a cost analysis.

Child and Family Services Continuum

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 Maine Children's Trust, Inc. communicates, coordinates, and consults with DHHS Child Welfare Services management in its efforts at prevention of child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention Program federal grant from ACF. In 2016 the Councils offered a combined 226 parenting educations classes, each class consisting of multiple sessions.

The OCFS Early Intervention and Prevention team was created in February 2014. This team focuses on programs for children including early intervention and prevention programs with the goal of preventing and reducing child abuse throughout the state. Additionally, this team focuses on violence prevention for all ages. Some of the current programs include Child Abuse and Neglect Councils, the Community Partnership for Protecting Children (CPPC) programs, statewide home visiting services, The Bridging Program, and services for victims of domestic violence, sexual assault and human trafficking, as well as prevention activities related to these services. By working with the community, other state agencies, and existing systems and resources, early intervention and prevention have become a clear focus within the department. Early Intervention and Prevention strategies are implemented within policy and practice with a focus on primary, secondary, and tertiary prevention, as well as early intervention. The OCFS Early Intervention and Prevention Team seeks to prevent child abuse, reduce repeat maltreatment rates, and prevent child deaths and serious injuries by supporting various initiatives across the spectrum of care. Empowering the community to aid in the important mission of child safety for all Maine children is a priority of the prevention team. All reports of child abuse and neglect are received and screened by the Statewide Child Protection Intake Unit at OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in district offices for assignment. Supervisors assign moderate/high severity CA/N reports to DHHS child protective caseworkers. Supervisors assign low/moderate severity CA/N reports to contracted Alternative Response Programs (ARP).

The *Child Assessment Policy* was revised in 2007 to include the expectation that, for in home service cases, the frequency and type of caseworker's face to face visit with the child(ren) and family should be appropriate to the family's needs and risk to the child and visits should occur at least once a month in the home. More frequent contact with families helps to establish more effective working relationships, allows for a better assessment of safety and well-being, facilitates monitoring of service delivery, and better enables the caseworker to measure and support the achievement of the agreed upon goals of the family. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department's involvement should continue. Despite the policy revision, OCFS still struggled with having frequent, purposeful contacts with families in service cases which was evident in the data collected through the qualitative case reviews. In 2013 the OCFS Management Report was revised to include reporting of contacts made in service cases and has seen a significant ~~uptick~~ increase in the number of contacts made with children in service cases.

The following table reflects the level of monthly contact with children on open service cases and demonstrates progress made in this area:

	CCY 2014	CCY 2015	CCY 2016
Monthly contact with children in open service cases	60%	69%	81%

The Child Protection Assessment Policy is currently undergoing revisions to incorporate current practice. It was anticipated that the finalization of this policy would be in the summer of 2016. However, due to pending revisions of the Substantiation Rules and the implementation of Structured Decision Making, the decision was made not to release the updated policy in case there were changes that would need to be made based on the outcome of those two initiatives.

The components being reviewed for the revision are:

- A focused understanding of why Child Protection is involved with a family.
- Determining if abuse and neglect have occurred.
- Concluding through analysis the impact on the child
- Next steps (i.e. safety planning, opening a case, sending to community services or closing).

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.

In July 2008 Alternative Response Program contracts were revised to include the expectation that children would be seen in three days, substantially the same response timeframe as a DHHS Child Protection Assessment.

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

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

When children cannot remain in their homes, initial Department social work efforts focus on kinship options. Children can be immediately placed with kin if safe kinship placements can be identified. Kinship assessment begins at the Intake phase and continues throughout our involvement with the child and family. The search for kinship placement options does not stop at removal, if kinship placement cannot be made at that time, fictive kin placements would be the next preferred placement for the children. For example, child care providers or

friends of family can be considered for placement. The next option for placement would be foster care within their home community. If therapeutic foster care is needed, the application process is streamlined state-wide and all agencies receive a detailed application as to the needs, diagnosis, habits, behaviors, likes, and dislikes of the child.

If a child cannot be placed in a family setting, various types of residential care are utilized. Residential programs vary from semi-independent living programs to 24/7 supervision. There is a universal application process in place for residential programs and the OCFS Mental Health Program Coordinators and Clinical Caseworkers are utilized to ensure that residential care is the least restrictive placement needed to provide services for the child.

Maine has a state administered District Court system, which uses standardized court forms. The Jeopardy/Permanency Plan Order documents that a permanency plan has been developed. Within ten days of a child coming into custody, a Family Team Meeting is convened to develop a Family Plan. From the time of assessment, and from the first Court Order, and throughout the period of subsequent court orders, there is dialogue, hearings and documentation in court orders about reunification objectives and times frames.

OCFS files petitions to terminate parental rights for children who have been in care for 15 of the most recent 22 months, unless case-specific information legally exempts a child. Team decision-making is used to determine if a Termination of Parental Rights (TPR) petition should be filed. If the criteria are not met, this is documented in the case record, along with a justification for an alternative permanency plan, which is entered into court paperwork.

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

The OCFS has programs in place to help children prepare for a successful transition to adulthood. Youth in care are offered Extended Care (V9) services. A youth in custody who is turning 18 years old can make an agreement to remain in care, in order to accomplish the individual youth's transition goals while still receiving the support of the Department. Individualized agreements are negotiated with the youth to assist in providing specific services to help the youth achieve educational or skills training needed for successful transition to adult self-sufficiency. If a youth will require assisted living beyond what can be provided through a V9 agreement, then when the youth is age 16, a referral is made to DHHS Adult Behavioral Health Services.

Transitional living services include ongoing training in skills, such as money management and consumer skills, educational and career planning, locating and maintaining housing, decision making, developing self-esteem, household living skills, parenting and employment seeking skills, among others. Prior to turning 18, the youth is assisted in applying for Maine Care (Medicaid) for health insurance. Under new provisions of the Affordable Care Act, beginning 1/1/14, a youth who turned 18 while in foster care will remain eligible for coverage until their 26th birthday.

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

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

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

OCFS policy requires that the following be provided to the youth by the Permanency Caseworker or by the Transitional Living Caseworker: linking with occupational and college prep high school classes, assistance ~~with linking~~ connecting with other educational alternatives, provision of information about financial aid for post-secondary education, and information about tutoring and special education services, if needed.

Youth who were adopted or entered Permanency Guardianship after the age of 16, may request Federal Education and Training Voucher (ETV) assistance from OCFS to help meet their post-secondary financial needs, at the same level as youth on Voluntary Extended Care Agreements or who were reunified with parents, up to $5000 per academic school year. Youth whose parent/PG receives a subsidy from DHHS are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

In 2014, Maine passed legislation, LD 1683: **"An Act to Improve Degree and Career Attainment for Former Foster Children."** This provides funding to youth who aged out Maine's V9 Program at 21, in order to finish their post-secondary education, up to the age of 27. This new program, called the *Alumni Transition Grant Program (ATGP),* also provides grant recipients with Navigator support, and establishes a committee to report outcomes to the Legislature.

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

OCFS continues to stress the importance of relative and kinship placement as the most desirable type of out-of-home placement when children cannot remain in the homes of their parents. Policy and procedure requires staff to explore the possibility of relative and kinship placements on an on-going basis throughout the period of involvement with the family. In addition to emphasizing the need for relative and kinship resource searches and placement, OCFS is also committed to funding services to help support and maintain kinship placements.

While we have made significant improvements in the percentage of placements with relatives and kin, we continue to view opportunity to improve in this area.

OCFS Visitation Policy implemented in 2005 emphasizes the importance of visitation between children and their family members as a key service provided to assist with reunification efforts. Policy clarifies visitation purposes, visitation procedures, parental/participant responsibilities, and the role of the foster parent or relative caregiver.

OCFS visitation contracts went through the State procurement process in 2015. As a result three regional contracts were implemented on July 1, 2015. The contracts emphasize the importance of visitation between

children and their family members as a key service provided to assist with reunification efforts. Policy clarifies visitation purposes, visitation procedures, parental/participant responsibilities and the role of the foster parent or relative caregiver. 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. The following are measures put in the new contracts:

Performance Goal and Objectives

Goal: To provide safe and supportive visits between children who are in DHHS custody and their parents (and/or other identified individuals) during the Reunification and Rehabilitation process.

A. Objectives:
   1. Children referred by DHHS or federally recognized tribe have a safe and supportive environment for arranged visits with their parents and other identified individuals, as measured by monthly reports (Attachment D).
   2. Parents participating in the program demonstrate improved parenting skills, as measured by monthly reports (Attachment D).

B. Performance Measures
   The Provider shall submit monthly reporting of, but not be limited to, the following:
   1. The number of interventions as defined in the family's Rehabilitation and Reunification plan per visit, in order for DHHS to collect, analyze, and report quarterly data that assesses the performance.
   2. The raw score of the Quality of Visitation Scale (adapted from the *California Reunification Assessment Tool*, 2009) per visiting parent, per visit, in order for DHHS to collect, analyze, and report quarterly data that assesses performance measures.

C. Internal Quality Control
   The Provider shall survey all adult recipients of the service at least once monthly, or a minimum of once during the service period if less than one month, for quality improvement purposes.

   Results will be analyzed and reported to the DHHS annually.

   The Provider will use client feedback to improve services, as evidenced by quantitative and qualitative data provided to DHHS.

These performance measures are for contracts that provide Supportive Visitation Services for OCFS. These measures work toward maintaining the parent-child relationship in a safe and protected environment. This will assist with the reduction of a child's sense of loss and/or abandonment, and promote opportunities for reunification.

Strategies used will help standardize the service and support the goal of reunification. They will include the following:

Supportive family visits shall consist of skilled observation and assessment of parent-child(ren) interactions and will include modeling/teaching parenting skills during scheduled visit times by a trained Visitation Support Worker (VSW). The parameters of the scheduled supported visits will be determined through the Family Team

Meeting process with the family's assigned DHHS caseworker, and the family. The Provider's VSW shall participate in Family Team Meetings as requested by DHHS staff according to the family's individualized Rehabilitation and Reunification Plans and court order.

Visitation between children and their parents, siblings, extended family members, or other significant persons serves many purposes. Visitation not only promotes continuity, but may serve additional functions in aiding progress toward permanency goals identified in the family's Rehabilitation and Reunification Plan. Some of these purposes include:

1. To prevent child abuse;
2. To reduce the potential for harm to victims of domestic violence and their children;
3. To enable an ongoing relationship with a strengths-based approach between the non-custodial parent or significant persons and child;
4. To facilitate appropriate child/parent interactions during supervised contact in the least restrictive setting;
5. To help build safe and healthy relationships between the parents and children using a parenting/teaching model;
6. To provide written, objective documentation to DHHS regarding supervised contact with families who are receiving services;
7. To reduce the risk of parental kidnapping; and
8. To facilitate Reunification as ordered by the court.

As visitation support staff are expected to actively engage birth parents during the visit, and to facilitate positive interactions 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.

In addition to services contracted specifically to provide visitation, visitation is also facilitated by trained Department staff and through staff of agencies who provide the Treatment Foster Care Service.

Section §4068 of Title 22, gives Courts greater power in Child Protection cases to order sibling visitation if the court finds the visitation is "reasonable, practicable, and in the best interests of the children involved". The court can order the custodians of the children involved to make sure the children are available for visitation with each other. This statute gives the child, or someone acting on the child's behalf, the right to request visitation with a sibling from whom the child has been separated due to a child protection case.

While the statute does not allow a sibling to request visitation from a sibling who has been adopted, it does require the Department to work with prospective adoptive parents to establish agreements in which the adoptive parent will allow contact between the adopted child and the child's siblings, in circumstances where the contact is in the best interest of the child.

The rights of Maine youth in care are defined in law, in policies, and in statements of belief. A workgroup including youth members was formed to develop a Bill of Rights for Maine Youth in Care. More than a philosophical statement about rights that youth in care deserve, the resulting publication is a resource for youth in care, for their care providers, and for OCFS staff to identify and compile information about these rights, thereby ensuring the rights of youth are understood and upheld in the delivery of services to youth.

School Transfer Policy and Practice for Children in Care provides guidelines and strategies that support positive educational outcomes for children in the custody of the State of Maine. In 2010 language was added to Maine Statute to meet the Fostering Connections Legislation around educational stability. The final decision ~~on~~

regarding which school the child/youth will attend will be made by OCFS, in collaboration with the school district. The law requires that the school abide by the decision made by OCFS with OCFS paying for transportation costs if needed.

The OCFS Policy Workgroup that was developed as a strategy to meet PIP needs reviewed the Educational and School Transfer Policies to ensure that the policies reflected the law changes around school attendance. The decision was made to incorporate several different policies related to education into one policy. In March 2012 the finalized Education Policy and PowerPoint was disseminated to district staff.

Since 2004, Maine youth in care have been able to attend Camp to Belong Maine (CTBM), a summer camp program for siblings who are separated by out of home placement. OCFS has provided significant support to CTBM by providing funding for administrative costs, paying camper fees, allowing OCFS staff to be volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in their Districts. OCFS recognizes this is a way to increase normalcy between siblings, who otherwise do not see each other on a day-to-day basis.

The 2015 reorganization included the creation of a clear Children's Behavioral Health Team. Children's Behavioral Health services focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders.

The Children's Behavioral Health Services (CBHS) Unit:

- Ensures that any child between the ages of 0-21 and their family identified as needing a behavioral health intervention have access to and receive this service in the most effective, least restrictive setting as possible.
- Ensures that all youth transition successfully to adulthood.
- Ensures that all possible employment options are sought for all youth.
- Works with the Office of Maine Care in developing and implementing policy related to children's services.
- Ensures that children receive evidenced-based practices whenever possible.
- Oversees the mental health block grant funding and implementation.
- Oversees Homelessness and Transitional Living Programing.
- Provides Program expertise for all contracts, Respite, Autism Society, BHP training, deaf services, etc.
- Reviews and Follows up on Reportable Events.
- Collaborates and consults on child welfare cases for youth with behavioral health need.
- Follows up on grievances and complaints.
- Collaborates with other state agencies.

CBHS Staffing:

Resource Coordination: Three Resource Coordinators are responsible for developing and maintaining a comprehensive array of behavioral health resources for children with Autism, Intellectual Disabilities, and mental health problems. They are the primary contact for agencies seeking to provide behavioral health services for children, and for agencies seeking information and/or technical assistance from the Department. They organize regular provider meetings to ensure clear communication between the Department and the children's services providers, and disseminate information regarding Department policies and legal requirements. They develop resources to meet needs in underserved areas. Other responsibilities include providing technical assistance to Community Providers.

Policy Coordination: The Policy Coordinator works closely with the Office of Maine Care to write and implement Maine Care Policies that govern services for children in need of behavioral health treatment, creates and implement standards of care for treatment services, ensures that Evidenced-Based Practices are used as much as possible and work to increase the use of EBP in children's behavioral health service, creates performance measures for children's behavioral health services, works closely with DHHS's contracted ASO, Kepro; and reviews and analyzes children's behavioral health data. Policy Coordinator also oversees and manages the Behavioral Health Professional (BHP) Training Contract.

Program Coordination: Ten Children Behavioral Health Program Coordinators and their Supervisor/Team Leader are responsible for ensuring that youth's emotional and behavioral challenges receive the most effective services in the least restrictive environment. They are responsible for providing behavioral health education and resources to Child Welfare Staff and the community. They provide on-call coverage on a rotation schedule for out of state hospitalization. They are part of a statewide team of professionals keeping abreast of promising and evidenced-based practice models, informing policy and practice, and maintain consistency across districts. This team is responsible for reviewing children between the ages of 16 and 21 who have a development disability to ensure a smooth transition to adulthood. Program Coordination Team Leader is the OCFS Lead for Crisis Services and Transition.

Care Coordination:

- The Care Specialist Role has been eliminated and in its place, 4 new roles have been created outlined below:
    - **Nurse Consultants:** These positions will provide medical consultation within Children's Behavioral Health and Child Welfare. Part of the initial focus will be helping to ensure that the medical and behavioral health needs of youth coming into state custody are being met. The nurses will also support initiatives around medical issues, such as reducing the use of psychotropic medications for children in state custody.
    - **Reportable Events Coordinator**: This position will screen all reportable events for Children's Behavioral Health. This also includes monitoring patterns and trends, as well as following up on specific reportable events. This position also supports providers in data quality and organizing agency feedback regarding Reportable Events.
    - **Program Support Coordinator**: This position will assist in coordinating training and support for Children's Behavioral Health Service Programs. It will provide program support and assistance as new initiatives are developed and implemented.
    - **Residential Coordinator:** We are developing this position to help support timely and appropriate admissions and discharges for youth in residential treatment. As the position is developed, we will have more details to share regarding the ways in which the coordinator will provide support.

Homeless Youth/ Mental Health Block Grant (MHBG)/Family/Youth Peer Support/Autism Society/Respite: A Child and Family Program Specialist oversees and manages the Homeless Youth Services**,** including all initiatives to end youth homelessness; oversees and manages the Mental Health Block Grant and the services the MHBG funds which includes parent, family, youth peer support and the first episode psychosis programming; Autism Society of Maine and Children's Behavioral Health Respite Services. This Program Specialist also supervises the OCFS Family Information Specialist, and assists parents with transitions, as well as with any other identified needs.

In January 2015, the new Child Health Assessment (CHA) Protocol was distributed to the District Management Team with the expectation that all staff will be trained on the protocol. The priority of the CHA protocol is to ensure that all staff knows and follows the law regarding medical services (medical, dental, mental health and

developmental screening). This includes medical appointments being made for children within 10 days of entry into foster care, children 4 years and younger will be referred to Child Development Services, and that the Pediatric Symptom Checklist (PSC) will be used by the caseworker with the parent/caregiver, and/or youth to screen children in the 4-16 year old age range for clinically significant behavioral, cognitive, and emotional challenges. The PSC has been validated for use with children and families in the child welfare population. The tool will be administered in the first 30 days of the assessment whenever there is a substantiated finding and/or a child enters care.

In response to Fostering Connections Legislation Maine engaged with several collaborative workgroups to ensure compliance. These efforts 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 non-medical professions on the appropriate treatment of children.

Adoption Incentive

In September 2015 Maine was notified by ACF of a Grant Award of $66,497 f or Adoption and Legal Guardianship Incentive Payments. Maine's plan to use the funds includes:

1. A portion of the money will be used to support physical plant funds for fictive kin who are in the process of finalizing a PG or adoption. This will be approved at the discretion of the Licensing or Adoption Program Manager.

2. A portion of the money to provide short term emergency respite for PG or Adoptive families at serious risk of disruption. This will only be approved when all other alternatives have been ruled out. The respite would be used while staff works with a Mental Health Program Coordinator and other service providers to establish the services needed to help prevent disruption. This will be at the discretion of the Adoption Program Manager.

Services offered under Title 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 statewide.
- Each county Child Abuse and Neglect Council provides an average of 18 parenting classes/learning sessions per year.
- Kinship Care Services provide information and support services to relatives who are caring 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.

- 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 raising their grandchildren, nieces and nephews. These services are available to all families providing care, not just those caring for children in the custody of DHHS.
- Continued support of domestic violence advocates co-located in OCFS district offices.
- Expansion and support of the Community Partnership for Protecting Children (CPPC) program.

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

- Post Permanency Support Program (AFFM)
- Family Reunification Program

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.
- Kinship Care Services: Through contract, information and support services will continue to be provided to relatives who are raising their grandchildren, nieces and nephews. These services are available to all families providing care, not just those 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.

Service Decision Making Process for Family Support Services

The Maine Department of Health and Human Services also contains a centralized contracts division. This division is responsible for the integrity of the State's purchased services rules. This division is responsible for all contracts between any office within DHHS and any provider of services. In collaboration with OCFS program specialists, the contracts division creates and administers the contract, processes payment for services, receives and evaluates required performance reporting, and monitors trends. Performance measures are included in Rider A for all contracts. Service providers must adhere to the CONTRACT/GRANT/PURCHASE GUIDELINES overseen by the Division of Contract Management. The DHHS Contract Management Division receives and analyzes cost data provided monthly or quarterly from service providers and provides analysis to OCFS on the provision and cost of contracted services used by recipients. Contract agencies report and are reviewed on a regular basis by the OCFS Community Partnerships team based on the terms of the contract, and the results are reported to OCFS Management. It is the responsibility of the OCFS senior management team to approve scope and definitions of service, performance measures, payment schedules, approval of the continuation of ongoing contracts, as well as to authorize the funding amount and fund source.

Populations at Greatest Risk of Maltreatment & Services for Children Under Five Years Old

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

- The *Intake Screening and Assignment Policy* provides assignment practice standards for districts to utilize in decision making in terms of assignment reports of child abuse and neglect. One of the factors to be considered is the vulnerability of the alleged child victim, "*Infants and very young children are especially vulnerable".*
- The *Child Protection Assessment Policy* includes criteria to be used in determining whether a family is need of Child Protective Services one being a family with *children under age 6.*
- Policy stipulates that all children under the age of 5 who have been involved in an assessment resulting in a finding of child abuse and neglect be referred to Child Development Services for follow up.

Maine has continued to focus on building a prevention tier for families referred to OCFS that are not in need of child welfare intervention. One such approach is the Bridger Program in which reports of infants born substance-exposed can be referred to Maine's Public Health Nursing Program and/or the Maine Families Home Visiting Program for support. These services are also available for child welfare involved families as well.

Maine has also partnered with the Maine Public Health Nursing Program to co-locate a nurse at the child welfare office who will be responsible for ensuring that a plan of safe care is developed for infants reported as substance-exposed to the central intake unit.

Within 10 days of a child entering custody, they are to have an appointment scheduled for a medical evaluation in the near future. Follow up to those appointments could be a variety of services 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 prioritizes placements of infants and toddlers with relatives that support 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. These young children are also a group that would be reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 8 months would be reviewed in this forum. 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.

The data indicates that these efforts have helped as since 2012 the number of children in care age 0-5 has decreased- 2012 (950); 2013 (848); 2014 (763) 2015 (544), but with a slight increase in 2016 (560).

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Assessment Policy which 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 is 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.

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 include caseworkers as participants.

M.R.S.A. 22 §4011 A 7 specifically addresses children under 6 months of age or otherwise non-ambulatory as part of Maine's mandated reporting laws. This law recognizes that there are certain injuries, such as fracture of a bone; substantial bruising or multiple bruises; or subdural hematomas; that when they are occur in children under the age of 6 months or children who are non-ambulatory are more likely to be inflicted.

Preventing Sex Trafficking and Strengthening Families Act P.L. 113-183:

The State of Maine has finalized many of the required changes to comply with HR 4980.

The Office of Child and Family Services, as well as a representative from the Commissioner's Office assembled a multidisciplinary workgroup to research, discuss and provide guidance around implementing the many pieces of this legislation. This workgroup ended when all of the implementation tasks were completed.

Workgroup Members	
Holly Stover	DHHS Commissioner's Office
Jenni Smith	OCFS Policy & Training Specialist
Destie Holman-Sprague	Maine Coalition to End Sexual Assault
Meg Hatch	Maine Coalition to End Sexual Assault
Samantha Durham	Clinical Social Worker, Longcreek Juvenile Detention Center
Linda Brissette	OCFS, Resource Family Program Manager
Kristi Poole	OCFS Title IVE & Adoption Program Manager
Marie Kelly	OCFS Regional Child Welfare Manager
Karen Dostaler	Assistant Attorney General
Lori Geiger	OCFS, Information Systems Program Manager

Implementation:

The following policies have been changed to ~~come into~~ achieve compliance with the aforementioned law:

- Permanency Policy
- Permanency Guardianship Policy
- Youth Transition Policy

The following Policies have been created:

- Human Trafficking and Commercial Sexual Exploitation
- Missing and Run away Youth

The following law changes have been requested and passed:

- Addition of a definition of sibling into Maine Revised Statute title 22
- Ability to report to a national clearinghouse on missing youth
- Ability to notify parents of siblings when their sibling has come into care
- Change in the age that transition planning starts for youth in care

The following court related documents have been changed:

- The Child Case plan and Legal Summary

The following trainings have been developed:

- Reasonable and prudent parenting standards for child welfare staff, resource parents, and child care institutions
- Sex trafficking and HR4980 training
- Case planning to encourage youth voice and engagement
- Youth transition planning

The following changes have been made to the Maine Automated Child Welfare Information System:

- Additional AFCARS Screens to address youth pregnancy and parenting, and sex trafficking
- Addition of a finding of Sex Trafficking to our findings screen
- Addition of a template to capture more information about Youth who run away and or who become missing from care

Children in State Custody from Failed Inter-Country Adoptions

The state takes responsibility where needed for children adopted from other countries, including activities intended to serve children entering state custody as a result of the disruption of placement for adoption. Maine's private adoption agencies make every effort to replace a child from a disrupted or dissolved adoption into another family within the agency or with another private agency so that the child does not have to enter DHHS custody. The DHHS Office of Vital Statistics report that the number of children adopted from other countries by Maine families during calendar year 2016 was 36.

During 2016, the Maine Department of Health and Human Services did not record any disrupted international adoption involvement.

Consultation and Coordination between States and 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)

History:

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 with state child welfare representatives quarterly, or sooner, as needed, or requested. This group, referred to as the ICWA Workgroup, first began meeting in 1999. In 2010 this workgroup began to develop the Truth and Reconciliation Commission (TRC) to discover the truths about native people's experiences with the state's child welfare agency. This process expanded the current group's membership to include other tribal and non-tribal community members. This became the Convening Group for the TRC. The Convening Group was responsible for developing the TRC's Declaration of Intent, its Mandate, and to help with seating the Commission. Once the Commission was seated this group became the REACH (Reconciliation, Engagement Advocacy, Change & Healing) Workgroup whose purpose was to support community healing and the TRC process. Within this forum, OCFS worked with tribes to assure ICWA compliance. In 2015 the TRC concluded its work and its findings were presented. At this time REACH continued its work to help with healing in native and non-native communities and to expand the ally base through ally training. Also at this time the ICWA workgroup was reestablished with representatives from the state child welfare, tribal child welfare, and the Office of the Attorney General. The goal of the ICWA Workgroup is to have ongoing discussions regarding agency concerns, specific case concerns, policy development and trainings, strategies to continue the work related to building collaborative relationships between state child welfare and tribal child welfare, and to look at how to implement recommendations from the TRC.

The Department has an agreement with the Penobscot Indian Nation, 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.

In July 2012, a comprehensive *Indian Child Welfare Policy* was finalized. This policy was developed by the ICWA 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 indicating that the tribal child welfare staff are co-managers of the case in every aspect throughout the life of the case. In the fall of 2015 the ICWA Workgroup modified that policy to include the new BIA Guidelines.

2016:

In February of 2016 the updated Indian Child Welfare Policy was finalized and distributed to OCFS staff and tribal child welfare staff. A training on the policy changes regarding the BIA guidelines was developed by the ICWA Workgroup and was presented in each of the 8 OCFS districts between June 1 and August 2, 2016. In September 2016 work was done to update the ICWA training that new caseworkers must attend to incorporate the changes in policy/BIA regulations. With new guidelines, the ICWA Workgroup noted that more Qualified Expert Witnesses (QEW) were needed for ICWA cases. The tribal members of the ICWA workgroup reached out to their communities to determine interest. The ICWA Workgroup developed training, and the first QEW training was held in November 2016. This training was conducted by tribal members and a representation from the Office of the Attorney General. OCFS continues its practice of sharing draft policy with the tribal child welfare personnel for comment.

OCFS caseworkers receive ICWA training during their first six months of employment. This training is conducted by a Native member of the ICWA workgroup and the OCFS ICWA liaison. This training is designed for participants to both understand the ICWA law and how to work with collaboratively with tribes in ICWA cases as well as the spirit behind the law. 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 experiences and feelings of not belonging; Native history regarding federal policies of forced assimilation; historical trauma; the TRC process; how to co-case manage ICWA cases; and the BIA guidelines. 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, and if their Native heritage is from one of the federally recognized tribes in Maine, the tribe is notified and invited to participate in the assessment. If Native American heritage is not known until after the first visit, or at any other point in the assessment or case process, the tribe is invited to participate 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 assessment/case as OCFS co-case manages ICWA cases.

In cases where ICWA applies, and children are removed, caseworkers provide written notification to the Native American families, the tribe, and sends a copy to the BIA, informing them of the right to intervene, regardless of whether or not the tribe is located in Maine. OCFS recognizes homes that have been licensed or approved by the tribe as a fully-licensed foster/adoptive 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. OCFS 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.

OCFS 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 policy the tribe is considered co-managers of the case with OCFS, and joint decision making is the expectation. It is also recognized that 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~~ are not limited to: counseling, substance abuse services, in-home supports, family visitation, transportation, and parenting classes. In addition, contract language with services such as the Alternative Response 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 the 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.

In helping the tribes prepare to have their own IV-E plan, Maine's OCFS IV-E Program Manager provided in-person training on three occasions. There have also been numerous email and phone discussions with Tribal staff. The Program Manager has explained the Department's determination process and sent several OCFS policies, training tools, manuals and links to IV-E information. OCFS will continue to work collaboratively with the tribes on issues/initiatives. OCFS recognizes the need to update its agreements with each of the tribes, however there have been challenges in completing this work due to resources limitations.

The final APSR and CFSP documents are also available on line and available to the public on http://www.maine.gov/dhhs/ocfs/provdatareport.shtml.

Many of the above-cited activities are ongoing and will continue through 2017. This includes regular meetings between tribal child welfare, the DHHS, OCFS – ICWA liaison, and the Office of the Attorney General to ensure compliance with ICW policy and law to allow any strengths and challenges to be discussed.

Tribal Contacts	
Tribal Affiliation	**Contact Name**
Houlton Band of Maliseet	Lori Jewell , ICWA Program Director
Aroostook Band of Micmac Indians	Luke Joseph, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Tene Downing, Social Services Director
Penobscot Nation	Brooke Loring, Child Welfare Director

MonthlyCaseworker 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 Child Welfare 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 contacts with the majority of visits occurring in the child's place of residence. This provides a statewide average, as well as broken down by district. O CFS is working toward the goal of seeing youth in care, and in services cases, as well as parent/caregivers every 30 days as opposed to monthly, recognizing that more frequent contact is linked with more successful case outcomes.

OCFS will continue to use 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 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.

As evident in the chart below, Maine has been successful in meeting this expectation:

STATE OF MAINE FACE TO FACE CONTACT REPORT FEDERAL FISCAL YEAR 2016 OCTOBER 1, 2015 - SEPTEMBER 30, 2016					
MONTH (FFY2016)	**# SEEN**	**TOTAL IN CARE FOR MONTH**	**% Seen**	**# Seen In Home**	**% In Home**
OCTOBER	1757	1792	98%	1573	88%
NOVEMBER	1718	1747	98%	1538	88%
DECEMBER	1661	1730	96%	1480	86%
JANUARY	1705	1740	98%	1486	85%
FEBRUARY	1734	1799	96%	1522	85%
MARCH	1747	1794	97%	1551	86%
APRIL	1745	1786	98%	1542	86%
MAY	1721	1798	96%	1510	84%
JUNE	1716	1768	97%	1516	86%
JULY	1689	1736	97%	1458	84%
AUGUST	1703	1763	97%	1491	85%
SEPTEMBER	1713	1785	96%	1429	80%
FEDERAL FISCAL YEAR TOTAL	**20609**	**21238**	**97%**	**18096**	**85%**

Financial Information

PSSF Service Category Disproportionality: Based on State of Maine Purchasing rules no payment for service to a provider greater than $10,000 can be administered without processing through the procurement process. The Procurement process can take upwards of 1 year, once a service has been identified, presented to DHHS management, and approved for Request For Proposal. Funding that was available based on this unplanned barrier was diverted to other eligible program areas from within the grant.

States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance payments in FY 2018 than the state expended for those purposes in FY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FY 2005 title IV-B, subpart 1 funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005.

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 FY 2018 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 FY 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.

Expenditures in 2005 were $2,408,000

DHHS assures that the state funds expended for FFY 2015 for purposes of Title IV-B, subpart 2, is $28,055,633. 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

Targeted Plans within the CFSP

Chafee Foster Care Independence and the Education and Training Voucher Programs -See Appendix A

ETV Funding- See Appendix B
CAPTA Plan- See Appendix C

Foster and Adoptive Parent Diligent Recruitment Plan

For several years, Department staff were responsible for recruitment of new foster homes. However, staff were unable, due to competing priorities, to effectively meet an identified need for diligent recruitment for foster families to care for children in foster care.

As a result of this identified need for diligent recruitment, the Department issued a Request for Proposals for a recruitment service provider. In 2015, OCFS contracted with KidsPeace, and active recruitment services were implemented during the summer of 2015. While that contract did not meet the needs of OCFS, another RFP and contract was subsequently agreed upon, and Spurwink began providing recruitment services in late 2016. The name selected for this recruitment service is A Family for ME. OCFS managers meet monthly with contracted agency managers and direct service staff to share progress towards full implementation of this statewide-delivered service array. Roll out of this new program has been thoughtfully carried out, beginning with development of recruitment materials and progressing to general recruitment efforts. These efforts are targeted to recruit families for three specific populations of children in care who are in need of more foster homes:

1. Babies who are born drug-affected, who are in the process of reunification with their parents;
2. Children and youth who are ready for discharge from residential treatment programs without an identified placement family; and
3. Larger sibling groups who are in need of caregiver homes that can accommodate placement of the entire sibling group.

During the next contract year of this service, focus will intensify upon child-specific recruitment to support children achieving legal permanency through adoption. This child specific recruitment will involve focus upon Heart Gallery, television, and other forms of media to increase awareness of permanency needs of children who are awaiting an identified adoptive family in Maine.

This service will greatly enhance our ability to place children in foster care in homes which match the cultures and communities from which they originate.

As part of our renewed focus, we will be identifying children within our population who are in need of diligent recruitment, as well as identifying resource materials which are culturally and linguistically accessible to those for whom we are diligently recruiting as placement families.

OCFS Foster & Adoptive Recruitment Plan:

1. A description of the characteristics of children for whom foster and adoptive homes are needed:
    - OCFS is recruiting homes for children age birth through age 18.
        - Children currently entering foster care are those younger (0-5), and are frequently a member of a sibling group, and are often drug-affected.
        - Children who are in need of placement frequently have significant behavioral challenges requiring more specialized parenting.
        - Older youth who require caregivers who have knowledge and desire to provide support, guidance and/or permanency to youth transitioning to independent living/adulthood.

2. Specific strategies to reach out to all parts of the community:
    - Multi-tiered approach to recruitment that includes general, targeted, and child specific recruitment.
    - Recognize the diversity of parenting skills that we are seeking, and target parents with that particular expertise. With our contracted Recruitment agency provider partner, we will meet with community members, business and civic groups, and with schools and churches to inform them of recruitment needs, and to enlist their support as partners in this endeavor.
    - OCFS will collaborate with the contracted Recruitment agency provider in also meeting with media partners to develop television, radio and print material for distribution.
    - OCFS understands the need to recruit for diverse populations, including religious, LGBTQ, racial, ethnic and cultural groups. We will assure that staff are culturally competent and that translation services are available.
    - OCFS needs to work with nursing staff and other professionals who can provide us with guidance towards meeting the care needs of medically-impacted youth.
    - Recruitment Services will be supported through a Request for Proposal.
    - OCFS will develop strategies to assure that kinship placements are consistently explored as a priority whenever possible

3. Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
    - Child specific recruitment will occur through the child's community, such as church, social activities, school activities. Child profiles will be sent to all district offices when exploring for a particular home. Concurrent planning is considered for all applicable youth. Maine often seeks placement with relatives in other states when no in-state resources are identified.
    - Targeted recruitment identified a population of youth in care with the highlighted need for increased resource families, (i.e. teenagers, infants who are drug-affected and sibling groups).
    - General recruitment is through media and educational programing in the community.

4. Strategies for assuring that all prospective foster/adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:
    - All licensing is completed through DHHS.

5. Strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations:
    - Training specific to the Indian Child Welfare Act is conducted in pre-service training of all new caseworkers.
    - OCFS recognizes the importance of developing and implementing a culturally competent training unit that will be applied consistently for all staff. Our intention is to enhance our current training curriculum to reflect increased diversity in our state.

6. Strategies for dealing with linguistic barriers:
    - OCFS recognizes the importance and need of developing and implementing a statewide comprehensive system of translation. We are currently working with our Office of Multicultural Affairs to gain increased information and understanding regarding the details of this plan.
    - OCFS understands the needs to expand services to our deaf and hard of hearing resource family community, and to increase usage of interpreter services and TTY devices when this will enhance effective communication.

7. Non-discriminatory fee structures:
    - OCFS does not have fees attached to recruitment and licensing.

8. Procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:
    - OCFS believes in concurrent planning for all youth. Kinship placement is the priority choice of placement as such placements most ideally reflect the cultural ethnic diversity of children entering foster care. OCFS includes fictive kin in its definition of kin in its kinship policy. Fictive kin are recognized and validated as having significant relationships with the child and family, which may assume the same characteristics of relative relationships. OCFS recognizes that as Maine becomes an increasingly diverse state, we need to continue to expand our policy, procedure and protocols of fictive kin in its definition of kin in its kinship policy. OCFS recognizes that as Maine becomes an increasingly diverse state we need to continue to expand our policy, procedure and protocol.

Deliverables and Performance measures for the current contracted service **A Family for Me** include the following:

I. DELIVERABLES

The provider shall:

a. Develop and implement a statewide recruitment plan that will allow for adaptability to meet the Department Office of Child and Family Services (OCFS) District Needs. The provider shall submit a statewide plan which shall be approved by the Department.

   This plan can be adaptable on a district-by-district basis, to meet the placement needs of children currently in foster care and those expected to enter foster care, as well as those who are in need of an identified legal permanent family including sibling groups, adolescents, and children birth to age three, children with medically fragile conditions, children with challenging behaviors or developmental disabilities, and children from birth parent families in the reunification process. This plan must include general recruitment, targeted recruitment, and child specific recruitment.

b. Develop a plan to show how they will limit themselves to recruiting only twenty (20%) percent of the Resource and Foster Families for their own program.

c. Utilize the developed timeline for the roll out and in meeting milestones of this contract.

d. Operate a toll free number, 1-844-893-6311 which shall allow any interested party to call to gain further information and knowledge about the program and process of becoming licensed.

e. Develop and maintain a website which will allow for the dissemination of information for interested parties.

f. Develop and gain approval from the department with all marketing materials prior to printing or purchasing media services.

g. Develop a marketing campaign (radio, print and TV) that will allow the provider to reach the largest possible audience statewide and that will allow them to adapt their marketing campaign to Department OCFS District level. The provider shall develop their outreach through five main channels, seeking three contacts in each area per month.
   i. The main channels shall be, but are not limited to the following: churches, schools, local media, business, and community events.
   ii. The provider shall utilize the name of A Family for ME for their marketing campaign. The provider shall utilize the marketing method of Thursday's child which showcases a child during specific timeslots through television media.
   iii. The provider shall develop and maintain the Heart Gallery. The Heart Gallery should have images which are embedded and don't allow the image to be downloaded or saved to a user's computer.

h. Provide the training curriculum for training recruitment workers which will be approved by the Department. This training shall include trauma informed information.

i. Include in all planning and execution, the need to address linguistic barriers, including, but not limited to, limited English proficiency, deaf, blind, hard of hearing, and intellectual disability.

j. Convene quarterly meetings with community providers, the contracted Resource Family Support Service provider and others as deemed appropriate by the Department.

   i. The provider shall have a minimum of four full-time recruiters covering the following four geographic areas of the state.
   ii. Districts 1 and 2 (York and Cumberland Counties).
   iii. Districts 3 and 5 (Androscoggin, Franklin, Oxford, Kennebec and Somerset Counties).
   iv. Districts 4 and 7 (Knox, Lincoln, Sagadahoc, Waldo, Hancock and Washington Counties).
   v. Districts 6 and 8 (Penobscot, Piscataquis and Aroostook Counties).

k. Develop a work plan in collaboration with appropriate DHHS staff being sure to include at least three successful projects in each of the five identified marketing domains (business, school, community, church, and media) each quarter.
   i. The provider shall develop seasonal recruiting events (apple picking, truck pulls, snowmobile races, sailing regattas etc.) to provide a variety of materials promoting the message that there are children in every community in Maine in need of Resource and Foster Families.
   ii. Messaging materials may include, but are not limited to: book protector bags and sticky notes, information about the option of a speaking engagements, paycheck inserts, golf tees and pencils etc.)

l. Meet at least quarterly with the Department OCFS District Recruitment Team, or as requested by the Department OCFS District Recruitment team.

m. At least twice a year meet with the Department's Youth Leadership Advisory Team (YLAT) and provide the minutes of the meeting to the program administrator in Rider B.

n. Hire staff with the appropriate background and relevant experience, and submit a summary of their qualifications to the program administrator in Rider B.

o. Develop and deliver "Meet and Greet" events as requested by the Department. This may include a maximum of 2 Meet and Greets per calendar year for youth aged 5-11, and a maximum of two Meet and Greet events for youth aged 12-18.

II. PERFORMANCE MEASURES

I. Required Standards:	II. Information Used to Track/Monitor Completion of Column I.:	III. Source of Information of Column II. (e.g. Name of report, on-site visit, data extraction from particular database, Department-obtained report 3rd party (such as APS), etc.):
Of the unique formal inquiries received by the Provider, two hundred (200) interested persons will follow through with attending informational meetings. This number of interested persons attending informational meeting will result in a minimum of ten percent (10%) increase in the number of viable licensed families per district office. D1- increase of eleven (11) D2- increase of ten (10) D3- increase of seven (7) D4- increase of three (3) D5- increase of nine (9) D6- increase of seven (7) D7- increase of four (4) D8- increase of four (4)	A. The following data will be tracked through a collaborative process with DHHS staff: unique inquiries to the provider, and of those inquiries, the number that attend an informational meeting, the number that apply for licensure, and the subset of those inquiries that are licensed within nine (9) months of application.	A. Data mine database and MACWIS
B. 90% of targets identified within state and district plans have been implemented.	B. State and district plans will be developed within three (3) months of contract award and will be successfully implemented with consistency.	B. Currently in Development
C. The Provider will limit themselves to recruiting only twenty (20%) percent of the Resource and Foster Families for their own program.	C. The provider shall develop the plan and seek approval from the Department.	C. Currently in Development

Health Care Services

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 Caseworkers 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.

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 anti-psychotic 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 developed a strategic plan to address the issues related to the prevalence of foster children being prescribed psychotropic medication at a higher rate than other children/youth.

Strategic Recommendations for Lowering the Usage of Psychotropic Medication for Youth in Care

Target Goal: For calendar year 2015, 23% of foster youth were on one or more psychotropic medication. By the end of 2017 the goal is to decrease by 5% to 17%. In the last quarter of 2016, the percentage of children on psychotropic medication had increased to 24% however this was anticipated as there was a change in the way in which the data was being captured. This change was done in order to provide OCFS with a more thorough approach. There was an increase in the number of classifications of psychotropic medications being captured to address the reporting needs of OCFS and the required data for the OIG regarding the OCFS data.

1. Care Specialists (Two RNs) will review quarterly data received from OMS and record the data onto spreadsheets to see the data more easily for "Foster Youth". The data will be forwarded to Central Office, District Program Administrators, Assistant Program Administrators, Behavioral Health Program Coordinators, and other Care Specialists. Each district also will receive a list of foster youth who have a Maine Care claim for a psychotropic medication.
2. Within five working days Program Administrators will share the report data with Supervisors who will use it during supervision with the Social Workers.

Social Workers will:

- Follow policy for Anti-psychotic medications "*Use of Anti-psychotic Medications for Youth in Foster Care"* utilize tools: "*Making a Choice: A Guide To Making A Decision About Using Anti-psychotic Medications;"* and "*State of Maine Medication Management Grid* and *Medication Management Considerations.*"
- Ensure that the psychosocial treatment/interventions are being maximized.
- Ensure that the anti-psychotic consent checklist is being utilized.
- Continue to weigh the benefits versus the risks, and have these conversations with foster parents.
- Reach out to the Care Specialist (RNs) for any medication related questions.

- Participate in the child's medication management appointment, and continually asking questions on the necessity of medication and if there are other therapeutic ways to manage behavior without the use of medication.
- Document in a MACWIS narrative log every six months after participating in the med management appointment unless the child is on an anti-psychotic which requires monthly documentation per policy.
- Remember that youth 14 and older must consent for medications unless there is an emergency (Imminent Danger).

Care Specialists (Two RNs) will:

- Monitor the data for any trends of psychotropic medication Maine Care claims. If a significant increase is noted, the Care Specialist (RNs) will advise Central Office. Care Specialist (RNs) will reach out to the PA and APA of that district to explore possible reasons for changes. If appropriate, will work with district staff, Central Office staff, and Medical Director to determine plan of approach.
- Be available to Social Workers to answer questions and help brainstorm on a case by case basis, looking at less intrusive behavioral interventions and offering suggested questions to ask at the medication management appointments.
- Develop work groups with OCFS child welfare representation (PAs or APAs), t he Care Specialists (RNs) and Medical Director (currently vacant)

  Goals of work group would be to:

  a. Explore how the data is working now;
  b. How is it being used statewide;
  c. Explore ways to make the data more workable;
  d. How do we keep the conversation of psychotropic medications on the radar, maximize prosocial interventions;
  e. Develop a possible tracking grid of children on psychotropic medication to help trigger conversations;
  f. Develop trainings for Foster and Adoptive parents in regards to the use of Psychotropic Medications and all alternative interventions available; and
  g. Ensure consistency across the state in how districts are monitoring the use of Psychotropic Medications.

Health Care Plan

1. Initial and follow-up health screenings will meet reasonable standards of medical practice.

   The Office of Child and Family Services requires in policy that all children have a medical appointment scheduled within 10days of coming into care.

   OCFS currently also requires in policy The Pediatric Screening Checklist (PSC-17) to be completed for every child age 4-17 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.

   For ongoing care, each child will be assigned a primary care provider and receive coordinated care through use of a medical home and/or behavior health home model.

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.

The Office of Child and Family Services includes both Child Welfare and Children's Behavioral Health Services working together to meet both the physical and behavioral health of foster children. OCFS believes strongly in the use of a trauma informed care that involves understanding, recognizing, and responding to the effects of trauma.

OCFS currently also requires in policy The Pediatric Screening Checklist (PSC-17) 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.
OCFS currently provides a comprehensive health assessment in three largest districts. This assessment is an in depth physical, educational, and mental health evaluation for every child entering foster care. It is a comprehensive interdisciplinary evaluation to address the complex psychological, medical, and neurological problems that affect behavior and emotional adjustment or result in problems functioning in family, school or community. It also includes the collection of all of the child's prior health and education records, so that a full evaluation of the child's current needs can be made.

For those children who have needs, targeted case management (TCM) services will be offered to ensure any identified issues are addresses. For those cases without the need of TCM the OCFS caseworker will ensure that any identified issues are addressed.

Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma such as Multi-systemic 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 agency caseworker. The State of Maine continues to develop the medical home model and, where it is available, OCFS utilizes this model.

4. Development and implementation of an electronic health record.

Current health information and family health history is currently tracked in MACWIS, and ongoing work has been occurring between OCFS and Maine Care Services (OMS) to ensure transfer of medical information as the new MIHMS system rolls out. OCFS currently has access to the Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history and foster children enrolled with a provider currently using Maine EHR will have their information added to the system. OCFS will continue to work with Maine Care towards the use of an electronic health record system to increase the system's use for foster children's medical record information.

5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care.

The State of Maine has a number of Patient Centered Medical Health Homes. The Office of Child and Family Services requires in policy that, at a minimum, every child in foster care is to

have an identified medical home and a primary care provider (PCP). It is a requirement that every child's PCP be provided to Maine Care for service authorization and benefits. When appropriate, Targeted Case Managers will organize the most appropriate services to be provided to children based on the information gathered by the assessments completed, information gathered though the comprehensive health evaluation, and the input of a child's current medical and behavior health providers. It is OCFS intent that this group of providers will work together, through coordination with the Case Manager, Caseworker and Foster Parents, to create a plan to meet the needs of each child. This team based medical delivery system would continue to be available based on the child's needs and eligibility after returning home.

6. Oversight of prescription medicines.

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 plan involving the use 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.

The Behavioral Health Director and the Child Welfare Associate Director collaborated to develop a protocol related to youth in foster care being prescribed psychotropic medication. The expectation is that the child welfare staff will use the developed tool and consult with district Critical Care Specialists to ensure the appropriate use of medications.

7. The state actively consults with and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

Collaboration between DHHS and Maine General Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Two additional CHS sites have been developed through the Spurwink Child Abuse Clinic in southern Maine and Penobscot Community Health Center 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. This program is being expanded statewide.

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 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 provides young people with a website to download (free of charge) documents they would need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.

Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org) and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney

Disaster Plan

The Departments Disaster Plan is contained in C&FS Policy XV H. Emergency Response. This policy is hereby included in its entirety. Maine was not affected by a disaster since the last APSR submission. See **Appendix D**

Training Plan

Training activities are categorized based on the subject of the training, the audience, and/or either a direct or administrative function. Training staff directly enter their workweek hours based on the training work provided. The Maine Time and Attendance Management system then send that information to the Maine Department of Health and Human Services Costs Allocation Program, so that staff costs are claimed appropriately to all beneficiating programs as required by A-87. For title IV-E training activities, the DHHS Cost Allocation Program applies, as appropriate, all allocation methodologies, penetration rates, and administrative rates as required for Title IV-E claiming. Unallowable costs are billed to state general funds.

Maine anticipates spending $1,090,000 annually for training costs.

See **Appendix E** for training plan.

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

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 (OCFS), will continue to administer Maine's Youth Transition Services funded through the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program, and will comply with all required national evaluations.

Youth currently and formerly in foster care are consulted throughout the year regarding the services and supports they receive through Maine's Chafee Foster Care Independence Program. Youth feedback is integrated into this State Plan, as well as used to shape Maine's laws, policies, and practices to support older youth in care. In addition, in 2016, OCFS conducted a Youth in Care Survey that will be used in planning for in transition services to youth in care in 2017.

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, were expended for FFY 2016.

Section II summarizes the administration of the Education and Training Voucher fund program for the academic school year 2016-2017.

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 14 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 reside 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.
- Youth who have a signed V9 Agreement, and who are subsequently adopted through Probate Court between the ages of 18 and 21 may continue to receive V9 services with OCFS Management approval.
- Youth, 18-21, who have a signed V9 Agreement, and their parent's parental rights have been 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.

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.

Purposes for Which Chafee Foster Care Independence Program Funds Were Used in FY 2016, and for

which they will be used in FY 2017:

- 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 and including the active participation of young people and their supports in case planning.
- To offer an array of opportunities, services, and supports that that meets the individualized needs of youth to ensure youth have regular, ongoing opportunities to engage in age and developmentally activities.
- To support youth well-being by honoring the youth's culture, beliefs, sexual orientation, and gender identity.
- Create a normalized growing up experience for youth in care that is consistent with their peers not in foster care.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- Help youth learn essential daily living skills, effective problem solving and informed decision making skills.
- 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 the Department's Chafee Independent Living Program (Youth Transition Services) is to ensure that all youth in care are prepared for a successful transition to adulthood that includes economic self-sufficiency, a network of supports, and normalcy.

The Department does this by: assisting youth to have legally permanent family and lifelong connections, partnering with youth in decision-making, providing services youth want to meet their needs, and ensuring youth have opportunities and resources to develop essential life skills to live interdependently in the community as young adults.

Services to older youth in care are provided by OCFS Youth Transition Specialists, OCFS caseworkers, contracts with the University of Southern Maine's Muskie School, Jobs for Maine Graduates, therapeutic and non-therapeutic foster home parents, group home staff, transitional living programs, adult developmental services, other contracted providers, and through community partnerships. Youth Transition Services are funded by a combination of federal and state funds. We intend to continue this structure in FY 2018.

The Department coordinates 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 resource providers.

The role and responsibilities of Youth Transition Specialists (TYS) changed in May 2015, and they have taken on the role of expert consultant and partner to youth, district casework staff, and the youth's team. Their primary purpose is to ensure improved youth outcomes through a focus on the distinct needs of older youth, such as support in postsecondary education and life skills development. By collaborating in the community with local public and private partners, YTS have worked to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care (V9) Agreements.

The Department continued to provide youth development and leadership opportunities to youth in and formerly in foster care through a contract with the University of Southern Maine (USM) Muskie School of Public Service.

The Department is focused on ensuring all youth in care have opportunities to experience similar activities and opportunities as their peers in the community, and are provided with a variety of opportunities to develop essential life skills. This includes meeting the transition needs of youth placed within various agencies, including contracted therapeutic foster care and residential care providers.

The Department's Office of Child and Family Services (OCFS) and the Office of Aging and Disability Services (OADS) continued Statewide Early Referral Meetings to improve the transition process of youth from children's services to adult services. The OCFS/ OADS Transition Protocol allows a youth who is eligible for adult services to remain on a V9 Agreement and benefit from collaborative planning with OADS until the youth can enter the Section 21 Adult Waiver Program.

The Office of Family Independence (OFI), Maine Care Services, continued to provide youth who age out of Maine's foster care to remain eligible for coverage until the age of 26, as allowed through the Affordable Care Act. OCFS continues to partner with YLAT and others to get the word out to youth and young adults across the State.

Maine does not exceed the 30% limit for housing costs as specified in Chafee legislation. Due to limited Chafee funding, Maine continues to use a combination of state general funds and allowable ETV room and board funding to assist youth with their housing support while in extended care from age 18 to 21. We anticipate this to continue.

ELIGIBLE POPULATION (FFY2017):

Number of youth who were in care aged 15-21 on Oct. 1, 2016:

AGES	FEMALE	MALE	TOTAL
Age 15	28	34	62
Age 16	29	30	59
Age 17	24	36	60
Age 18	22	22	44
Age 19	13	23	36
Age 20	11	13	24
TOTAL	**127**	**158**	**285**

Of youth age 15-21, the length of time in care on October 1, 2016:

Length of time	# of youth	% of total
Less than 6 months	26	9.1
6 months to 1 year	30	10.5
1 to 2 years	57	20.0
2 to 3 years	36	12.6
3 to 4 years	19	6.7
4 to 5 years	30	10.5
5 to 6 years	20	7.0
6 to 7 years	16	5.6
7 to 8 years	8	2.8
8 to 9 years	9	3.2
9 to 10 years	7	2.5
10 to 11 years	3	1.1
11 to 12 years	6	2.1
12 to 13 years	5	1.8
13 to 14 years	9	3.2
14 to 15 years	1	0.4
15 to 16 years	1	0.4
16 to 17 years	0	0
17 to 18 years	1	0.4
18 to 19 years	0	0.0
19+	1	0.4
TOTAL	**285**	**100.0**

Estimated Eligible Population for 2017 (as of 3/1/17- youth currently in care):

AGES	FEMALE	MALE	TOTAL
14yo	26	24	50
15yo	26	22	48
16yo	23	28	51
17yo	24	39	63
18yo	24	29	53
19yo	17	18	35
20yo	13	17	30
TOTAL	**153**	**177**	**330**

As of 3/1/17, the number of youth placed in residential placements was 50 youth (representing 15.2% of the total youth age 14-20 population). Residential placements include Children's residential facilities in Maine and out of State.

Youth Leadership Development Activities:

Maine's Youth Leadership Advisory Team (YLAT) (www.ylat.org) is nationally recognized as one of the most effective and active youth leadership boards in the country. Maine is focused on enhancing youth and adult partnerships through YLAT and promoting effective systems change. YLAT became a partner of the Foster Youth in Action network (FYA) in January, 2016.

YLAT Groups meet monthly in eight sites in Maine from January 2016-May 2016 and expanded to nine sites from September 2016-December 2016, to include Augusta, Bangor, Biddeford, Caribou, Houlton, Lewiston, Portland, Rockland, and Skowhegan. Between January 2016 and December 2016, there were 186 youth and 63 adult partners (unduplicated) who participated in at least one (1) meeting.

A group at Preble Street Teen Center for young people in care experiencing homelessness continued meeting during 2016. The group expanded its members; now open to all young people experiencing homelessness as well as other systems, including foster care.

A teen conference planning committee met four (4) times between January 2016 and December 2016, and was made up of ten (10) youth and nine (9) adults. The 26th Annual Teen Conference for Maine's Youth in Care, was held on June 29th, 2016 at Thomas College. Over 140 youth and adults came together with a conference theme of: "#FosterStrong." Participants heard from keynote speaker George Duvall, an Alumnus of the Kentucky foster care system, whose message was filled with positive encouragement, passion, emotion, education, and humor. Youth and adult supporters participated in team building and various workshops such as: financial literacy, postsecondary supports, artistic expression, stress management, presenting oneself, and youth rights. A wellness fair provided resource information on wellness, access to health and dental care, housing, education, mental health, physical health, and employment resources. The Normalcy Bill of Rights was signed.

YLAT members served on the Maine Youth Transition Collaborative (MYTC) Advisory Committee, the New England Youth Coalition (NEYC), the Leaders United through Foster Youth in Action (FYA), Jim Casey Fellows Program; the Southern Maine Transition Network (SMYTN), and the Alumni Transition Grant Advisory Committee.

In February and March of 2016, three "Make Youth Voice Count" trainings were held in Portland, Houlton, and Bangor. The trainings focused on effective use of personal story and provided youth with a prep tool and other information to increase their participation in case planning and decisions about their lives.

In the spring of 2016, in partnership with OCFS, eight (8) events were held statewide to educate caseworkers on how to engage young people in their case planning, and provided tools to help support relationship building between a young person and their caseworker. At each event, current YLAT members shared their personal experiences of being involved with case planning, and helped co-facilitate the training.

In March 2016, YLAT members participated in a series of panels as part of the statewide training for OCFS staff entitled, "Working with LGBTQ Youth in Care." YLAT members also spoke to several organizations, including Adoptive and Foster Families of Maine's Annual Foster Parent Conference, focusing on the experience of being LGBTQ and in foster care; the Child and Family Partner Network Annual Conference focusing on resiliency and building positive relationships; and twice to the Court Appointed Special Advocates

(CASA's) regarding the impact Guardians ad Litem and CASA's can have on a young person's life, and how CASA's can best support youth in foster care.

In April 2016, five (5) youth participated in a Legislative Shadow day at the State House, having the opportunity to meet with their local legislator, observe a committee meeting, and tour the State House. A larger Policy Summit is planned for April 2017.

In August 2016, there was training in Southern Maine for YLAT youth focused on advocacy. Two more trainings are scheduled elsewhere in the State in spring 2017.

Ten (10) YLAT Alumni Co-Facilitators continued to co-facilitate YLAT meetings in 2016. They participated in three (3) Trainings (February, August and November) that provided the opportunity to practice their facilitation skills. YLAT Alumni Co-Facilitators are supported by USM Muskie staff.

In September 2016, YLAT members presented their experiences with the Voluntary Extended Care (V9) Agreement, which led to a V9 Workgroup that began meeting in December 2016.

In October 2016, three (3) YLAT members attended FYA's National Conference in Washington D.C. YLAT members facilitated a workshop on the "Make Youth Voice Count" model.

In October 2016, Four (4) YLAT members participated in a panel regarding their experiences of being in foster care for a UNE social work graduate class.

Consultation and Collaboration:

The Department is strongly committed to collaboration with youth, parents, community service providers, and various community stakeholders. We believe this ensures a coordinated approach to meet the needs of older youth in care and encourages public/private partnerships that maximize Maine's limited resources. Maine is involved in a number of collaborative efforts at the state and local levels and intends to continue these collaborations. Some examples include:

Maine Tribes and Bands: 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 cultural connections and experiences.

Maine Youth Transition Collaborative: The goal of MYTC is improve outcomes for youth transitioning from foster care to adulthood by establishing lasting partnerships with public and private organizations and focusing on Youth Leadership, Community Engagement, and Opportunity Passport. Successes over the years have ensured on-going involvement and support from a variety of public and private entities, such as youth in care, service providers, post-secondary educators, employers, and others to address the needs of transitioning youth. Since 2004, this Collaborative has worked to reduce barriers identified by youth in the areas of housing, education, employment, and lifelong connections. www.**maine**-ytc.org

- In January 2016, MYTC was awarded a Social Innovation Fund (SIF) Grant to create *Maine's Learn and Earn Achieve Potential (LEAP) Initiative*. The LEAP initiative reflects a commitment from all

partners to integrate efforts to best support youth in foster care in their pathway from high school to college and careers. This work will continue in 2017.
- At the end of 2016, and continuing in 2017, the MYTC worked with youth Alumni to establish a *Youth Policy Council.* The Council will make recommendations to OCFS regarding Policy and practice needs.

Youth in Transition Steering Committee: This Multi-disciplinary Committee focuses on youth ages 14-26 with a diagnosis of Intellectual Disability or Autism Spectrum Disorder who are entering, exiting, or navigating state service systems. These service systems span the State Departments of Health and Human Services, Education, Corrections, and Labor.

The primary goal of this Committee is to connect 100% of targeted youth in transition to a paid employment experience before graduating or exiting high school.

Strategies of this Committee include:

- Align efforts and increase coordination, understanding, and efficiency among different organizations across the state working on similar goals.
- Identify and improve systemic issues that hinder employment and education, policies and practices across departments.
- Provide recommendations to state commissioners around findings on an ongoing basis.

Homeless Youth Provider Committee: Comprised of providers of homeless youth shelters and outreach services. The primary goal of the Committee is to establish a comprehensive system of services to meet the needs of homeless youth.

New England Youth Collaborative: This Collaborative is a youth driven, adult supported organization that aims to improve outcomes for older youth in care by supporting the regional implementation of innovative practices that strengthen the youth transition programs in New England. The NEYC has developed resources for New England, such as a Sibling Bill of Rights, Normalcy Bill of Rights, and a PSA encouraging youth to pursue higher education. http://neyouthcoalition.org/

Maine State Housing Authority: OCFS continues to partner with MSHA to support youth transitioning from foster care. Beginning in 2016, through a federal demonstration project, OCFS will work with MSHA and others to pilot a youth FUP-voucher program for homeless youth in the Bangor area.

Maine Center for Disease Control and Prevention: In 2016, OCFS began partnering with the Maine Center for Disease Control and Prevention for their federal PREP (Personal Responsibility Education Program) Grant. One of their target goals is reducing unintended pregnancies for youth in from foster care between the ages of 18 and 24. During 2017, Maine CDC will provide training to OCFS staff and foster care parents to help them talk effectively with youth about unintended pregnancy, healthy decision-making, improved communication and relationships, and ways to support youth to express their gender identity. OCFS believes this will be a valuable partnership to meet our strategic goals and policy requirements.

Program Goals:

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

Maine continued Permanency Review Teaming to review permanency outcomes for all aged children and youth in care for at least six months. In addition, all Family Team Meetings are to include youth and their supports.

In 2016, a new Recruitment Contract was established for statewide recruitment and includes a focus on older youth in care. This contract will make four (4) trained recruiters available across the State to recruit for new foster homes. As part of this contract, the Agency will meet at least twice a year with Youth Leaders involved in Maine's Youth Leadership Advisory Team (YLAT).

OCFS continued to seek feedback from young people in care and made revisions to the Youth Transition Policy as a way to better support youth to be involved in their own case planning and court hearings.

OCFS continued to provide financial and in-kind support to *Camp to Belong Maine* (CTBM) in 2016, which allows siblings separated by out-of-home care to reunite for a week to bond and enjoy a typical camp experience together.

OCFS continues to support youth in care to train Professionals and prospective foster parents about the permanency needs of older youth in foster care. In 2016, OCFS, USM Muskie School, and Youth Alumni, provided training to Court Appointed Special Advocates (CASA volunteers).

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

In 2016, through a private donation to the Maine Youth Transition Collaborative (MYTC), The Department was able to open 529 Next Gen College Savings Accounts for around 115 youth in foster care, ages 14-17. In addition, about 20 youth, aged 18 and older, were supported to open accounts. These are matched savings accounts that can be used for college and training expenses.

The Department continues to provide ETV funds to youth to support post-secondary education programs. For youth whose 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. Youth Transition Specialists and caseworkers meet monthly with youth on V9 Agreements to provide support and to connect youth to supportive resources at their post-secondary institution.

The Department continued to administer the Alumni Transition Grant Program (ATGP), resulting from LD 1683, by providing financial and navigator support to youth from foster care, ages 21-27, to complete their post-secondary education and training. In 2016, a total of 25 unduplicated students (representing new and renewing ATGP recipients) were supported through the Alumni Transition Grant Program. OCFS Youth Transition Specialists continue to serve as ATGP Navigators to support ATGP Recipients.

Maine's Jobs for Maine's Graduates (JMG) received funding through legislation to establish Post-Secondary Navigators in several Maine Colleges and Universities.

Maine's Tuition Waiver program continues to provide 30 new waivers per year, on a first come, first served basis to 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. Once qualified, students have up to 5 years of waiver eligibility to complete their undergraduate degree.

OCFS continues to partner with Jobs for Maine's Graduates and the USM Muskie School of Public Service to implement a new Social Innovation Fund Grant called Maine LEAP (Learning to Earn and Achieve Potential). In 2016, Maine LEAP supported 56 students by providing navigator supports, competency based learning (through the Back on Track Model), and opportunities to develop leadership and career-ready skills. This

Program will ultimately support youth to be high school graduation ready and to successfully transition to post-secondary education and training programs where youth will be supported in completion

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

Maine continued to hold 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.

In 2016, OCFS provided training to OCFS caseworker staff and youth to help youth feel better prepared to participate in their case planning, family team meetings, and court hearings. This will continue in 2017.

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

OCFS continued to partner with the Maine Youth Transition Collaborative to increase resources for youth transitioning to adulthood, such as "work ready" training. This involves a partnership with MYTC member, Goodwill Industries, to provide a five day training curriculum to youth in and from foster care around job searching, resume writing, interviewing, job skills training, and supported summer employment. This has been offered in York County for the past five (5) years, with increasing numbers of youth participating, as well as now being offered in three (3) locations.

OCFS continued a contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and a matched savings program to youth in and from foster care, ages 14-25, across the State. Since 2003, over 500 youth have been served through this program, which also includes a matched savings program. OCFS intends to continue this contract for 2017.

Caseworkers also continue to assist youth in care to access community resources, such as with Career Centers, Goodwill Industries, and training programs.

In FY 2017, OCFS revised its Youth Transition Policy to better define Department expectations around supporting youth's sexual orientation and gender identities. OCFS will work with experts in the community to develop educational materials for staff, care providers, and youth. Youth will be provided with educational information LGBTQ resources at this year's Teen Conference.

In 2016, OCFS published a Youth Transition Guidebook designed to support young people with disabilities and their supports with transition information and resources: MSK.HDBK-update(6.23.16).pdf (933 KB)

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 as a way to prevent homelessness. In 2016, OCFS began meeting with young people and others involved in the MYTC Community of Practice to address improved consistency of practice and supports with Voluntary Extended Care Agreements. As a result of this process OCFS has revised its V9 Agreement and identified training opportunities for staff and youth. OCFS will continue to meet with this workgroup in 2017.

In 2016, OCFS partnered with the Maine State Housing Authority, to implement a demonstration program to utilize 10 Family Unification Program (FUP) vouchers for youth experiencing homelessness in Penobscot County. These vouchers are all currently being accessed by eligible youth. In addition, these youth are receiving case management support which helps teach them daily living skills, and assists youth to connect with

community-based resources, such as employment supports. This partnership will continue in 2017.

In 2016, the Department continued to partner with homeless youth providers, as invited by the Homeless Youth Provider Coalition. This Coalition is focused on collaboration to improve service delivery to some of Maine's most vulnerable youth, and increase resources to youth who are experiencing homelessness, some of whom are pregnant or parenting teens, and who have experienced the child welfare system.

In 2016, two (2) Youth Transition Specialists began spending time at Preble Street, Homeless Youth Shelter in Portland. This allows OCFS to have a presence for youth in need of OCFS services to have someone on-site to talk with. Preble Street said this has been helpful in providing them with improved access to staff that can assist in making child welfare connections and in responding to youth needs. This partnership will continue in 2017.

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

The Department's Intensive Temporary Residential Treatment (ITRT) process continues to provide reviews of the appropriateness of youth placements in congregate care. DHHS remains committed to placing youth in the least restrictive environment possible.

One of the target populations for Maine's Recruitment Contract is for youth who are ready for discharge from residential but who do not have an identified family with whom they can be placed.

OCFS continues the practice of allowing for a time-limited enhanced rate to be provided to a caregiver, when all other usual forms of exploration of placement have not been successful, to allow for a youth to be able to leave residential placement for a less restrictive placement in a supportive home environment.

OCFS also compensates a caregiver who is actively participating in a youth's transition from residential care, so this caregiver can be involved in the transition process with the youth prior to discharge from residential placement. This allows the caregiver to become familiar with a youth's needs prior to discharge and provides the youth a chance to become comfortable with a new family prior to placement.

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 OCFS continued 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.

OCFS is completing 17 year old NYTD plus surveys yearly, even on non-reporting years.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

There are no identified statutory or administrative barriers that prevent DHHS from fully implementing the ETV program in Maine. Education and Training Voucher (ETV) program funds continue to provide "gap assistance" to eligible students in-state or out-of-state or in-state to pursue post-secondary education and job training programs.

The Youth Transition Team Leader tracks student utilization of ETV funds to assure that funds provided do not exceed $5000 or the total cost of the program, taking into account all other financial aid assistance and awards. Youth who were receiving ETV funds at the age of 21, remain eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate or graduate degree.

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 who were Reunified, Adopted, or entered Permanency Guardianship (PG) at age 16 or older from Maine DHHS, or who were Adopted or entered PG at age 16 or older from foster care in another state when the youth was placed in Maine on an Interstate Compact on the Placement of Children (ICPC) prior to the age of 18, and the sending state does not provide ETV funding.

OCFS staff worked with students and post-secondary institutions to ensure that the amount of ETV assistance provided to a student in combination with any other federal assistance programs does not exceed the total cost of attendance or duplicate other benefits.

Youth in care and caregivers continue to be informed about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT and other youth leadership events. Youth Transition Specialists coordinate post-secondary educational planning in district offices.

Youth apply for federal FAFSA funds 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.

Utilization of ETV funds:

Academic Year	New Participants	Continuing Participants	Total Participants
2013-2014	23	37	60
2014-2015	31	31	62
2015-2016	29	36	65
2016-2017	35	29	64

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. T he 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.

Appendix B

Annual Reporting of Education and Training Vouchers Awarded

Name of State: **Maine**

	Total ETVs Awarded	Number of New ETVs
Final Number: **2015-2016 School Year** (July 1, 2015 to June 30, 2016)	65	29
2016-2017 School Year* (July 1, 2016 to June 30, 2017)	64	35

Comments:

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 who were Reunified, Adopted, or entered Permanency Guardianship (PG) at age 16 or older from Maine DHHS, or who were Adopted or entered PG at age 16 or older from foster care in another state when the youth was placed in Maine on an Interstate Compact on the Placement of Children (ICPC) prior to the age of 18, and the sending state does not provide ETV funding.

Appendix C

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act 2016-2017 Update

The Maine Department of Health and Human Services ("DHHS"), 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 parent partners and community members.

There were no substantive changes during 2016 to state law or regulations including laws and regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

There were no significant changes during 2016 from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

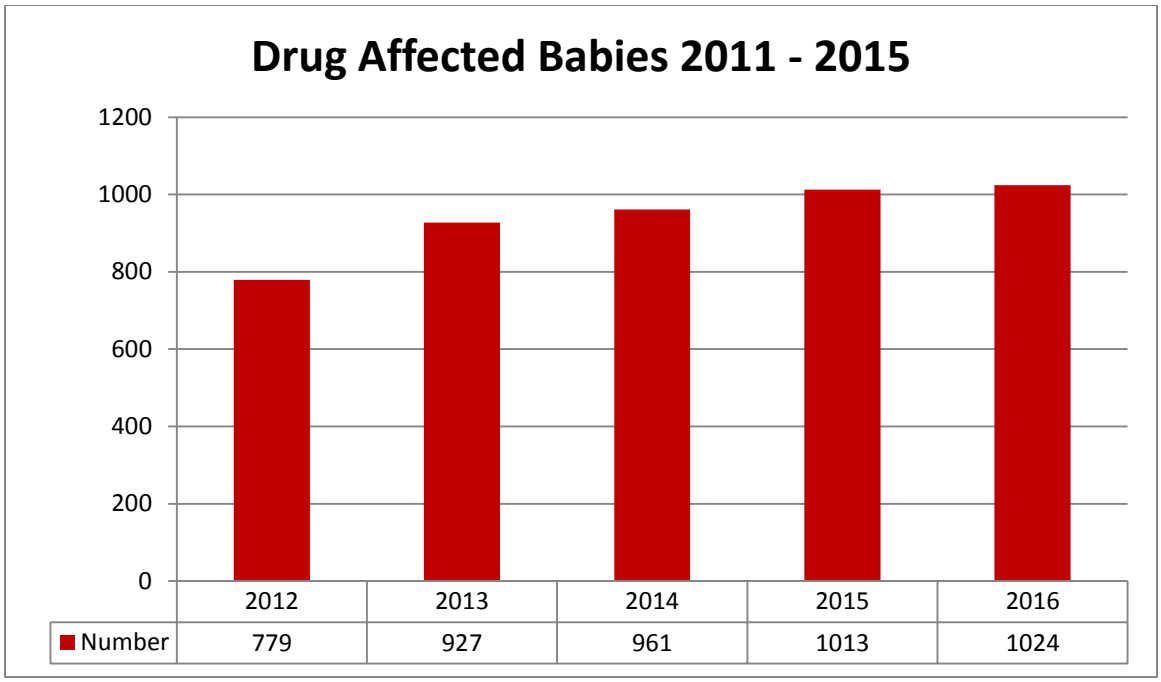
The requirements under Title 22 meet CAPTA requirements of Section 106.b.2.B.ii and iii, and support Maine's interagency response efforts in ensuring those infants' are safe and appropriate and services are made available to them. Notifications from health care providers that an infant has been born 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.).

ANNUAL STATE DATA REPORT

During the federal fiscal year 2016, there were 8319 reports assigned for assessment for child protective services involving 11,894 children as alleged victims of child abuse or neglect of those assigned 8319 were completed. 3841 children were involved in reports that were substantiated or indicated and 8788 children were involved in reports unsubstantiated. During the federal fiscal year 2016, there were 2207 reports which were assigned to a Contract Agency for alternative response at the time of initial report. Referrals are also made to alternative response programs at the conclusion of a child protective assessment or case with a family, when ongoing services and support are deemed necessary. In addition, 8919 children did not receive services under a State program. 499 children did receive services under a State program. During federal fiscal year 2016, 719 children entered custody. Some families were provided services through Community Partnership for Protecting Children. From March, 2016 through March, 2017, 2062 families in Biddeford, Portland, and South Portland engaged in preventive services.

During federal fiscal year 2016, OCFS received 1024 reports of drug affected babies and 1013 reports were received in 2015, 961 in 2014, 927 in 2013 and 779 reports for 2012. The chart below indicates the disposition of the 1024 reports received by OCFS in federal fiscal year 2016.

FFY16 (10/1/15 - 09/30/16)	**# DAB**
Final Decision	**Reports**
Assigned to a Contract Agency	52
Refer to PHN	350
DAB - Completed Assessment	139
DAB - Refer to Home Visitors	26
Assigned for Child Protection Assessment	436
Referred to Tribes	3
Refer to Bridging	18
Grand Total	**1,024**



Maine's Department of Health and Human Services, Office of Child and Family Services has a policy in place regarding substance exposed infants. Also within Maine's statutes there are two laws regarding substance exposed infants. Maine Revised Statutes, Title 22, Chapter 1071, §4004-B. Infants Born Affected by Substance Abuse or After Prenatal Exposure to Drugs or with Fetal Alcohol Spectrum Disorder and §4011-B. Notification of Prenatal Exposure to Drugs or Having Fetal Alcohol Spectrum Disorders. Also Paragraph 5 in §4004-B requires a development plan for safe care is part of statute.

In 2016, Maine's Office of Child and Family Services received 1024 substance-exposed baby notifications. In response to this rising need, and in recognition of the often complicated, multi-layered and unique needs of families with infants born substance-exposed, OCFS brought the Bridging model to child welfare services in March, 2016. Through a new partnership with the Maine Center for Disease Control and Prevention and Maine Families Home Visiting Program, Public Health Nurses and Maine Families Visitors trained as "Bridgers" will support parents and caregivers on a variety of topics, including mental health and substance abuse, trauma, crisis intervention, poverty and other risk factors.

Nurse Bridgers are reserved for infants or mothers who have specific needs for short-term or intermittent nursing assessment and care which can include a variety of health specific referrals and supports. Maine Families Bridgers will provide concurrent and longer-term parenting support and education for families.

The rollout of the Bridging Program in March, 2016 was not without a few hiccups. At the outset, there were issues regarding the capacity of public health nurses actually being able to engage families that were referred to Public Health Nursing through the Bridging Program.

There have been issues with Maine Families Home Visiting Program regarding their interpretation of the consent needed from the families referred to MFHV for Bridging services.

The Bridging Program is currently being revised. Currently OCFS is working to contract with Community Health Nurses to offer Bridging services of families referred through the Bridging Program.

DHHS, OCFS has partnered with the Hornby Zeller Agency regarding the effectiveness of the Bridging Program. Hornby Zeller Agency will be releasing a detailed evaluation report of the Bridging Initiative Year One. The preliminary data suggests that when the bridging model is worked to fidelity, the model is successful. There is marked room for improvement but OCFS is hopeful that contracting with community health nurses, reconfiguring the Bridging Training and better collaboration between Bridging providers will lead to better outcomes for families referred to the Bridging Program.

With respect to the changes the Comprehensive Addiction and Recovery Act (CARA) made to the Child Abuse Prevention and Treatment Act in July, 2016, as was stated above, Maine currently has language in statute that addresses requirements regarding involvement and notification of substance exposed newborns. OCFS is working on revising the substance exposed newborn policy within OCFS to include more specific detail regarding monitoring Plans of Safe Care. OCFS is working on developing a template for a Plan of Safe Care that will be used to be able to monitor the plans regarding referrals made for substance exposed newborns, their families and caregivers.

Please see Attachment A Governor's Assurance Statement for The Child Abuse and Neglect State Plan re State Plan Assurances amended by Comprehensive Addiction and Recovery Act (CARA) of 2016.

The number of children, under age 18, in State custody at the end of calendar year 2016 was slightly lower than last year. At the end of 2016, there were 1,906 children in state custody. At the end of calendar year 2015 there were 1,925; 1,857 in 2014, 1,908 in 2013 and 1,324 in 2012.

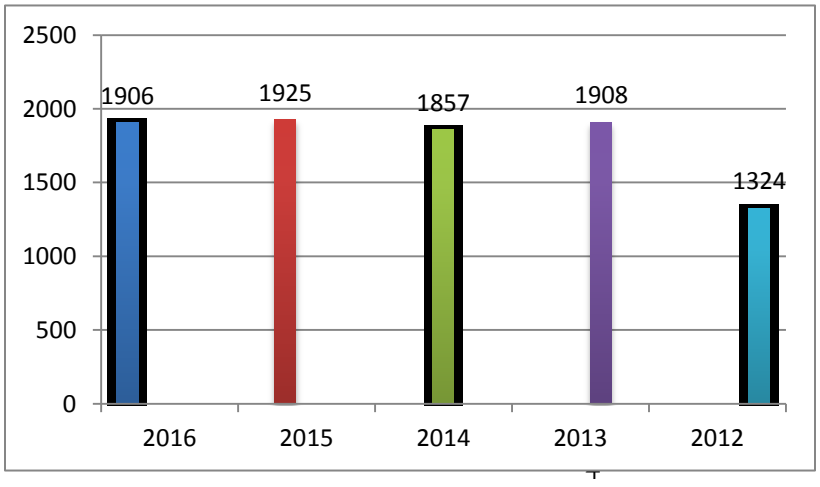


Table to left shows the # of children in custody at the end of each year.

In federal fiscal year 2016 the number of children for whom individuals were appointed by the court to represent the best interest of such children was 3093. In 2016, 927 child protection cases were filed in Maine District Courts. Maine does not currently track the data on out of court contacts between such individuals and children.

In calendar year 2016 there were 15 child deaths reported to CPS. After investigation, two of the deaths were substantiated or indicated by DHHS. Although there was maltreatment involved in each case based on the definition, maltreatment may not have directly caused the death of the child.

None of the 15 child deaths in Maine in 2016 occurred while the child was in foster care.

The ACF Summary Data- CFSR Round 3 Statewide Data Indicators (September 2016) reflect that Maine no longer meets the national standard related to recurrence of maltreatment. The national standard is 9.1%, Maine's Risk-Standardized Performance (RSP) is 13.5%. Based on this data Maine would be required to address this through the PIP process. It is anticipated that the adoption of the ERSF process will positively impact the challenges faced related to recurrence of maltreatment.

Eckerd Rapid Safety Feedback was rolled out in Maine in March, 2016. As of 3/31/2017 there have been 440 assessments assigned for review which included 404 cases reviewed and 318 case staffings held with district staff. There have been several cases each month that result in a perfect tool as district staff address all the questions without the need for a staffing.

One of the agreements made between Maine OCFS and Florida Eckerd to support successful implementation of this model is that Eckerd will conduct quarterly site visits with the Maine RSF team to ensure that the team is implementing the tool to fidelity. Eckerd reviews the data collected since implementation and provides an analysis. The following table shows the most recent analysis:

SAFETY CONSTRUCTS	First Quarter of Implementation (3/22/16-6/21/16)	Second Quarter of Implementation (6/22/16-9/21/16)	Third Quarter of Implementation (9/22/16-12/21/16)	**Percent Improvement**
Question 1 - *Utilizing family history in decision making*	53.80%	69.80%	75.68%	**21.88%**
Question 2 – *Assessing child vulnerability*	67.90%	62.90%	67.57%	**-.33%**
Question 3 - *Identifying and responding to present harm/danger and emerging danger*	53.80%	44.00%	40.54%	**-13.26%**
Question 4 - *Identifying protective capacities and responding to deficits*	36.30%	40.50%	47.27%	**10.97%**
Question 5 - *Stakeholder communication*		54.30%	59.46%	**19.46%**

	40.00%			
Question 6 - *Identifying perpetrators and linking maltreatment to harm*	73.80%	75.00%	75.68%	**1.88%**
Question 7 - *Sufficiency of safety planning*	45%	46.10%	40.54%	**-4.46%**
Question 8 - *Sufficiency of supervisory reviews*	60.50%	36.20%	20.72%	**-39.78%**
Overall	53.90%	53.60%	47.49%	**-6.41%**

The data reflected overall improvements seen in four of the eight areas reviewed. There are two questions (3, 8) that have trended downward between quarters one and three. It is believed that the decline in question 8 continues to result from guidance given by Eckerd during the quarter one site visit (that this question should be answered within the context of the other question such that if gaps are identified by the review which were not identified and addressed by the supervisor, this question should not be answered yes). Following the third site visit in December 2016 it was recommended that Eckerd fidelity reviewers complete an exercise to review at least a 10% sample of ERSF cases simultaneously with the assigned Maine ERSF reviewer, in order to provide assistance in developing strategies to impact those measures. Due to some difficulty in establishing technology availability those exercises were delayed but will be completed in the future to help the Maine program maximize the effectiveness of the model.

OCFS experienced a more positive year for maintaining stable child protective staffing when compared to previous years. The child protective caseworker statewide turnover rate was approximately 21.81% for 2016, 22.66% for 2015, 23.85% for 2014, 27.87% for 2013 and 27.3% for 2012. The turnover rate for supervisors in 2016 was 6.7% roughly the same as 2015.

This trend in caseworker turnover is very similar to nationwide statistics. One study from the General Accounting Office indicates staff turnover in child welfare is estimated to be 30-40% annually nationwide; the average length of employment is less than 2 years (GAO, 2003)[1]. Another study from the Annie E. Casey Foundation estimated the annual turnover rate for public agencies is 20% and private agencies 40% and the average length of employment for public agencies is 7 years and for private agencies is 3 years. (AECF, 2003)[2]. Maine's 2016 turnover rate of 21.81% is acceptable based on the two studies. One of OCFS's goals is to further reduce the turnover rate among caseworkers.

The fact that there has been a drop in turnover in Maine over last few years suggests that the establishment of the Maine's Recruitment and Retention Specialist position has had a very positive effect. This position continues to provide focused efforts in managing the child protective workforce. OCFS child protective caseworker and combined supervisor staffing levels

[1] The U.S. General Accounting Office (GAO). (2003). Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff. Retrieved on August 18, 2009, from: http://www.cwla.org/programs/workforce/gaohhs.pdf

[2] Annie E. Casey Foundation (AECF). (2003). *The unsolved challenge of system reform: The condition of frontline human services workforce.* Retrieved from http://www.aecf.org/resources/the-unsolved-challenge-of-system-reform/

are currently at 93%. Caseworker applicants with good qualifications and skill sets continue to apply for open positions.

OCFS is working to reduce the caseworker turnover rate to 15%. With respect to recruitment Maine's Recruitment and Retention Specialist does a lot of work with Maine, New Hampshire and Massachusetts colleges and Universities and with Maine Department of Labor to increase the applicant pool. The Recruitment and Retention Specialist attends many job fairs throughout the three states and also presents directly in the classroom to students considering the Social Work profession. OCFS has streamlined the application process in many ways to make it easier to identify those that qualify and those that do not. Applicants use the Recruitment and Retention Specialist as a contact person to assist them through the application process and the licensure process. The Recruitment and Retention Specialist also works to bring consistency to the interview process across all state offices and personally assists with interviews of applicants in all offices so that each interview consistent.

With respect to retention of Maine's child welfare personnel, OCFS has taken the following steps:

1. OCFS continues into the second year of quarterly STAR awards. These awards recognize exemplary employees of any category within OCFS. STAR stands for Service. Teamwork, Attitude and Respect.
2. OCFS continues to reimburse all OCFS caseworkers and supervisors for the cost of the renewal of their professional Social Work license. OCFS began this practice on Jan 1, 2016.
3. Tuition reimbursement is now offered to all employees who have been with the agency one year or more. On site MSW classes are offered in some locations.
4. Clarifications around Flexible Schedules have been provided to employees.
5. Quality Circles run by front line district staff have been running in each district. The QC has addressed areas such as mentorship for new employees, staff safety and case flow processes.
6. OCFS is addressing Internal Customer Service issues to improve the way TAMS and reimbursements occur to make it easier for the employee.
7. OCFS's onboarding is improving with better information sharing at the time of hiring. Entrance surveys are conducted to determine how the recruitment process is functioning.
8. OCFS has increased supporting staff and tasks to decrease workload for caseworkers.
9. Supervisory training has been provided to all supervisors to increase supervisory awareness regarding recruitment and retention and their role around that as well as to increase overall supervisory skills.

The average caseload for workers conducting assessment and investigation ranges is approximately 72 cases per year. The average caseload for workers assigned permanency child welfare cases is approximately 144 per year. The median agency response time with respect to each report and the initial investigation during 2016 was 42.72 hours. Maine's goal of completing assessments within 35 days with the respect to the provision of services to families

and children where an allegation of child abuse or neglect has been made was achieved during 2016 on approximately 77.4% of completed assessments.

OCFS had 303 child protective caseworkers and 60 child protective supervisors conducting the work of intake, screening, assessment, investigation, and permanency work, noted below by geographical district office, on April 3, 2017.

District	Number of Caseworkers	Number of Supervisors	Number of CPS Assessments	Number Vacant Positions
1	40	7	1097	6
2	45	8	1167	3
3	37	9	1406	4
4	18	4	819	3
5	53	11	1576	3
6	41	8	1243	2
7	21	5	486	1
8	21	5	496	1
9 (intake)	27	3	29	1
Total	**303**	**60**	**8319**	**24**

** It should be understood that because turnover occurs at a random but continuous rate reporting on caseworker and supervisor numbers may or may not be the same tomorrow as they were today. These are simply point in time numbers derived on April 3, 2017.*
***Assessments completed are based on FFY16*

Currently there are 27 child protective service personnel responsible for intake and screening, 116 child protective service personnel responsible for the assessment and investigation of reports, 123 child protective service personnel responsible for permanency of children in state custody and approximately 37 child protective service personnel responsible for adoption, foster home licensing and resource services for children in state custody.

Of the caseworkers currently working for the Office of Child and Family Services, 99 caseworkers are between 22-29 years of age, 100 are between 30-39 years of age, 75 are between 40-49 years of age, 44 are between 50-59 years of age and 14 are between 60-69 years of age. 92% of the caseworkers between the ages of 22-29 are female, 90% of the caseworkers between the ages of 30-39 are female, 85% of the caseworkers between the ages of 40-49 are female, 93% of the caseworkers between the ages of 50-59 are female and 57% of the caseworkers between the ages of 60-69 are female.

The average salary for a caseworker between the ages of 22-29 is $40,826.20; 30-39 is $42,717.33; 40-49 is $43,583.38; 50-59 is $46,638.80 and 60-69 is $46,719.77.

Of the caseworker supervisors currently working for the Office of Child and Family Services, 1 is between the ages of 20-29, 22 are between the ages of 30-39 years of age, 28 are between 40-

49 years of age, 9 are between 50-59 years of age and 5 are between 60-69 years of age. 100% of the caseworker supervisors between the ages of 20-29 are female, 95% of the caseworker supervisors between the ages of 30-39 are female, 89% between the ages of 40-49 are female, 88% between the ages of 50-59 are female and 60% between the ages of 60-69 are female.

The average salary for a caseworker supervisor between the ages of 20-29 is 47,611.20; 30-39 is $54,718.18; 40-49 is $58,039.43 50-59 is $57,546.67 and 60-69 is $58,439.68.

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" is now New Worker 'Foundations' Training) conducted by OCFS. Pre-Service (Foundations Training) 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.

In order to qualify for a Human Services Caseworker position applicants must have a Bachelor's Degree from an accredited institution in Social Work 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 $38,688. to $49,129.60 with health and dental benefits.

All new caseworkers are required to participate in pre-service (Foundations) training that covers a multitude of topics, including Introduction to Public Child Welfare in Maine, Domestic Abuse and the Child Welfare System, Working with Families Affected by Substance Abuse, Medical Indicators of Child Abuse and Neglect, Introduction to Intake, Assessing Safety, Risk and Danger, Fact Finding Interviewing, Introduction to MACWIS, Family Team Meetings, Facilitated Family Team Meetings, Safety Organized Practice, Children's Advocacy Centers, Commercial Sexual Exploitation and Sex Trafficking in Maine, Placement, Permanency and Well-Being.

Within the first six months of hiring, new staff are expected to participate in several core trainings which would expand upon what they had experienced in pre-service (Foundations Training) and include: Working within OCFS-Orientation, Staff Safety, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, and Psychosocial Assessment. Within the first year of hire they have to participate in Child Welfare Trauma Training Toolkit, Children's Behavioral Health in Maine, and introduce/participate in onsite training with TANF, OFI and other programs that assist the families we work with.

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 selection and performance evaluations. The salary for caseworker supervisor staff ranges from $47,611.20 to $60,070.40 with health and dental benefits.

To further the effort for supervisory training and development, Maine OCFS was approved to receive training assistance (TA) from the National Resource Center for Organizational Improvement (NRCOI). The TA provided assistance in developing a plan for supervisory training for staff who supervises front line child welfare social workers. The goal was to develop a robust training plan that will encompass a variety of training venues and extend to supervisory staff who supervise other OCFS programs. Key goals of the Supervisory Plan are to provide trainings that encompass the "real" work that they and their staff do on a an everyday basis, topics that touch on the strength and challenges they each bring to the work, training venues that allow for attendance and interaction, and trainings that morph into sustainable practice and integration of service that meets the needs of the children and families we serve. The training was provided over the last year and will continue to be provided on a quarterly basis.

Supervisors also participate in Supervisory Academy- Putting the Pieces Together. The training was developed by the Butler Institute. This is a 54 hour training which consists of three modules that are three days each. The training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor. This training was originally rolled out across the State of Maine in 2015 (each of the three modules being trained North, Central and South) training all Child Welfare Supervisors (80 total). Since the initial roll out all newly hired Child Welfare supervisors are required to participate in this training. After a supervisor has been in their position for at least one year and has completed the Supervisory Academy-Putting the Pieces Together, one to two supervisors per district are selected by their Program Administrator to go through the Leadership Academy for Supervisors (LAS). The LAS provides a high quality, proven training experience for experienced supervisors in an accessible format, two-thirds in a self-directed approach to meet supervisor's busy schedule. The LAS is a 9 month blended learning program. The core curriculum for supervisors consists of the six on-line modules corresponding with the NCWWI Leadership Model. Learning activities include pre-learning in preparation for each of the six modules as well as instructor led real-time discussion sessions for graduates of each module.

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.

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.

There were 1156 unique children under the age of 3 who were a victim or in a home where child abuse and/or neglect was indicated or substantiated. These children were referred to Children's Development Services (CDS) for assessment to determine what services the child/children would benefit from.

At the completion (supervisory approval) of the Safety Assessment, the caseworker will inform the parent(s) that a referral to CDS will be made. The caseworker will inform the parent(s) of the potential benefits to their child of such a referral. The caseworker will give the parent(s) a copy of the informational brochure from CDS that explains the program to them.

At the same time as the substantiation notification letter is generated, a referral form to Child Developmental Services will also be generated regarding children in the home under the age of 3. This form is to be mailed to the appropriate Child Developmental Services office immediately.

Since February, 2016 OCFS instituted a new referral process which consists of our central office sending a biweekly report to CDS with the names of all the children who are required to be referred according to CAPTA. This has resulted in a 100% referral rate since the commencement of this process.

Approximately 460 child welfare staff and community partners were trained about the risk factors and dynamics of Commercial Sexual Exploitation and Human Trafficking. The training was a full day training co-trained by the Maine Coalition Against Sexual Assault and the Policy and Training Unit for the Office of Child and Family Services. As part of the training staff learn the newly implemented protocol of convening a multidisciplinary team with sexual assault advocates, law enforcement, child welfare and others who are important to the child when there is heightened concern that a youth in care is a victim or when a youth in care is an identified victim.

Information on Commercial Sexual Exploitation of children (CSEC) has been added to our mandated reporter training. Community members will now learn about red flags and risk factors and will be instructed to report such information to the child protective hotline like any other suspected child abuse or neglect. Intake staff are able to track allegations of CSEC through a new allegation screen and assessment staff will be able to make findings specifically around CSEC and our MACWIS system will be able to track such allegations and findings.

On March 1, 2016, L.D. 1497 "An Act to Align the Child and Family Services and Child Protection Act with the Federal Preventing Sex Trafficking and Strengthening Families Act became law. Maine's Child and Family Services and Child Protection Act was out of compliance with Public Law 113-183. **L.D. 1497 is attached as Exhibit A.**

The Office of Child and Family Services also developed a Human Trafficking and Commercial Sexual Exploitation policy that became effective April 7, 2016. **The policy is attached as Exhibit B.**

With respect to the State of Maine's progress to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims, child welfare staff have received training in regards to the risk factors and dynamics of sex trafficking. Continued learning will take place in the coming year around the best services for identified victims.

With respect to the State of Maine's progress and planned activities to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, OCFS in collaboration with community partners offer combined local trainings as well as statewide conferences are offered around the state to cross train these disciplines.

There were 3 minor children that were victims of sex trafficking prior to be removed. There were no minor children recorded as being victims of sex trafficking while in custody.

Please see Attachment F Governor's Assurance Statement for the Child Abuse and Neglect State Plan re State Plan Assurances added by The Justice for Victims of Trafficking Act of 2015.

Maine's Citizen Review Panel (CRP)

In September, 2015, the Citizen's Review Panel, the Child Death and Serious Injury Review Panel, Child Abuse Action Network and Child Welfare Steering Committee were notified by DHHS that OCFS would no longer provide administrative support to the CRP and CWSC. Members of those groups were encouraged and invited to join the CAAN panel. The new group formed in December, 2015 includes members of CAAN, CRP and CWSC. The panel has been renamed Maine's Child Welfare Advisory Panel (MCWAP). MCWAP will serve as the State of Maine's Citizen's Review Panel pursuant to CAPTA Sec. 106(c). MCWAP in collaboration with the State of Maine's Judicial Branch, Justice for Children's Task Force will serve as the State of Maine's Task Force pursuant to CAPTA Sec. 107(c).

MCWAP/the Citizen Review Panel has had productive meetings during 2016.

In the Spring, 2016 MCWAP/CRP formed a subcommittee to plan a "Cops and Caseworkers" conference. Two conferences were scheduled on two consecutive days. One conference was in

Portland, Maine and the other was in Bangor, Maine. The topic of the Spring, 2016 conference was human trafficking. With the passage of H.R.4980 - Preventing Sex Trafficking and Strengthening Families Act, the panel decided that a lot of work was being done in the community regarding implementing H.R. 4980 and it was important to hold a conference for law enforcement and caseworkers and invite subject matter experts to present information regarding sex trafficking in the community. Michelle Mullen, LCSW, Northeast Regional Children Advocacy Center's Outreach Coordinator facilitated both days of the conferences. Dee Clarke, founder of Survivor Speak, also spoke at each day of the conference. Dee Clarke was trafficked as a minor and the discussion regarding her experience was thought-provoking and eye-opening for the conference participants.

MCWAP/CRP formed a subcommittee to develop a calendar of statewide trainings and conferences related to child welfare issues. The panel recognizes the value of conferences and trainings for community partners. The subcommittee developed a survey and MCWAP/CRP developed a list of community partners to receive the survey. One of the results of the survey was that community partners that answered the survey indicated other community partners whose input should be solicited.

MCWAP/CRP formed a subcommittee to develop a neutral facilitator family team meeting pilot project (NF FTM pilot project). The NF FTM pilot project will use skill facilitators from the community to facilitate FTMs held by OCFS caseworkers. In most cases, family team meetings are facilitated by the case carrying caseworker. By having neutral community facilitators facilitate FTMs, case carrying case workers will be part of the team and not be perceived as the leader of the team. One of the goals of the FTM pilot project is to measure outcomes to determine if using a volunteer neutral facilitator limits additional trauma to the child and the child's family.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2016 Annual Report is attached as Exhibit C.

Maine's Child Death and Serious Injury Review Panel (CDSIRP)

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

The Child Death and Serious Injury Review Panel follows the review protocol below to meet the purpose defined by 22 MRSA, Chapter 1071, Subsection 4004, the panel is to recommend to state and local agencies methods of improving the child protective system, including modifications of statues, rules, policies and procedures.

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

The Maine Child Death and Serious Injury Review Panel (CDSIRP), is comprised of representatives from many different disciplines. Its minimum membership, which is mandated by state law, shall include the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.

Maine's Child Death and Serious Injury Review Panel (CDSIRP) completed 8 comprehensive reviews of fatalities and near fatalities in 2016. These reviews were comprised of the following themes and trends: Abusive Head Trauma (AHT), Unsafe Sleep, Female Teenage Suicides and Significant Bruising and Fractures. The CDSIRP also participated in two dual comprehensive dual reviews with Maine's Domestic Violence Homicide Review panel. The themes in the two dual reviews with DVHRP were homicide. One case was a mother who poisoned and smothered her 2 year old daughter and the other consisted of an infant that suffered abusive head trauma at the hands of his father. There is a benefit to both panels by participating in a dual review. Many services provided to families are seen by both panels when cases are reviewed. The dual comprehensive reviews allow members of both panels to look at the services provided to the families and how to improve those services so tragic events can be avoided.

The CDSIRP also formed a subcommittee to investigate the reasons in the rise of Maine's infant mortality rate. The subcommittee met throughout 2016 reviewing and analyzing data to determine the rise in the infant mortality rate. The subcommittee is currently not meeting due to the fact that Maine's Maternal, Fetal and Infant Mortality Review Panel (MFIMR) is being revitalized. There are currently two bills pending in the Maine legislature to change the legislative language relative to how MFIMR operates in order that the panel may operate more effectively.

The panel chair of the CDSIRP generally attends the annual meeting of Child Fatality Review Teams from all over New England. The 2016 New England meeting was held in East Hartford, Connecticut. The meeting in Connecticut in June focused on building the structure of the coalition, identifying goals for future work, sharing the work of regional members, and providing substantive knowledge to state coordinators and attendee members of Child Death Review teams. The topic at the 2016 New England meeting was opiates and infants. The 2017 New England meeting is scheduled to be held in Portsmouth, New Hampshire June 22 & 23, 2017. The topic for the 2017 New England Regional Child Fatality Meeting is *The Opioid Crisis: Babies born drug exposed their care, the care of their parents, and the next steps in this crisis*. The CDSIR panel chair is unable to attend this year but other members of the panel may attend the meeting.

The CDSIRP also published a biennial report for 2014-2016. The report is attached as Exhibit D.

CAPTA funding continues to support the work of the Maine Child Welfare Advisory Panel (MCWAP) and the Child Death and Serious Injury Review Panel (CDSIRP).

A portion of the CAPTA funding was used for the travel and attendance of a representative of OCFS to attend a conference in Orlando, Florida. In October, 2016, a representative from OCFS attended the 10th Annual Cross Sites Meeting: Making Every Connection Matter. The conference was sponsored by ZERO TO THREE Safe Babies Court Team (SBCT) in collaboration with The Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT). The conference featured plenary topics that included: Helping Babies and Families from the Bench, Caregivers as Champions for Enhancing Parent-Child Contact, and Violence and Trauma in the Lives of Young Children: Lessons Learned.

The representative from OCFS that attended the conference has been involved within the State of Maine with community partners that are interested in researching, developing and establishing a Safe Babies Court in Maine.

When the representative from OCFS returned from the conference with valuable information, it became clear that the State of Maine currently has in place substantial parts of the components of a Safe Babies Court. Rather than develop and establish a Safe Babies Court from the ground up, the better plan was to enhance the components that currently exist in the State of Maine. The representative is working with community partners relative to enhancing components that already exist to implement a Safe Babies Court.

Please see the agenda from the 10th Annual Cross Sites Meeting: Making Every Connection Matter attached as Exhibit E.

DHHS has also used a portion of the CAPTA funds to purchase Period of Purple Crying information in a variety of formats. The information is given to child protective personnel who interact with families that have infants. The families generally receive Period of Purple Crying information from hospital personnel when the family is in the hospital delivering the infant. The

information presented from the child protective personnel reinforces the information the family received at the hospital. In the event the family did not receive the information in the hospital, the Period of Purple Crying information is valuable and may be lifesaving information for the family.

DHHS has also used a portion of the CAPTA funds to contract with Susan Righthand, PhD. for consulting services. DHHS is working with Dr. Righthand to facilitate clinical consultations regarding youths with problematic sexual behavior or other aggressive behavior problems. Dr. Righthand has extensive experience working with youths and adults who sexually offend, as well as children and adults who experience or perpetrate child maltreatment and other forms of violence. Dr. Righthand participates in three monthly consults with OCFS staff regarding complex cases. The monthly consults are well attended by Children's Behavioral Health Service (CBHS) staff. . Child Protective staff members attend as do clinicians and on occasion, members of the Department of Corrections and Division of Juvenile Services. Dr. Righthand also provided consultation at a number of administrative meetings. She was asked to do research and write reports regarding Project Keep and Mendota Juvenile Treatment Center in Wisconsin. Dr. Righthand facilitated a Program Enhancement Project (PEP) to provide OCFS consultation to residential treatment providers. Together with 4 CBHS staff, Dr. Righthand is reviewing the research literature on effective residential treatment programs to identify the core components of evidence supported programs. Dr. Righthand completed her reports and presented research findings with CBHS staff to residential providers.

The Department has also provided funds to Maine Pretrial Services, Inc., a non-profit entity, that has contracted with Substance Abuse and Mental Health Services (SAMHS) to provide adherence case management for the six Adult Drug Treatment Courts (ADTC) in Maine, to provide general court case management for two Family Treatment Drug Courts (FTDC), and to provide case management for the Co-occurring Disorders Veterans' Court (CODVC). The contract specifies the provision of case management at sites in Washington, Penobscot, Androscoggin (two courts), Cumberland, Hancock, York and Kennebec Counties (two courts). The contract period started on July 1, 2015 and ended on June 30, 2016 for ADTC, FTDC, and CODVC.

Under this SAMHS contract, six counties have Adult Court Adherence Case Managers on site and three counties have Family Court Case Managers. One county has an aftercare Case Manager. This contract also covers one Veterans Court staff. Each staff member reports to the Case Management Director, the Deputy Director, and the Executive Director. The Executive Director reports to the Office of Substance Abuse, as well as the Judicial Branch.

Case Managers meet with all Maine Pretrial Services (MPS) staff a minimum of once monthly for Staff Meeting and Supervision. Staff meetings are attended by MPS staff. A total of three staff meetings occurred in this fourth quarter. Topics presented at staff meetings included: community case management, risk assessment, case planning for risk reduction, suicide prevention, domestic abuse risk assessment, lethality risk assessment, policy review, eligibility, capacity building, technology troubleshooting.

Maine currently uses MACWIS (SACWIS) and information gathered from the state's vital statistics department, child death review panel, law enforcement agencies, and the medical examiners' office (the Chief Medical Examiner for Maine is also a member of the CDSIRP) when reporting child maltreatment fatality data to NCANDS.

State of Maine CAPTA Coordinator

Jan Bielau-Nivus, CAPTA Panels Coordinator
Office of Child and Family Services
2 Anthony Avenue, Augusta, Me 04330
Telephone: (207) 626-8652
Email: jan.bielau-nivus@maine.gov

ATTACHMENTS:

Attachment A: Governor's Assurance Statement for The Child Abuse and Neglect State Plan re State Plan Assurances amended by Comprehensive Addiction and Recovery Act (CARA) of 2016

Attachment F: Governor's Assurance Statement for the Child Abuse and Neglect State Plan re State Plan Assurances added by The Justice for Victims of Trafficking Act of 2015.

EXHIBITS:

A. L.D. 1497 "An Act to Align the Child and Family Services and Child Protection Act with the Federal Preventing Sex Trafficking and Strengthening Families Act
B. The Office of Child and Family Services, Human Trafficking and Commercial Sexual Exploitation policy
C. The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2016 Annual Report
D. The Child Death and Serious Injury Review Panel biennial report for 2014-2016
E. 10th Annual Cross Sites Meeting: Making Every Connection Matter agenda

IV. D-2B. Human Trafficking and Commercial Sexual Exploitation Effective April 7, 2016

Exhibit B

I.SUBJECT

Human Trafficking and Commercial Sexual Exploitation of Children (HTCSEC)

II.PHILOSOPHY

The Office of Child and Family Services recognizes that Human Trafficking and Commercial Sexual Exploitation of Children (HTCSEC) is happening in our state. It is our duty and mission to create a workforce and community that is able to identify, document and access appropriate care for victims of these heinous crimes. It is also recognized that this crime has an increased incidence rate with children who have been or are currently in foster care. It is further recognized that no one service arena can address the multitude of needs that arise when a youth has experienced, or is at a high risk of experiencing HTCSEC. The use of a multidisciplinary team (MDT) to share information across disciplines may be the only way to accurately assess for HTCSEC. The MDT approach is also the most efficient way to plan for and address the safety needs and services that victims/survivors may need.

III.PURPOSE

This policy will guide Child Welfare staff through the process of screening youth who may have been victims of HTCSEC. It will also provide direction around reporting to appropriate law enforcement when victims are identified, accessing appropriate services and care for youth who are victims, and documenting this information in such a manner that can be utilized both in state and for federal government purposes.

IV.PRACTICE MODEL

•Making children and families safe is a collaborative effort.

•We separate dangerous caregivers from children in need of protection. When court action is necessary to make a child safe, we will use our authority with sensitivity and respect**.**

• We listen to children. Their voices are heard, valued, and considered in decisions regarding their safety.

V.LEGAL BASE

HR 4980 Preventing Sex Trafficking, Strengthening Families Act

VI. DEFINITIONS

Human Trafficking (HT):

The recruitment, harboring, transportation, provision, or obtaining of a person for sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. Coercion includes threats of physical or psychological harm to children and/or their families.

In plain language, this means that human trafficking occurs whenever a person uses force, fraud, or coercion to make someone else engage in labor or commercial sex for their own financial gain. However, any minor engaged in commercial sex is a victim of human trafficking, even if they were not subject to force, fraud, or coercion.

Commercial Sexual Exploitation of Children (CSEC):

The use of a child for sexual purposes in exchange for cash or in-kind favors between a customer, intermediary or agent and others who profit from the trade in children for these purposes

Any child (under the age of 18) engaged in commercial sex is a victim of Human Trafficking.

VII PROCEDURE STATEMENT

A.Screening for possible experiences of Human Trafficking or Commercial Sexual Exploitation:

1.When a Child Welfare report containing allegations of HTCSEC is made to intake, caseworkers and supervisor will work together to ensure that the report is either screened in for Child Welfare intervention, or if not appropriate for Child Welfare intervention, a referral to the appropriate District Attorney's (DA) Office will be made within 24 hours of the report being called into intake. If the report is screened in for intervention, assessment staff will complete the HTCSEC screening tool and follow corresponding protocol. This tool can be found in Appendix A.

2. If a child has gone missing from either a home, residential facility or Homeless or Emergency shelter, or if a Caseworker feels that the Youth may have been in circumstances that the Youth may have experienced HT or CSEC utilize the screening tool and protocols outlined. This can be found in Appendix A .

B. Making appropriate referrals and accessing services for victims

1.When information is gathered which screens a youth who is already in care or who is part of a child protective assessment, as a confirmed victim, a report to the appropriate county District Attorney will be made immediately (if not done so already) and a referral to the nearest Child Advocacy Center (CAC) will be made to convene a multidisciplinary team to address the complexity of the situation and form next steps to attain safety and services for the victim.

2.If information gathered screens the youth at high risk of experiencing HTCSEC, a referral to the nearest CAC will be made to convene a multidisciplinary team to address the complexity of the situation and form next steps to attain safety and services for the victim. Information around all assessed risk factors should be shared and planned for within the MDT.

For districts that do not have local Child Advocacy Centers, Caseworkers and Supervisors should work together to form a MDT with the following people as required invitees: Local Law Enforcement, someone from the appropriate District Attorney's office, Sexual Assault Advocate, and others who have meaningful contact with the youth.

3.If information gathered screens the youth at moderate risk of experiencing HTCSEC, a consultation meeting should be set up by the caseworker that includes a Program Administrator or Assistant Program Administrator and a Supervisor to plan for safety and next steps and to strategize around the running away behavior and other identified risk factors.

4.If information gathered screens the youth at risk of experiencing HTCSEC, make referrals as necessary to local community based service agencies.

C. Documentation of incidences of confirmed experiences of HTCSEC

1.Document in MACWIS for Youth in the custody or care of the Department the questions posed in the MACWIS module labeled Sex Trafficking Detail. This will be done for each AFCARS reporting period for Youth 12 and older.

Appendix A

Screening for Human Sex Trafficking and/or Commercial Sexual Exploitation

This tool is intended to guide trained professionals in assessing for trafficking and/or commercial sexual exploitation, and to determine when a multidisciplinary (MDT) response may be helpful to identify trafficking or exploitation (through information sharing, safety planning, or in some cases, a forensic interview). The lack of a "confirmation" or "high risk" score does not mean that a minor may not be experiencing trafficking or exploitation, or that an MDT response may not be helpful.

If client is/has experienced…	Then…
A CONFIRMED victim of HT	
ANY of the following: -They have disclosed commercial sex* as a result of force, fraud, or coercion -They have disclosed consensual commercial sex -They have been identified by law enforcement as a victim of trafficking **Commercial* sex is the exchange of any sex act for something of value (money, food, clothing, shelter etc.).*	Client identified i HT victim Conve CAC District Attorney
At HIGH RISK for experiencing HT	
ANY of the following: -They report travel across state lines (without known resources to do so) -They have confirmed or there are reports of frequenting hotels to have sex -They have run away or been reported missing two or more times in the previous 6 months	Convene MDT th Report to District
At MODERATE RISK for experiencing HT	
ANY of the following: -They have run away or been reported missing -Four or more "at risk" behaviors, below	Consultation with Administrator or Program Adminis Supervisor to dete and referrals
At RISK for experiencing HT	
THREE or fewer of the following: -History of sexual abuse -History of juvenile justice system involvement -History of running away or have been reported missing in the past -Evidence of a controlling, abusive or dominating relationship with an older partner or adult -Sexually transmitted infections/pregnancy -Suspected gang affiliation	

-Evidence of brands or tattoos, especially names, initials, birthdates, or crowns

-Frequenting areas known for risky/criminal activities

-Frequenting hotels/motels

-Unexplained physical injuries

-Secrecy, vagueness or defensiveness regarding relationships and/or location

-Disconnection from family or friends or new peer group that seems unwarranted

-Behaviors that include fear, anxiety, hyper vigilance, depression or paranoia

-Unexplained amounts of money, expensive clothes, frequent hair and nail maintenance

-School disconnectedness
-Status as a refugee, asylee, asylum seeker or unaccompanied minor

MAINE CHILD WELFARE ADVISORY PANEL

MAINE CITIZEN REVIEW PANEL

ANNUAL REPORT

2016

Exhibit C

Maine's Citizen Review Panel examines the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which the state and local child protection system agencies are effectively discharging their child protection responsibilities. The Panel is mandated through the CAPTA Reauthorization Act of 2010 (P.L. 111-320)

TABLE OF CONTENTS:

MAINE CHILD WELFARE ADVISORY PANEL MEMBERS

James Martin, LMSW
Director, Office of Child and Family Services
Department of Health and Human Services

Bobbi Johnson, LMSW
Associate Director of Child Welfare Services
Department of Health and Human Services

Destie Hohman Sprague
Associate Director
Maine Coalition Against Sexual Assault

Christine Alberi, Esq.
Child Welfare Ombudsman
State of Maine

Jon Bradley, DSW LCSW
Associate Director
Preble Street

Lyn Carter
Rural Grant Program Coordinator
Maine Coalition to End Domestic Violence

Christine Hufnagel, CADC, LCSW
Director of Family Services
Community Concepts

Jan Clarkin
Executive Director
Maine Children's Trust

Tracy Cooley
Director, Safe Families-Safe Homes National Training Project

Debbie Dembski, LCSW
Grandparent whose family's substantiation was overturned upon appeal

Debra Dunlap
Southern Maine Senior Director
Community Partnership for Protecting Children

Debra McSweeney, MSPT
Licensed Physical Therapist, Children
Maine General Medical Center

Lanelle Freeman
Social Services Director
Kennebec Valley Community Action Program

Bette Hoxie
Director
Adoptive and Foster Families of Maine, Inc.

Jamie Brooks
Parents as Partners
Community Partnership for Protecting Children

Dulcey Laberge
Youth Transition Team Leader
Office of Child and Family Services
Department of Health and Human Services

Mark Rains, Ph.D.
Psychologist

Nancy Ponzetti-Dyer, Ph.D.
Director of Psychology
Edmund Ervin Pediatric Center, MaineGeneral Medical Center

Maryann Ryan
Treatment Specialist
Maine Office of Substance Abuse and Mental Health Services

Cindy Seekins
Director
G.E.A.R. (Gaining Empowerment Allows Results) Parent Network

Nora Sosnoff, Esq.
Chief, Child Protection Division
Office of the Maine Attorney General

Jean Youde
Programs Coordinator
Edmund Ervin Pediatric Center, MaineGeneral Medical Center

Tracy Leigh, Esq.
Coordinator, Guardian ad Litem Services
Family Division, Administrative Office of the Courts

MISSION/VISION STATEMENT

Mission Statement:

To improve the experience of children and families involved with the State of Maine's public child welfare system. MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective/welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and any subsequent amendments.

Vision Statement:

Maine Child Welfare Advisory Panel is committed to diverse stakeholders and being comprehensive, responsive and respectful to child and family needs, and provides an adequate framework for safe, thriving children having permanency with families and community.

Goal: To promote child safety through the provision of quality child welfare services to children and their families in Maine.

Objectives:

- Engage with community partners to review and provide feedback on the Child Welfare State Plan.
- Facilitate the interdisciplinary coordination of public and private partnerships as it relates to child welfare services.
- Promote the physical and emotional well-being of children and youth and families.

- Support the development of professionals working in and with the child welfare system to deliver high quality intervention services.

EXECUTIVE SUMMARY

In September, 2015, the Citizen Review Panel (CRP), the Child Death and Serious Injury Review Panel (CDSIRP), Child Abuse Action Network (CAAN) and Child Welfare Steering Committee (CWSC) were notified that administrative support to the CRP and CWSC was ending. Members of CRP and CWSC were encouraged and invited to join the CAAN panel. The new group formed in December, 2015 includes members of CAAN, CRP and CWSC. The panel has been renamed Maine's Child Welfare Advisory Panel (MCWAP). MCWAP will serve as the State of Maine's Citizen Review Panel pursuant to CAPTA Sec. 106(c).

MCWAP has had monthly meetings during 2016.

MAINE CITIZEN REVIEW PANEL

The CRP is comprised of 15-25 members representing providers, consumers of the child protective services, former foster children over the age of 18, resource parents, civic representatives, and members of the community at large. Membership of the CRP attempts to achieve a broad and diverse representation of the community including, but not limited to, law enforcement, biological parents, former youth in care, researchers, foster/adoptive/kinship parents, domestic violence professionals, mental health therapists, clergy, Court Appointed Special Advocates (CASA), disabilities specialists, teachers, and medical professionals. Membership recruitment also weighs diversity of age, race, ethnicity, gender and class as critical to the makeup of the CRP. The DHHS, Office of Child and Family Services, Associate Director of Child Welfare serves as a liaison to the panel and is an ex officio member of the panel. The panel also recruits ad hoc members who have expertise in the areas of current panel focus.

Over the past reporting period, the CRP had the following sub-committees:

- Training
- Family Team Meetings Neutral Facilitation

TRAINING

In Spring 2016, MCWAP made the decision to form a subcommittee to plan a "Cops and Caseworkers" conference. In previous years, Cops and Caseworkers conferences had been held and were considered valuable and successful by conference attendees.

Conferences were scheduled on two consecutive days in the Spring of 2016. One conference was held in Portland, Maine and the other was held in Bangor, Maine. The topic for the conferences was Human Trafficking. With the passage of H.R. 4980 - Preventing Sex Trafficking and Strengthening Families Act, the panel decided that given the level of community attention on the implementation of H.R. 4980, it was important to convene law enforcement personnel and caseworkers and provide the opportunity for them to hear from subject on the topic.

The conference participants were asked to complete a survey after the conference was over. Please see Appendix A for the survey results.

The panel also collaborated with DHHS, Office of Substance Abuse and Mental Health to coordinate a conference on the topic of substance exposed newborns. A goal of the conference was to build collaboration between law enforcement, caseworkers and community providers who are all serving these same families as well as increase understanding of the role of each discipline. Attendance by law enforcement was lower than expected. For next year, a decision was made that these two conferences would be organized separately.

At the MCWAP monthly meetings, the panel discussed the lack of a centralized location for training and conference information for community partners. The panel recognizes the value of continuing education and as part of the work of the training subcommittee began the work to develop a system by which annual trainings and conferences related to child welfare could be accessible by community partners. Surveys were conducted of CRP members and other community partners to determine what currently exists as well as unmet training needs. The panel hopes to establish a process to continue to provide updated information.

Family Team Meetings

The MCWAP members also discussed aspects of the child protection system and the front-end practice the panel's efforts be best suited to address and selected Family Team Meetings.

Maine Child Welfare Advisory Panel (MCWAP) in collaboration with OCFS and community stakeholders will develop a FTM Facilitation Program that uses skilled neutral community facilitators to foster trust and shared decision making when facilitating OCFS Family Team Meetings.

The following principles will be part of the development of this program: integration with the OCFS Teaming Implementation work, access to this resource in all 8 districts, sustainability and the use of community facilitators to assist in training, coaching and mentoring in their areas of expertise related to successful teaming.

In Maine, a Family Team Meeting (FTM) is one of the first meetings scheduled when a child protection case is opened. Currently FTMs are facilitated by the case carrying caseworker. This structure can add additional stress for the family and caseworker. A goal of the FTM pilot/training project is to measure outcomes to determine if using a volunteer neutral facilitator limits additional trauma to the child and the child's family, improves the teaming process and results in better child welfare outcomes.

When a family experiences that they are part of a team and their voices are respected and heard, trust is more likely fostered and families become more open and willing to engage in the assessment process. FTMs help increase engagement, builds a network of supports for a family and focuses the work of the team on the reasons for child welfare involvement, including those involving children with disabilities or serious health-related problems.

When parents are stressed, children are stressed. By promoting a FTM model that aligns parents and CPS workers as part of the team, with a neutral

facilitator at the helm, parents may feel less threatened, defensive and/or out of control.

By having skilled neutral community facilitators at FTMs, CPS workers are able to be part of the team, versus being perceived as in charge of the team. This change in role allows CPS workers to more fully engage with families specific to their role, in turn, allowing them to more fully assess a family's strengths and needs; the family's relationships with other family, community members and community providers; and to more fully hear others perspectives of the concerns. In other words, CPS are able to more fully take in and utilize information for their assessments.

Safety Planning

The panel has spent time discussing the issue of safety planning as an aspect of ensuring immediate child safety. The discussion included the following:

- ✓ Timing of safety planning: at report, initial contact, pre-removal?
- ✓ Purpose: A safety plan is a temporary, non-binding contract that shouldn't exceed a certain time frame. In some cases, a safety plan is utilized to create enough safety for a child, but does not address larger issues for a family.
- ✓ Staff training needs related to safety planning.
- ✓ Goals of safety planning: The safety plan should identify risks, needs of the children and parents, family strengths and supports and services to address the needs.
- ✓ Challenges of safety planning: The plan is an unenforceable contract. Some families involved with the Department perceive the safety plan as precursor to the Department filing a Preliminary Protection Order for immediate custody. Parents are not entitled to legal representation at the safety plan meeting as often court action has not been initiated. When attorneys are involved, some advise their clients to break the safety plan and force the Department into filing a petition.

- ✓ Coercive nature of safety planning: When most parents are presented with a Safety Plan, they will agree to anything in order for their child or children not to be removed, including a safety plan they know will be broken.
- ✓ Signs of Safety: This practice is no longer being implemented, although several panel members discussed the benefits of safety mapping which focused the team on the family's strengths and needs, not just the negatives.
- ✓ Involvement of community supports: Often, community partners involved with a family with a safety plan are not being contacted or informed that the plan was broken and a child removed from their placement. It was discussed that the community network is valuable to a family's success.

OCFS Strategic Plan/Child Welfare Data Review

On an ongoing, regular basis the panel has reviewed the OCFS strategic plan and child welfare data to both learn about outcomes related to child safety, permanency and well-being as well as to offer observations regarding child welfare practice. This will continue to be an agenda item in future meetings.

OTHER ACTIVITES

Legislative Tracking

The panel recognizes the value of keeping up to date on legislation that would impact child welfare practices and policies. A spreadsheet has been developed that is updated as new legislation is introduced and as current legislation makes its way through the legislative process.

Presentations

The MCWAP panel members come from a number of different community organizations and agencies that are involved with the child welfare system on different levels. The work of the panel members at the different community organizations and agencies is enhanced by presentations at the MCWAP meetings. The panel held a presentation by Barbara Kates of Maine-Wabanaki REACH that was dynamic and thought provoking and will help inform the work of the panel members in their communities. Maine-Wabanaki REACH (Reconciliation- Engagement – Advocacy – Change – Healing) is a cross-cultural collaboration that successfully supported the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission. REACH is implementing the Commission's recommendations, focused on Wabanaki health, wellness and self-determination and ally building. The panel members agreed that future presentations will be encouraged.

Child and Family Services Review (CFSR)

Panel members participated in a stakeholder focus group for the CFSR facilitated by Maine's federal partners. This provided an opportunity to provide feedback about specific areas of child welfare policy and practice.

RECOMMENDATIONS

From the panels work over the past reporting period, members make the following recommendations:

- Enhance opportunities for meaningful input from the public and consumers, including Parents as Partners on FTM's; kinship care providers and survivors. This might include a variety of models such as focus groups of existing meetings like CPPC, surveys or convening a dedicated group of participants.

- Increase awareness of OCFS core practices in the community and among partners through community trainings and engaging MCWAP in regular review of the OCFS Strategic Plan and child welfare data.

Appendix A

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

OCQI

June 7, 2016
Authored by: Mazerolle, Sybil R

Table of Contents

Introduction

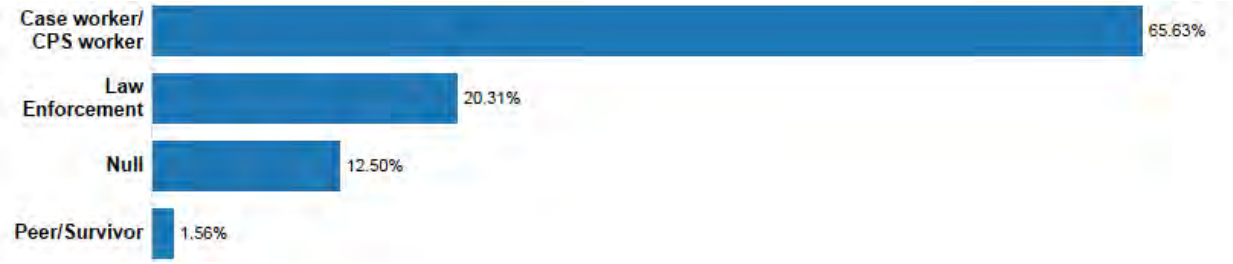
The Office of Child and Family Services (OCFS), within the Maine Department of Health and Human Services, recently held a Cops and Caseworker training, which focused on human trafficking and the benefit of using Multi-Disciplinary Teams and Children Advocacy Centers during the investigation. The effort was guided by a group of stakeholders that met on a monthly basis for several months before the training. The May 19th training was held in Portland and the May 20th training was held in Bangor.

It was decided to conduct a survey of the attendees in order to measure the effectiveness of the combined training. There were 97 attendees in total across both days and 65 surveys were returned, which is a response rate of 67%.

Demographics

In order to get a clear understanding of who participated in the training, attendees were asked to indicate their profession.

Job Title:



The Null represents the percentage of those that did not answer the question.

Question 1:

Attendees were asked: Do you feel more confident in your ability to recognize victims of human trafficking and better understand the impact of this issue in Maine as a result of this training. If an attendee selected No, they were asked to please explain what could further be offered to them.

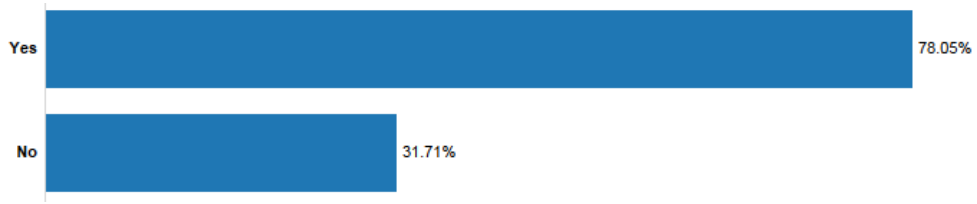
- Nearly 80% of all respondents said they felt more confident as a result of this training.

Law Enforcement:

Some of the open ended responses by law enforcement attendees after selecting "No" were:

- ***Didn't seem to be discussed how to better identify victims***
- ***I have received similar training over the last 2-3 years, but presentation did reinforce prior trainings***
- ***No identified sex trafficking training***

Case Workers/CPS Workers:



Some of the open ended responses by Case Worker/CPS Worker attendees after selecting "No" were:

- ***I don't feel as though this was covered***
- ***No new information, was confident previously***
- ***The speech had an impact, it would have been more helpful for Dee to explain to us what to look for re: victims, what can we do to intervene and how or what methods will be effective not only working with victims but with families unless a child disclosed they were being trafficked the training did not help me identify or know what signs to look for regarding trafficking.***
- ***The training was more geared towards CAC development within the Bangor area.***

Null:

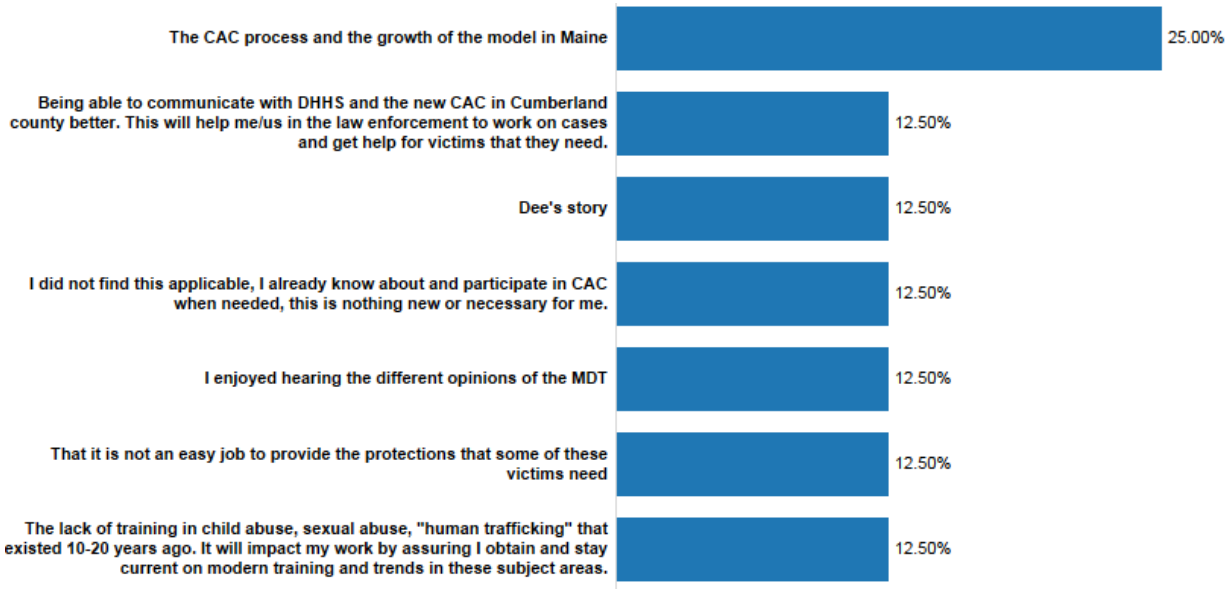
One of the open-ended responses given by a person that did not indicate what their job title was after selecting "No" was:

- ***Somewhat- this point could have been made more already. Some more examples of current stories, experiences of young people in Maine who may now be in a safe house. I was hoping to hear more specific training on recognizing signs of sexual exploitation of children. When does the reality of a child's family circumstances become a channel into sexual exploitation?***

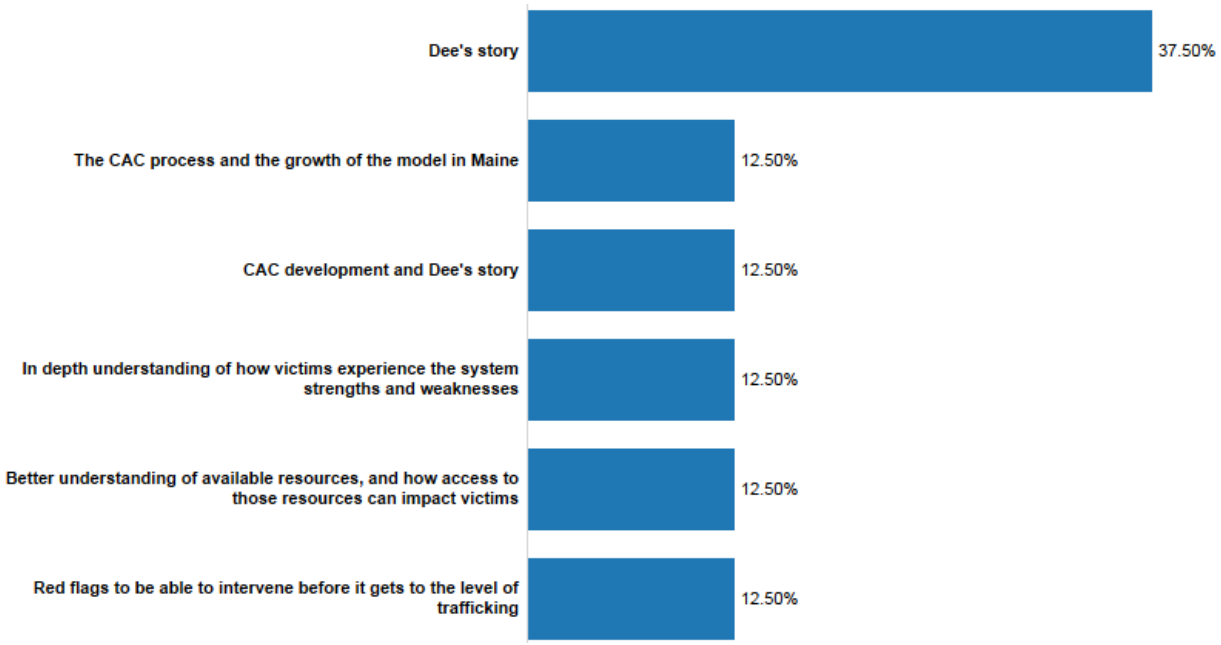
Question 2:

Attendees were asked: What specific piece of knowledge did you gain from today's session that you feel will most impact your work? This was an opened-ended question so answers varied; text analysis was done to group many of the comments together under common themes. It was easiest to separate answers based on profession.

Answers as given by law enforcement attendees:

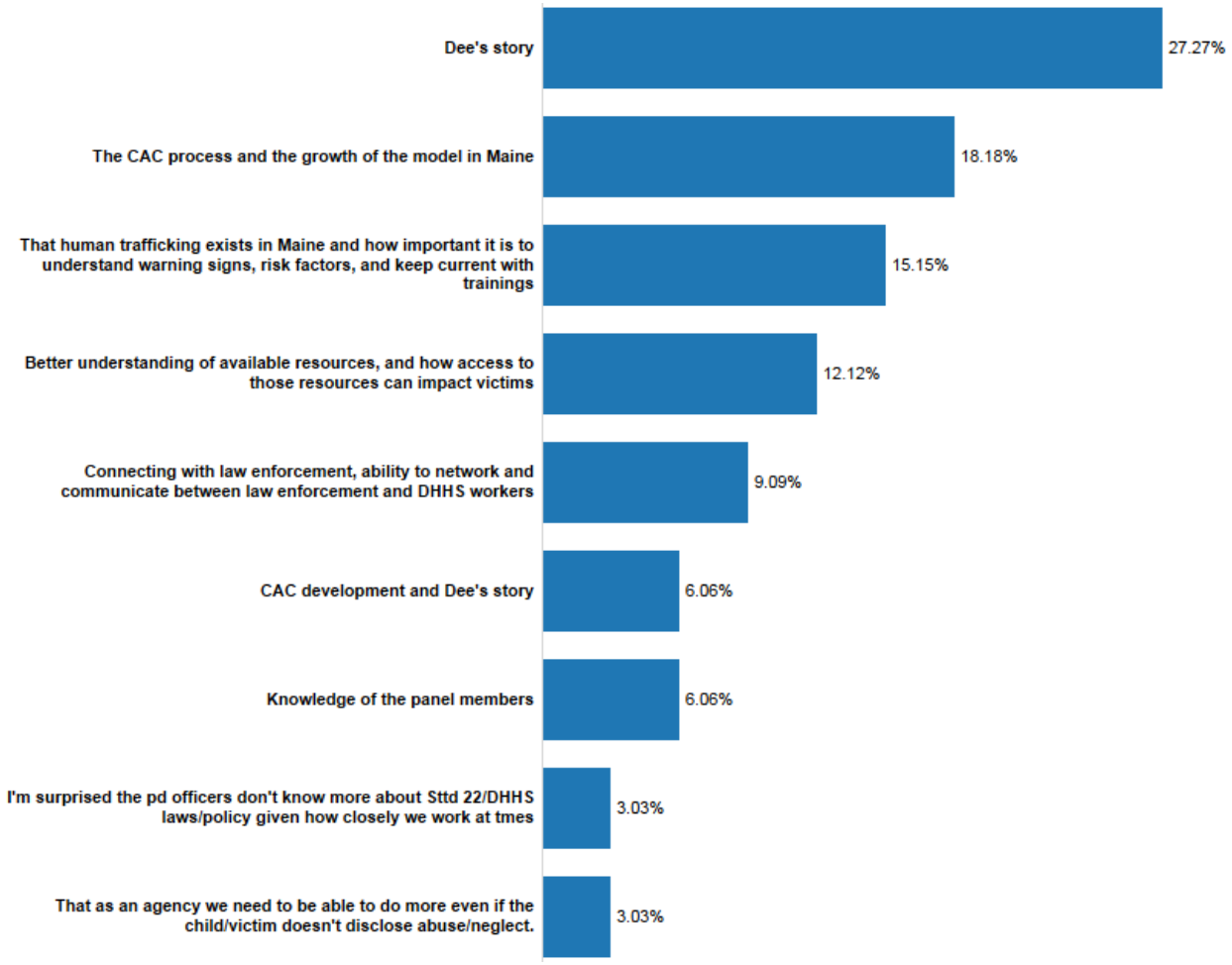


- The largest majority of law enforcement respondents felt that the knowledge they gained from the discussion on CAC process and the model's growth in the State of Maine would most impact their work.
- Answers as given by those who did not indicate job title:



- The largest majority of respondents that did not indicate their job title found Dee's story to be most impactful to their work.

Answers as given by DHHS case workers/ CPS workers:

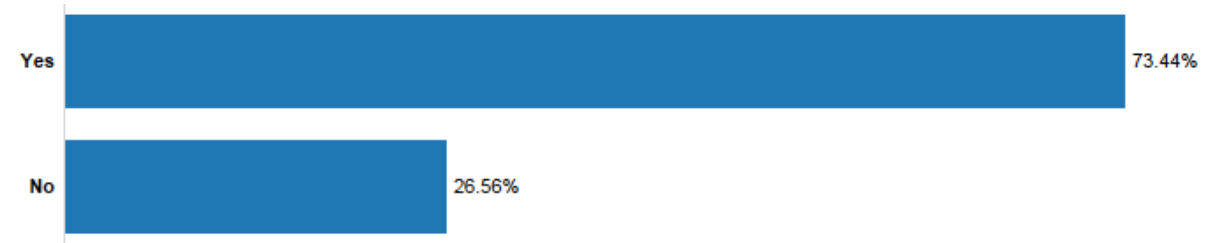


- The majority of DHHS case workers/CPS workers respondents felt that Dee's story was most impactful to their work, followed by the CAC process and growth of the model in Maine.

Question 3:

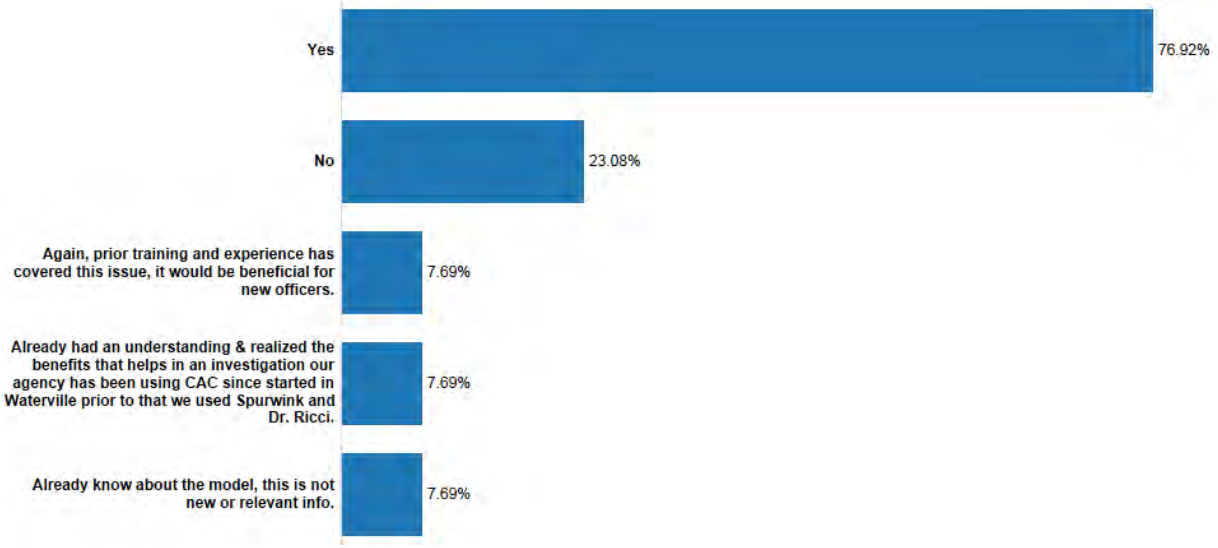
Attendees were asked: Do you have a better understanding of the multidisciplinary team model and how it can be beneficial when investigating human trafficking cases? If no, please explain.

This is the total of "Yes" and "No" answers.

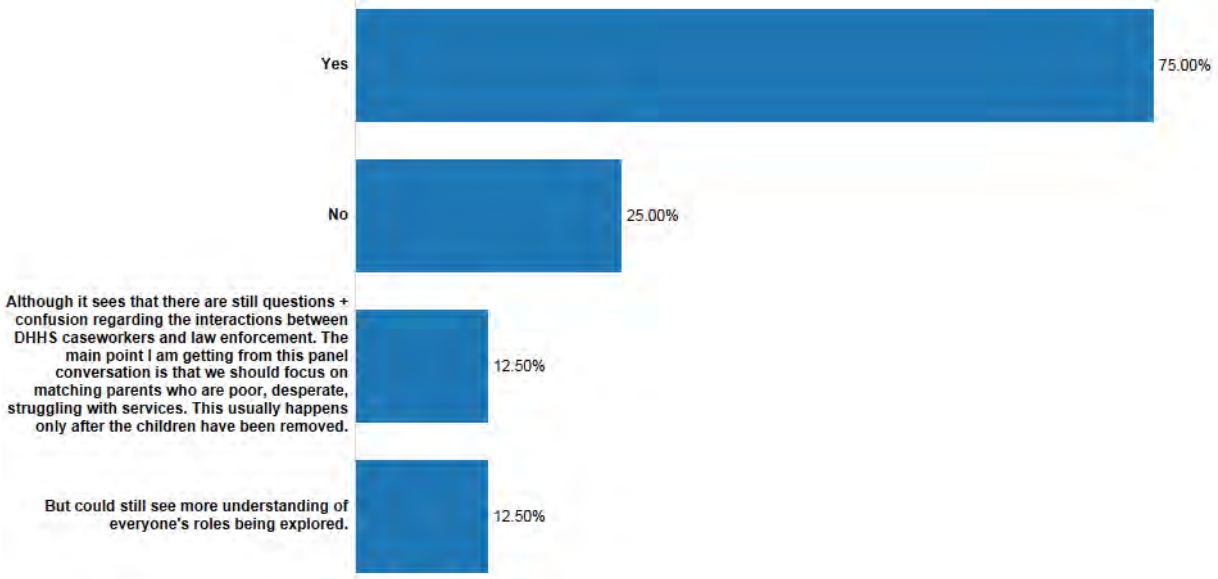


- Nearly 75% of respondents felt that they had a better understanding of the MDT model and how it can be beneficial when investigating human trafficking cases.

Answers given by law enforcement attendees:

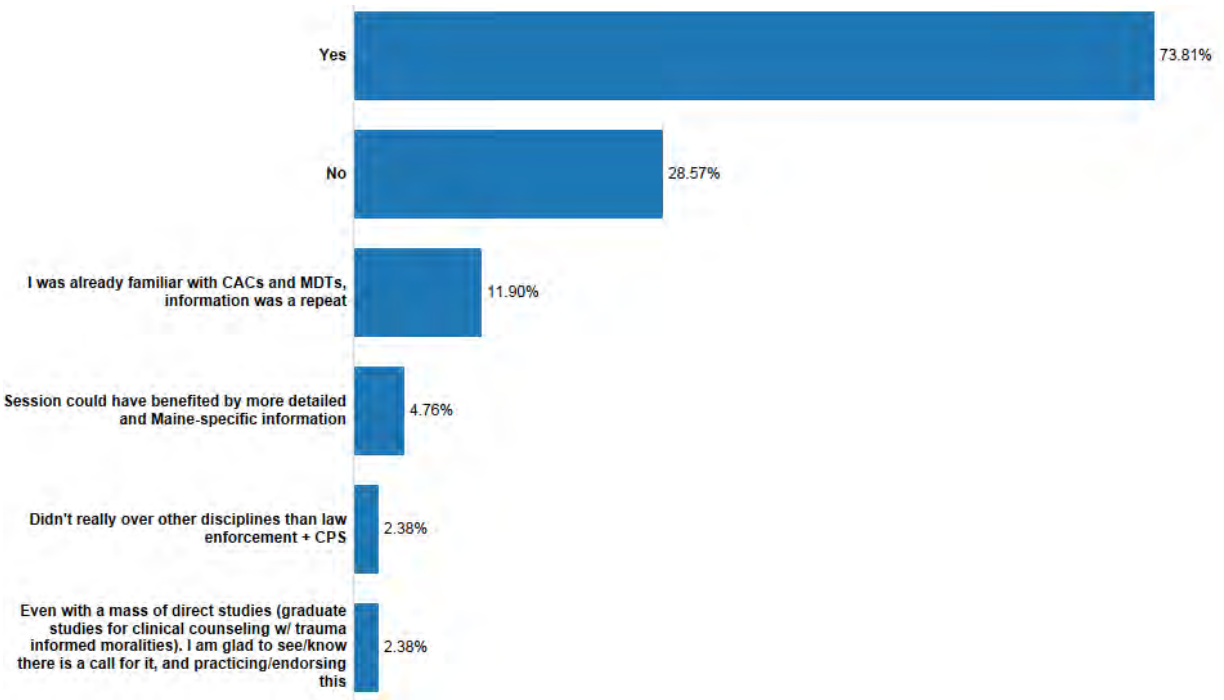


Answers as given by those who did not specify a job title:



The longer comments were actually “Yes” responses, and the respondents decided to elaborate on their answer.

Answers as given by DHHS caseworkers/ CPS workers:



The last response was actually a "Yes", and they elaborated on their answer.

Question 4:

Attendees were asked "Overall, to what extent was the information presented by Michelle Mullen useful to you?" They were given the options of: Very Useful, Useful, of Little Use, Not Useful. The legend is demonstrated below.

Total answers given by all attendees:

Responses of law enforcement attendees:

- Nearly one-third of respondents found Michelle Mullen's presentation to be useful and nearly 25% found it to be very useful.

Responses of DHHS case workers/CPS workers:

- Half of respondents found Michelle Mullen's presentation of little use to them.

Responses of those who did not indicate a job title:

- Over 60% of this group of respondents found Michelle Mullen's presentation useful.

Question 5:

Attendees were asked "Overall, to what extent was the presentation by Dee Clarke useful to you?" They were given the options of: Very Useful, Useful, of Little Use, Not Useful. The legend is demonstrated below.

Total answers given by all attendees:

- No one responded that Dee Clarke's presentation was "Not Useful".

Responses of law enforcement attendees:

- 75% of law enforcement attendees responded that Dee Clarke's presentation was Very Useful.

Responses of DHHS case workers/CPS workers:

- 75% of these respondents said that Dee Clarke's presentation was Very Useful.

Responses of those who did not indicate a job title:

- No respondents felt that the presentation was Of Little Use.

Question 6:

Attendees were asked "Overall, to what extent was the panel discussion useful to you?" They were given the options of: Very Useful, Useful, of Little Use, Not Useful. The legend is demonstrated below.

Total answers given by all attendees:

- Nearly 50% of respondents answered that the panel discussion was Useful.

Responses of law enforcement attendees:

- 50% of law enforcement attendees responded that the panel discussion was Very Useful.

Responses of DHHS case workers/CPS workers:

- 50% of respondents felt the panel discussion was Useful.

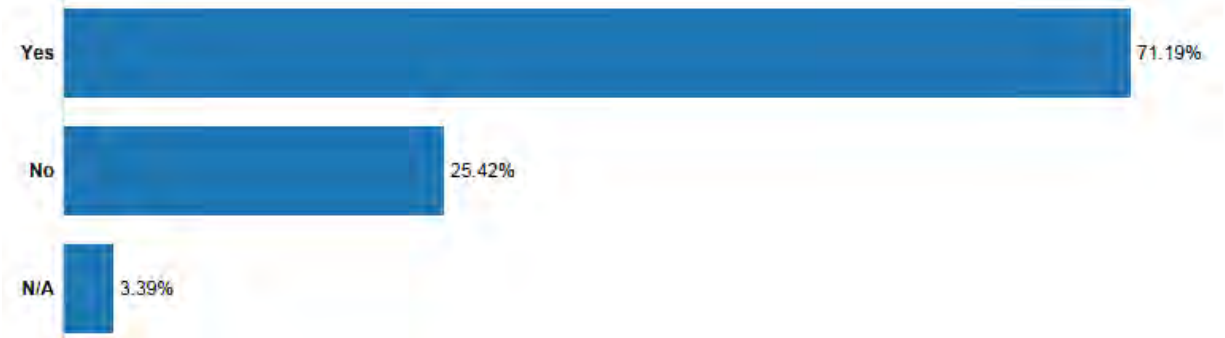
Responses of those who did not indicate a job title:

- 100% of these respondents felt the panel discussion was Useful.

Question 7:

Attendees were asked "Was the overall training beneficial to your work?" They were then asked "If yes, please explain why it was beneficial. If no, please explain why not."

Total "Yes" and "No" answers given by all attendees:



- Or 70% felt that the overall training was beneficial to their work.

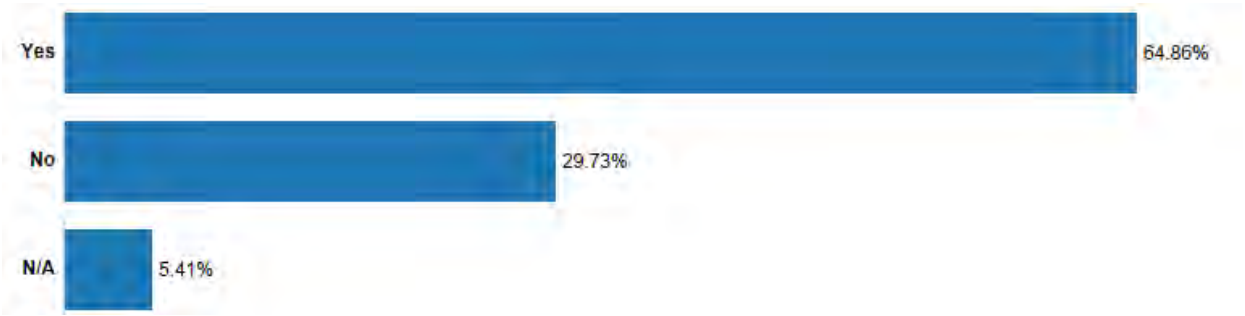
The N/A represents the percent of those that did not answer the question.

Responses of law enforcement attendees:

- Nearly 85% of law enforcement attendees felt that the overall training was beneficial to their work.
- Some of the explanations for why it was beneficial were:
    - ***All training on this subject is highly beneficial.***
    - ***Good to get together with DHHS caseworkers. Wish we had more interaction with them as we work closely and both have new and inexperienced people.***
    - ***It helps to see as a law enforcement officer to look at these causes from the perspective of other agencies (DHHS/CACs). It can be frustrating to not be able to do anything but it helps to understand the process/policies that other agencies must go through as well as understanding each agency helps us all to work better together.***

    - ***Yes, it helped me to realize that not all offenders are just misbehaving, perhaps they are victims also.***
- The explanations for why it was not beneficial were:
    - ***I was looking for training on sex trafficking, this is just an open discussion on CAC.***
    - ***No offense, 18 years of training and experience has covered these areas in depth. Again, would most likely benefit newer officers with 1-4 years' experience.***

Responses of DHHS case workers/CPS workers:



- Nearly 65% of respondents felt that overall the training was beneficial.
- Some of the explanations for why it was beneficial :
    - ***Got a better understanding that not all law enforcement is aware of our limitations compared to their power/ability to interview or have contact with child victim w/o giving their caregiver notice.***
    - ***It gave me a better idea of the programs available to aid the youth that I work with.***
    - ***Dee was the best part as it is always helpful to have someone share their story.***
    - ***Allowed me to hear the benefits of an MDT, the need for a CAC in my area (which I hope to be able to advocate for) and risk factors to be aware of.***
    - ***Parts were. I'm confused about what the overall purpose of this training was supposed to be.***
- Some of the explanations for why it was not beneficial:
    - ***I have worked with the CAC frequently & understanding the process- learning what signs to look for regarding children being trafficked/sexually exploited would have been useful.***
    - ***Not much new information, no new resources to use with victims.***
    - ***Too much time was spent on the CAC, this was basic info that did not require this much depth. Specifically for a training for "cops and caseworkers". This training was very unlike previous cops and caseworkers trainings.***

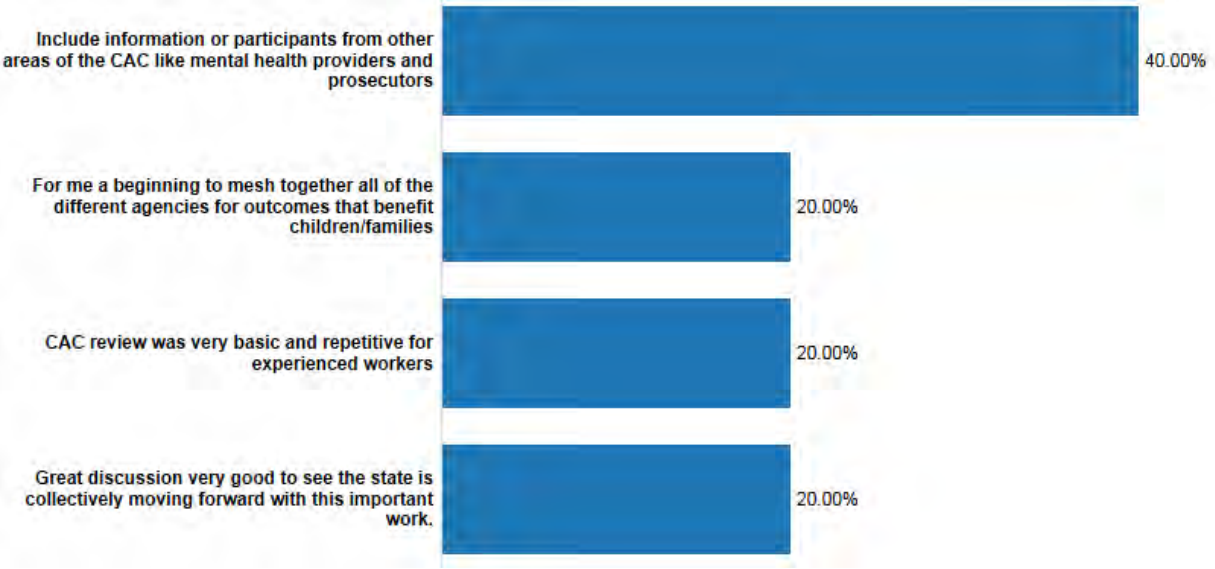
Responses of those who did not indicate a job title:

- All respondents answered that they felt the training was beneficial.
- The explanations for why it was beneficial were:
    - ***Good clarification of various roles of "team members" and challenges of bringing these different approaches together in an effective way. This conference could have provided a lot more opportunities for actual progress in terms of discussion between cops and caseworkers. Small group discussions maybe? Break up the cliques of the groups who arrived and sat together. #5 Michelle is knowledgeable but not a good presenter she is not interesting to listen to and does not convey the information in an interesting way. #7 clarified and confirmed the difficulties that exist when different roles + approaches of cops and caseworkers ends up being detrimental to a case.***
    - ***I am more aware of other resources in the other counties in Maine and what they offer.***
    - ***Opened my eyes to the problem.***

Question 8:

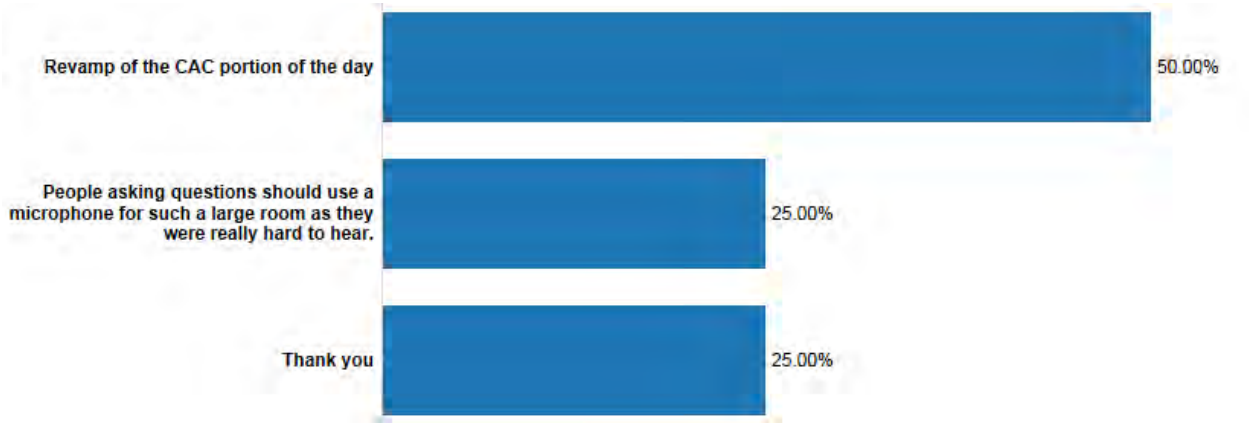
Attendees were asked to "Please provide any recommendations or other comments on today's training", answers varied greatly and text analysis was done to group together answers with common themes.

Responses from law enforcement attendees:



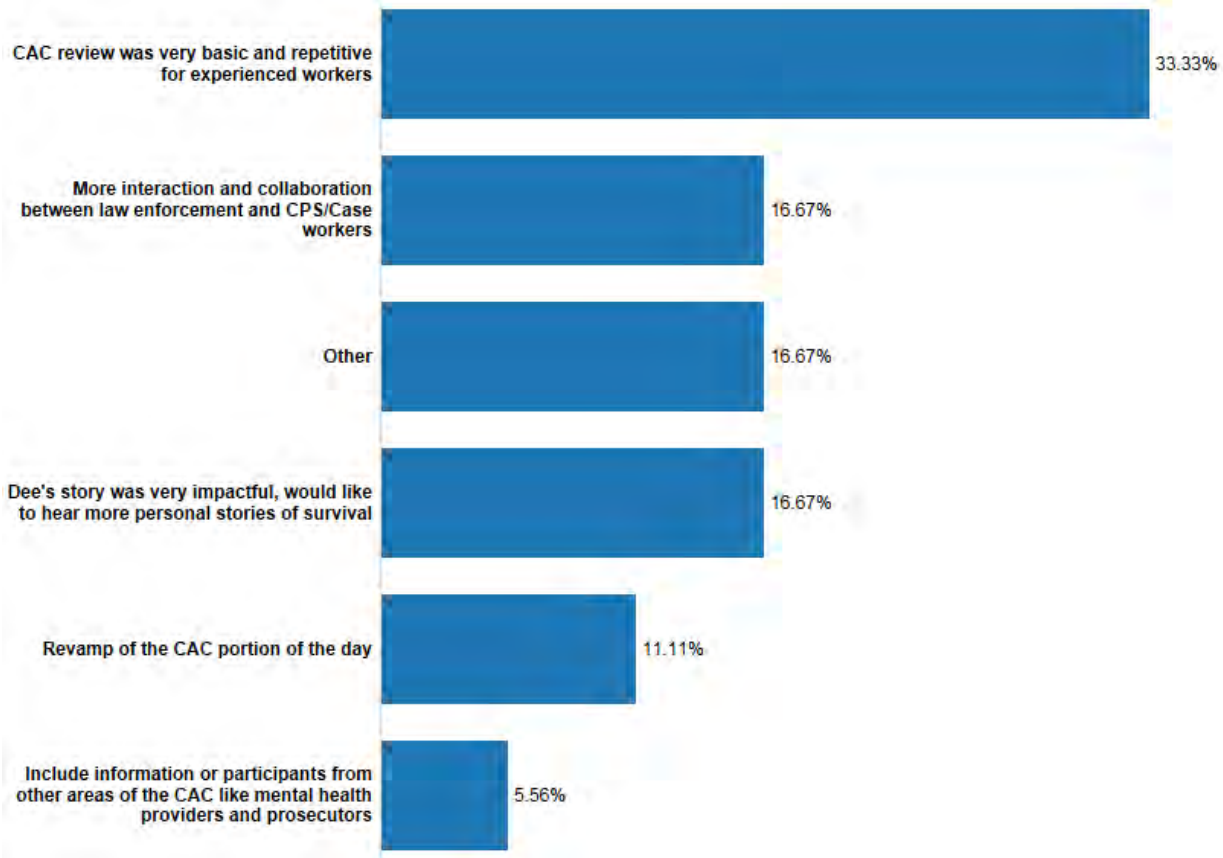
- 40% of those who responded would have liked to see other MDT/CAC members included in the training.

Responses of those who did not indicate a job title:



- 50% of those who responded would have liked to see the CAC portion of the day revamped.

Responses of DHHS case workers/CPS workers:



- A third of those that responded felt that the CAC review was very basic and repetitive for experienced workers.
- The Other category was created for the comments that did not fit easily into any of the established groups. Those responses were:
    - ***Hearing Dee's story was very interesting however it would have been more impactful and useful to our work to hear a current story of victimization/trafficking. Dee's story does not reflect current laws, CPS, LE, CAC, etc. (or regional).***
    - ***Incorporating a better understanding of Title 22 to educate professionals on their responsibility that doesn't just fall on CPS.***
    - ***Would like more info, insight, brainstorming about assisting victims, placement recommendations for child victims.***

Conclusion:

OCFS'/OCQI's 2016 Cops and Caseworks training evaluation survey offers valuable perspectives on the quality of joint training offered by the Department to DHHS/OCFS employees and their law enforcement partners. The information is particularly important as it represents the perception of both sides. Although the sample is small compared to all those working out in the field, the data provided is meaningful as it can help inform paths forward for joint trainings.

Overall, the participants of the training who responded to the survey evaluated the training they received positively. It was indicated more than once in the open-ended responses that such combined trainings between Department employees and law enforcement is a valuable; allowing for networking and face-to-face communication. Regarding the actual training, some respondents felt that more emphasis should have been placed on actual warning signs that could help indicate whether someone is a victim of human trafficking. It was also suggested that the CAC portion of the training would have been more suited for new employees of both the Department and in law enforcement. The large majority of respondents appreciated Dee sharing her story of survival, though there were respondents that felt it would have been more applicable to have someone that had a more current case and could better reflect current laws and practices.

The open-ended responses provided some constructive feedback for planning, organizing, and developing similar trainings in the future.

Appendix 1: Original Survey

May 19th and 20th, 2016, Cops & Caseworkers Training

Thank you for participating in the **May, 2016 Cops & Caseworkers Training: A Multidisciplinary Approach to Commercial Sexual Exploitation of Children (CSEC) Investigations.**

Please take a minute to fill out a brief survey.

Job Title:

1. **Do you feel more confident in your ability to recognize victims of human trafficking and better understand the impact of this issue in Maine as a result of this training?**

◯ Yes ◯ No

If no, please explain what could be further offered to you

2. **What specific piece of knowledge did you gain from today's session that you feel will most impact your work?**

3. **Do you have a better understanding of the multidisciplinary team model and how it can be beneficial when investigating human trafficking cases?**

◯ Yes ◯ No

◯ If no, please explain

4. **Overall, to what extent was the information presented by Michelle Mullen useful to you?**

◯ Very Useful ◯ Useful ◯ Of Little Use ◯ Not Useful

5. **Overall, to what extent was the presentation by Dee Clarke useful to you?**

◯ Very Useful ◯ Useful ◯ Of Little Use ◯ Not Useful

6. **Overall, to what extent was the panel discussion useful to you?**

◯ Very Useful ◯ Useful ◯ Of Little Use ◯ Not Useful

7. **Was the overall training beneficial to your work?**

◯ Yes ◯ No

◯ If "yes," please explain why it was beneficial. If "no," please explain why not.

8. **Please provide any recommendations or other comments on today's training:**

Appendix 2: Open-ended Survey Reponses

Question 2 responses:

- ***The speech had an impact - it would have been more helpful for Dee to explain to us what to look for re: victims, what we can do to intervene & how or what methods will be effective not only working with victims but with families unless a child disclosed they were being trafficked the training did not help me identify or know what signs to look for regarding trafficking.***
- ***Have received previous training***
- ***Somewhat - more risk factors than victims***
- ***I did learn some but my work includes leading our regional MDT***
- ***I think we could always use more questions to ask. I think we tend to get comfortable and forget to keep asking.***
- ***I came to gain more knowledge if I knew I wouldn't need more training on how to recognize. I have received similar training over the last 2-3 years. However, the presentation does reinforce prior training and illustrates this issue is closer to home than the majority of the population believes.***
- ***Didn't seem to be discussed at how to better identify victims***
- ***I don't feel this was covered.***
- ***Somewhat - this point could have been made more already. Some more examples of current stories, experiences, of young people in Maine who may now be in a safe house. I was hoping to hear more specific training on recognizing signs of sexual exploitation of children. When does the reality of a child family circumstances become a channel into sexual exploitation?***
- ***Just recognizing human is different things and not just kidnapping kids/trading for sex.***
- ***The training was more geared towards CAC development within Bangor area***
- ***I left at lunch, no mention of human trafficking signs***
- ***No new information, was confident previously***
- ***No identified sex trafficking training***

Question 3:

- ***Dee's story was very powerful + a reminder of the overall impact of child abuse and neglect***
- ***Being able to communicate with DHHS and the new CAC in Cumberland county better. This will help me/us in the law enforcement to work on cases and get help for victims that they need.***
- ***To more than not explore clients childhoods and help them with obtaining most appropriate resources.***
- ***I'm surprised the pd officers don't know more about Sttd 22/DHHS laws/policy given how closely we work at times.***
- ***Very informative as to what is applicable and processes, Dee Clarke's presentation***
- ***Dee's story - need for intervention***
- ***Not much - Dee's story was an eye opener but didn't help with what to do.***
- ***Legalities & resources***

- *Resources in the area for my clients*
- *Knowledge from professional panel*
- *That losing Mainecare makes a person significantly more vulnerable to exploitation.*
- *Commercial sexual exploitation is not what you presented by Hollywood. Need to look closely at their story, be open to what has happened.*
- *The job descriptions of the panel members - who is expected to do what in cases regarding sexual abuse & exploitation. Well, basically information regarding the next question.*
- *Advancing the CAC approach. Increasing communication with area services.*
- *Making sure to look deeper than just the first layer when meeting with family, children, parents.*
- *Better understanding of CAC process and benefit*
- *Dee's speaking was very inspiring. The thought of always wanting to do more for children to prevent future neglect.*
- *How important CAC are to victims, families, and law enforcement to protect victims, help get victims help and to prosecute offenders*
- *Dee's speaking was very inspiring. The thought of always wanting to do more for children prevent future.*
- *Learned more about the structure and leadership of CAC's*
- *Red flags to be able to intervene before it gets to the level of trafficking*
- *That as an agency we need to be able to do more even if the child/victim doesn't disclose abuse/neglect.*
- *Dee Clarke brought fantastic insight- I'm happy for her contributions*
- *Dee's story and the human trafficking, I gained the most knowledge. it will be useful to be able to identify understood and get appropriate services for them.*
- *I enjoyed hearing the different opinions of the MDT*
- *Dee's insights*
- *Good personal perspective by Dee. Excited to see and hear of CAC progress.*
- *Knowledge of the changes that have been made to minimize the number of times a child has to retell their story. I was not aware of the "MDT" approach.*
- *The lack of training in child abuse, sexual abuse, "human trafficking" that existed 10-20 years ago. It will impact my work by assuring I obtain and stay current on modern training and trends in these subject areas.*
- *Looking at/working with a victim of human trafficking to stop and think / ask how they got there. What in their life got them to that point.*
- *That it is not an easy job to provide the protections that some of these victims need*
- *The comments by the panel at the end of the day were very helpful! Dee Clark shared her story - the background experience of her childhood, years of abuse and neglect by a parent who had some good intentions but had alcohol + drug abuse issues. This kind of abusive childhood should be prevented -- kids must not be left to fend for themselves.*
- *Knowing certain statistics, risk factors. What to look for and be mindful of*
- *The process behind the CAC*
- *In depth understanding of how victims experience the system strengths and weaknesses*
- *How many agencies are involved and how many people to reach out to for help.*

- *Better understand of CAC*
- *It was great to learn about CAC's and that we have a few in Maine, and encouraging to hear that we are getting more.*
- *I really enjoyed asking questions to CPS and gaining information*
- *It's always good to network, and find reliable resources in today's training*
- *Better understanding of CAC powerful presentation by Dee Clarke*
- *I gained the knowledge that human trafficking actually exists in Maine and that this is not just a movie. I think the community needs to be educated on this topic so others can be aware.*
- *I enjoyed the first hand recount of Dee Clarke's presentation*
- *It was helpful to hear what struggles law enforcement has with DHHS*
- *That there is an effort to get local CAC*
- *I did not find this applicable, I already know about and participate in CAC when needed, this is nothing new or necessary for me.*
- *Dee's story*
- *How involved the CAC is involved I enjoyed Dee Clark's story*
- *Dee's personal story, CAC involvement*

Question 4:

- *I am very familiar with the CAC & have been utilizing the service frequently.*
- *Panel was good. Morning speaker seemed to lack info specific to Maine. there was a lack of engagement with the audience and info was scattered.*
- *Only somewhat. Info was pretty basic, would have benefited from more detail and specific recommendations.*
- *I was already very familiar with the CAC centers and what they do.*
- *Not necessarily a better understanding because I feel like I have a good understanding coming into this training.*
- *I learned some more info, as I always can, but I have headed an MDT for the last five years.*
- *Didn't really over other disciplines than law enforcement + CPS*
- *But could still see more understanding of everyone's roles being explored.*
- *Again, prior training and experience has covered this issue, it would be beneficial for new officers.*
- *Already had an understanding & realized the benefits that helps in an investigation our agency has been using CAC since started in Waterville prior to that we used Spurwink and Dr. Ricci.*
- *Although it sees that there are still questions + confusion regarding the interactions between DHHS caseworkers and law enforcement. The main point I am getting from this panel conversation is that we should focus on matching parents who are poor, desperate, struggling with services. This usually happens only after the children have been removed.*
- *Even with a mass of direct studies (graduate studies for clinical counseling w/ trauma informed moralities). I am glad to see/know there is a call for it, and practicing/endorsing this*
- *This was a repeat of information for me*
- *Some discussion was helpful, panel was interesting*

- *Already know about the model, this is not new or relevant info.*

Question 8:

- *I have worked with the CAC frequently & understand the process - learning what signs to look for regarding children being trafficked/sexually exploited would have been useful*
- *Encouraged that we will likely move towards more prevention work in this area.*
- *It help to see as a law enforcement officer to look at these causes from the perspective of other agencies (DHHS CAC). It can be frustrating to not be able to do anything but it helps to understand the process/policies that other agencies must go through as well as understanding each agencies helps us all to work better together.*
- *Dee was the best part as it is always helpful to have someone share their story.*
- *Not much new information. no new resources to use with victims*
- *I would have preferred to start the day with Dee's story then moved on to help those being trafficked and how to prevent it when you see the red flags.*
- *Parts were. I'm confused about what the overall purpose of this training was supposed to be.*
- *Too much time was spent on the CAC, this was basic info that did not require this much depth. specifically for a training for "cops and caseworkers". This training was very unlike previous cops and caseworkers training.*
- *Integration of services and points of contact to initiate change, was the biggest immediate benefit.*
- *This was an amazing training, I learned so much!*
- *I work w/ many youth and former youth in care will be more aware of potential victimization*
- *All training on this subject is highly beneficial*
- *Contacts and chance to say what our role is*
- *Opened my eyes to get problem*
- *For me a beginning to mesh together all of the different agencies for outcomes that benefit children/families.*
- *Got a better understanding that not all law enforcement is aware of our limitations compared to their power/ability to interview or have contact with child victim w/o giving their caregiver notice.*
- *Good to get together w/ DHHS caseworkers. Wish we had some more interaction with them as we work closely and both have new and inexperienced people.*
- *I am more aware of other resources in the other counties in Maine + what they offer.*
- *No offense, 18 years of training and experience has covered these areas in depth. Again, would most likely benefit newer officers with 1-4 years experience.*
- *Even though it's stuff I'm familiar with I think it's always a plus to refresh yourself with resources you have at your disposal.*
- *#5 - we use the CAC on a weekly basis. I did not need an hour plus overview of what is, what the referral is and what happens there. The more useful part of the training was in the last 1/2 hour when answering the difference between trafficking and prostitution. This probably would have been the place to start. **this is what I signed up for***

- *Yes, it helped me realize that not all offenders are just misbehaving, perhaps they are victims also*
- *Good clarification of various roles of "team members" - and challenges of bringing these different approaches together in an effective way. This conference could have provided a lot more opportunities for actual progress in terms of discussion between cops and caseworkers. Small group discussions maybe? Break up the cliques of the groups who arrived and sat together. #5 Michelle is knowledgeable but not a good presenter she is not interesting to listen to and does not convey information in an interesting way. #7 Clarified + confirmed the difficulties that exist when the different roles + approaches of cops and caseworkers ends up being detrimental to a case.*
- *Allowed me to hear the benefits of an MDT, the need for a CAC in my area (which I hope to be able to advocate for) and risk factors to be aware of.*
- *Yes, all the information is beneficial in moving forward with helping victims.*
- *Yes, it gave me a better idea of the programs available to aid the youth that I work with*
- *All very good, thank you*
- *This training has been an eye opener and now that my eyes are open it is easier to see and address.*
- *Felt it was focused at times on what DHHS doesn't do and why, with little understanding of what role CPS actually has and the limits placed on us by Title 22*
- *It opened my eyes to how prevalent sex trafficking is. However I was disappointed with the overall training as I did not realize that was the focus.*
- *There was a lot information that was not new, having it was helpful to listen to the panel*
- *I was looking for training on sex trafficking, this is just an open discussion on CAC*
- *New things to look out for, think about on our caseloads*

Question 9:

- *The information regarding the CAC was not helpful - possibly touch on the subject but not 1/2 day*
- *Revamp morning session*
- *For more experienced workers. The information regarding the CAC was extremely repetitive. This would have been more beneficial during new worker training.*
- *Overview of CAC was a review. Hard to hear comments from people sitting. Not very relationship building between law enforcement and DHHS. More information on how to work with victims who don't believe they are would be more helpful. Panel best part of the day.*
- *Would like more info, insight, brainstorming about assisting victims, placement recommendations for child victims.*
- *The morning overview of the CACs was not helpful because we use them all of the time. I was hoping for more human trafficking and how to work with youth and families.*
- *#6 - But as traumatic as her story, I hope she doesn't believe that CPS doesn't try to know or understand victims. I think lots of us get it, which is why we do the job we do. The system has changed and definitely needs to continue to improve. I think a few CPS workers give the whole department a bad rep and I don't know how to change that, other than to keep doing what I'm*

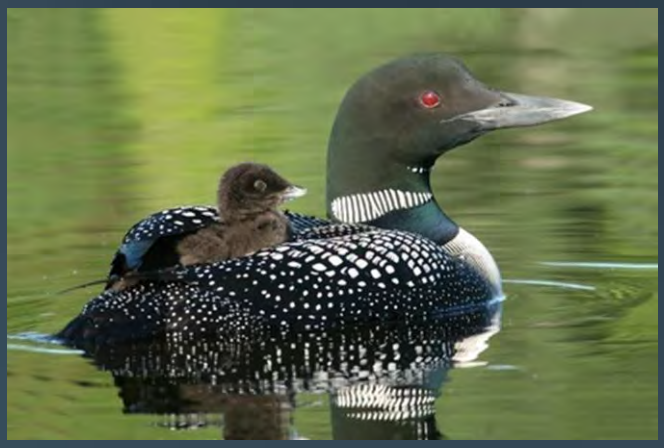
doing. I didn't feel this training reflected the title: cops and caseworkers. I was hoping it would have been more interactive between cops and caseworkers. The room was way too big and I would recommend a circle or square seating arrangement for better discussions.

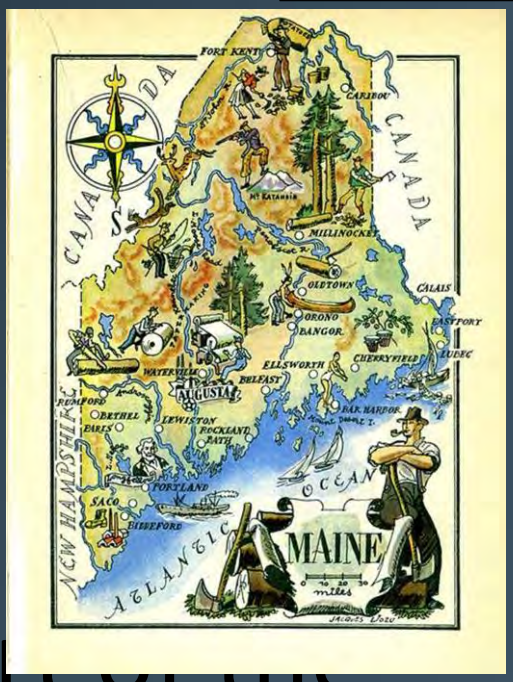
- *#6 Hearing Dee's story was very interesting however it would have been more impactful and useful to our work to hear a current story of victimization/trafficking. Dee's story does not reflect current laws, CPS, LE, CAC, etc (or regional).*
- *Dee's presentation is very painful and powerful. Has a big impact hearing her story.*
- *I love hearing personal stories of survival. Maybe a two day training - or 1 1/2 - that includes more stories would be beneficial. The personal stories are incredibly enlightening and help teach us what circumstances to look for in the youth that we're dealing with. Also, working videos.*
- *Great discussion very good to see the state is collectively moving forward with this important work.*
- *Wish we had prosecutor's here*
- *I recommended adjusting the PowerPoint. It seemed like it was used more for your presentation notes and less as an aid to compliment your presentation.*
- *Felt like the training was more of a pitch about the usefulness of CAC - when needed is fabulous - but not appropriate for all child abuse cases not really a training at all.*
- *For me a beginning to mesh together all of the different agencies for outcomes that benefit children/families*
- *Thank you*
- *People asking questions should use a microphone for such a large room as they were really hard to hear.*
- *All day human sex trafficking training already covered what was presented today. Presenters were nice and it was great that Dee shared her story.*
- *I don't feel this training was properly described to us. I believe a cops and caseworkers training offered in the local districts would have been beneficial. It would be helpful to have some of the discussion had with people we actually work with be helpful. I was very excited for this training, worked late yesterday and got up an hour early this morning to get here and was very disappointed.*
- *More information and/or input from the mental health aspect*
- *Mrs. Mullen covered a lot of basic management principle's - the need for teamwork, leadership, communication, skills, hen developing the CAC team goals + curriculum. This was not necessary + could have been covered in a chore amount of time. Another time, I hope she will spend more time on how CAC's are actually providing more effective means for responding + resolution. Maybe real life successes, solutions, examples of effective work. or at least set up discussion opportunities for participants (cops + caseworkers) to mingle + share perspectives. be specific in sharing info.*
- *Incorporating a better understanding of Title 22 to educate professionals on their responsibility that doesn't just fall on CPS.*
- *I was already very familiar with the CAC, so I did not find the first part helpful. Dee's presentation was very profound and it was helpful to hear her perspective. I was surprised that the title of this training was 'cops and caseworkers' - yet it focused on sex trafficking and the*

CAC. I thought it would be focused on how law enforcement and case workers can work more efficiently as a team.

- ***Make information relevant to all participants very focused on CPS and Law Enforcement/Police- I am not typically in that category.***
- ***Less discussion about CAC & more about collaboration between departments***
- ***The agenda needs descriptions and titles of the presentations. The purpose of Michelle Mullen's presentation is unclear. At 10 AM, I am not seeing how this presentation pertains to law enforcement seems like just description of CAC. No identified training about sex trafficking.***
- ***The "cops" part of the training was much more minimal than I anticipated. It would have been more engagement by them and less caseworker participation.***

Exhibit D





2014 - 2016 Report of the Maine Child Death and Serious Injury Review Panel

The Maine Child Death and Serious Injury Review Panel are volunteers who give generously of their time and expertise and who represent both public and private agencies with an interest in the welfare of Maine children.

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

The Child Death and Serious Injury Panel would like to thank all providers, DHHS staff and law enforcement that attended the reviews. Their attendance enriches the work of the panel. Without them, this report would not be possible.

All data analysis and writing for this report was completed by:

Maine Child Death and Serious Injury Review Panel and

Prepared by Jan M. Bielau-Nivus

With support from the Maine Automated Child Welfare Information System (MACWIS) Personnel

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There is no greater joy nor greater reward than to make a fundamental difference in someone's life.

Mary Rose McGeady

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Parents are the ultimate role models for children. Every word, movement and action has an effect. No other person or outside force has a greater influence on a child than the parent.

Bob Keeshan

“Safety and security don't just happen, they are the result of collective consensus and public investment. We owe our children, the most vulnerable citizens in our society, a life free of violence and fear.”

Nelson Mandela

LETTER FROM THE CHAIR AND VICE-CHAIR

March 3, 2017

To the Honorable Governor Paul LePage;

The Maine Child Death and Serious Injury Review Panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries with a focus on improving our systems of child safety and care. We meet monthly to review cases evaluating sentinel events, patterns of injury and/or death and the effectiveness of our state programs that provide for child protection, safety and care. Through the Panel's findings and recommendations we hope to help reduce the number of preventable child fatalities and serious injuries in our state.

The members of the Maine Child Death and Serious Injury Review Team are volunteers who give generously of their time and expertise and who represent both public and private agencies with an interest in the welfare of Maine children. Through their commitment, the Panel has been able to build a collaborative network to foster teamwork and to share the recommendations with the larger community.

Additionally, the Panel meets annually with the Child Fatality Review Teams from all of New England to share experience, information and review cases that involve services from more than one state or which represent a challenge that all of our States are trying to address.

The challenges leading to case reviews from 2014 to 2016 to help improve the system of care include:

- Substance Exposed Newborns (SEN) continue to be an issue discussed and reviewed by the Panel. There were 1097 SEN reported in Maine in 2015. Through the Panel's review of the monthly OCFS intake child death and serious injury review reports, the reports repeatedly reference child abuse and neglect incidences involving substance exposed newborns. Substance exposed newborns are some of the State of Maine's most fragile citizens. The substances the newborns are exposed to in utero are not limited to illegal substances. Tobacco, alcohol and prescription opiates are also substances ingested by the infants' mothers. In 2014, Marietta D'Agostino, program manager for Maine's Medicinal Marijuana Program presented an overview of the Program. The Panel continues to review cases involving substance exposed newborns and make recommendations to improve the health and wellbeing of these newborns.

- The Panel continues to see sentinel injuries that are occurring in infants under six (6) months. In a number of cases, individuals who have come in contact with an infant have seen the sentinel injuries but have failed to address the injuries with the family and/or failed to report the injuries to DHHS. In some of the child death cases the Panel has reviewed, the deceased child was observed to have sentinel injuries prior to the incident that caused the infant's death. The Panel has made recommendations regarding a public education program for the general public regarding indicators of child abuse and neglect in children under the age of six (6) months that should be reported. The Panel also remains consistent it its support of strengthening mandated reporter laws.

- Suicide in teenage females: Adolescent suicide accounted for approximately 15% of the deaths of children under the age of 18 in 2015. In 2015, approximately half of the suicide deaths of children under the age of 18 were female. The Panel recommended providers involved with children who may be at risk of suicide use the Columbia Suicide Severity Rating Scale (C-SSRS) tool available. The Panel also recommended the Department of Education communicate the value and necessity of mandated reporter training to school districts and administrators for educators at schools, whether the school is public or private.

- Burns: and Culture barriers: In the monthly child death and serious injury intake reports that the Panel reviews, there have been a number of children that have received substantial burns. The Panel did a case review of one child that received burns but there was a language barrier between the medical providers, OCFS staff and the parents of the child. In some Maine communities the population is very diverse. The Panel discussed recommending recruiting child welfare workers to help meet the needs of the cultures that make up some Maine communities. The Panel discussed that State intervention with certain families from a different culture may not be the best idea and discussed maybe a community response through the Alternative Response Program would better serve culturally diverse families.

- Home Birth: The Panel continues to be concerned regarding certain instances of home birth, including twin births and breech births. On April 29, 2016 LD 690 "An Act to Ensure the Safety of Home Birth" was enacted into law. The Panel has been consistently supportive of legislation to regulate the safety of home births. LD 690 creates a process whereby the safety of home births will be regulated. This process and regulation in turn will serve to benefit mothers who choose to give birth at home and infants born at home. The Panel reviewed a home birth case in which a difficult home birth was not attended by a midwife. The newborn was brought to the hospital approximately five hours after delivery and then died. LD 690 includes safeguards to facilitate making home births safer for mothers and infants.

- Unsafe Sleep: Infant deaths from unsafe sleep continue to be reflected in the monthly intake child death and serious injury reports that the Panel reviews. Prior to discharge from a birthing hospital, parents are given information regarding Safe Sleep and Period of Purple Crying. The Panel reviewed an unsafe sleep death of an infant. The Panel recommended that if OCFS or any community agency has concerns regarding unsafe sleep practices between the parents and the child under one (1) year of age, the sleep environment should be observed for indications the child is sleeping in a separate and safe environment. The panel also recommended that if OCFS staff is involved, the child welfare staff should explore the issue of safe sleep behaviors with other household members in addition to the parents.

- Hospital transport: Transportation of the injured child by a parent or caregiver who might be the abuser from one hospital to another was a component of the case review. The Panel recommended that hospitals implement policies regarding transportation of children with suspected inflicted injuries from the triaging hospital to the treating hospital.

- Child deaths and serious injuries can occur during incidents of adult domestic violence. The Panel has participated in dual case reviews with Maine's Domestic Abuse Homicide Review Panel. It is the hope that the collaborative case reviews and collaborative recommendations will reduce child deaths and serious injuries that occur during incidents of domestic violence. The Panel's recommendations are incorporated in Maine's Domestic Abuse Homicide Review Panel report.

The Panel has made a number of valuable contributions since its inception, but there is still work to be done. The Panel will continue to look at ways to clarify issues, develop and implement recommendations and to maximize the impact of these recommendations on the policies and practices of the agencies and individuals who care for Maine's children.

In recognition of the commitment and dedication of the members of the Panel and in the hope that our recommendations continue to support and improve the welfare of Maine Children, we would like to present the 2014-2016 Child Death and Serious Injury Review Panel Report to the Honorable Paul LePage, Governor of the State of Maine.

Sincerely

Mark Moran, LCSW
Chair

Lawrence Ricci, M.D.
Vice Chair

CHILD DEATH AND SERIOUS INJURY REVIEW PANEL MEMBERS 2016

Mark Moran, LCSW, *CHAIR*	Family Service & Support Team Coordinator, EMMC
Lawrence Ricci, MD, *VICE CHAIR*	Medical Director, Spurwink Child Abuse Program
Tessa Mosher	Director of Victims Services, Maine DOC
Ann LeBlanc, PhD	Director of State Forensic Service
Stephen Meister, MD	Medical Director, Edmund Ervin Pediatric Center
Karen Mosher, PhD	Psychologist Public Mental Health, Retired
Hannah Pressler, DNP, PNP	Simmons College, School of Nursing
Valerie Ricker, RN, MS	Director, Division of Family Health, Maine CDC
Nora Sosnoff, Esq.	Chief, Child Protection Division, Office of the Attorney General
Mark Flomenbaum, MD	Chief Medical Examiner, Medical Examiner's Office
Lyn Carter	Coordinator, Maine Coalition to End Domestic Violence
Elizabeth McCullum, Esq.	Children's GAL Services Coordinator, State of Maine Judicial Branch
Christopher Gardner	Special Agent, Maine Drug Enforcement Agency
Jeffery Love	Lieutenant, Maine State Police, Major Crimes Unit
Christopher Pezzullo, DO	State Health Officer, DHHS, Maine CDC
Christine Theriault	Program Manager, Division of Disease Prevention/

	Tobacco and Substance Use Prevention and Control, Maine CDC
Julia Gillespie	Medicolegal Death Investigator, Medical Examiner's Office
Bobbi Johnson, LMSW	Associate Director, Child Welfare, DHHS, OCFS
Briana White, Esq.	Assistant Attorney General, Child Protection Division, Office of the Attorney General,
Lauren Edstrom	Detective, Maine State Police
Maura Keaveney, Esq.	Assistant Attorney General, Child Protection Division, Office of the Attorney General
Richard Fein, DO	Hospitalist, MaineGeneral Medical Center
Leane Zainea, Esq.	Assistant Attorney General, Criminal Division, Office of the Attorney General
Jan Bielau-Nivus	CDSI Panel Coordinator, DHHS

MISSION AND PURPOSE

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

The Child Death and Serious Injury Review Panel follows the review protocol below to meet the purpose defined by 22 MRSA, Chapter 1071, Subsection 4004, the panel is to recommend to state and local agencies methods of improving the child protective system, including modifications of statues, rules, policies and procedures.

7. The Panel will conduct reviews of cases of children up to age eighteen, who were suspected to have suffered fatal child abuse and/or neglect or to have suffered serious injury resulting from child abuse/neglect.
8. The Panel will conduct comprehensive, multidisciplinary reviews of any specific case as requested by the Office of Child and Family Services, by the Commissioner of the Department of Health and Human Services or by any member of the multidisciplinary review panel.
9. The Panel will receive a monthly report from the Medical Examiner's Office that includes child deaths in the preceding month.
10. All relevant case materials will be accumulated by the Department of Human Services staff and disseminated to the members of the review panel.
11. After review of all confidential material, the review panel will provide a summary report of its findings and recommendations to the Commissioner of the Department of Health and Human Services.
12. The review panel may develop, in consultation with the Commissioner of the Department of Health and Human Services, periodic reports on child fatalities and major injuries, which are consistent with state and federal confidentiality requirements.

The Maine Child Death and Serious Injury Review Panel (CDSIRP), is comprised of representatives from many different disciplines. Its minimum membership, which is mandated by state law, shall include the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.

MALTREATMENT

Abuse or neglect, Citation: Ann. Stat. Title 22, § 4002(1)
“Abuse or neglect" means a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation including under Title 17-A, sections 282, 852, 853 and 855, deprivation of essential needs or lack of protection from these or failure to ensure compliance with school attendance requirements under Title 20-A, section 3272, subsection 2, paragraph B or section 5051-A, subsection 1, paragraph C, by a person responsible for the child.”

Jeopardy to health or welfare or jeopardy, Citation: Ann. Stat. Title 22, § 4002(6)

"Jeopardy to health or welfare" or "jeopardy" means serious abuse or neglect, as evidenced by:

A. Serious harm or threat of serious harm;
B. Deprivation of adequate food, clothing, shelter, supervision or care or education when the child is at least 7 years of age and has not completed grade 6;
B-1. Deprivation of necessary health care when the deprivation places the child in danger of serious harm;
C. Abandonment of the child or absence of any person responsible for the child, which creates a threat of serious harm; or
D. The end of voluntary placement, when the imminent return of the child to his custodian causes a threat of serious harm.

Serious harm, Citation: Ann. Stat. Title 22 § 4002(10)

"Serious harm" means:
A. Serious injury;
B. Serious mental or emotional injury or impairment which now or in the future is likely to be evidenced by serious mental, behavioral or personality disorder, including severe anxiety, depression or withdrawal, untoward aggressive behavior, seriously delayed development or similar serious dysfunctional behavior; or
C. Sexual abuse or exploitation.

Serious injury, Citation: Ann. Stat. Title 22 § 4002(11)

'Serious injury' means serious physical injury or impairment.

UNIQUE FUNCTIONS

Some states have multiple local review panels in addition to a central state-level panel. In such circumstances only selected cases are reviewed by the state-level team. Because the state of Maine is less populous than other states, all cases are reviewed by the full, central, state-level team. The centralized forensic medical examiner system and representation on the panel promotes standardized forensic child death investigations and post mortem exams and the State of Maine has specialized medical examiner training for child death investigation units of law enforcement. The Panel is established by a state statute that mandates confidentiality of the Panel's work and grants the Panel the power to subpoena relevant case documentation and testimony. This latter feature allows the Panel to conduct in-depth retrospective reviews of all relevant records, supplemented by oral presentations by key, involved service providers.

The Maine Child Death and Serious Injury Review Panel (CDSIRP) belongs to the consortium of New England Child Death Review Teams and works closely with the National Center on Child Death Review. Our work and methods conform to the standards of our companion States. A team of Maine panel representatives have both participated in and presented at each of the past fifteen annual New England Child Death Review Team Meetings.

"Teamwork is the secret that makes common people achieve uncommon results."

Ifeanyi Enoch Onuoha

ACTIVITIES

When children die or are seriously injured as a result of a caregiver's abuse and/or neglect it is an extremely saddening event. In communities with small populations like Maine, such events may seem rare and unpreventable. Nevertheless, it has been shown that when a community takes a public health approach and tracks the patterns of serious injuries and deaths of children over time they are able to both identify risk factors and help create informed policies, which result in improved outcomes for children, families, victims, and communities.

Our group has been meeting for many years and has provided useful information for many stakeholders, and just like prior years the activities over the past two years have been equally useful in producing meaningful recommendations and special contributions. The next few paragraphs describe and highlight some of this work.

In 2013, then-Chair Stephen Meister, MD, MHSA, FAAP wrote a letter to Commissioner Mary Mayhew setting forth concerns the Child Death and Serious Injury Review Panel (CDSIRP) had regarding home births. The CDSIRP had an opportunity to review several home birth cases. The cases the CDSIRP reviewed were cases that had good outcomes and bad outcomes. Based partly on the work of the Panel and its recommendations and case reviews, LD 690 "An Act to Ensure the Safety of Home Birth" was introduced into the Maine Legislature as a concept bill in December, 2014. Introducing LD 690 as a concept bill and holding it over in the Legislature allowed time for all stakeholders invested in the home birth issue to meet, discuss and write meaningful legislation. LD 690 became law on April 29, 2016.

In May, 2015, Maine hosted the New England Child Death Review Regional Meeting. The meeting was held at the Portland Harbor Hotel in Portland, Maine. Child Death Review team members from Connecticut, Rhode Island, Massachusetts, New Hampshire, and Vermont were joined by colleagues from Michigan, Georgia, and Nova Scotia. Dr. Stephen Meister presented several years of Abusive Head Trauma (AHT) data for Maine. This data led to the statewide implementation of the Period of Purple Crying program. Dr. Lawrence Ricci presented recent AHT data and Det. Lauren Edstrom presented information regarding the death investigation of Ethan Henderson, who was a victim of fatal AHT. Dr. Tom Andrew from New Hampshire presented photos of head injuries, bruises and broken bones associated with AHT. Dr. Meister also presented information regarding the neurodevelopmental outcome of a child that had suffered AHT and survived. Dr. Robert Sege from Massachusetts spoke in detail about the lack of reporting as well as research he has done on AHT. Dr. Ricci also presented information regarding Maine's new mandatory reporting law.

In September, 2016, Dr. Chris Pezzullo, Medical Director of Maine's Center for Disease Control and Prevention, brought to the Panel's attention a recent upward trend of Maine's Infant Mortality Rate from 2011-2014. The Panel voted to form a subcommittee to investigate and analyze the data to determine the causes of the recent rise in Maine's Infant Mortality Rate. The

subcommittee has sought the advice of the National Institute for Children's Health Quality (NICHQ). The subcommittee is also anticipating receiving up to date linked birth certificate and death certificate data. One of the strategies being discussed by the subcommittee to determine the reasons behind the rise in Maine's Infant Mortality Rate is to do an in depth chart review at the Medical Examiner's office.

ABUSIVE HEAD TRAUMA

Severe inflicted head injury in infancy, such as may be caused by shaking an infant held by the arms or trunk or forcefully striking an infant's head against a surface, is responsible for significant and devastating injuries to young children.

The effects for children and families of Abusive Head Trauma (AHT) are far reaching. The effects include acute and chronic health concerns for the child as well as ongoing costs of medical care. A study published in 2014 found AHT diagnosis was associated with significantly greater medical service use and higher inpatient, outpatient, drug, and total costs for multiple years after the diagnosis.

A recent analysis of Maine AHT data showed 16 cases of AHT in 16 months.

The average age of the children was 5 months. 54% were males and 46% were females.

Substance abuse was present in 45% of the cases.

Domestic violence was present in 37% of the cases.

Twelve percent of the cases involved a substance exposed baby.

Child abuse was present in the parents' childhood in 25% of the cases.

Thirty-one percent of the families had previous law enforcement involvement.

Forty-three percent of the families had previous child protective services involvement.

An unrelated male was residing in the home in 31% of the cases.

Seventy-five percent of the infants sustained significant head trauma.

Prior injuries were found in 37% of the infants.

Fathers were identified as the alleged perpetrator in 59% of the cases, while an unrelated male represented the alleged perpetrator in an additional 31% of the cases.

CONCLUSIONS/RECOMMENDATIONS:

- Abusive head trauma in Maine infants is on the rise both because of increasing rates and better surveillance.
- Sentinel injuries (prior injuries) are often present.

- For every infant with AHT there is one infant with severe injuries without AHT and at least one infant shaken without injuries.

- All caretakers should be exposed to PURPLE information. PURPLE is a caretaker education program to decrease incidences of Abusive Head Trauma.

- Identifiable risk factors are almost always present and should guide more aggressive prevention strategies.

- PURPLE alone is not enough. Expanded prevention services for high risk families are required.

- It is particularly important for any male caretakers to be exposed to PURPLE.

UNEXPECTED INFANT DEATH – UNSAFE SLEEP

Infant unsafe sleep related fatalities and sudden unexpected infant deaths account for a large number of the deaths of children each year throughout the nation. Maine is no exception. In 2015, this category of death accounted for almost 45 percent of the child fatalities that were reported to Maine's child protective services; more than any other single accidental cause of death. Unsafe sleep practices involved in those instances included bed-sharing, sleeping on a couch or chair, and having soft objects in the infant's sleeping area.

Nearly 55 percent of U.S. infants are placed to sleep with bedding that increases the risk of sudden infant death syndrome, or SIDS, despite recommendations against the practice.[1] Sleep environment risk factors for infants may be different for different age groups. The predominant risk factor for younger infants (0-3 months of age) is bed-sharing, whereas rolling to prone with objects in the sleep area, is the predominant risk factor for older infants (4 months to 364 days).[2]

CASE COMPOSITES

Age at death: 4 weeks

A member of the home tried to get the mother up, the mother was screaming that the infant was dead. The mother had the infant in the bed with her. The mother reported that the infant woke up crying and she put him in bed with her and when she woke up he was not breathing.

Age at death: 11 weeks

Reported to intake that baby died at home. A member of the home put baby to bed. Mother reported a scenario that was developmentally impossible. She said the 11 week old baby was rolling back to front, rolled off the bed, onto the floor and suffocated on a plastic bag that fell of the washing machine and onto the floor by the bed.

Age at death: 3 months
A previously substance exposed infant died when his mother, who was taking Methadone, bed shared with him.

Age at death: 25 weeks

The infant had been sick recently with a cold and a fever, and had been seen by a medical provider. No drug affected report was made for this baby at birth. The child's grandmother reported that she heard a thump on the floor and she assumed that that baby must have fallen out of bed.

CONCLUSIONS/RECOMMENDATIONS:

1. **This is an area in which the development of useful, workable recommendations that are acceptable to and manageable by parents has presented an ongoing challenge. Simply recommending against bed sharing, sleeping on a couch with a baby, or having soft objects in the baby's crib does not appear to provide adequate motivation for many high risk parents to change their behavior.**

2. High risk families must be identified in the hospital. Drug affected babies are high risk. We should tailor a more aggressive approach to these high risk families. It is important that prior to discharge, everyone concerned is able to talk together and develop a concerted plan to make sure this child stays safe during the very vulnerable first few months of life.

3. Efforts have been made to educate staff at the methadone clinics as well as substance abuse providers. It may be fruitful to have discussions with Mental Health and Substance Abuse Licensing regarding making assessment and intervention around this issue a required element of services families regularly access.

4. Bed sharing occurs in private, but family members may be aware bed sharing is going. Reaching out to educate grandparents, aunts, uncles, and friends of the parents may be helpful in changing the behavior.

   The reality of having a crying, screaming baby and the parents being sleep deprived cannot be ignored. High risk families often struggle with distress tolerance and with problem solving under the best of circumstances. Working intensely with the parents as well as the extended families in this situation may provide additional impact.

5. Relative to the above concerns, the panel applauds the joint efforts of Maine DHHS, CDC and OCFS, to provide effective services to families with more complicated needs. Intensive prenatal interventions have been added to already existing postnatal interventions.

INGESTIONS

An estimated 71,000 children (18 years old or younger) are seen in emergency departments each year because of unintentional medication poisonings (excluding recreational drug use). Most of these visits (over 80%) were because an unsupervised child found and consumed the medication without adult supervision. Children less than 5 years old are twice as likely as older children to be taken to the emergency department for an adverse drug event, and one out of every 180 two-year-olds visits an emergency department for a medication poisoning annually.[3]

Finding and eating or drinking medicines on their own, without adult supervision, is the #1 cause of emergency visits for adverse drug events among children less than 5 years old. Nationally, an estimated 53,000 children less than 5 years old are brought to emergency departments each year because of unsupervised ingestions.[4]

EXAMPLES OF INGESTION REPORTS

"2 yo female ingested 8 mg strip of Suboxone, brought to Emergency Room."

"2 yo male ingested marijuana. The child's father was supposed to be watching child while the mother took a shower. The father fell asleep and at some point they discovered the child had eaten a cannabis brownie."

"1 yo female may have ingested Trazadone while in care of her parents. The parents brought the child to Emergency Room because the child was lethargic and not acting like herself."

"It was reported that 5 yo ingested Kerosene."

"Reported that 2 yo ingested Dextromethorphan cough syrup while mother napped for two hours."

"2 yo male ingested 60 mg extended release morphine tablets."

"13 mo male ingested laundry detergent after the mother opened the laundry detergent pod and smelled it. The mother then put it in the cart with the child. The mother looked away and when the mother looked back and the 13 mo had a half-eaten pod in his mouth."

"1 yo female was transported to the hospital for possible ingestion. The mother is prescribed Suboxone. The 1 yo was on the floor and the mother saw her licking her lips and shaking her head back and forth."

"2 yo admitted to the hospital for possible marijuana ingestion."

"1 yo female ingested mother's psychotropic medication. The 1 yo and her father were playing in the living room. When the father left the room, the child went up to the top of the tv where mother's pill box was. When father returned, pill box was open and not all the pills could be accounted for."

CONCLUSIONS/ RECOMMENDATIONS: The Maine CDC, Office of Child and Family Services, and Substance Abuse and Mental Health Services have partnered in developing and making available recommendations to prevent ingestions. These recommendations should be coupled with other prevention efforts. In spite of these efforts we continue to see a problem with child ingestions. As a result, it is recommended that the involved agencies meet to develop a work plan to further analyze some of these situations to determine what is and isn't working and to obtain and/or develop concrete recommendations that may offer the opportunity for meaningful change.

DUAL CASE REVIEWS WITH DOMESTIC ABUSE HOMICIDE REVIEW PANEL

An important part of the work of the CDSIRP is collaboration with Maine's Domestic Abuse Homicide Review Panel (DAHRP). The CDSIRP and DAHRP participated in two dual case reviews. Collaborating on cases that involve domestic violence, homicide and/or child abuse and neglect give both panels an opportunity to collaborate with other professionals. This collaboration adds to the value of the work that both panels perform.

CASE COMPOSITE:

Homicide of 2 ½ month old

A 2 ½ month old infant's head was squeezed by his father and then the infant was thrown hard in to a living room chair. The father admitted to breaking the 2 ½ month old's arm in a fit of rage when the infant was 4 weeks old.

CASE COMPOSITE:

Homicide of mother and her three children

A husband shot and killed his wife and his children. The children were shot at close range; the wife was shot in the head.

Recommendations of the CDSIRP were incorporated in the Domestic Abuse Homicide Review Panel's report.

HOME BIRTH

Since 2011, the CDSIRP has actively reviewed, debated, discussed, developed reports on and made recommendations regarding the issue of home births in Maine. Previous reports of the panel have outlined these efforts and recommendations in detail. In the Spring of 2016, the Maine Legislature passed LD 690 "An Act to Ensure the Safety of Home Birth." LD 690 contains many of the recommendations of the Panel. The bill became law on April 29, 2016 and is slated to take effect January, 2020.

Below please see the link for the full text of LD 690 "An Act to Ensure the Safety of Home Birth."

http://www.mainelegislature.org/legis/bills/display_ps.asp?ld=690&PID=1456&snum=127

This legislation clearly states the practice limitations for home birth and the qualifications for licensure. It also clearly defines the membership of the oversight board for homebirth practitioners.

MANDATED REPORTER LAW UPDATES

Over the past three years, the CDSIRP has had a number of discussions after case reviews regarding the non-reporting of injuries by people statutorily tasked with reporting child abuse and neglect. It is vitally important to the health and safety of Maine children that people designated as mandated reporters continue to be educated regarding their responsibilities under the mandated reporting statute because non-reporting has far reaching repercussions. The work of the CDSIRP as well as other groups has contributed to various changes in the mandated reporting law, the more recent of which are highlighted below.

On March 27, 2016 LD 622 became law, adding a requirement that all mandated reporters complete, at least once every 4 years, a mandated reporter training approved by DHHS.

Maine's mandated reporter law was also strengthened in 2015.

§4011-A(1) was amended to read:

Whenever a person is required to report in a capacity as a member of the staff of a medical or public or private institution, agency or facility, that person immediately shall notify either the person in charge of the institution, agency or facility or a designated agent who then shall cause a report to be made. The staff also may make a report directly to the department.

If a person required to report notifies either the person in charge of the institution, agency or facility or the designated agent, the notifying person shall acknowledge in writing that the institution, agency or facility has provided confirmation to the notifying person that another individual from the institution, agency or facility has made a report to the department. The confirmation must include, at a minimum, the name of the individual making the report to the department, the date and time of the report and a summary of the information conveyed. If the notifying person does not receive the confirmation from the institution, agency or facility within 24 hours of the notification, the notifying person immediately shall make a report directly to the department.

An employer may not take any action to prevent or discourage an employee from making a report.

§4011-A(2) was amended to read:

2. Required report to district attorney.

When, while acting in a professional capacity, any person required to report under this section knows or has reasonable cause to suspect that a child has been abused or neglected by a person not responsible for the child or that a suspicious child death has been caused by a person not

responsible for the child, the person immediately shall report or cause a report to be made to the appropriate district attorney's office.

Whenever a person is required to report in a capacity as a member of the staff of a medical or public or private institution, agency or facility, that person immediately shall notify either the person in charge of the institution, agency or facility or a designated agent who then shall cause a report to be made. The staff also may make a report directly to the appropriate district attorney's office.

If a person required to report notifies either the person in charge of the institution, agency or facility or the designated agent, the notifying person shall acknowledge in writing that the institution, agency or facility has provided confirmation to the notifying person that another individual from the institution, agency or facility has made a report to the appropriate district attorney's office. The confirmation must include, at a minimum, the name of the individual making the report to the appropriate district attorney's office, the date and time of the report and a summary of the information conveyed. If the notifying person does not receive the confirmation from the institution, agency or facility within 24 hours of the notification, the notifying person immediately shall make a report directly to the appropriate district attorney's office.

An employer may not take any action to prevent or discourage an employee from making a report.

§4011-A(7) was amended to read::

This subsection does not require the reporting of injuries occurring as a result of the delivery of a child attended by a licensed medical practitioner or the reporting of burns or other injuries occurring as a result of medical treatment following the delivery of the child while the child remains hospitalized following the delivery.

§4011-A(8) was amended to read:

7. Required report of residence with nonfamily.

A person required to make a report under subsection 1 shall report to the department if the person knows or has reasonable cause to suspect that a child is not living with the child's family. Although a report may be made at any time, a report must be made immediately if there is reason to suspect that a child has been living with someone other than the child's family for more than 6 months or if there is reason to suspect that a child has been living with someone other than the child's family for more than 12 months pursuant to a power of attorney or other non-judicial authorization.

MONTHLY CHILD PROTECTIVE SERVICE INTAKE REPORTS

Each month the CDSIRP reviews a summary of all the death, serious injury and ingestion reports that are received by Child Protective Service (CPS) intake caseworkers, though not all of these reports ultimately result in a finding of child maltreatment. From this review, the Panel is able to identify trends of injuries to children, cases about which the panel members would like more information or a case for which the Panel would like to complete a full review.

2015 CHILD DEATH, SERIOUS INJURIES AND INGESTIONS

	Serious Injuries	Ingestions	Deaths	Total
Jan	10	3	4	17
Feb	12	3	3	18
Mar	12	3	0	15
Apr	8	5	1	14
May	9	2	3	14
June	14	6	0	20
July	14	5	2	21
Aug	7	1	2	10
Sept	14	8	1	23
Oct	15	4	3	22
Nov	18	0	1	19
Dec	20	1	1	22
Total	**153**	**41**	**21**	**215**

2015 CHILD DEATHS

	Unsafe Sleep	SIDS/SUID	Medical	Homicide	Suicide	Other	Total
Jan	2	0	1	0	1	0	4
Feb	0	3	0	0	0	0	3
Mar	0	0	0	0	0	0	0
April	0	0	1	0	0	0	1
May	1	0	1	0	0	1	3
June	0	0	0	0	0	0	0
July	1	0	0	0	0	1	2
Aug	0	0	1	0	0	1	2
Sept	0	0	0	0	0	1	1
Oct	1	1	0	1	0	0	3
Nov	0	0	1	0	0	0	1
Dec	0	0	1	0	0	0	1
Total	5	4	6	1	1	4	**21**

2015 SERIOUS INJURIES

	Injury	Head Injury	Inflicted	Unknown	Total
Jan	3	4	2	1	10
Feb	4	0	8	0	12
Mar	4	3	5	0	12
Apr	4	3	1	0	8
May	3	1	5	0	9
June	5	3	5	1	14
July	10	2	2	0	14
Aug	6	1	0	0	7
Sept	4	5	3	2	14
Oct	6	6	3	0	15
Nov	7	6	4	1	18
Dec	10	0	8	2	20
Total	66	34	46	7	**153**

2015 INGESTIONS

	Prescribed Non-Opiate	Illegal	Other	Prescribed Opiate	Total
Jan	1	1	0	1	3
Feb	1	1	0	1	3
Mar	2	0	0	1	3
April	4	1	0	0	5
May	0	0	1	1	2
June	4	0	1	1	6
July	3	0	0	2	5
Aug	0	0	0	1	1
Sept	0	2	2	4	8
Oct	2	2	0	0	4
Nov	0	0	0	0	0
Dec	1	0	0	0	1
Total	18	7	4	12	**41**

Examples of medications and drugs for the categories mentioned:

Prescribed Non-Opiate – Abilify, Aspirin, Clonidine

Illegal – Cocaine, Heroin, Marijuana, Methamphetamine

Other - Gasoline, Kerosene, Laundry Detergent

Prescribed Opiate – Subutex, Suboxone, Methadone

2014 CHILD DEATH, SERIOUS INJURIES AND INGESTIONS

	Serious Injuries	Ingestions	Deaths	Total
Jan	9	2	0	11
Feb	6	7	4	17
Mar	9	2	2	13
April	8	4	2	14
May	13	8	3	24
June	8	6	2	16
July	9	2	4	15
Aug	16	3	1	20
Sept	11	6	5	22
Oct	13	3	1	17
Nov	15	6	2	23
Dec	9	3	4	16
Total	**126**	**52**	**30**	**208**

2014 CHILD DEATHS

	Unsafe Sleep	SIDS/SUID	Medical	Homicide	Suicide	Other	Total
Jan	0	0	0	0	0	0	0
Feb	0	1	2	0	0	1	4
Mar	1	0	0	1	0	0	2
Apr	1	1	0	0	0	0	2
May	1	1	1	0	0	0	3
June	0	1	1	0	0	0	2
July	0	0	0	3	1	0	4
Aug	0	1	0	0	0	0	1
Sept	3	1	0	0	0	1	5
Oct	0	0	0	1	0	0	1
Nov	0	2	0	0	0	0	2
Dec	1	0	0	3	0	0	4
Total	7	8	4	8	1	2	**30**

2014 SERIOUS INJURIES

	Injury	Head Injury	Inflicted	Unknown	Total
Jan	4	3	2	0	9
Feb	5	1	0	0	6
Mar	5	4	0	0	9
Apr	2	2	2	2	8
May	7	1	5	0	13
June	7	1	0	0	8
July	3	4	2	0	9
Aug	7	5	4	0	16
Sept	9	1	0	1	11
Oct	6	2	5	0	13
Nov	10	2	3	0	15
Dec	5	1	3	0	9
Total	70	27	26	3	**126**

2014 INGESTIONS

	Prescribed Non-Opiate	Illegal	Other	Prescribed Opiate	Total
Jan	1	0	1	0	2
Feb	5	0	0	2	7
Mar	0	0	2	0	2
Apr	1	1	2	0	4
May	2	2	2	2	8
June	0	2	0	4	6
July	2	0	0	0	2
Aug	0	1	1	1	3
Sept	4	1	1	0	6
Oct	3	0	0	0	3
Nov	2	1	0	3	6
Dec	1	1	0	1	3
Total	21	9	9	13	**52**

Examples of medications and drugs for the categories mentioned:

Prescribed Non-Opiate – Abilify, Aspirin, Clonidine

Illegal – Cocaine, Heroin, Marijuana, Methamphetamine

Other - Gasoline, Kerosene, Laundry Detergent

Prescribed Opiate – Subutex, Suboxone, Methadone

WHO REPORTS IN MAINE[3]

REFERRAL SOURCE – REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT			
REFERRAL SOURCE	**2013**	**2014**	**2015**
Anonymous	11%	9%	8%
Child Care Personnel	0%	0%	1%
Law Enforcement Personnel	17%	18%	19%
Medical Personnel	15%	15%	16%
Mental Health Personnel	10%	10%	11%
Neighbor/Friend	4%	5%	4%
Other	1%	1%	1%
Relative	6%	6%	6%
School Personnel	17%	18%	18%
Self/Family	8%	8%	7%
Social Services Personnel	10%	9%	9%

**Excludes reports referred to Licensing, Out of Home Investigations, Service Requests, and reports received where a case was already open and the information was not a new incident.*

[3] Information provided by Maine Automated Child Welfare Information System

COLLABORATIVE RELATIONSHIPS WITH OTHER GROUPS

The Child Death and Serious Injury Review Panel understands that there are many effective ways to acquire knowledge and understanding; the relationships that the panel shares with the National Center for the Review and Prevention of Child Death (NCRPCD), the American Academy of Pediatrics Section on Child Death Review and Prevention (AAP SOCDRP), and the New England Child Death Review (NNE CDR) demonstrates the panels desire to join other organizational entities in an effort to increase awareness of and eliminate factors that contribute to serious injuries and deaths of children in Maine communities and across the nation. Focusing on finding more effective ways to prevent the serious injuries and deaths of children, these long-standing advocacy forces meet annually to discuss new trends and emerging issues in the abuse and/or neglect of children.

The following diagrams depict the nature of abuse and neglect nationally and in Maine.

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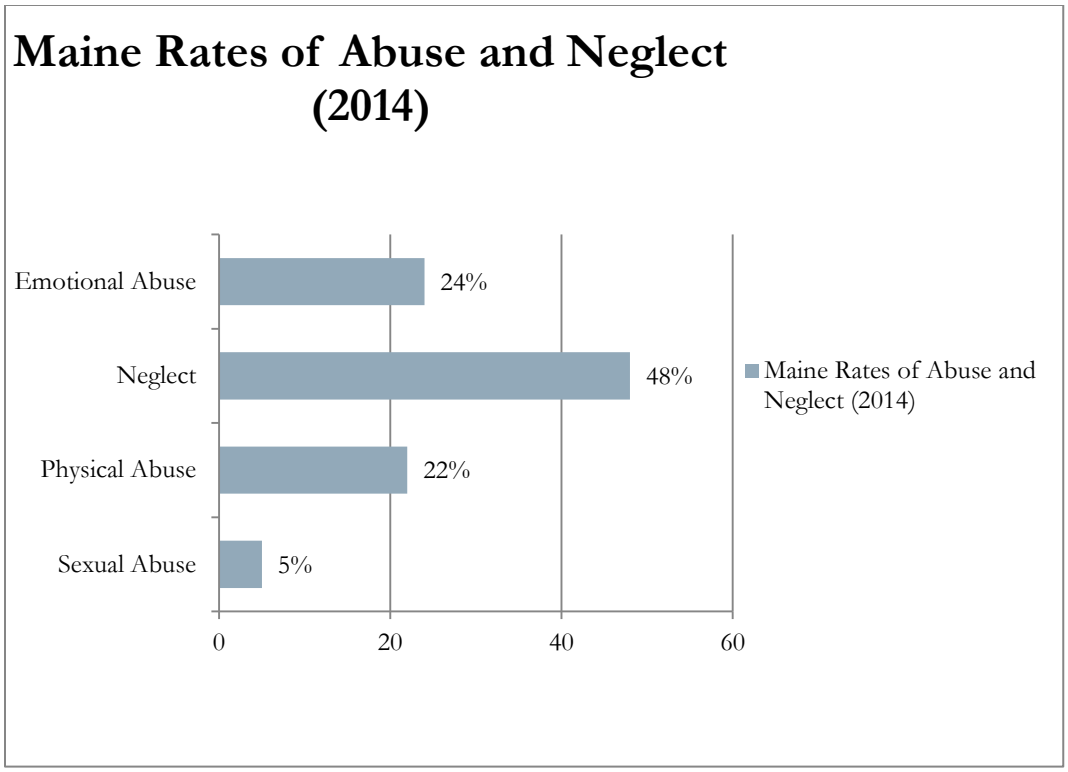
(4)


Maine Rates of Abuse and Neglect (2014)
Emotional Abuse
24%
Neglect
48%
Physical Abuse
22%
Sexual Abuse
5%
0
20
40
60
Maine Rates of Abuse and Neglect (2014)

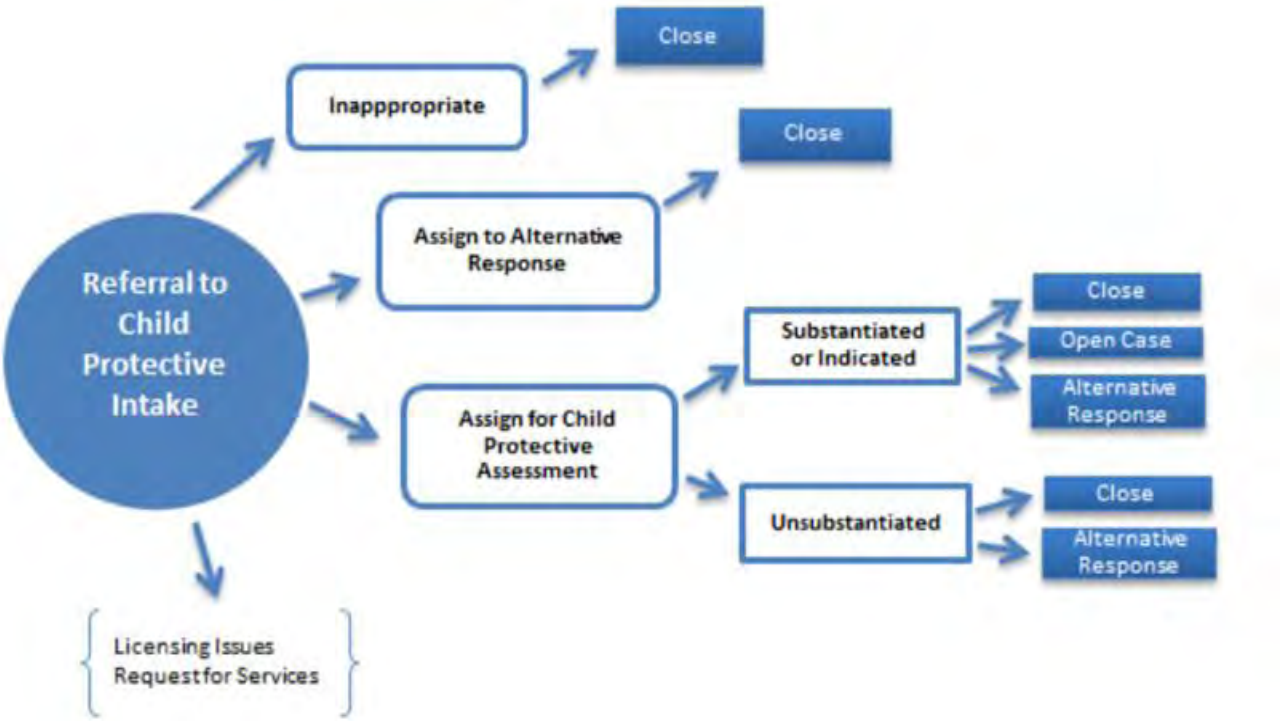
REFERRAL REPORTS

Title 22 MRSA, Chapter 1071, Subsection 4002 defines abuse or neglect as "a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child."

The Department's decisions and ability to respond to reports of child abuse or neglect is based on factors such as the seriousness or complexity of the allegations and the availability of resources.

A referral is any written or verbal request for Child Protective Services intervention in a family situation on behalf of a child, in order to assess or resolve problems being presented.

During calendar years 2014 through 2016 the Department of Health and Human Services received a large number of referrals for Child Protective Services intervention in a family situation. The following reports provide a summary of the number of referrals to Child Protective Services and the number of unassigned (inappropriate) referrals that were screened out.



TOTAL REFERRALS[4]

	NUMBER OF REFERRALS BY CALENDAR YEAR		
Year	**2013**	**2014**	**2015**
TOTAL REPORTS	**19236**	**19239**	**18615**

**Excludes reports referred to Licensing, Out of Home Investigation Unit, Service Requests, and reports received where a case was already open and the information was not a new incident.*

APPROPRIATE REFERRALS*

When reports contain allegations of abuse or neglect and are "appropriate" for intervention, the report may be assigned for a child protective assessment, or assigned to an Alternative Response Program (ARP).

	NUMBER OF APPROPRIATE REPORTS		
Year	**2013**	**2014**	**2015**
Total Reports	**8757**	**8945**	**8446**

ALTERNATIVE RESPONSE*

The Department of Health and Human Services has contracts with private agencies to provide an alternative response to reports of child abuse and neglect when the allegations are considered to be of low to moderate severity. Between 2013 and 2015 there were **5244** reports which were assigned to a contracted agency for alternative response at the time of the initial report. Referrals were also made to Alternative Response Programs at the conclusion of a child protective assessment or case with a family, when ongoing services and support were deemed necessary.

[4] Information provided by Maine Automated Child Welfare Information System

NUMBER OF REPORTS ASSIGNED FOR ALTERNATIVE RESPONSE			
Year	**2013**	**2014**	**2015**
Total Reports	**1159**	**1908**	**2177**

INAPPROPRIATE REFERRALS

Some examples of reports that would be deemed inappropriate include:

- **Parent/child conflict:** Children and parents in conflict over family, school, friends, or behaviors, with no allegations of abuse or neglect. Includes adolescents who are runaways or who are exhibiting acting out behaviors that parents have been unable to control.
- **Non-specific allegations** or allegations of marginal physical or emotional care, which may be poor parenting practice, but is not considered abuse or neglect under Maine Law.
- **Conflicts over custody** and/or visitation of children which may include allegations of marginal/poor care.
- **Families in crisis** due to financial, physical, mental health, or interpersonal problems, but there are no allegations of abuse or neglect.

The following is the breakdown of the total number of inappropriate reports received over the past three years.

NUMBER OF INAPPROPRIATE REPORTS			
Year	**2013**	**2014**	**2015**
Total Reports	**8889**	**7997**	**7534**

CHILD ABUSE AND NEGLECT VICTIMS BY ABUSE TYPE[5]

The following reports show the victims by age group which includes both male and female and type(s) of abuse found during the child protective assessment for the past three years. Children may be counted multiple times if they were the victim of more than one abuse type in a given assessment, or the victim of subsequent abuse in following calendar years.

2013				
AGE	**Sexual Abuse**	**Physical Abuse**	**Neglect**	**Emotional Abuse**
0-4	57	424	1436	323
5-9	78	241	750	509
10-14	75	171	459	438
15-17	29	55	151	147
Total	**239**	**891**	**2796**	**1417**

2014				
AGE	**Sexual Abuse**	**Physical Abuse**	**Neglect**	**Emotional Abuse**
0-4	69	436	1237	235
5-9	86	305	729	506
10-14	82	159	427	387
15-17	28	49	126	128
Total	**265**	**949**	**2519**	**1256**

[5] Information provided by Maine Automated Child Welfare Information System

2015				
AGE	**Sexual Abuse**	**Physical Abuse**	**Neglect**	**Emotional Abuse**
0-4	64	491	1044	228
5-9	72	282	654	407
10-14	72	180	388	338
15-17	25	60	110	114
Total	**233**	**1013**	**2196**	**1087**

CHILD MALTREATMENT RELATED DEATHS

Across the nation, an estimated 1,520 children died from abuse and/or neglect in 2013. This translates into a rate of 2.04 children per 100,000 children in the general population and an average of four children dying every day from abuse and neglect.[5]

In 2014 and 2015, 10 children died at the hands of a parent or person responsible for their care.

In addition to the case composites referenced previously in the Abusive Head Trauma section and the Dual Case Review with the Domestic Abuse Homicide Review Panel, below please find details regarding the other child maltreatment deaths in 2014 and 2015:

An 8 year old boy and a 10 year old girl were strangled to death by their mother's boyfriend. The boyfriend has been arrested and charged with three counts of murder.

An 11 month old boy drowned in his parents' apartment. The boy's father had put the 11 mo boy in the bathtub. The father then left the bathroom. When he returned, the 11 mo was unresponsive. The father has been arrested and charged with manslaughter.

A 3 mo old boy was found unresponsive in a bassinet by his father. The father allegedly told police he was frustrated that the 3 mo wouldn't stop crying in the morning because the father had been using marijuana and heroin the previous evening. The father has been arrested and charged with murder.

A 3 mo boy was brought to the hospital with significant injuries. The 3 mo boy and his sister were born prematurely. The 3 mo girl was still a patient in the hospital at the time of the 3 mo boy's death. The father of the 3 mo boy indicated he shook the 3 mo and pushed on his chest to get him to stop crying. The father has been arrested and charged with murder.

FAMILY STRESS FACTORS INDENTIFIED[6]

RISK FACTOR	2013	2014	2015
Prior History with CPS	72%	75%	74%
Mental Health Problems	44%	45%	44%
Involved with Court	21%	23%	22%
Spouse Abuse/Family Violence	21%	20%	21%
Drug Misuse by Parent	19%	19%	18%
Pregnancy/New Child	19%	18%	18%
Heavy Child Care Responsibility	14%	13%	13%
Unstable Living Conditions	14%	13%	11%
School Related Problems	12%	12%	11%
Parent / Child Conflict	12%	12%	11%
ADD/ADHD	12%	11%	11%
Alcohol Misuse by Parent	11%	10%	11%
Physical Health Problems	11%	10%	9%
Severe Acting Out Behavior by Child	10%	10%	8%
Emotionally Disturbed Child	9%	9%	7%
Divorce Conflict	8%	9%	8%
Former Foster Child	8%	9%	10%
Learning Disability	8%	8%	8%
Inadequate Housing	5%	5%	5%
Social Isolation	4%	3%	3%
Physical Disability	3%	2%	2%

[6] Information provided by Maine Automated Child Welfare Information System

Drug Misuse by Child	2%	2%	2%
Premature Birth	1%	1%	1%
Runaway	1%	1%	1%
Alcohol Misuse by Child	1%	1%	1%
Abuse to Animals	1%	<1%	<1%
Visual/Hearing Impairment	1%	1%	<1%
Previous Child Death	1%	<1%	<1%
Failure to Thrive Child	<1%	<1%	<1%
Fire Setting	<1%	<1%	<1%
Fetal Alcohol Syndrome	<1%	<1%	<1%

*Totals will exceed 100% due to each assessment having multiple risk factors identified during the assessment.

ENABLING LEGISLATION

22 MRSA 4004 (1)
E. Establishing a child death and serious injury review panel for reviewing deaths and serious injuries to children. The panel consists of the following members: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.
The purpose of the panel is to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures ; and [2007, c. 586, §3 (AMD).]

F. Investigating suspicious child deaths. An investigation under this paragraph is subject to and may not interfere with the authority and responsibility of the Attorney General to investigate and prosecute homicides pursuant to Title 5, section 200-A. [2007, c. 586, §4 (NEW).] [2007, c. 586, §§2-4 (AMD) .]

22 MRSA 4008 (2)
E. A person having the legal responsibility or authorization to evaluate, treat, educate, care for or supervise a child, parent or custodian who is the subject of a record, or a member of a panel appointed by the department to review child deaths and serious injuries, or a member of the Domestic Abuse Homicide Review Panel established under Title 19-A, section 4013, subsection 4. This includes a member of a treatment team or group convened to plan for or treat a child or family that is the subject of a record. This may also include a member of a support team for foster parents, if that team has been reviewed and approved by the department; [2005, c. 300, §5 (AMD).]
3-A. Confidentiality, The proceedings and records of the child death and serious injury review panel created in accordance with section 4004, subsection 1, paragraph E are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the review panel upon request, but may not disclose data that is otherwise classified as confidential. [1993, c. 294, §4 (NEW) .]

22 MRSA 4021 (1)
Subpoenas and obtaining criminal history, the commissioner, his delegate or the legal counsel for the department may:

A. Issue subpoenas requiring persons to disclose or provide to the department information or records in their possession that are necessary and relevant to an investigation of a report of suspected abuse or neglect or suspicious child death, to a subsequent child protection proceeding or to a panel appointed by the department to review child deaths and serious injuries.

B. Obtain confidential criminal history record information and other criminal history record information under Title 16, chapter 7 that the commissioner, the commissioner's delegate or the legal counsel for the department considers relevant to an abuse or neglect case or the investigation of a suspicious child death. [2013, c. 267, Pt. B, §19 (AMD).]

REFERENCES

1. https://www.nih.gov/news-events/news-releases/nearly-55-percent-us-infants-sleep-potentially-unsafe-bedding

2. http://pediatrics.aappublications.org/content/pediatrics/early/2014/07/09/peds.2014-0401.full.pdf

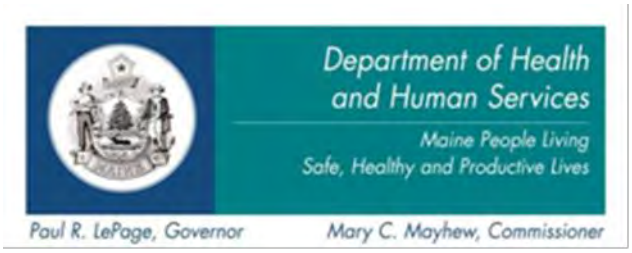
3. http://www.careandcomfort.com/pdf/newsletter/2015.11.pdf

4. https://www.childwelfare.gov/pubPDFs/fatality.pdf

5. Ibid

Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.

Vince Lombardi



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effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.

Appendix D

Effective February 2014

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 the Office of Child and Family 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 Office of Child and Family Services (OCFS) 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 the Office of Child and Family Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the OCFS Deputy Director, Associate Director of Intervention and Care, Associate Director of Policy and Prevention, Associate Director of Community Partnerships, Associate Director of Accountability and Information Services, Director of Mental Health Services, OCFS Medical Director, Child Protective Intake 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 the Office of Child and Family 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 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, Quality Assurance staff, and other qualified staff 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. Includes assessment of child safety as needed for children in DHHS custody or care and determining that child(ren)'s and caregiver safety needs are met.
- Prompt family contact to share information on child/family situation related to the disaster.
- ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines.
- Court Hearings unless otherwise determined by the court.

Communications Plan

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

News releases to radio and television stations, cable tv, newspapers
Information on the state (maine.gov) and OCFS (http://www.mainegov/dhhs/ocfs/) websites.

Intake

- Means used to communicate with staff include the above and the use of phone trees.
- Information could include office closures, current status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, information for staff, status of MACWIS.

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

Each district has a phone tree as determined by the Program Administrator.

Emergency Management Team is connected to District phone trees through the Program Administrator and designee.

Program Administrator and designee have the Emergency Management Team contact information
Staff to contact caregivers and children.

Staff have programmed caregivers' and supervisor's contact numbers into their cell phones.

Supervisors have programmed staff and other essential contact numbers into their cell phones.

Intake to be hub for communication in the event that the District Office is down.

Intake to temporarily relocate to a district office, MEMA or Public Safety if necessary.

Information System Plan

- Develop MACWIS Disaster Recovery Plan: Contract to develop DRP that meets federal SACWIS requirement awarded to i-CST. Plan to be completed by 12/31/07.

- Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- Information Services Manager or designee to load the following reports onto the SMT folder weekly.
- Children in Care – Current Primary Open Placement Report.
- Worker Demographic Report.
- Listing of Assessments Report.
- Listing of Service Cases Report.
- Resource Capacity Availability: Foster Care-Regular Report.
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report.
- AAG and judges contact information.
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Back-up system off-site is in place.

Office Disaster Supply Kit

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

- USB thumb drive with important documents loaded including: Calling Tree
- Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

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

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

- First aid kit
- Agency vehicles with at least ¾ full gas tanks

Emergency Management Team and Central Office Disaster Supply Kit

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

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner's Office and other state departments, federal liaison contact info, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of the Office of Child and Family 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

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 Director of the Office of Child and Family Services, 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.

MACWIS includes the resource family physical address, primary phone number and secondary phone number and fields as well as 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 in MACWIS.

Coordination with Courts

The Director of the Office of Child and Family Services 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 the Office of Child and Family Services 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 the Office of Child and Family Services 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 the Office of Child and Family Services or designee will ensure that federal partners and neighboring state liaisons have Emergency Management Team contact information.

Districts

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

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

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

- 155B **HOSTAGE TAKING**
- <u>If a hostage situation occurs, staff on the scene should follow the following guidelines</u>:

1)Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
2)Isolate the perpetrator from innocent bystanders or potential victims if possible.
3)Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
4)Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
5)Remain calm and attempt to keep others calm.
6)Dial 9-1-1 or attempt to have someone contact help.
7)Negotiate if possible if a rapport is existent. Do not be condescending or sarcastic – be bold, confident and calm.
8)Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
9)Think about potential escape plan for yourself and other.

136B **<u>Roles of Management In Hostage Taking</u>**

1)Notify local law enforcement immediately and provide them with any pertinent information necessary.
2)Utilize cellular phones between the safe and crisis zones.
3)Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)
4)If staff or clients are advised to stay put, stay away from windows, drop to the floor, take cover, and wait for a signal.
5)Stay in constant communication with law enforcement.
6)Have a designee secure the doors to avoid innocent bystanders from complicating the situation.
7)Meet law enforcement officials at a pre-designated location and provide them with good 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 E OCFS Training Plan

Appendix E OCFS Training Plan					
Training	**IV-E Eligibility**	**Venue**	**Trainers**	**Hours**	**Target Audience**
Foundations New Worker Training This training is for new Child Welfare Caseworkers prior to working with children and families. The topics in this training include assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance abuse, medical indicators of abuse, domestic violence, family team *meetings*, and permanency.	Yes	Held in Central Location (Augusta	Policy and Training Team Subject Matter Experts	96 Hours Held every other month	New Child Welfare Staff New Alternative Response Program Staff
Indian Child Welfare Act (ICWA) This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases as well as the spirit behind the law. 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; Native history regarding federal policies of forced assimilation; historical trauma; the TRC process; how to co-case manage ICWA cases; OCFS ICW policy; and the BIA guidelines.	Yes	Held in Central Location (Augusta)	Contracted Staff from Maine's Tribal Child Welfare OCFS Tribal liaison	3 hours Held quarterly	Child Welfare Staff Alternative Response Program Staff

Indian Child Welfare Act (ICWA) – New BIA Guidelines A training on the policy and law changes regarding the new BIA guidelines. The training covered: the key points of the law/regulations; Indian child status; partnering with tribes; notification; active efforts; qualified expert witness; child removals; court hearings; and placement preferences.	Yes	Held in Each District	OCFS Tribal liaison and an AAG from the Office of the Attorney General	2 hours This was a one-time training offered in each district then the material was incorporated into ICWA training for new staff	Child Welfare Staff
Psychosocial Assessment Training This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiate's participants thinking in a more complete manner about what additional information may be needed regarding 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.	Yes	Held in Central Location (Augusta)	Policy& Training Team Staff	6 hours Held Quarterly	Child Welfare Staff who hold conditional Social Work Licensure
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, preparing 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.	Yes	Held in Central Location (Augusta)	Policy & Training Team Staff Assistant Attorney General	6 hours Held quarterly	Child Welfare Staff

Advance Medical Indicators This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect. This training also includes 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.	Yes	Held in Central Location (Augusta)	Policy & Training Team Staff Dr. Lawrence Ricci- medical expert on child abuse and neglect.	6 hours Once Per Year	Child Welfare Staff Resource Parents Community Partners. Alternative Response Teams
Failure to thrive Diagnosis, treatment and family support This training provides information on Failure to Thrive i.e. what it looks like, how to seek medical intervention, what has to happen within the family to treat this condition and how to provide supports to the child and family in order to provide safety to the child and have successful outcomes.	Yes	Held in Central Location (Augusta)	Dr. Lawrence Ricci- medical expert on child abuse and neglect	3 hours Once Per Year	Child Welfare Staff Resource Parents Community Partners Alternative Response Teams
Child Welfare Trauma Training Tool Kit This training is conducted using the curriculum from the National Child Traumatic Stress Network (Child Welfare Trauma Training Toolkit). This training is to educate OCFS staff about the impact of trauma on children and families as well as how to recognize vicarious trauma and promote self-care for OCFS staff.	Yes	Held in Central Location (Augusta)	Policy & Training Team Staff Mental Health Program Coordinators Community Partners	12 hours Held Quarterly	Child Welfare Staff

Commercial Sexual Exploitation and Sex Trafficking in Maine This training is for Child Welfare staff to understand the demographics and dynamics of sex exploitation and sex trafficking in Maine, to understand the red flags and signs of sex exploitation and trafficking, and to understand how to meet the needs of victims regarding trafficking.	Yes	Held in various locations throughout State	Policy & Training Team Staff Maine Coalition Against Sexual Assault staff	6 hours	Child Welfare Staff Community Partners Alternative Response Teams
Children's Behavioral Health Treatment in Maine Many youth in the state of Maine will access some sort of mental health treatment service at some point during their childhood. This training will increase one's understanding of the types of mental health services available for children in Maine. Participants will have an opportunity to learn about the various levels of care within the mental health system and how to access those. In addition discussion will focus on the various treatment models that can be utilized within those services. The training will center on common childhood diagnosis and the most effective treatments for those. Participants will also have an opportunity to learn ways to assess effectiveness of treatment. The training will provide support tools to help guide practice. This training is appropriate for anyone who works closely with youth and who may be responsible for arranging mental health services for them.	No	Held in various locations throughout State	OCFS Care Specialist Team Staff	6 hours Quarterly	OCFS Staff

Special Topics for the 0-4 Population: Abusive Head Trauma and Safe Sleep The training focuses on the target age group of 12 months of age or less and that they are the primary victims of critical incidents of abuse and /or neglect. Presenters discuss that this age group are the most vulnerable to risk of harm from decreased parental capacity due to drugs and/or alcohol, sleep related deaths and maltreatment such as Abusive Head Trauma and Sentinel Injuries.	Yes	Held in Central Location (Augusta)	Dr. Laurence Ricci and Dr. Jennifer Hayman medical experts on child abuse and neglect.	Full Day	OCFS Staff Alternative Response Teams Resource Parents
Working within OCFS 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. Retention and recruitment efforts being done within OCFS.	No	Held in Central Location (Augusta)	Policy & Training Team Staff Recruitment & Retention Specialist	3 hours Held every other month	OCFS Staff
Mandated Reporter Training This training is to provide training for OCFS staff and Child Abuse and Neglect Council staff to become trainers for the community on mandated reporting. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS.	No	Held in various locations throughout State	Policy & Training Team Staff Community Partners	2 ½ hours held as needed	Mandated Reporters

Adoption Process This training focuses on the process of adoption from working with the child, birth family, adoptive families, and others involved. The history of adoption and were we are today and the paperwork process of legalization.	Yes	Held at the district offices	Policy and Training Team Staff	3 hours	Child Welfare staff
Documentation This training provides instruction to staff on how, when and what to document when working with children and families.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff Quality Assurance Staff	6 hours	Child Welfare Staff
Supervisory Training – Putting the Pieces Together This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff	54 hours Three, 3 Day Modules Offered Over 9 Months	OCFS Supervisors
Facilitated Family Team Meeting Training This training focuses on returning to the fidelity of the FFTM Model (Team Decision Making). It explains why this model works, what it looks like and how to best use this model when considering removal of the child(ren) from their homes using court action.	Yes	Held in various locations throughout State	3P (Outside Consultation group) Policy and Training Team Staff	6 hours	Child Welfare Staff

Rights of Recipients Training This training goes over the Rights of Recipients of Mental Health Services who are Children in Need of Service. The training provides rights violations examples staff may encounter and Disability Rights also talks about their role when they get involved. Also discusses what a grievance is and what will happen if a grievance is filed by anyone. Different situations around treatment are also discussed.	Yes	Held in various locations throughout State	OCFS Care Specialist	2 hours	Child Welfare Staff
Leadership Academy for Middle Managers The goal of this training is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families	Yes	Held in Central Location (Augusta)	Muskie Consultants	36 hours	OCFS Managers
Leadership Academy for Supervisors The LAS provides a high quality, proven training experience for experienced supervisors in an accessible format, two-thirds in a self-directed approach to meet supervisor's busy schedule. The LAS is a 9 month blended learning program. The core curriculum for supervisors consists of the six on-line modules corresponding with the NCWWI Leadership Model. Learning activities include pre-learning in preparation for each of the six modules as well as instructor led real-time discussion sessions for graduates of each module.	Yes	Held through ADOBE with some face to face consultation	Policy and Training Team Muskie Consultants	36 hours over a 9 month period	Child Welfare Supervisors

Transition to Independence – TIP This training is based on the Transition to Independence Process (TIP) Model an evidence supported model of working with transition age youth with emotional/behavioral difficulties (EBD). Training is a skills based approach of engaging with young people, listening to them and then helping them be successful in their goals. The skills are transferable to the young person to help them make decisions, avoid risky behavior and manage conflict in a healthy way.	Yes	Held in Central Location (Augusta)	TIP Stars Policy and Training Staff Moving Forward Coordinator	18 hours	Youth Transition Staff Community Partners
Mock Trial This training gives caseworkers the opportunity to practice testifying in regard to a mock case in court with legal interns acting in the roles of the attorneys.	No	Held in Central Location (Augusta)	Assistant Attorney General	3 hours	Child Welfare Staff
Social Work Ethics Training is offered to LSW's who are conditionally licensed from both OCFS and OADS. The training goes over in detail the Code of Ethics for Social Workers and work is done around Values and the Responsibility Standards. Ethical dilemmas are discussed as well as how to use a decision making model for analyzing the dilemma and finally how to use a resolution model to assist in deciding how we determine the best course of action.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff	6 hours	LSW's who are conditionally licensed from OCFS and OADS

Ethical Decision Making for Social Workers This training is offered to Social Workers from both OCFS and OADS and is a requirement for social work license renewal. The training goes over the Code of Ethics for Social Workers. Social Work Values are covered and different scenarios are worked through with a specific dilemma resolution model. Trainees also take a set of the standards from the Code of Ethics and summarize them for the group and give examples from their work.	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff	4 hours	Fully licensed LSW's from OCFS and OADS
Drug ID, Impairment Recognition This training gives an overview of drugs and paraphernalia recognition. It highlights key indicators of drug impairment and gives tips on how to document. It covers current drug trends and briefly facilitates a discussion about youth who may be under the influence. The presentation also includes discussion around worker safety when working with someone who may be under the influence	Yes	Held North, Central and Southern part of state	MDEA Retired Policy and Training Team Staff	6 hours	Child Welfare Staff Community Partners
Youth Voice/Child Plan Training Training covers how to engage young people in being part of their case planning. Young people will be a part of this training and will discuss how to get buy-in and understand the goals of young people vs our goals for them. The new child plan and FTM's are also discussed in this training.	Yes	In districts	Policy and Training Team Staff partnered with Muskie and Youth	2 hours	Child Welfare Staff

IMMPACT (Maine's Immunization Information System) New users receive a brief training on the IMMPACT system which is the ME CDC system that a child's immunizations are stored.	Yes	Adobe Web Conferencing As well as in Districts	Policy and Training Staff	2 hours	Child Welfare Office Assistants and Case Aids
Advanced Forensic Interviewing This training was a multi-day practice seminar where staff built on and advanced their fact finding interviewing knowledge and skill by refreshing their knowledge of the 7 step interviewing protocol and then critiquing their own and their peers work. Each participant brought examples to share and engaged in a constructive feedback process.	Yes	Held North, Central, and South Locations in Maine	National Children's Advocacy Center	3 days- 4 different sessions	Child Welfare Frontline Assessment Workers and their Supervisors
Child Care Subsidy Program MACWIS Develop documentation of the business flow of how the program evaluates eligibility for the Child Care Subsidy Program and how to document into the MACWIS system. Steps included entering a new child care resource, completing the client's checklist for program, entering and approving the child care authorization, completing the invoice screens and verifying the parental copay value. Each family also needs an annual review of program eligibility.	No	Held in Central Location (Augusta	Policy and Training Staff	2 hours	Child Care Subsidy Staff and Supervisors

MACWIS (MaineAutomated Child Welfare Information System) Tech Overview In this training workers review contents of the MACWIS Training Library, how to use the Voice File Mover Software in order to properly store voice recordings on the network drive. How to create a voice profile in order to use Dragon Naturally Speaking for narrative doucmentation. As well as discuss how to move photos off the cell phone or camera onto the network drive.	Yes	Held in District Offices	Policy and Training Staff	6 hours	New Child Welfare Staff
MOCK PPO Case Management A fictional report is created in the MACWIS training database and the Child Protective Assessment is assigned to the worker. Screens in the system identify the people in the family, demographics, relationship, and a worker creates findings to result in a substantiated findings. An emergency situation is discussed and a case is then opened. A worker then proceeds to prepare a Petition for Child Protection Order, an Affidavit of the investigation and a draft order. The statements of jeopardy, immediate risk of serious harm, the information needed for the affidavit and the requested disposition. The Petition, Affidavit and draft order are prepared for submission. A worker leaves the training with an example complete with definitions and instructions (desk kit).	Yes	District Offices	Policy and Training Staff	2 hours	Child Welfare Staff and Supervisors

Safe Sleep, Period of Purple Crying This video present's information of what a safe sleep environment should look like, what are some of the hazards to babies while sleeping and how to converse with parents about their babies sleeping environment. It also introduces the period of purple crying shaken baby prevention program.	Yes	Online		1 hour	New Child Welfare Staff
Online Period of Purple This video presentation increases the viewer's insight into the period of purple crying, how to describe it to parents and how to talk with them about soothing their crying baby. It enables the viewer to deliver doses one and two of the period of purple crying prevention program.	Yes	Online		1 hour	New Child Welfare Staff

Permanency 2: Understanding Permanency Options for Children This training covers the permanency options of Adoption and Permanency Guardianship and continues the focus on the need for permanency for children in the Department's care. It identifies the differences in the two permanency options of adoption and Permanency Guardianship and the caseworker's role and fundamental responsibilities involved in these options. It outlines how these options are reached through the Concurrent Planning and Family Team Meeting processes. Inter-jurisdictional placements (ICPC) are briefly discussed as well. Resource Parent and Youth panels appear separately presenting their views and experiences from their unique perspectives of caring for foster children and from being in care, along with question and answer sessions	Yes	Held in Central Location (Augusta)	Policy and Training Team Staff	6 hours	Child Welfare Staff

LGBTQ This training is designed to present some of the issues confronting LGBTQ youth, identify some of the ways in which caseworkers, resource parents, and others working with LGBTQ youth in care can best support them, and offer an opportunity for a conversation with young LGBTQ who are themselves alumni of the foster care system. Following the youth panel presentation, audience participants will be challenged to create an action plan and have a conversation about how they can implement some of the suggestions identified by the keynote speaker and the panelists.	Yes	Offered 3 times North, Central, South	Gerald P. Mallon, DSW, Julia Lathrop Professor of Child Welfare and Executive Director of the National Center for Child Welfare Excellence at the Silberman School of Social Work at Hunter College in New York City	6 hours	Child Welfare Staff Resource Parents
Infant Mental Health This training focuses on the importance of social connection (relationships) to a young child's development in all domains. Discusses ways we can all work to support the parent/child connection. Discusses the degree to which our lives and history, as well as that of a family, can and do intrude on and/or support our work with families. Discusses the concepts of bonding, attachment and "fit." Discusses behavioral disturbances and possible barriers to attachment. Discusses family strengths and needs in order to support connection, relationship and to develop appropriate interventions. Discusses the use of infant mental practices in your work.	Yes	Held in Central Location (Augusta)	C.Michael Sanberg, MS	18 hours- 3 days	OCFS Staff Resource Parents Adoptive Parents

Brain Development, Trauma and Parenting All too often birth parents involved in the child welfare system have themselves experienced significant trauma. Many are "second-generation" birth parents – that is, birth parents who themselves were involved with the child welfare system when they were children, spending time in foster care as a result of abuse or neglect. Others are young parents who may not have been in the child welfare system but who have sometimes lengthy and complex trauma histories. The overlapping impacts of trauma and ongoing brain development can make working with these young birth parents challenging and puzzling even for the most seasoned of workers. This workshop provides child welfare caseworkers with information and tools to facilitate communication with and support of these young parents and to reduce the risk of maltreatment to their children.	Yes	North, Central and South	Karen Williams, Consultant in Private Practice	6 hours	Child Welfare Staff

Our Kids Are Not Broken: Resilience in Action This training challenged participants to examine their assumptions, observations, reflections about and interactions with children, youth and families in Maine. Dr. Ginsburg translates the best of what is known from research and practice into practical approaches for parents, professionals and communities to prepare children and teens to thrive. This workshop will focus on both theory and practical skills for fostering the internal resilience of children and youth.	Yes	North and South Locations in Maine	Maine Resilience Building Network Ken Ginsburg, M.D., M.S.Ed.	6 hours Offered Two Times	The program is geared to support health and medical care practitioners, educators, counselors, psychologists and child psychiatrists, early care professionals, mental and behavioral health care practitioners, child welfare and social workers, and any programs working with youth.
Reaching Teens Institute Reaching Teens Institute The REACHING TEENS® Tool Kit is designed to promote and build upon the strengths of children and youth by fostering their internal resilience. Research affirms that resilience is best taught by emphasizing key character traits such as forgiveness, compassion and generosity by nurturing children and giving them examples and guidance in these core areas. Accentuating these traits in concert with teaching skills such as how to cope with severe stress/crisis situations, how to communicate needs, the benefit of respecting cultural differences, and how to demonstrate respect for others builds internal resilience.	Yes	Northern Location in Maine	Resilience Building Network Ken Ginsburg, M.D., M.S.Ed	2 Day Institute Offered one time	Child Welfare Staff and Community Partners form Reaching Teens Teams

Beyond Mandated Reporting This training will give the participant an overview of the Child Welfare system in Maine. It is designed for individuals to gain a greater understanding of the laws, policy and practice that impact the Child Welfare System. We will discuss the flow of a case through intake, assessment, and permanency and different permanency options. We will also discuss aspects of safety, risk and danger throughout the day	No	Held in Central Location (Augusta)	Policy and Training Specialist Staff	6 hours 3 times a year	Community Members
Child Safety Seat Training What type of car seats are there, which one is right for the child(ren) you are transporting, and what is the correct way to install them? This Bureau of Highway Safety endorsed training will answer all of these questions for you. You will also learn about passenger safety restraint systems, injury prevention, and crash dynamics. The training provides for actual hands-on car seat installations in vehicles by all attendees. Participants are encouraged to bring the car seats they are currently using for a safety check and for answers to any questions they may have about the seat.	Yes	In Districts	Policy and Training Staff	3 hours	Child Welfare Staff

Bridging Program, Infant Family Support Services Training The Bridging Program is a collaborative training to improve service delivery to families with a child born substance exposed, or as referred to in our system families with Drug Affected Baby (DAB) reports. The purpose of Bridging is to improve outcomes for infants and their families by increasing coping skills, removing barriers and building on strengths utilizing all the needed supports and services within the family's community.	Yes	Held in North and South areas of State	Marjorie Withers, Community Caring Collaborative	36 Hours- 5 Days	Community Health Nurses Maine Families Home Visiting Program Staff OCFS Staff

2017 Trainings to be rolled out based on need and/or feedback from the districts:

- **Role of the Frontline Child Welfare Professional in Facilitated Family Team Meetings**
  This training teaches caseworkers their role in FFTMs. It explains the values behind using this model and the steps of the FFTM. Caseworkers learn what steps they are responsible for and what the facilitator's role in the meeting is. Special topics include when domestic violence is a dynamic of the family and the significant importance of involving youth in the process. Caseworkers have an opportunity to have a deeper understanding of harm and danger and to practice writing danger statements.
- **FTM Teaming Training**
  Teaming Specialists will be trained and certified as facilitators and subsequently as coaches for family team meetings. Funded by Casey Family Programs, the FTM training and certification process will utilize "Just in Time" training on FTM preparation and facilitation.

- **Motivational Interviewing**
  This training will cover the Motivational Interviewing techniques that build upon eliciting and working with the individual's consideration of potential change. In the field of Child Welfare, this method can be used to assist reluctant clients in determining their true interest and drive to change or stay the same, in turn allowing the worker to make accurate assessments related to child safety and to make specific referrals to services based on the client's readiness to do meaningful work

- **Advanced Domestic Violence: Victim Focus**
  This training focuses on the domestic abuse survivor's experience during a child abuse assessment. Using a mock case, they highlight methods/procedures that enhance safety and encourage accountability. This training focuses on partnering with the non-offending parent to promote efficient, effective and child-centered outcomes. As well as, intervening with perpetrators of domestic abuse through accountability to reduce risk and prevent further harm to children and adult survivors.

- **Advanced Domestic Violence: Perpetrator Focus**
  This training brings into focus the Domestic Abuse Offender's Choice to be Violent. They explore the differences between men's and women's violence. Community leaders, working in this field, share their lessons learned. P articipants acquire an understanding of and an opportunity to practice with David Mandel's latest tool, Mapping Perpetrator's Patterns. Participants learn to maintain their focus on abusive behavior.