

# MAINE STATE LEGISLATURE

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# **Office of Child & Family Services**

## **State of Maine**

### **Annual Progress & Service Report**

**FFY 2021**



<b>Table of Contents</b>	<b>Page</b>
State Agency Administering the Program	3
Collaboration	4
Assessment of Performance	10
Plan for Improvement- Goals, Strategies, Measurement of Progress	108
Child and Family Services Continuum	147
Current Services to Support CFSP Goals	158
Populations at Greater Risk of Maltreatment & Services for Children Under Five	162
Efforts to Track and Prevent Child Maltreatment Deaths	165
Services Offered Under PSSF	166
Monthly Caseworker Visits	168
Adoption Incentive	169
Adoption Savings	170
Inter-Country Adoptions	170
Consultation and Coordination between States and Tribes	170
Financial Information	176
Appendix A- Child Abuse Prevention Treatment Act	178
Appendix B- Chafee	206
Appendix C- ETV	222
Appendix D- Foster & Adoptive Parent Diligent Recruitment Plan	223
Appendix E- Health Care Oversight & Coordination Plan	228
Appendix F- Disaster Plan	233
Appendix G- OCFS Training Plan	242

## **Introduction of Maine 2020-2024 CFSP**

The Maine Child and Family Services Plan (CFSP) is a multi-year plan for Maine. It is based on findings and recommendations from:

- Data collected from Maine Child and Family Services Reviews 2009-2018;
- ACF Data Profile January 2019;
- CFSR Maine Final Report 2017;
- Recommendations from the Maine Child Welfare Advisory Panel;
- Priorities of the Office of Child and Family Services Director;
- Recommendations of Office of Child and Family Services District Management Team; and
- Recommendations from the Public Consulting Group (PCG) evaluation of the Maine OCFS Final Report 2019.

### **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 2020-2024 CFSP.

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 OCFS Child Welfare Division, overseen by Associate Director Bobbi Johnson. The organizational unit responsible for the administrative support of CFSP implementation and the development and submission of the CFSP and Annual Progress and Services Reports (APSRs) is the collaboration between the aforementioned team as well as the Division of Technology and Support overseen by Associate Director Robert Blanchard.

The OCFS Organizational Chart can found at the following link:

<https://www.maine.gov/dhhs/ocfs/org-chart.shtml>

### **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/>

Within OCFS, child welfare intersects with other program areas that have an increased focus on prevention, such as child care services, homelessness, the Community Partnership for Protecting Children, violence prevention programs and the Maine Children's Trust Child Abuse and Neglect Councils. To best support families at risk of or in need of child welfare intervention, it is essential for families to have access to an array of prevention services to help them achieve optimal functioning and work to resolve any identified child safety concerns. It is also critical for child welfare services to look upstream to prevent any future involvements.

## **Collaboration**

**Maine Child Welfare Advisory Panel (MCWAP):** 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 and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and the Children's Justice Act (CJA). This multidisciplinary panel was formed in 2015 with the following mission: "The mission of MCWAP is to assure that the state system is meeting the safety, permanency and well-being of children and families through assessment, research, case reviews, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth and families. The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine's Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made in 2015 to combine the work of these two groups into a single cohesive group. The members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. MCWAP has been focused primarily on advising OCFS on matters related to the assessment of child safety and providing feedback regarding OCFS' strategic priorities and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. These activities support the goals of the OCFS Strategic Plan.

MCWAP Membership (effective 5/26/20):

*Panel Co-Chair:* **Debra Dunlap**, Regional Director Southern Maine  
Community Partnerships for Protecting Children

*Panel Co-Chair:* **Bobbi Johnson, LMSW**, Associate Director, Child Welfare Services  
Office of Child and Family Services  
Department of Health and Human Services

*Panel Coordinator:* Vacant  
Office of Child and Family Services  
Department of Health and Human Services

**Christine Alberi, Esq.**, Executive Director  
Maine Child Welfare Ombudsman

**Esther Anne**, Policy Associate II  
University of Southern Maine

**Chris Bicknell**, Executive Director  
New Beginnings

**Betsy Boardman**, Child Protection and Juvenile Specialist  
Maine Judicial Branch

**Jamie Brooks**, Parent Partner  
The Opportunity Alliance

**Marie Briggs**, Director  
BeLoved Children

**Travis Bryant**, Executive Director  
Adoptive and Foster Families of Maine

**Adrienne Carmack**, Medical Director  
Office of Child and Family Services

**Lyn Carter**, Rural Grant Program Coordinator  
Maine Coalition to End Domestic Violence

**Susan Clardy**, Research Assistant  
Maine Attorney General's Office

**Kelly Dell'Aquila**, Parents as Partners Program Coordinator  
The Opportunity Alliance

**Debbie Dembski**, LCSW, Citizen and Grandparent

**Lanelle Freeman**, Social Services Director  
Kennebec Valley Community Action Program

**Brie Gutierrez**, Communication and Compliance Director  
Office of Child and Family Service  
Department of Health and Human Services

**Christine Hufnagel**, Director of Family Services  
Community Concepts, Inc.

**Dr. James Jacobs**, Psychologist, Edmund Ervin  
Maine General Medical Center

**Alana Jones**, Supervised Visitation Program Manager  
Home Counselors Inc.

**Caroline Jova**, Family Division Manager  
Maine Judicial Branch

**Annette Macaluso**, Children's Advocacy Center Network Coordinator  
Maine Coalition Against Sexual Assault (MECASA)

**Elizabeth McCullum**, Assistant Attorney General  
Office of the Maine Attorney General

**Debra McSweeney**, Licensed Physical Therapist  
Maine General Medical Center

**Sarah Minzy**, Family Services Director  
Home Counselors, Inc.

**Alivia Moore**, Community Member  
Penobscot Nation Tribal Representative

**Cindy Seekins**, Director  
GEAR Parent Network

**Nora Sosnoff**, Chief, Child Protection Division  
Office of the Maine Attorney General

**Elizabeth Ward- Saxl**, Executive Director  
Maine Coalition Against Sexual Assault (MECASA)

**Erin Witham**, Performance Management Coordinator  
Maine Children's Trust

**Jean Youde**, Programs Coordinator  
Maine General Medical Center

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming in their coverage area targeted to address the needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

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 follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel

recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze 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 comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child deaths, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: youth suicide, serious injuries of children involved with OCFS, and unsafe sleep deaths. The CDSIRP has participated in dual case reviews with Maine's Domestic Violence Homicide Review Panel whenever a case touches on both Panel's statutorily mandated subject area.

Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care by supporting:

- Maine Learn to Earn and Achieve Potential (LEAP): a partnership providing services for youth in foster care to support a successful transition from high school to college and career.
- Improving Maine Policy As a Collective Team (IMPACT): a youth-led advisory group comprised of youth in foster care and foster care alumni, focused on improving Maine's child welfare system through legislation, policy, and practice changes.

Youth Leadership Advisory Team (YLAT): 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 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 on foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT 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.

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. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

Alternative Response Program (ARP): This group is made up of OCFS staff and providers of ARP services statewide. In 2017, this group began meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using 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 ARP 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 systemic gaps for families, and developing strategies to most effectively meet identified needs. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

Community Partnership for Protecting Children (CPPC): The Office of Child and Family Services (OCFS) is developing a strategy for implementation of the Federal Family First Prevention Services Act (FFPSA). The FFPSA seeks (among other things) to provide federal IV-E funding for tertiary prevention services for candidates for foster care.

At this time, OCFS has decided to pivot to research and implement evidence-based prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports CPPC as a supported or well-supported evidence-based service.

As a result of this as well as the focus on the Federal Family First Prevention Services Act, OCFS plans to discontinue the current contracts for Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the present contracts end.

OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services. With that in mind, the Department plans to conduct a pilot project focusing on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*.

The Parent Partner Pilot Program will continue to support the service needs of parents and will include a rigorous evaluation. As of part of this evaluation, OCFS will include a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Muskie School of Public Service. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, the following: co-case management of ICWA cases from intake through to permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead on developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture. In addition to continuing to support a system of co-case management partnering between OCFS and Indian Child Welfare staff, the ICWA Workgroup is also currently working on the following: continuing to develop a comprehensive brochure for OCFS staff, which will incorporate both law and practice issues; continued recruitment and training for Qualified Expert Witnesses; beginning discussions about how to better recruit native foster homes; enhancing the partnership with the court system to ensure Guardians ad Litem (GALs) and attorneys understand ICWA and how OCFS partners with the Tribes; updating and expanding the ICWA training from 3 ½ hours to a full day training; looking for areas in which ICWA knowledge can be spread to other provider educational opportunities.

## 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 2017 CFSR, achieving the standard in 73% of the applicable cases reviewed. Performance was higher in this item for service cases (75% strength) compared to foster care cases (70% strength).

The 2017 CFSR PIP improvement goal for Item 1 is 84%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
1 Timeliness of initiating investigations of reports of child maltreatment	84.2% Strength	70% Strength

Maine received notification from the Administration of Children and Families on 3/16/20 that it met the PIP goal for Item 1, successfully completing it in the first measurement period.

Despite this accomplishment, Maine recognizes the importance of continuing to work on ensuring alleged victims are seen quickly. In CY 2019 the data reflects that the on average Maine has met the 24-hour timeframe of contact with all alleged victims in 76% of the reports received and the 72-hour time frame in 63% of the reports received.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strength:

- Multiple cases with between 2-4 additional reports following the report that was selected for the case review- all those reports were seen within the required timeframe.

Challenges:

- ARP delays - reasons unknown/could not be determined.
- Lack of documentation - this impacts the ability of the worker to recall the reasons why there was a delay during the review interview with the QA Specialist. In addition, when caseworkers leave without having documented their work no one else can speak to their work after the fact.

Maine is committed to implementing the key activities outlined in the 2020 PIP as well as the 2020-2024 CFSP as cited in the Plan for Improvement section of this document (page 113).

**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 items were assigned a rating of Area Needing Improvement in the 2017 CFSR.

**Item 2** achieved the standard in 50% of the applicable cases reviewed. Performance was higher in this item in foster care cases (80% strength) compared to in-home service cases (13% strength).

Maine's challenges in providing services to prevent removal was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
2 Services to family to protect children in the home and prevent removal or re-entry into foster care.	50% Strength	35% Strength

The 2017 CFSR PIP improvement goal for Item 2 was 65% with the method of measurement being the quality case reviews.

Maine has historically been challenged in providing services to a family to prevent removal of children; however, performing well in the national standard related to re-entry into foster care. The most recent ACF Data Profile (February 2020) reflects that Maine fell within the appropriate range in this measure at 8.6%.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- In home services provided to ensure safety of the child in order to prevent removal, services included clinical teams meeting with family three times per week and public health nursing supports twice a week.
- The majority of the cases found to be a strength were a result of the agency removing children from their homes due to there not being any other alternatives or safety services would could prevent those removals.

Challenges:

- Lack of documentation that safety plans put in place were appropriately monitored. Also, if a plan was broken no documentation of follow up in terms of accountability to the plan.
- Delays in implemented intensive services once identified.
- In several service cases that were reviewed there was lack of documentation that safety plans were implemented in several cases despite the need due to significant parental substance use, mental health status and domestic violence behavior. For example, parent driving intoxicated with children in care, no planning or services put in place to alleviate the concerns; mother safety planned out of home however dad with mental health issues demonstrating violent behavior triggered by significant stress, the father reported being highly stressed caring for three young children and no additional supports provided.
- In foster care cases there were three cases with a trial home placement made without ensuring the intensive home services needed in the home to support the family were in place such as domestic violence and substance abuse services. In one case, prior to the child being reviewed entered foster care, the family had been an assessment identified needs however the case was closed prior to implementation of services. There was a follow up report and the children in the home entered foster care for those same concerns.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency in practice and improve critical thinking and decision making at key child welfare decision points.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 3** achieved the standard in 40% of the applicable cases reviewed. Performance was higher in this item in foster care cases (50% strength) compared to in-home service cases (24% strength).

The 2017 CFSR PIP improvement goal for Item 3 is 47% with the method of measurement being the quality case reviews.

Maine has historically been challenged in adequately assessing for risk and safety throughout the life of a child welfare intervention was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

<b>Item</b>	<b>State Performance CFSR 2017</b>	<b>State Performance ME CFSR Period 4/1/19-3/31/20</b>
3 Risk and safety assessment and management.	40% Strength	35% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- In service cases when children were living with alternative caregiver the agency worker had regular contact with the caregiver to continue to assess any needs and supports the family may require supporting the placement. In several cases this included ensuring the caregiver was able to support the birth parents and children in visitation.
- In several cases the agency worker stayed connected with the providers involved with the family to allow ongoing assessment of the family status and, if issues were raised, allowed for quick mitigation of those concerns to lessen any impact to the child/ren.
- Several foster care cases with an adoption goal and the agency worker had consistent purposeful contacts with the child/ren and the pre-adoptive parent to assess for any risk or safety concerns.
- Several foster care cases with trial visits with the birth family and the level of contact with the child, parent(s), daycare provider, medical provider and therapeutic provider that

providing ongoing assessment of how the child was doing in the placement and ensuring any safety or risk factors were addressed quickly.

Challenges:

- In 44% of the cases reviewed it was apparent the agency conducted an initial assessment that accurately assessed all the risk and safety concerns.
  - Not fully assessing out of home parents, especially related to substance use, dv and prior reports/findings of child abuse and neglect.
- In 39% of the cases reviewed it was apparent that the agency conducted ongoing assessments that accurately assessed all the risk and safety concerns.
  - Lack of full assessment on others who become the alternative caregiver for the child/ren, either out of home parent or relatives, not always evident.
  - Some concerns related to closing cases despite there being unaddressed concerns related to risk and safety.
  - Not fully assessing new members to a household, i.e. boyfriend/girlfriend of the primary parent. Lack of documentation indicated that, in these situations, children are interviewed specific to household members and whether any risk is posed to them.
- In 11% of the cases reviewed it was apparent that, if safety concerns were present, the agency developed an appropriate safety plan and continued to monitor and update the plan as needed.
  - Safety plans in place but no follow up to ensure that the plans are being followed and/or not having fully assessed the identified person who will monitor the safety plans to ensure that person has the capacity to do so. For example- relative identified to check in with family however only one phone call to this relative only to see if that person would be willing or able to do so. No follow up with the family to ensure this was happening.
- In 67% of the cases reviewed there were safety concerns that were not adequately or appropriately addressed.
- In 31% of the cases reviewed safety concerns related to the child in foster care during visitation with parents/caregivers or other family members were apparent.
  - Visits between children and parents supervised by resource parents however no guidelines provided to the resource parents to assist in their adequately supervising the child and parent, leaving it up to the resource parents to make those determinations.
  - In one case there were visits with both parents together despite history of domestic violence between the parents. Visits were not separated despite there being an incident of fighting between the parents during one such visit which included yelling, swearing and spitting each other.

- In 31% of the cases reviewed there was concern for the child in foster related to the foster parents, members of foster parents' family or other children in the home that were not adequately or appropriately addressed.
  - Concerns related to foster home however no services or additional training provided to support foster parents mitigate the concerns that had been disclosed by the children. In two cases the concerns were specific to how the resource parents were managing difficult behaviors of the children in their care.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency in practice and improve critical thinking and decision making at key child welfare decision points.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

## **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 2017 CFSR achieving the standard in 75% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 4 is 83% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
4 Stability of Placement	75% Strength	65% Strength

The most recent ACF Data Profiled (February 2020) reflects that Maine fell above the national standard in this measure. The National Performance measure is 4.44 or below and Maine met this measure at 3.88.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- Multiple cases where the only placement child had during the review period was one that was willing to adopt child if/when reunification was not successful.
- Several cases with relative placement that would ultimately be the permanency placement for child either through permanency guardianship or adoption.
- If/when child moved the move was done in order to meet the permanency goals of the child, i.e., moving to an adoptive placement.

**Challenges:**

- Lack of stability concerned related to issues related to foster parents' behaviors, ie. Untreated mental health of parents, issues related to interactions between the children in the home to the extent children not feeling 'safe' in the home and no documentation of efforts by the agency to assess and/or provide the supports needed to the home.
- Initial placements in settings known to be temporary at time of placement.
- Placement with foster parents with their own mental health and/or substance abuse issues that are not fully assessed in terms of how child behavior may impact these issues. In one case the child needed to be moved due to foster parent attempting suicide and immediately returned to mother' care who had to leave her inpatient substance abuse treatment to take child and both went into a shelter.
- Lack of stability concerns related to high needs of several children in the home yet supports not provided to foster parent to address these needs leading to concern of placement stability.

- Multiple placements in several cases for children struggling with behavioral challenges and not appropriate placements available to meet the children's needs, leading to hotel stay in at least one case.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 5: (Permanency goal for child)** was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 80% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 5 is 88% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
5 Permanency goal for child	80% Strength	43% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- Goals of reunification established as soon as child enters foster care.
- Use of concurrent planning in several cases with an adoption goal being established within several months of child entering foster care given the history of the family.

### Challenges:

- Goal of family reunification inappropriate for the length of time given based on the case circumstances.
- Initial establishing of family reunification goals timely, challenge is when the case circumstance warrants a change in the goal from FR to adoption or permanency guardianship.
- Transfer of cases between districts delayed filing of TPRs.
- Staff workload and need to prioritize and filing TPR not considered a higher priority over a different activity;
- Court: delays in hearing cases and courts extending FR timeframe for parents.
- Changes in staff resulting in need for worker assignments and having a ‘new’ worker get up to speed on the case.
- Delays in contacting provider working with parents on services impact timely decision making on changes in permanency goal. In one case the contact was not made until 9 months into the case at which time it was discovered the parent was not participating in services.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners.

Strategy 1: Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**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 permanent living arrangement.

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 55% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 6 is 65% with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	26% Strength

The ACF Data Profile (February 2020) reflects that Maine meets the national performance standard for children/youth achieving permanency within 12 -24 months; the issue is for children/youth to achieve permanency within 12 months of entry into care. Maine's outcome was 31.8%, well below the 42.7% national performance standard and a slight drop from the prior year.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- Timely achievement of goals most likely to occur when early use of concurrent planning and filing of termination of parental right petitions within 8-12 months from entry of child in care.
- Placement with kinship providers with work done concurrently to ensure they have the proper licensing to be a viable permanency option either through adoption or permanency guardianship.
- Initial placements in homes open to be a permanency option for children if/when reunification is not successful.
- One notable case with close collaboration between the agency, Court and GAL to support an older youth through a transitional living program. This included the Judge having direct contact with the TL Director and having a court hearing with the youth present and a discussion with the youth, Judge, GAL and agency worker.

**Challenges:**

- Significant delays in filing TPR as noted in Item 5 led to delays in timely achievement of adoptions.

- Delays in searching for pre-adoptive homes even in those cases with the concurrent goal of adoption.
- Incarcerated parents with FR goals not being provided services while incarcerated- when released begin services but well into the time period.
- Court: delays in obtaining hearing dates, multiple appeals.
- Lack of concurrent planning impacts timely achievement of adoption goals. Several cases where children were placed with pre-adoptive family however work on adoption didn't start until TPR finalized.
- Delays in transferring cases to adoption unit.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners.

Strategy 1: Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Strategy 5: Collaborate with other state agencies and community partner to improve access, availability, and efficacy of services to support children and families.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 7: (Placement with siblings)** was assigned a rating of Strength in the 2017 CFSR achieving the standard in 91% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
7 Placement with siblings	91% Strength	95% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- Efforts made to place siblings together when entering foster care and, when not possible, efforts to reassess those situations when appropriate.
- In larger siblings' groups efforts demonstrated to place as many together as possible in one home.
- Assessment evident in those situations where siblings couldn't be placed together, either due to the high specialized need of the child, or his/her sibling(s).

**Challenges:**

- Lack of efforts to reassess the ability to place siblings together when initial placement couldn't maintain a larger sibling group.
- Initially recognized importance of placing children together and work done to develop relationship between child and the siblings foster parent however it was 9 months before the child in the review was placed with the sibling and it isn't clear why.

Maine was rated a strength in this area in the 2017 CFSR and thus not required to directly address this in its PIP. However, the strategy that should continue to strengthen this item is 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 2017 CFSR achieving the standard in 58% of the applicable cases reviewed.



Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
8 Visiting with parents and siblings in foster care	58% Strength	56% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- Cases that reflect visits with mothers of children happening multiple times a week.
- Cases that demonstrated a progression down of the level of supervision, starting off as supervised in an agency to unsupervised in the home prior to trial placements.
- Cases that demonstrated agency support in visitation through coaching and support during the visit as well as providing transportation for parents to and from visit.
- Siblings having visits outside of family visits with parents.

Challenges:

- In 80% the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship.
- In almost 70% the cases reviewed concerted efforts were made to ensure the quality of visitation between the child and the mother were sufficient to maintain or promote the continuity of the relationship.
- In 72% of the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship.
- In 63% of the cases reviewed concerted efforts were made to ensure the quality of visitation between the child and the father were sufficient to maintain or promote the continuity of the relationship.
- In 85% the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her sibling was of sufficient frequency to maintain or promote the continuity of the relationship.
- In 76% of the cases reviewed concerted efforts were made to ensure the quality of visitation between the child and the sibling were sufficient to maintain or promote the continuity of the relationship.
- Factors impacting frequency of visits include the agency not reaching out to fathers to arrange visitation despite knowing children have contact with the fathers and the agency has been provided contact information for the fathers involved.
- Factors impacting quality of visits include:

- relative foster parents being present during visits despite conflictual relationship between relative provider and parent; and
- visits held with children with both parents despite history of domestic violence.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 9: (Preserving connections)** was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 85% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
9 Preserving connections	85% Strength	73% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:



### Strengths:

- In 99% of the cases reviewed there was a enough inquiry conducted with the parent, child, custodian, or other interested part to determine whether the child may be a member of, or eligible for member in, a federally recognized Indian Tribe.
- Placement with relatives naturally led to connections being preserved with extended relatives.
- Adoptive parent allowing ongoing visits between child and birth grandparents, maternal and paternal.

### Challenges:

- In 73% of the cases reviewed concerted efforts were made to maintain the child's important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school and/or friends).
- Lack of documentation of efforts to maintain connection with grandparents even those having had a relationship with child at the onset of the child welfare intervention.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 10: (Relative placement)** was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 87% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
10 Relative Placement	87% Strength	79% Strength

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the 2019 calendar year, relative placements ranged from 39% to 41%, averaging 40% which was up from the CY 2018 figure of 36.5%.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- Reviews found concerted efforts to locate and assess relatives, but they were ruled out for good cause (i.e. extensive CPS history, unwillingness to care for the child, family situation prevented them from caring for the child, physical environment unsafe).
- Placed with relatives but continue to explore other relatives if/when it may be necessary to move the child if appropriate.
- Maternal and paternal relatives explored early in the process and reassessed over time.
- Exploration beyond grandparents, efforts to explore aunts, uncles and cousins both maternal and paternal.
- In 91% of the cases that were reviewed where the child was placed with the relative, the placement was stable.

**Challenges:**

- In 77% of the cases reviewed concerted efforts were documented related to identifying, locating, informing and evaluating maternal relatives for potential placements for the child.
- In 61% of the cases reviewed concerted efforts were documented related to identifying, locating, informing and evaluating paternal relatives for potential placements for the child.
- In 41% of the cases reviewed the most current placement was with a relative.
- ICPC approved grandparents in Florida however no follow up by the agency to transition child to the home and no clarity as to why the placement did not occur.
- Not exploring adoptive parents of siblings to children who newly enter foster care.
- Current caseworkers being unaware of case history and documentation that reflects relatives that could be explored as appropriate.

- Paternal relatives not explored and the interviews in the CFSR found the following factors to be a barrier:
  - Fathers seen as violent, so the agency decided not to explore his relatives;
  - Fathers not involved in the reunification efforts, so the agency decided not to explore his relatives; and
  - Fathers being in foster care as child so agency decided not to explore his relatives.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase engagement of the family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 11: (Relationship of children with parents)** was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 64% of the applicable cases reviewed.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
11 Relationship of child in care with parents	64% Strength	60% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- Both parents were invited/encouraged to attend medical appointments, and school activities, and were often provided transportation to support this involvement.
- Foster parents having strong involvement and willingness to engage with parents that included:
  - Involving parents in medical, school, developmental appoints as well as having them participate in family events and holidays;
  - Providing mentoring and role modeling to parents during contacts with children; and
  - Ensuring that child had weekly contact with an incarcerated parent.

Challenges:

- In 67% of the cases reviewed, concerted efforts were made to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In 52% of the cases reviewed, concerted efforts were made to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.
- Interviews held in the CFSR process reflected the following:
  - Parents reporting wanting to be involved in the children's appointments however times scheduled interfered with their work schedule and insufficient lead time for parents to alter their schedule to attend;
  - Parents not having transportation and no effort by the agency to set it up for them to attend the appointments;
  - Caseworker having contact information to contact dad however did not do so despite the child wanting to have that relationship; and
  - Foster parents scheduling appointments with biological children and not wanting the birth parent of the foster child to attend the appointments.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Courts and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

## **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 2017 CFSR, achieving the standard in 38% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (45% strength) compared to in-home service cases (28% strength).

This item is further broken down to reflect agency work with children, parents and foster parents. The CFSR data reflected the following outcomes:

- Needs Assessment and Services to Children: This was rated a strength in 69% of the cases reviewed.
- Needs Assessment and Services to Parents: This was rated a strength in 33% of the cases reviewed.
- Needs Assessment and Services to Foster Parents: This was rated a strength in 63% of the cases reviewed.

The 2017 CFSR PIP improvement goal for Item 12 is 46%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
12 Needs and services of child, parents and foster parents	68% Strength	28% Strength
12A Needs Assessment of Children		52% Strength
12B Needs Assessment of Parent(s)		22% Strength
12C Needs Assessment of Foster Parents		55% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- When the mother's needs were assessed the agency did provide appropriate services to address the needs.
- Efforts to provide older youth with transition living services to include Opportunity Passport, budgeting/banking info, driver's education and job training.

**Challenges:**

- In 66% of the cases reviewed the needs of children were assessed; addressing those needs in 39% of the cases.
  - No ongoing assessment of children's needs or addressing those needs including contact with known providers for the children or the schools to aid in that assessment. Lack of services provided despite evaluations recommending services needed in relation to peer relationships, socialization, coping skills and self-esteem.

- In those cases where children were safety planned to another caregiver, there was lack of discussion with the alternative caregiver as to any needs they may have to adequately care for the child/ren and then providing those services.
- Documentation doesn't support conversations with the children related to assessing the children's needs.
- Older youth not receiving transitional living services.
- Services not being referred to as workers not believing child/youth would be interested or would attend services however not explored with the child/youth.
- In 23% of the cases reviewed the needs of mother were assessed; addressing those needs in 22% of the cases; in 19% of the cases reviewed the needs of father were assessed; addressing those needs in 14% of the cases.
  - Documentation did not support that ongoing assessments were occurring, including having contact with providers to determine if the services were appropriate and adequate to meet the needs of parents.
  - In cases with parents who have significant others, lack of documentation of assessing and addressing those needs despite the significant other's having a role with the children, i.e. providing care, living in the home.
  - The lack of quality and frequent contact with the parents impact this area as well as assessments can't occur routinely with insufficient contact.
  - Little contact with out of home fathers despite there being a relationship with their children. Often there is an initial contact at the start of the assessment but then no, or little, contact beyond that time.
  - Little contact with incarcerated parents to assess the length of incarceration, role with their children once released, assessment of needs and options related to addressing needs.
- In 60% of the cases reviewed the needs of foster/pre-adoptive parents were assessed; addressing those needs in 43% of the cases.
  - Foster parents reported in interviews not having support to help manage the children's behaviors in the home.
  - Foster parents reported not being provided financial support in some cases as well as respite.
  - For kin/relative placements, lack of support to providers to help support the change in relationship between the relative and parent even in cases where the relative providers is known to struggle with setting limits with their adult child.
  - In a couple of cases the current placement was the first one for the foster parent who was unaware of options of support to help maintain placement and agency didn't provide any support despite knowing the challenge foster parent was facing. Concern related to lack of training provided to foster parents to support the placement of behaviorally challenging children.

- Concerns raised by foster parents to agency related to visitation issues between child and parents, foster parents didn't feel their concerns were heard by the agency caseworkers.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Courts and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce.

Strategy 4: Coordination, implementation of training opportunities with the OCFS Policy and Training Unit and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill set foster, adoptive and kinship parents.

Strategy 5: Collaborate with other state agencies and community partners to improve access, availability, and efficacy of services to support children and families.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).



**Item 13:** (Child and family involvement in case planning) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 40% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (47% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 13 is 48%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
13 Child and family involvement in case planning	55% Strength	28% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- Engaging legal guardians and birth parents in case planning in service cases.
- Involving children as young as 6 at an age and developmentally appropriate level.
- Interviews held as part of the CFSR process found:
  - Parents felt listened and actively engaged in case planning;
  - Parents reported understand the case plan and the expectations;
  - Separate FTM's held for parents with a history of DV;
  - Parents of children in foster care feeling that they were actively in the decision making for their children; and
  - Involving out of home parents, generally fathers, in case planning.

**Challenges:**

- In 45% of the cases it was evident that children were involved in case planning.
  - Little to no contact with services providers for input as to how children/youth were progressing in treatment.
  - Lack of case planning specific to transitional living for age appropriate youth.
  - Several cases with issues related to relationship between child and parents however no documentation of planning around these needs despite goals of reunification.
- In 26% of the cases it was evident that mothers were involved in case planning; In 15% of the cases it was evident that fathers were involved in case planning.
  - In the interview process for the CFSR some parents reported feeling like the agency was making all the decisions alone and that the parents had no choice but to go

along with those decisions. Several reported not be clear on what the expectations were in order for their children to be returned.

- Numerous cases where the FTMs and contacts with parents occurred together in domestically violent situations.
- Lack of contact with parents impacts the ability to case plan with them which was evident in these case reviews.
- Lack of planning with incarcerated parents despite awareness that once discharged the parent would resume relationship with child/ren.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Strategy 1: Strengthen safety by ensuring all alleged victims of maltreatment are seen within OCFS policy defined timelines.

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency in practice and improve critical thinking and decision making at key child welfare decision points.

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 14: (Caseworker visits with child)** was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 63% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (68% strength) compared to in-home service cases (56% strength).

The 2017 CFSR PIP improvement goal for Item 14 is 70%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
14 Caseworker visit with child.	63% Strength	48% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- Seeing children involved in a service case in the home with the primary caregiver as well as out of the home when contact with birth parent to assess those interactions.
- Observations made of children and their interactions with others living in the home.
- Caseworkers ensured they had individual time alone with child as well as observations with the caregivers and others in the home.
- Nonverbal children were observed in their environment and the interactions between those children and their caregivers. In addition, caseworkers were contacting with medical or daycare providers for their perspective on how the child was doing in the home.
- Efforts demonstrated to communicate with very young children and/or children who did have some developmental delays.
- Key conversations were evident during the contacts and included checking on the following:
  - Feeling of safety in the home;
  - How visitation was going for the child and parents;
  - Child's medical appointments/needs; and
  - Child's medication if applicable.

### Challenges:

- In 52% of the in-home service cases reviewed the *frequency* of contact met the expectations; in 86% of the foster care cases reviewed the *frequency* of contact met the expectations.
  - In service cases children initially interviewed but then primarily only observed.
  - In those cases where frequency wasn't met it was generally due to agency worker not interviewing child/ren as warranted by the case circumstances.
    - One example being the agency made aware that a foster father had to 'bear hug' the child to contain him due to behavioral problems however the agency worker didn't go out to see the child until 11 days later and then didn't ask any questions about that incident.
- In 34% of the in-home service cases reviewed the *quality* of contact met the expectations; in 60% of the foster care cases reviewed the *quality* of contact met the expectations.
  - For age and developmentally appropriate children, lack of documentation of conversations taking place regarding decision making around case planning.
  - Lack of documentation that caseworkers were having critical conversations with children while in safety plan setting or when new allegations raised.
  - Visits not consistently occurring at the child's home.
  - Visits primarily happening in the context of a FTM with no separate conversations with child.
  - Interviews with children often occurring with others present/nearby, parents, caregivers, siblings or other caregivers.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 15: (Caseworker visits with parents)** was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 35% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (38% strength) compared to in-home service cases (32% strength).

The 2017 CFSR PIP improvement goal for Item 15 is 43%, with the method of measurement being the quality case reviews.

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
15 Caseworker visit with parent(s)	35% Strength	19% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- Concerted efforts to engage noncooperative parent through repeated phone call attempts, unannounced visits, letters and contact with the informal supports.
- Meeting with parents alone in an environment conducive to open conversations.
- Contact with paramours of the parents who are in the homes.
- Interviews found:
  - Parents reported caseworkers as being available and supportive; and
  - Parents reported caseworkers doing a good job explaining the Department and Court process

Challenges:

- In 45% of the in-home service cases reviewed the frequency of contact with the **mother** met the expectations; in 35% of the foster care cases reviewed the frequency of contact with the mother met the expectations.
- In 27% of the in-home service cases reviewed the quality of contact with the **mother** met the expectations; in 18% of the foster care cases reviewed the quality of contact with the mother met the expectations.
- In 40% of the in-home service cases reviewed the frequency of contact with the **father** met the expectations; in 8% of the foster care cases reviewed the frequency of contact with the **father** met the expectations.
- In 28% of the in-home service cases reviewed the quality of contact with the **father** met the expectations; in 3% of the foster care cases reviewed the quality of contact with the **father** met the expectations.
- Lack of documentation of critical conversations being had with the parents, even when/if new allegations were raised.
- Turnover of staff impacting consistency and quality of visits with parents.
- Visit held with both parents together even in DV situations.
- Not meeting consistently with parent(s) in the home, often being seen in Court, FTMs, office visits or during supervised visits between the parents and children.

- Not meeting consistently with out of home parents even those with relationships with children, including incarcerated parents when there was a plan for ongoing contact with child once released.
- Conversations not focused on key issues, for example conversation related to use of substance use but no discussion regarding contact/relationship with parent's batterer or mental health needs/services.
- Reviewer interviews with parents reflected that parents often believe the agency is unwilling to accommodate the schedule of a working parent which led to missed contacts.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Courts and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

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

**Item 16: (Educational needs of child)** was assigned a rating of Strength in the 2017 CFSR, achieving the standard in 95% of the applicable cases reviewed. Performance was higher in this item for foster care cases (97% strength) compared to in-home service cases (50% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
16 Educational needs of child assessed and addressed.	95% Strength	63% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

**Strengths:**

- In-home service cases where it was evident that the OCFS and ARP workers had conversations with the school to assess any concerns related to educational needs.
- In-home service cases where the caseworker facilitated communication and meetings between the child's medical provider, school and parents.
- It was evident that the caseworker was having monthly conversations with foster parents, particularly of young children, to ensure the children's developmental needs were assessed and addressed.

### Challenges:

- In 33% of the in-home service cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
  - Children with long history of truancy and being tardy to school and no assessment by agency as to why this was occurring despite agency awareness of the problem.
- In 18% of the in-home service cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.
  - Lack of efforts document as to helping parents overcoming barriers for their children to receive the most appropriate services to meet educational needs.
- In 76% of the foster care cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
  - Caseworkers have limited or no contact with schools to assess and ensure the children's educational needs are being met.
- In 60% of the foster care cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.
  - Delays in receiving services such as speech therapy due to wait lists however no efforts to look at other providers to see if space is available.
  - Caseworkers assuming that the caregiver of children (foster parent or birth parent) is engaging with school to ensure needs being met however this doesn't happen and child's needs left unassessed/addressed.

Although Maine is not required to develop a PIP strategy specific to address Item 16 the PIP does include goals and strategies that will impact this area which is important given the demonstrated decline in this as highlighted in the above table. Those goals and strategies include:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Courts and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**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 2017 CFSR.

**Item 17: (physical health needs of the child)** achieved the standard in 64% of the applicable cases reviewed. Performance was higher in this item for foster care cases (70% strength) compared to in-home service cases (47% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
17 Physical health needs of child assessed and addressed.	64% Strength	64% Strength

In addition, the data from the 4/1/19-3/31/20 CFSRs conducted by QA reflected the following as challenges during that period:

Strengths:

- In 88% of the foster care cases reviewed the information supported that the agency had accurately assessed the child's physical health needs; addressing those needs in 86% of the cases reviewed.
- In 85% of the foster care cases reviewed the information supported that the agency provided appropriate oversight over prescription medications to address physical health issues.

Challenges:

- In 60% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child's physical health needs; addressing those needs in 58% of the cases reviewed.
- In 58% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child's dental health needs; addressing those needs in 45% of the cases reviewed.



- In 81% of the foster care cases reviewed the information supported that the agency had accurately assessed the child's dental health needs; addressing those needs in 68% of the cases reviewed.
- Caseworkers assuming that the caregiver of children (foster parent or birth parent) is engaging with school to ensure needs being met however this doesn't happen and child's needs left unassessed/addressed.
- Not access child's physical health needs when situation warrants it, i.e. child reported to have bruising but not viewed by either the agency or medical staff.
- Inability to access paper records to support medical needs assessed/addressed in those situations when the record and interview process is unable to determine if the needs were being met.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

**Item 18:** (Mental/behavioral health of the child) was achieved the standard in 67% of the applicable cases reviewed. Performance was higher in this item for foster care cases (69% strength) compared to in-home service cases (62% strength).

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
18 Mental/behavioral health needs of child assessed and addressed.	67% Strength	41% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/19-3/31/20 found the following:

Strengths:

- The agency demonstrated stronger performance in assessing and addressing children's physical health needs in foster care cases than in-home service cases.
- Caseworkers engaging in discussions with clinical providers to assess treatment needs.
- Caseworker attending medical meetings for children in foster care and following up with caregivers monthly to check in on how the child was handling the medication regime.
- In service cases caseworkers supporting parents to ensure their children's mental health needs were addressed. In one interview the parent spoke about the worker/agency empowering her to ensure her child's needs were being met.

Challenges:

- In 61% of the foster care cases reviewed the information supported that the agency had accurately assessed the child's physical health needs; addressing those needs in 47% of the cases reviewed.
- In 57% of the foster care cases reviewed the information supported that the agency provided appropriate oversight over prescription medications to address physical health issues.
- In 41% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child's physical health needs; addressing those needs in 30% of the cases reviewed.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

Maine is also committed to implementing the key activities outlined in the CFSP 2020-2024 as cited in the Plan for Improvement section of this document (page 113).

### **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:**

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the Maine statewide information system can readily identify a child’s status, demographic characteristics, location, and goals. Stakeholders reported that placement changes are documented within twenty-four hours. The state has monthly processes in place to review, and, if necessary, correct the information in the system to ensure accuracy.” (*Child and Family Services Report Maine Final Report 2017*)

Through planned upgrades to functionality, and rapid technological responsiveness to child welfare practice needs, the Maine Automated Child Welfare Information System (MACWIS) continues to readily identify the status, demographic characteristics, location, and goals for every child in foster care.

The MACWIS system continues to readily identify for its users the status, demographic characteristics, location, and goals for every child in foster care. The system reliably tracks and stores the data. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. These reports can be produced dependent on the necessary frequency required or requested, daily to state fiscal, federal fiscal, or calendar year.

The entry of demographics within MACWIS is a combined effort between OCFS staff, and the state's eligibility system, ACES, which is the default and single client repository for demographics. ACES exchange demographic data with MACWIS hourly. MACWIS utilizes validation and system controls for data accuracy, as well as element, and entry requirements prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business processes of intake, assessment, and cases. Supervisory oversight ensures that the status of a child is entered accurately and timely. Audit reporting for AFCARS and NYTD elements, and for the quality requirements of OCFS Child Welfare policy and practice, are run monthly. But any of the standardized reports can be run as needed for auditing, as previously stated. Timeliness of a child's placement, and the entry of the child's goals into the Child Plan is also assured through weekly reporting and review. MACWIS maintains the capability of producing IV-E 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 data, in 2019 approximately 1800 data fixes were completed. Requests for application changes that may enhance a user's accuracy and timeliness, as well as improve reliability and validity of the data are also received. Ten certified deployments were completed during 2019, continuing to improve and maintain the application as well as support all new state and federal requirements. The ten releases which OCFS completed in 2019 included approximately 120 requested application requirement tickets.

Maine continues to sustain a high functioning Information Services Team and Program utilizing an Agile methodology. The Team is responsive to the needs of MACWIS business customers and users, while also upholding of federal, state, and department rules, policies and practices.

On November 27, 2019 Jerry Milner, Associate Commissioner Children's Bureau acknowledged receipt of and provided his approval of Maine's Implementation Annual Planning Document, to develop a new Comprehensive Child Welfare Information System (CCWIS). The state transitioned its Maine Automated Child Welfare Information System (MACWIS) to a CCWIS, and it will continue to utilize MACWIS during the development phase of the new CCWIS. The state has a Public Assistance Cost Allocation Plan (PA-CAP) approved by the Cost Allocation Services that describes the new CCWIS project and the applicable Cost Allocation Methodology (CAM).

For the twelfth year, OCFS has renewed their contract with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data. Maine continues their membership with twelve other states on the ROM Leadership Council. The development agenda for ROM enhancements is undertaken with the advisement of this ROM leadership Council. During SFY19 the Maine Information Services Unit staff worked with the University of Kansas ROM team to complete 4 database releases for both application maintenance and enhancement. The scope of the releases included new features, internal architectural changes, refined validations and enhancements for application usability, as well as various software fixes.

In November and December Maine had custom functionality tickets released. The first functionality released included an ending time for the Case Type and case Type EOM fields in order for these fields to populate. The second automated and updated the management of child census populations and child poverty populations. OCFS continues to work and meet monthly with the ROM Liaison for technical assistance, problem solving, information on statuses of releases, support in user testing and production implementation and communication on data extracts and analysis. OCFS will be pursuing ROM SSO login configuration in SFY20 to increase ease of access and improve use of the application.

## **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:**

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "In the statewide assessment, Maine described challenges in jointly developing written case plans with parents, especially fathers. Stakeholders said that plans were usually written by caseworkers and presented to parents. Stakeholders also noted challenges with actively involving parents in case planning, including parents not understanding the process; FTMs occurring shortly after removal when parents were overwhelmed and not able to effectively participate; confusion for both staff and parents resulting from the variety of case plans; and challenges in developing case plans during FTMs when parents were not communicating with one another, or there were domestic violence issues." (*Child and Family Services Report Maine Final Report 2017*)

Historically, OCFS has recognized this as being a challenge, and has instituted different protocols in attempt to improve this practice. In August 2017, OCFS implemented a new process for the development of the Family and Child Plans. This process was automated in the spring of 2018. The framework behind this new model is that assessing needs, developing action steps, and measuring progress is intended to be a dynamic process between the family, team, and agency, that helps to guide the trajectory of the work to resolve safety concerns.

Date pulled from the case review process found the following challenges identified in case planning:

- In 45% of the cases it was evident that children were involved in case planning.

- Little to no contact with services providers for input as to how children/youth were progressing in treatment.
- Lack of case planning specific to transitional living for age appropriate youth.
- Several cases with issues related to relationship between child and parents however no documentation of planning around these needs despite goals of reunification.
- In 26% of the cases it was evident that mothers were involved in case planning; In 15% of the cases it was evident that fathers were involved in case planning.
  - In the interview process for the CFSR some parents reported feeling like the agency was making all the decisions alone and that the parents had no choice but to go along with those decisions. Several reported not be clear on what the expectations were in order for their children to be returned.
  - Numerous cases where the FTM's and contacts with parents occurred together in domestically violent situations.
  - Lack of contact with parents impacts the ability to case plan with them which was evident in these case reviews.
  - Lack of planning with incarcerated parents despite awareness that once discharged the parent would resume relationship with child/ren.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment and permanency casework practice to build consistency in practice statewide and improve critical thinking and decision making at key child welfare decision points.

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

### **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 Area Needing Improvement in the 2017 CFSR. “Although many stakeholders said that periodic reviews were routinely occurring on a timely basis, data and information in the statewide assessment showed that on average, less than half of the periodic reviews occurred timely. Stakeholders reported that the agency drafts and circulates the order. If all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” (*Child and Family Services Report Maine Final Report 2017*)

The CFSR found that the timeliness of quality of periodic reviews by the courts needed improvement. This finding was based on file reviews, stakeholder interviews, and focus groups to collect the data. The file review data for the CFSR was pulled strictly from the MACWIS, and neither a Maine Judicial Information System (MEJIS) analysis of data nor an in-person review of the court files was completed. In response to the findings of the CFSR, OCFS identified the need for increased collaboration with the courts to improve on the areas of review, including the timeliness of periodic reviews. To this end, OCFS and the members of the Administrative Office of the Courts, including the court improvement coordinator, held a series of weekly meetings facilitated by the Children’s Bureau to review and discuss the CFSR findings that pertained to court performance. As part of that collaborative review process, representatives from the courts conducted a manual file review and analyzed data from MEJIS for the cases that were selected for the CFSR. This manual data analysis showed that the courts are performing much better on timeliness measures than was reported in the CFSR. A total of 37 cases were hand reviewed by judicial branch employees who are attorneys and experts in child protective law. Data collection indicated the following about periodic reviews:

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe;
- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% of the judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the judicial reviews held were timely. Because this in-depth manual data review demonstrated that the timeliness of quality for period reviews does not need improvement in Maine, the key activities below do not address this item. However, the discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscored the need for improved communication and collaboration between the judicial branch and OCFS, particularly on data provided to the Children's Bureau for its reviews. Recognizing the need and benefit of improved collaboration, all of the strategies in this program improvement plan that involve the courts were developed with substantial input from both the courts and the OFCS, including their respective leadership.

The ACF Data Profile (February 2020) reflects that Maine meets the national performance standard for children/youth achieving permanency within 12 -24 months; the issue is for children/youth to achieve permanency within 12 months of entry into care. Maine's outcome was 31.8%, well below the 42.7% national performance standard and a slight improvement from the prior year.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §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 Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038(5) stipulates "After hearing or by agreement, the court shall make written 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, if the child is receiving instruction to aid the child in independent living."

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:



Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 1: Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers.

### **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 2017 CFSR, as information obtained confirmed that initial and ongoing permanency reviews were held on a timely basis in almost all the cases, and that these reviews met the federal requirements.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) mandates: “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 60<sup>th</sup> day after removal of the children from the home, whichever occurs first.”

In addition, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) states “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.”

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 months thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

A February 2020 QA review of a 10% of children who entered foster care in 2018 found that initial permanency hearings occurred timely in 100% of the cases reviewed. In 96% of the cases reviewed it was found that the subsequent permanency hearings were held within 12 months of the prior permanency hearing.

The goals, strategies and key activities outlined in the OCFS PIP will continue to support the success of Maine's child welfare system in ensuring timely permanency hearings being held.

### **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 Area Needing Improvement in the 2017 CFSR. "Information in the statewide assessment and collected during interviews with stakeholders showed that terminations of parental rights (TPR) were filed in a timely manner in slightly more than half the applicable cases. A small number of stakeholders felt that TPRs were filed timely; however, other stakeholder said that TPR was not filed timely, and that delays in paternity testing, the need for publication for parents, crowded court dockets, and caseworker workloads were barriers to timely filing." (*Child and Family Services Report Maine Final Report 2017*)

In 57% of cases reviewed from 4/1/19-3/31/20 the agency filed a termination of parental rights petition before the period being review or in a timely manner during the review period.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Courts and community partners.

Strategy 2: Improve the frequency and quality of caseworker visit with parents.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.

Strategy 1: Improve the frequency and quality of caseworker visit with children/youth.

#### **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 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders identified significant barriers to ensuring 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 hearing held with respect to the children in their care. Stakeholders said that the trailing docket used in many courts, and rescheduling hearings at the last minute, made it difficult for participants to be available. Stakeholders also reported that the caregiver’s ability to be heard, varied according to the judge.” (*Child and Family Services Report Maine Final Report 2017*)

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §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 to 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.”

Barriers identified in meeting this expectation includes:

- Trailing docket system in Court impacts the ability to provide the caregiver with an exact date and time for the review;
- Continuances occur and foster parents aren't provided notification of the rescheduled hearing;
- Inconsistency with the Courts as to how well foster parents are invited to be heard during the hearing.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 1: Increase timeliness to permanency through improvement engagement of and communication with parents and resource caregivers.

## **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 2017 CFSR. "Information in the statewide assessment showed that Maine has a fully functioning quality assurance system operating in all jurisdictions that uses data to evaluate the quality of services, and to identify the strengths and needs of the service delivery system. The state's case review system uses a model based on the federal review process to conduct targeted case reviews. The state shares data with both internal and external stakeholders and solicits input from them to inform policy and practice improvements." (*Child and Family Services Report Maine Final Report 2017*)

- Historically, OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. OCFS maintains a unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts. The QA Specialists are supervised by the QA Program Manager based in the central office. In 2020 the decision was made to expand the QA Unit by three positions to ensure that all but one district office, including Intake/Central Office, have access to a QA Specialist. The QA unit will continue to conduct case reviews utilizing the federal Model of CFSR to measure progress in its PIP following the 2009 CFSR. This process continued following Maine's completion of the PIP and was approved by ACF to conduct the 2017 CFSR state option for Maine. Specific activities have included monthly case reviews, as well as special projects to provide senior management with qualitative data in areas of interest or concern. The work of this group has also expanded through the restructure to include federal audits of the Child Care Subsidy Program and, in 2020, the National Youth Transition Database (NYTD) reviews.
- In 2020 a full CQI process will be developed to include QA, Information Services, training, policy and child welfare program staff.
- 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 2020-2024 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
- The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data. Data reports are tested for accuracy through a sampling audit. QA staff conducts monthly case reviews, which consist of comprehensive case reviews using the ACF review instrument and focused reviews based on the agency's need for data.
- 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 management dissemination of this information.

Currently, the QA unit's primary functions are to provide data for the PIP Measurement Plan, providing real time feedback to district staff utilizing the Eckerd Rapid Safety Feedback review model, supporting both the Child Care Subsidy and NYTD Correction Action Plans. As highlighted above the vision in 2020 is to expand the QA unit to ensure that all districts have access to these resources and allow real time feedback to district staff.

OCFS conducted an assessment to ensure the QA system meets the five key components of a sound QA/CQI system as laid out in the 2007 ACF Information Memorandum. Maine continues to meet the basic requirements required to having a sound QA system.

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, understand policy, and can easily navigate the MACWIS system. The QA team meets routinely, minimally quarterly. 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. 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 utilize the tool consistently. The QA unit has access to the Online Monitoring System (OMS) through the federal CFSR Portal and has moved to using that system to conduct individual case reviews. The unit also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure the team is meeting the requirements for maintaining the integrity of the tool during case review, the team 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.
  - d. 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.
  - e. 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 and allows for consistency in conducting both review processes. As feedback is received from ACF related to secondary review of the reviews conducted in the CFSR model it is shared with the entire team as a learning opportunity in future reviews.
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 intact. The assessment from ACF was that the Maine team consistently uses the tool to fidelity. As feedback is received from ACF related to secondary review of the reviews conducted in the CFSR model it is shared with the entire team as a learning opportunity in future reviews.
  - 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 Technology and Support, 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 was to increase fiscal accountability and 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. In 2020 the unit formerly known as the Operations Unit was renamed Technology & Support. The QA, Information Services and ICPC teams remains in this program area. The IV-E manager falls under the Child Welfare division.

- 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 routinely conduct case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on the agency's 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 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. Maine utilizes this same structure/process adopted to conduct case reviews which will provide PIP measurement data.
  - 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 one person is identified as the anchor. Maine developed 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.
  - e. In the spring of 2018, Maine's PIP Measurement Plan was approved by ACF. This Plan includes an annual review of 130 cases, using the approved sampling methodology and OSRI. These reviews began in April of 2018 and will continue throughout the PIP measurement period.
  - f. In January of 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff were responsible for peer review of Family Plans and Child Plans, using a review tool that reflected best practices. QI staff were responsible for providing feedback directly to their

peers in the moment. It was believed that having this model of real time review and feedback would help improve practice and ultimately the outcomes for children and families. In late 2019 this unit was disbanded due to the increase in district workload and those staff were needed to meet organization need. However, the value of the work of this team led to the decision to allocate funding to expand the established QA team to allow for that level of work to continue in a formalized process.

4. Analysis and dissemination of quality data:
  - a. OCFS utilizes monthly management reports, Kids in Care reports, CFSRs, and access to the Results Oriented Management System (ROM), which all combined, allows for ongoing tracking of outcomes. In 2020 it is anticipated that consultants specializing in the ROM program will attend management meetings to provide refresher training for managers so they can more effectively utilize that system in their work in the districts.
  - 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 OCFS to increase efficiencies and enhance the overall quality of review, discussion, and feedback provided from 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 convened, Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly and is co-chaired by the Associate Director of Child Welfare. Each month, the agenda includes an updated related to the Child and Family Services Review (CFSR).
  - b. OCFS is moving towards a more robust CQI approach which will 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.
  - c. 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.
  - d. QA staff continue to be available to provide more district-specific consultation through working on special reviews that could provide the district relevant information specific to that district efforts to improve outcomes.
  - e. The Quality Assurance Team began conducting surveys related to teaming in conjunction with the Child and Family Services Review in 2017. These surveys consisted of interviews with youth, parents, resource parents, and GAL/CASAs. The data collected was inputted into a database that allowed OCFS to establish



baseline data prior to the 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.

- f. In March of 2017, the Caseworker Advisory Team was created, consisting of a caseworker representative from each district. The purpose of this team is to create a platform for sharing information between front line staff and the Executive Management Team, and to work together on improving practice, resulting in successful outcomes for the agency. In 2019 the Supervisor Advisory Team was created to provide for supervisor staff that same forum.
- g. In January of 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff were responsible for peer review of Family Plans and Child Plans, using a review tool that reflected best practices. QI staff were responsible for providing feedback directly to their peers in the moment. It was believed that having this model of real time review and feedback would help improve practice and ultimately the outcomes for children and families. In late 2019 this unit was disbanded due to the increase in district workload and those staff were needed to meet organization need. However, the value of the work of this team led to the decision to allocate funding to expand the established QA to allow for that level of work to continue in a formalized process.

OCFS implemented a real-time review model, Eckerd Rapid Safety Feedback (ERSF), on 3/7/16, to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Supervisor. Based on a comprehensive review of five years of data in MACWIS and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, there was a reduction in the probability of high severity child abuse. 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 (ERSF Program Supervisor and the QA Specialist who reviewed the case), 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:

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

In the fall of 2018 this program was required to be placed on hold due to those staff being promoted to supervisory positions within child welfare. The program was relaunched with a new ERSF team in August 2019 and since then have had 579 cases assigned for review, 510 reviewed and 295 staffing's held as of 4/9/20. OCFS is partnering with Casey Family Programs to evaluate ERSF and determine future utilization of the service.

For the twelfth year, OCFS has renewed their contract with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data. Maine continues their membership with twelve other states on the ROM Leadership Council. The development agenda for ROM enhancements is undertaken with the advisement of this ROM leadership Council. During SFY19 the Maine Information Services Unit staff worked with the University of Kansas ROM team to complete 4 database releases for both application maintenance and enhancement. The scope of the releases included new features, internal architectural changes, refined validations and enhancements for application usability, as well as various software fixes. In November and December Maine had custom functionality tickets released. The first functionality released included an ending time for the Case Type and case Type EOM fields in order for these fields to populate. The second automated and updated the management of child census populations and child poverty populations. OCFS continues to work and meet monthly with the ROM Liaison for technical assistance, problem solving, information on statuses of releases, support in user testing and production implementation and communication on data extracts and analysis. OCFS will be pursuing ROM SSO login configuration in SFY20 to increase ease of access and improve use of the application.

## **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 2020-2024 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 2020-2024 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 2017 CFSR. "In the statewide assessment, Maine reported data and information to show that new caseworkers must complete the 12-day initial training as a condition of employment. The state provided information on caseworkers' evaluation of initial training, showing that they found it relevant to effectively performing their job functions." (*Child and Family Services Report Maine Final Report 2017*)

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 and Training Team that consists of six Policy and Training Specialists supervised by the Policy and 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. These training methodologies allow for new hires to begin training almost immediately. Through building in-house capacity to provide trainings, staff training needs can be met more immediately instead of waiting for an outside agency to conduct the training.

All new Child Welfare Caseworkers are required to complete trainings and activities that must occur within specific timeframes before a new caseworker can be assigned to cases. The New Caseworker Checklist lists all of these trainings and activities with the required timeframes. This checklist is completed and signed off on by the supervisor and the caseworker. The checklist is kept in the caseworker's file. Below are the items/activities and timeframes of the New Caseworker Checklist:

**Online trainings completed before and during New Worker Foundations Training completion:**

- Random Moment Time Study Training (to complete as soon as possible after their start date)
- Mandated Reporter Training
- DHHS New Employee mandatory on-line Modules:
  - Confidentiality 101 (PowerPoint)

- Domestic Violence
- Ergonomics/Video Display Terminal
- Harassment
- Language Access
- New Employee Orientation (PowerPoint)
- Records Management
  - Americans with Disabilities Act
  - Family Medical Leave Act
  - Office Attire
  - Reports of Injury
- Infant Safety; Abuse Prevention and Unsafe Sleep Related Death Prevention

## REQUIRED REGISTRY

- National Center Sign Up & Period of Purple Crying

### **Core trainings that have to be completed prior to assigning cases to a worker:**

(**Note to Supervisors:** Review of policies and other assigned readings during the Foundations Training may have to be completed on days that staff are in the office. It is highly recommended that new workers job shadow one initial investigation interview with a parent prior to attending week two of Foundations).

Complete Health Information Privacy and Security Training- in-person session held during day one of Foundations

Complete Foundations Training (This is a 12-day training over four weeks offered centrally and was offered seven times in 2019).

Breakdown of the Foundations Training is as follows (Weeks are Tuesday, Wednesday and Thursday. All days are 9:00am-4:00pm):

<b>WEEK ONE</b>	
Day 1	Introduction to OCFS; Laws, Policy, and Practice; Dynamics of Child Abuse and Neglect; Partnering with Families; Health Information Privacy & Security
Day 2	Introduction to Domestic Violence; Introduction to Substance Use Disorder
Day 3	Medical Indicators of Child Abuse/Neglect; Parents as Partners; Debrief of Week One
<b>WEEK TWO</b>	

Day 1	Introduction to Intake Structured Decision-Making Process; Introduction to Child Protective Investigation Process; Exploring Biases; Fact Finding Child Interview Protocol
Day 2	Continue Fact Finding Child Interview Protocol; Parent Interviews; Visiting the Home; Period of Purple Crying and Safe Sleep
Day 3	Continue Child Protective Investigation Process; Collateral Contacts; Analysis & Decision Making; Structured Decision Making; Child Abuse & Neglect Findings; Notifying Parents & Guardians of Findings; Assessment Simulation; Debrief of Week Two
<b>WEEK THREE</b>	
Day 1	Introduction to Family Team Meetings; Referring to Services; Inclusion of Out of Home Parent; Documentation; Family Plan;
Day 2	Maine Coalition Against Sexual Assault (MECASA); Human Trafficking; Children's Advocacy Centers; Meaningful Monthly Contact; Assessing Safety Through the Life of the Case
Day 3	Youth in Care Panel Discussion; Assessing and Creating Permanency; Assessing Well-Being; Monitoring Progress Towards Goals; Conversations with Service Providers; Observing Parent Child Interactions; What Youth, Family & Resource Parents Need When Children Enter Custody; Debrief of Week Three
<b>WEEK FOUR</b>	
Day 1	Working with Resource Parents; Resource Parent Panel; Introduction to the Court Process; What's Involved During a Permanency Case When Children are in Foster Care; Structured Decision Making; PPO on Mock Family; Legal Responsibility; Court Process; Planning in Reunification Cases; Mock FTM
Day 2	Placement Decisions; Child Health Assessments; Family Share; Family Visitation; Sibling Connections; Role of Case Worker; Work with Biological Parents; Meaningful Monthly Contact; Concurrent Planning; Well-Being; Child Plan; ACES; Reasonable and Prudent Parenting Standards; Permanency Plan; Resource Parents Involvement in Reunification; Parents Responsibility in Reunification; Trial Home Placement; Legal Obligations; Rights of Youth in Care; School Stability;
Day 3	Staff Safety; Self-Care & Various Trauma; Debrief of Week Four

Along with Foundations training all new workers receive MACWIS/Technology training which consists of three sessions/three hours each. Session 1 is a pre-requisite to session 2 and session 2 is a prerequisite to session 3. Program Administrators, Assistant Program Administrators and Supervisors as well as the new workers receive notice of the date/time/location of each session at the start of the Foundations trainings are usually done centrally in Augusta.

Breakdown of the MACWIS/Technology Training is as follows:

- Using a voice recorder for child interviews and properly storing the recording.
- Using the JPMA on-line learning system.

- Review the information on the OCFS/Training Web page & review the MACWIS training Library
- Using MACWIS; searching for a client, reviewing and completing an assessment.
- Opening a case, reviewing some of the case management module.
- Preparing the documents needed for a court action to bring a child into DHHS care and custody.
- If a worker has opened a Dragon Naturally Speaking profile to use with their voice recorder, answer any questions they may have at the conclusion of the training.
- Open the Maine Pays Travel Application and help with the first month's entries.
- New staff need to bring their assigned laptop, a voice recorder, and their state issued cell phone.

Once Foundations training is complete the trainers schedule individual one-hour meetings in the district with the trainer, supervisor and their new worker. Things discussed during this meeting include:

- Check if their license is active get the Conditional LSW # or LSW # to be put into the Trainees information in the Training Data Base.
- Remind worker that it takes an average of two to three years to learn this job and that training was the foundation. The caseworker will continue to learn and gain experience that will help grow their practice.
- Review and discuss the participants Child Welfare Populations/Skills Reflections questionnaire, they completed as homework during Foundations, with worker and supervisor:

Populations/Skills Reflection:

As DHHS Caseworkers and Case Managers, you will be working with families experiencing all types of dynamics. Some examples of these circumstances are: Physical Abuse, Sexual Abuse, Neglect, Emotional Abuse, Substance Abuse, Domestic Violence, Intellectual Disabilities, Mental Illness, Poverty, Middle and Upper-Class Families, Families with Extreme Beliefs, Lesbian-Gay-Bisexual-Transgender (LGBT) Families.

- Which one of these populations would be the most difficult for you to work with and why?
- Which of these populations would be easiest for you to work with and why?
- What will you need from your supervisor to help you deal with population/dynamics that challenge you?

Skills Reflections:

- In their new role at OCFS, what are they most concerned about?
- What do they think they will *like best* about this job?
- What do they think they will *do best* in their new job?
- What do they think the *most difficult* aspect of this job will be?

- In order to keep working on their own growth in this job, what do they plan to do?
- Discuss the results of their Sensory Learning Styles Inventory taken during the Foundations Training and how they learn best.
- Review Field Observation Feedback forms from the Assessment Simulation.
- Facilitate conversation between new worker and supervisor asking:
  - As a new worker and thinking about all that they have learned what skills do they bring to this job?
  - Given that everyone has biases and that it was discussed during training, what would be some that they carry with them and how do they plan on monitoring these biases when working with children and families? What role do they see their supervisor having in monitoring these biases?
  - As a new worker how would their supervisor know that they are struggling with symptoms of secondary traumatic stress? What might their supervisor see for behaviors?
  - What areas of the work do they think they would need more training/job shadowing on and what plan do they/their supervisor have on meeting those needs?
  - Where are they at on the new worker checklist?
  - How are things going now that they are back in their office?
  - Do they have investigations/cases assigned yet and how is that going?
- Prior to ending Post Meeting facilitate a discussion between new worker and supervisor asking supervisor to discuss what their individual supervision with their workers looks like/what are the expectations? What do their unit meetings look like/what are the expectations?

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

- Job shadow 2 investigations (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 FTM, and document the FTM in the narrative window, using the FTM/FTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing, which could include a waiver and discuss with the supervisor.
- Read at least two PPO petitions, and two straight petitions.
- Read at least four investigations (2 substantiated, 1 indicated, and 1 with no findings), and discuss with supervisor.
- Listen to three fact finding interviews that are associated with the investigations.
- Attend a FTM, document the plan from this meeting, and review with supervisor.

Once the above is completed, the caseworker can be assigned investigations/cases. The caseworker's supervisor is required to accompany the new caseworker on their first investigation/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 Confidentiality Statement sheet with the caseworker, and obtain their signature. This discussion should include instructions 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:**

- Legal Training
- Introduction to the Indian Child Welfare Act
- 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 investigations
- 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)
- Children's Behavioral Health in Maine Training

**To be coordinated by the supervisor:**

- Introduce/participate in on-site training with TANF, OFI and other programs that assist the families we work with; this will be coordinated by the supervisor.

In 2019, there were 7 rounds of New Worker Foundations Training conducted which included 109 child welfare caseworkers, 12 Alternative Response Program staff and 3 DV Liaison's.

In February 2020, a New Worker Foundations Survey was disseminated to the 109 new caseworkers who had been hired since January 1, 2019 and had completed this training. The response rate was 28% (out of the 109, 30 responded).



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

	<b>Strongly Disagree</b> <b>(Number Indicates # of Respondents)</b>	<b>Disagree</b> <b>(Number Indicates # of Respondents)</b>	<b>Agree</b> <b>(Number Indicates # of Respondents)</b>	<b>Strongly Agree</b> <b>(Number Indicates # of Respondents)</b>
I am more confident after Foundations training about my role working with families in a Child Protection Investigation.	0 (0)	23% (7)	63% (19)	13% (4)
I am more confident after Foundations training about my role in the Family Team Meeting	6% (2)	13% (4)	66% (20)	13% (4)
I am more confident after Foundations training about my role working with families whose children are in foster care.	3% (1)	26% (8)	60% (18)	10% (3)
I understand more about how the trauma of the work can affect me.	3% (1)	20% (6)	63% (19)	13% (4)

The three most helpful things in Foundations training were:

- Investigations, Sex trafficking, and substance use.

- The overview of the agency, the overview and detailed outline of the investigation process, the domestic violence information.
- Meeting others that will be doing the same work in other parts of the state, having ARP workers also in the training, the role play with the Parents as Partners.
- Family team meetings initial contact simulation meeting the liaisons.
- Domestic violence training, family team meeting simulation, interviewing training.
- Making connections with new caseworkers and understanding we are all new to the field.
- The mock run of the first knock. Practicing FTMs and interviews.
- In depth overview of each aspect of OCFS/CPS 2) team building exercises/group work, because it helped not only practice but also make connections with caseworkers 3) visitor presentations from parents who were involved with DHHS, previous foster children, DV advocate, etc. They gave personal experiences to what we were learning.
- The assessment role play, panels, and general overviews.
- The panel presentations the training on child abuse the binder given.
- Mock interviews, practice FTM, teachers' stories.
- Small group discussions, knowledgeable trainers, and content.
- The Family Team Meeting, the assessment practical, and the bonding with other caseworkers.
- Simulations.
- Interactive role plays and simulation Resource information/discussion having the opportunity to hear from those with lived experience.
- Experienced Facilitators, Guest Speakers & Simulations.
- Practicing the fact-finding child interviews. Reviewing the different forms and severities of abuse. MACWIS training (but needs to more in depth, i.e. write a PPO based on a case, in depth review of the steps of filing legal documents with the court).
- Mock simulation for investigations, lectures on permanency, Trainers were not judgement when we asked questions.

The three things that would have improved the Foundations training were:

- More time spent on interviewing adults, more time going into the permanency part of a case including assessing when a parent/family is progressing and what that looks like.
- MUCH MORE MACWIS More specific information related to the office part of the work.
- More training on day to day life working in OCFS, working with difficult parents, the legal system, legal summaries, child plans, family plans, agency referral for transportation etc.
- More time spent on family team meetings, more time spent on legal, and more simulations.
- Combine technology training with Foundations so you know how actually to do the processes in MACWIS along with the steps you discuss in the case models. It was VERY difficult to learn technology stuff separate from the process of the investigation and then have to remember how to do the computer steps for the steps of the investigation and for Permanency. 2. More time/information on Permanency, particularly around

responsibilities of the caseworker to bio parents and foster parents, family share meetings, visitation etc. Using an example of a case like that used for the investigation training on foster care. 3. Information on how to balance documentation, pace and workload of the job. Organizational skills/tips and tricks, because this is NECESSARY to be successful in this role. Filing, what to keep, how to file etc. I know some of this is office specific, but an overview would be helpful. 4. Legal training was SO helpful. For permanency workers, I think this should be a part of Foundations or taken ASAP.

- More time spent on Intake work for both intake worker training as well as for district workers to have a better understanding of what Intake does, how a report should be structured as well as the SDM process.
- More hands-on exercises dealing with our work. 2. More training on legal things and what they entail. Even knowing what we can expect to have to do 3. CES training
- Practice on how to deescalate situations, overview on how to write petitions and prepare for court. Managing self-care when you have to also do mandated OT.
- More detailed MACWIS assessment training, walking through the entire life of a case including documentation, splitting up assessments and permanency half way through training
- I hated the simulation and feel like 10 minutes alone would have been better than 20 minutes with a partner, also, knowing the people in the simulation threw me off since I already had their story in my head but then they were telling a different story.
- More detailed overview and outline of permanency, more detailed information on mental health/mental illness, more information and application of caseworker competency model.
- More hands-on work in MACWIS.
- More time with assessments information on transferring a case staffing info.
- Understanding the assessment process from beginning to end, understanding options at the end of an assessment in terms of safety plans or referrals, understanding the permanency process. Understanding PPO's.
- More hands on and practical experience for the day to day job function.
- What is written in what I feel like more time spent in. Less lecture. 2) More activities to learn and participate at the same time. 3) More visual learning
- Having a caseworker describe a typical day and answer questions, understanding more about how to handle unexpected situations, and more in-depth MACWIS training.
- Too much talking not even shadowing I think it would have been extremely helpful if there was a case worker that took on new workers and let them follow them for a week or two everyday everywhere
- 2 full weeks of investigations, more work with families as partners, and more interviewing.
- For workers with over 5 years' experience, maybe have them come to a condensed version of training. It's hard to put seasoned social workers in class with folks who just graduated and do not have any experience.

- Fieldwork prior or during Foundations. I started Foundations 5 hours after I was hired, which isn't everybody's story but also isn't unique. More practical experience could have helped inform some of the knowledge taught in Foundations.
- Split the groups and have permanency and assessments separate. We focused a lot on assessments and very little on permanency. A lot of time was wasted on stuff that wasn't very helpful.
- More training regarding legal system. What constitutes jeopardy? Exploring real world ways to apply some of the material.
- Investigative Training - How to conduct an official investigation (interviewing, evidence collecting & preservation, discovery, etc.).
- Practice for constructing safety plans. 2) More practice of hosting family team meetings. 3) More practice related to daily tasks of the job.
- Family Team Meeting simulation could have been more organized, shutting down the negativity from other districts towards those asking questions. More focus on investigations

Other comments about Foundations training:

- I feel a lot of time was spent focusing on the assessment phase of a case. I also think some more "How To..." information would be helpful for new caseworkers.
- MORE MACWIS TRAINING is needed than given.
- I think the whole system for foundations needs to be revamped. It does not prepare new workers
- Our group developed a good community of support I'm thankful for, although the size of my group was large at 25 and thus many people wanted to comment or speak and it sometimes prevented us from moving through the material fast enough, which is why I believe we did not spend as much time on Permanency as investigations.
- Steph, Tim and Michelle did a great job presenting the information and explaining different policies and situations.
- I really enjoyed it. I know a lot of people think we don't learn what we need to but I believe the training follows the name- Foundation. It builds a foundation for all the other stuff we have to learn.
- You guys are awesome keep up the great work!
- Technology training would have been more beneficial if it was faster paced and happened for a full day so we could have more shadowing opportunities throughout the month.
- I hated that so many of the trainees were on Facebook, personal email, etc. while the presenters were providing instruction- their lack of seriousness/respect. Unbelievable.
- Could an intro to the legal training be added to the foundations work? I found that I was given cases at the end of my foundations where a brief overview of the legal steps would have been helpful.

- Steph and Judy made it really easy to stay engaged! I also feel like maybe foundations should be split between districts/regions because we do things so differently
- Foundations really instilled more anxiety than anything in regard to starting work in OCFS. The training was not specific enough and I do not have an understanding of the process of our work. I began work with little understanding of my options during an assessment or how permanency works. I also have no idea how to write a safety plan or PPO. I felt disconnected from the office I work at and under educated while at training. It made for a very difficult "in limbo" feeling. My supervisor also threw me in to work when I returned and never follow through with the additional shadowing I was supposed to do or asking what I still need to learn.
- I love the enthusiasm from the trainers.
- I think Foundations was a great way to give large amount of training and knowledge over a month span. I think that going out and shadowing prior to Foundations made it more understandable. Going to Foundations also helped me make connections with other caseworkers, so that when I transferred offices, I still knew a few people. Overall, it was a great way to learn and transition into being a CPS worker.
- The trainers were really friendly and informative!
- I love the trainers, but I think it foundation was broken up in to training and shadowing would be way more helpful.
- Longer more in depth.
- The training needs to be redone. We spent 4 weeks training and honestly, I didn't learn anything new that I hadn't learned while shadowing co-workers. It needs to be on a position focused basis and less guest speakers.
- Overall, I think there is a lot of information condensed into training. I understand that there is a time-limit and that most learning is done in the field. I do wish that I knew what to ask at the time, which is why I suggested a bit more practical application regarding what you can/can't do in your particular role. I believe that learning the vocabulary of Child Services is important, but equally as important is learning how it applies to situations that you will face working one-on-one with clients. On a separate note, I struggled in the first few months, post foundations, with taking on way too many case management duties, rather than referring out or holding clients accountable for their own leg work. I feel that may be helpful to have as a topic of discussion. Thank you! :)
- Allow people to Stand up (vs. sit down) during training. 8 hours of sitting is too much.
- It was useful. I learned very important things related to interviewing and working with families, identifying forms of abuse or neglect. However, it really needs to be more geared to the clerical aspects of the role.

Were there areas you think were repetitive for the knowledge base you had entering Foundations training?	Responses
Domestic Violence	45% (10)
Substance Use	45% (10)
Sexual Assault/Human Trafficking	9% (2)
Trauma	36% (8)

All new caseworkers must complete the Foundations New Caseworker Training to remain employed as a child welfare caseworker. Completion of trainings by caseworkers is tracked in a database that allows OCFS the ability to pull a list of all trainings a caseworker has completed either by caseworker or by a training topic.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce.

### **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 2020-2024 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 2020-2024 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 2020-2024 CFSP.

**State Response:**

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that although there was a policy for ongoing training, and that training was required to maintain a social work license, there is no statewide system for tracking training. Caseworkers or supervisors maintain a log of trainings completed, but those logs are unique to every district and the information is not aggregated statewide. Stakeholders also reported that the agency generally lacks trainings for experienced workers, and that there is no evaluation of relevance of the training provided.” (*Child and Family Services Report Maine Final Report 2017*).

Maine does have a statewide tracking system that it utilizes to maintain logs of trainings for staff. The information from this training data base can be pulled to determine how many staff attend any one training or can be pulled to show all trainings any one staff person has attended. These reports can be generated and are available for any staff person upon request. Maine also contracts with the Justice Planning and Management Associates Inc. (JPMA) to use their Learning Management System (LMS) for online learning. There are optional online trainings for staff on this LMS system, as well as any new/revised policies that are mandatory for all staff to read and pass a quiz on with a 100%. This LMS system tracks all online trainings and policy quizzes within its system that staff have completed with their scores. As with Maines training data base the JPMA LMS system can pull data per training as to number of staff having completed it or can pull all online trainings/policies any one staff member has completed within its system.

As referenced in Item 26 related to training, the same standards remain regarding the requirement that caseworkers attend core trainings on various topics during the two years following completion of the Foundations New Caseworker Training. Additionally, all casework staff are required by Maine social worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics and a Mandated Reporter Training that needs to be completed every 4 years. To monitor completion of the ongoing training contact hour 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 cannot 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 licensure. 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 or 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 or 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 the caseworker to track their contact hours needed, and date of license renewal.

Since 2016 the OCFS has continued to contract with the National Children's Advocacy Center (NCAC) to provide all staff that qualify for the training with the Advanced Forensic Interviewing Training. New caseworker staff are initially trained in Forensic Interviewing in the New Worker Foundations training. For the advanced training it is recommended that the interviewer have at least two years of in the field interviewing experience. This training is specifically designed for experienced professionals who have responsibility for initial forensic interviews of children. This skill building training provides participants with an opportunity to critically review and practice key elements of forensic interviewing. Question types designed to elicit the most complete and reliable information from a child witness, as well as the fundamentals of an appropriate forensic interview are examined and practiced. This model is based on the same model and protocol that new workers are introduced to in the initial Forensic Interviewing training.

Participants who attended one of the two Advanced Forensic Interviewing Trainings that were offered in 2019, were given a pre-test and post-test. Results of the percentage of people exhibiting an increase in knowledge for both trainings are below:

June session: Total participants= 9

Total # exhibiting increase in knowledge= 7 (1 participant pre/post score stayed the same, 1 participant post test score dropped)

Total % exhibiting an increase in knowledge= 77.77778%

October Session: Total participants= 6

Total # exhibiting increase in knowledge= 2 (3 participants pre/post score Stayed the same, 1 participant post test score dropped)

Total % exhibiting an increase in knowledge= 33.33333%

Advance Forensic Interviewing evaluations. Feedback to the questions below were based on the following scale:

(Scale: 1= Poor, 2= Below Average, 3= Average, 4= Above Average, 5= Excellent)



### OVERALL EVALUATION JUNE 2019 TRAINING:

1. Content value of program/relevant to work 5.0
2. Selection of topics 5.0
3. Selection of presenters 5.0
4. Training design and content 5.0
5. Staff assistance 5.0
6. Training Facilities 5.0
7. The level of training overall **10** – appropriate **0** – too basic/general **0** – too advanced
8. Schedule/Agenda **9** – appropriate **1** – too short **0** – too long
9. Training Manual **10** – appropriate **0** – somewhat helpful **0** – not helpful
10. Did the overall training meet your expectations? **10** – YES **0** – NO

### OVERALL EVALUATION OCTOBER 2019 TRAINING:

1. Content value of program/relevant to work 5.0
2. Selection of topics 4.9
3. Selection of presenters 5.0
4. Training design and content 4.9
5. Staff assistance 4.8
6. Training Facilities 4.3
7. The level of training overall **7** – appropriate **0** – too basic/general **0** – too advanced
8. Schedule/Agenda **7** – appropriate **0** – too short **0** – too long
9. Training Manual **6** – appropriate **1** – somewhat helpful **0** – not helpful
10. Did the overall training meet your expectations? **7** – YES **0** – NO

Question	June	October
Evidence-Based Practice and Current Research In Forensic Interviewing	<b>Average: 4.9</b> Comments: Very knowledgeable about past and present research, research that supports (or does not) our practices	<b>Average: 5.0</b> Comments: New information since the last time I took the training.
Building Assessment Skills: Evaluating Forensic Interviews	<b>Average: 5.0</b> Comments: So helpful! Learning about how to build narrative as opposed to only asking the wh questions, learning what to do if you get stuck	<b>Average: 4.7</b> Comments: Open to questions. Nice job retraining questions for us
Interviewing Preschoolers	<b>Average: 4.9</b> Comments: I appreciated learning techniques to interview this age group. Great info on time constraints, developmental ability, building rapport, etc.	<b>Average: 4.5</b> Comments: Helpful tips on what types of questions they understand. A lot of war stories traded vs information about interviewing preschoolers from caseworkers. Same “Bad interview” as passed training.
Interviewing the Reluctant or Non-Disclosing Child	<b>Average: 4.7</b> Comments: None	<b>Average: 4.5</b> Comments: Mixed in a little

Strategies for Gathering Details when Children Experience Repeated Abuse	<b>Average: 4.6</b> Comments: None	<b>Average: 4.7</b> Comments: Really helpful Great tips on how to tell when there's been more than one incident by the child's language w/out straight up saying it.
Manipulation (Grooming) and Corroboration	<b>Average: 5.0</b> Comments: None	<b>Average: 4.0</b> Comments: Didn't completely go over due to time, but I think it was woven into the other sections well. Mixed in a little.
Interviewing Children with Complex Communication Needs	<b>Average: 4.9</b> Comments: None	<b>Average: 4.5</b> Comments: Great tips for different ways to communicate with kids. Not any new information. Same video used last time in this training.
<b>Overall Evaluation</b>		
What was the single most valuable thing about this training?	<ul style="list-style-type: none"> <li>• This training was extremely informative in doing interviews with my clients.</li> <li>• The training enabled me to build upon and improve my overall interviewing skills and techniques.</li> <li>• Learning to use more open-ended questions not just yes and no. "Tell me more about that" or "tell me more."</li> <li>• New tips/techniques to use in every day work</li> <li>• Watching interview recordings and discussing techniques used in the recordings was extremely helpful and an effective way to observe the techniques being used in real life scenarios.</li> <li>• Very content rich and very applicable to our day to day. I found all of this training to be very valuable.</li> <li>• Gave insight and strategy on how to better interview children.</li> <li>• Learning better interviewing techniques.</li> <li>• I learned so many things, it's hard to pick out one. I learned the importance of asking the "wh" questions, tips when interviewing preschoolers and reluctant/non-disclosing children.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't ask first, second, and/or last time. Don't use multiple choice. Use open ended/narrative questions. Sometimes yes or no questions are helpful when trying to find out other times and exploring when answer is yes.</li> <li>• Gathering details repeat abuse, episodic versus script</li> <li>• Learning about needs of children w/ complex communication styles.</li> <li>• Learning about interviewing preschoolers and using appropriate questions for them.</li> <li>• It was helpful to learn better ways to ask questions in different ways.</li> <li>• I was able to think more critically about what kind of questions will illicit different responses for different age groups and situations.</li> </ul>
How can we improve this training	<ul style="list-style-type: none"> <li>• It would have been nice to have an extra day to cover everything instead of having to skip somethings or lightly touch others.</li> <li>• The training was great and I have already told my supervisor that everyone else in my unit should take this training asap.</li> </ul>	<p>Training a little longer to allow for practice of skills – mock forensic interview</p> <p>Love the videos. Maybe a video of a great interview</p> <p>I would love for others to be able to take this training before the 2 yr. experience requirement</p>

	<ul style="list-style-type: none"> <li>• I was really impressed, I would say nothing.</li> <li>• Move the projector so that the volume can be loud enough to hear and not bother people working on the other side of hall.</li> <li>• Maybe positioning the tables so that they are facing the instructor, so you don't need to turn to face the instructor – I have some hearing limitations and occasional back issues.</li> </ul>	
Other Comments	<ul style="list-style-type: none"> <li>• The presenter was very engaging, interesting and enjoyable to listen to. She used great examples and was very knowledgeable about the topics. Also, the presenter had a good understanding of our own processes in Maine and was great at getting us involved in the conversations. I learned a lot. This should be a mandatory training.</li> <li>• Loved how the trainer approached the training. She was able to engage the group.</li> <li>• This was wonderful – enjoyed conversation and materials – trainer was amazing!</li> <li>• Thank you for this opportunity.</li> <li>• This is the most valuable training I have been through.</li> <li>• This was a great training, but I think it could be a day longer.</li> <li>• I really liked that there was a 10-minute break every hour. The pace of the material was good. The room was comfortable. Overall, it was a great training and enjoyed it very much. Thank you!</li> </ul>	<ul style="list-style-type: none"> <li>• Really helpful and interesting subjects that are relevant to my job, and I feel I gained some great advice/tools in being a better interviewer.</li> <li>• This training should be required for all workers and used as a refresher for Supervisors. I think this training would benefit being incorporated with new hire training.</li> <li>• I really enjoyed this training, it was one of the most helpful ones I've taken. Will definitely try these new skills! I wish we were initially training this way.</li> </ul>
Introduction to Peer Review and Practicum	<p>4.3 Comments: Excellent handouts/packet with a list of resources for addition education</p>	<p>4.1 Comments: Did not cover Didn't cover N/A We had a very good discussion, so we didn't get to this part We didn't do this section NA time/in-depth discussions N/A – great discussions, didn't get to peer reviews</p>
Strategies for Gathering Details when Children Experience Repeated Abuse	<p>4.1 Comments: Good thoughts on labeling episodic vs. script language Due to weather, we did not do this section. Tips on listening for Episodic leads and labels was helpful as a way to try to get</p>	<p>4.4 Comments: Learned useful tools for these types of interviews Was able to get a better understanding of script and episodic language. Really like learning about episodic and structured type of disclosure.</p>

	more details about individual incidents. Excellent handouts/packet with a list of resources for addition education	Great overall review Great examples
Effective Interviewing and Communication Skills with Children with Disabilities	4.5 Comments: Some repetition but overall informative and good/useful ideas presented Very helpful conversation, pointers and discussion Very helpful. Talk to caregiver about child's abilities not just disabilities	4.5 Comments: The tips were great, including seeing the videos. Good review. Enjoyed seeing the videos so I could put a context on it. Great detailed discussions Great example used

Since 2016 the Maine Coalition to End Domestic Violence has been offering an advanced training series in Domestic Violence for OCFS staff. Prerequisite for this training is at least 6 months in field experience. The first training in the series is "Advanced Topics in Domestic Violence: In Her Shoes". "In Her Shoes" is an interactive activity that helps participants understand the ups and downs a survivor of domestic violence experiences over the course of many years. The scenarios in "In Her Shoes" are based on true stories-the experiences of women with abusive partners as told to us by them. The stories reflected in the training typify the complex and dynamic nature of domestic violence while also calling out the more specific barriers that survivors face when poverty is part of their reality. The goals of this training are to increase awareness of the multifaceted issues and complicated dynamics experienced by domestic violence survivors, highlight struggles and barriers survivors and their children are forced to deal with when they are confronted with economic issues and demonstrate that we all have a role to play and work to do in ensuring all community members are free from domestic violence. This training encourages everyone to think creatively and act intentionally to assist victims and their children.

### **"In Her Shoes" evaluation results:**

(97 Participants, 90 Surveys Completed)

<b>Did Todays Presentation:</b>	<b>YES</b>
Increase your content knowledge, skills and capacity to serve victims?	53%
Change any of your beliefs or attitudes about Domestic Abuse?	22%
Teach you to recognize Domestic Abuse?	3%
Provide Information about Domestic Abuse resources?	39%
Prepare you to respond to people affected by abuse in your work?	44%
Provide useful practical information?	54%

The second training in this series, “The Choice to be Violent: Mandel's Mapping Perpetrators Patterns” continues the conversation from the “In Her Shoes” training and brings into focus the Domestic Abuse offender's choice to be violent. Training explores the differences between men's and women's violence. Participants hear from community leaders, working in this field, who share their lessons learned. Participants 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. As well as, intervene with perpetrators through accountability to reduce risk and prevent further harm to children and adults. The prerequisite for this training is having attended the “In Her Shoes” training.

**The Choice to be Violent: Mandel's Mapping Perpetrators Patterns” evaluation results:**  
(99 Participants, 86 Surveys Completed)

<b>Did Todays Presentation:</b>	<b>YES</b>
Increase your content knowledge, skills and capacity to serve victims?	59%
Change any of your beliefs or attitudes about Domestic Abuse?	15%
Teach you to recognize Domestic Abuse?	27%
Provide Information about Domestic Abuse resources?	36%
Prepare you to respond to people affected by abuse in your work?	38%
Provide useful practical information?	45%

The third training in this series (added in 2019) “The Importance of Effective DV related Narratives” focuses on the power of holding abusive partners accountable and enhancing victim's safety. Participants learn to use DV tools (i.e. Duluth's Power & Control Wheel) as a guide while writing letters, narratives and petitions. Tools and practice help participants to accurately portray the context and details of coercive control, domestic violence and abuse. Advocates support an abuse survivor as she shares portions of her story to develop practical skill building. Trainers use a variety of methods to support learning including; lecture, video, experiential small group activities and an OCFS Supervisor's panel.

(102 Participants, 54 Surveys completed)

<b>Did Todays Presentation:</b>	<b>YES</b>
Increase your content knowledge, skills and capacity to serve victims?	59%

Change any of your beliefs or attitudes about Domestic Abuse?	27%
Teach you to recognize Domestic Abuse?	38%
Provide Information about Domestic Abuse resources?	46%
Prepare you to respond to people affected by abuse in your work?	57%
Provide useful practical information?	63%

### **Staff Educations and Training Unit (SETU)**

New supervisors/managers are required to participate in training regarding employment and labor laws in the 4-day Managing in State Government Training that is offered through the DHHS Staff Education and Training Unit (SETU). Since development of the Policy and Training Team and bringing the trainings inhouse the training team has direct collaborations with the DHHS SETU unit, which also provides optional trainings for staff and has tracked those trainings for staff within their system.

### **Supervisory Academy ‘Putting the Pieces Together’**

In the Spring/Summer of 2015, the Supervisory Academy ‘Putting the Pieces Together’ training on administrative, educational, and supportive supervision was brought to Maine and all child welfare supervisors participated in this training. The Supervisory Academy is a mandatory training for all new child welfare supervisors. This training consists of 3 modules that are 2 days each, that are trained over the course of the year. Module 1, Administrative Supervision, focuses on those areas of supervision related to the efficient and effective delivery of services. This module stresses the importance of understanding one's own management style within the context of the agency's mission, vision, and administrative structure; and focuses on agency goals and outcomes. Key concepts covered in this module include: management styles; the use of power, advocacy, recruitment and selection of workers, change management, transitioning from peer to supervisor, and performance management. Module 2, Educational Supervision, focuses on educating workers to attain more skillful performance of their job duties. Topic areas within this module are: learning styles, mentoring, orienting new employees, stages of worker development, transfer of learning, constructive feedback, coaching, and clinical supervision. Highly interactive, key learning activities are encased in engaging games that stimulate thought, as well as energizing the atmosphere. Module 3, Supportive Supervision, focuses on supporting, nurturing, and motivating workers to attain a high level of performance. Within the supportive supervision domain, the primary goal is to improve morale and job satisfaction. Key topics include secondary trauma, conflict management, job satisfaction, and management of a team. Because child welfare work is so demanding, and the stress is often high, humor is integrated throughout the module to model the importance of maintaining a positive atmosphere, as well as to make an otherwise difficult

subject more engaging. This module reflects the reality of the supervisor's position as head cheerleader, arbitrator, and counselor.

In 2019, fourteen new Child Welfare supervisors participated in Module 1, Administrative Supervision. The next module in this three-part series, Educational Supervision was then postponed in the fall of 2019 due to an increased number of new supervisor positions that were being hired. Module 1 was re-trained in January 2020 for all the new supervisors in order for them to catch up to the first cohort and then all move through the entire series together.

In 2016, OCFS brought the Leadership Academy for Supervisors (LAS) training, and the Leadership Academy for Middle Managers (LAMM) trainings to Maine as the next step for the supervisory leadership team, and the trainings were rolled out in the spring of 2016.

### **LAS**

The LAS is a blended learning program for experienced child welfare supervisors. The core curriculum consists of six online modules each followed by a face-to-face or webinar activity (Leadership Academy for Supervisors Learning Network or LASLN) where participants can network with facilitators and other learners to discuss and reinforce what has been covered in the previous module. The core curriculum provides thirty contact hours of training and includes two tracks: a personal learning plan to develop leadership skills, and a change initiative project to contribute to a system change within the agency.

To participate in the LAS, supervisors must have a minimum of twelve months of supervisory experience, have successfully completed the Supervisor Academy Training “Putting the Pieces Together,” and must submit an application answering these three questions:

- What are your goals for participating in the Leadership Academy for Supervisors?
- What have been your past leadership roles within OCFS?
- Describe your current efforts to transfer the learning you did in the “Putting the Pieces Together” supervisor training within your division/local office/unit.

There have been two cohorts that have graduated from the LAS since it’s roll out in 2016. The first cohort started in April 2016 and graduated in February 2017. There was no LAS training offered in 2018 or 2019 due to the multitude of new initiatives that were being rolled out throughout these two years.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce.

### **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 regarding foster and adopted children.

**State Response:**

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed significant differences in the training provided to kinship resource parents and non-relative resource parents. Stakeholders also reported that while resource parents must complete eighteen hours of training every two years to renew their licenses, relevant training is often not available, and that the same trainings are offered year after year.” (*Child and Family Services Report Maine Final Report 2017*)

In its current resource family training, OCFS continues to deliver a training curriculum developed by the University of Southern Maine, Muskie School of Public Service, that was revised and updated in 2016. 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; 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.

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



an opportunity to suggest further need for revision or updates to continually assure that the curriculum is as up-to-date with the most current information 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 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. Necessary revisions were identified, and the RFIT revision workgroup reconvened on several dates to complete these revisions. On October 28, 2016, a train-the-trainer meeting was held for all potential trainers who would be delivering this training in district offices. While resource unit staff are primarily responsible for the delivery of introductory training, adoption and permanency unit staff may also participate as co-trainers. Training staff from the contracted Resource Family Support Services entity (AFFM) 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 their 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 revise 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. When granted this waiver, the kinship family may 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 information regarding their new role as a licensed resource parent, and the expectations of that role. Revisions to the curriculum included adding information about the impact upon the developing brain when a child experiences traumatic events and strategies to support a child's normative development. The revised kinship training was approved for implementation and has been in use throughout the state. All staff providing the training are included in feedback sessions to determine if there are any changes or revisions necessary. Any recommended changes are discussed by the initial workgroup who developed the training.

In late 2018 and early 2019, The University of Southern Maine, Muskie School of Public Service was once again contracted to study, revise and review the Resource Family Introductory Training and the Kinship Training. At this time, other states are being surveyed for curriculum strengths and challenges and Maine is developing a new curriculum to be used. The plan is that the training will be delivered by the contracted Muskie School and Resource Parents with a goal of fall 2020 to begin delivering the new curriculum to Resource Parents.

A Resource Family Introductory Training and a kinship-specific training calendar is regularly updated and circulated amongst district resource units. Resource family applicants can 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 contract includes a requirement to provide on-going training to licensed resource families. The contractor (AFFM) sponsors an annual training conference which brings together speakers on relevant topics. They also provide workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

Throughout the year AFFM delivers, or arranges for training to be delivered, in resource family support group settings. The contractor also maintains a listserv, 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 2019, AFFM began offering adoption specific support groups to provide post adopt families an opportunity to meet and receive training specific to the needs of this group.

In January of 2016, OCFS conducted a survey of licensed foster and kinship parents to obtain a better understanding of how the foster care 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 the 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 OCFS Director also met with foster parents in 2018 to seek input from them. The Foster Parent Advisory Committee was created in 2017 and has met quarterly since its formation though attendance at quarterly committee meetings declined significantly in 2018. OCFS is looking at creative ways for the committee to provide feedback while keeping busy schedules in mind (conference call or web-based interaction). In 2019, a new web-based method of reaching the Foster parent Advisory Committee was created in partnership with Adoptive and Foster Families of Maine. This method is increasing attendance and involvement by the group. The Committee

identified four key areas to focus its attention initially. Among those areas identified was training and a sub-committee was formed to address this need. The following topics were 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. These topics have been offered in a variety of settings throughout the state in 2017 and again in 2018:

- 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);
- Strategies for resource parents to work effectively with birth parents, caseworkers, and Guardians ad Litem; and
- Facilitated Family Team Meetings - What is the foster parent's role?

In 2018, new trainings were offered as well:

- Mandated Reporting
- Adoption Process
- Parenting Adopted Children through childhood transitions

In 2019, AFFM provided 78 training sessions on 35 different topics to foster parents throughout the state. The topics covered are below:

- ACES
- Adoption & supporting the family
- Adoption with Kristi Poole
- Resources for Success Training
- Be Ask-able Parent
- C.A.S.A., their roles, and responsibilities
- Challenger Center Reps
- DHHS Staff, Policies and procedures Q&A
- Do you Speak Teen?
- Domestic Violence
- Emotional Stress in Children
- Fire Marshal Q&A
- Family Team Meeting
- Headstart informational presentation
- In It for The Child
- Therapeutic Foster Care

- Liaison Services
- Managing Difficult Behaviors
- Mandated Reporter
- resources and support - Project Sparrow
- Q&A with DHHS licensing staff
- Q&A with DHHS Adoption unit
- Q&A with DHHS permanency unit
- School Advocacy
- Self Care
- Special Education Training
- Strengthening Families 101
- Child Development: "They said what, they did what"
- Impact of Trauma
- Trauma 101
- What Happens After Adoption
- Mental Health Considerations and Treatment for Kids in Foster Care
- Instru“MEN”tal, Involving dads in child welfare
- Preventing and Addressing Traumatic Responses Through Movement, Music, Art and Creation
- Parenting A Child Who Has Experienced Trauma and Traumatic Separation

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 Arthur Grant, foster care program specialist at Community Health and Counseling Services. This training provided resource parents with information about children’s exposure to trauma and information on how best to support these children. This grant ended and OCFS agreed to explore avenues to continue to provide this highly desirable training to a wider array of resource families. In November of 2016, a faith-based community of foster parents in southern Maine requested an abbreviated training provided by these two trainers. Feedback provided by participants of this abbreviated training was positive. AFFM provided the Bigger Trauma Training in 2018 at its annual conference where foster parents from throughout the state gather for a two-day training.

In 2016, OCFS provided 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 unit co-trained a workshop on this topic.

Following that initial training, the PowerPoint presentation used during the training became a foundation upon which a webinar training was built that is easily accessible to resource parents.

This webinar can also be used during resource parent support groups or district events/meetings to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards. The Reasonable and Prudent parenting training is now available on line for all foster parents. The OCFS Policy and Training unit has also developed training on appropriate use and installation of child car seats. This one and one-half hour training is available to resource families in various venues throughout the calendar year. Trainings on additional topics are provided at foster parent support groups as a required part of their meetings. Training topics include: the court process, grief and loss, the impact of trauma, working with birth families, Mandated Reporter Training and others

In late 2017 and continuing through 2018 and beyond, OCFS created a new contracted service called Resource Parent Care Team (RPCT). This service consists of a full-time liaison placed in each of the 8 district offices. The liaison is available at all times to assist resource parents in getting their needs met. A liaison may assist with paperwork, contacting the caseworker, problem solving service access or addressing training needs. The RPCT also has a clinical in-home component. If a family requests additional support a clinical team is available to provide up to 12 hours of in-home clinical supports (with more hours available if necessary). Both families and staff have reported the RPCT is a successful service and has served many families on a variety of needs.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce.

## **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 2020-2024 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 2020-2024 CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2020-2024 CFSP.

**State Response:**

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders described a waiting list for core services, and major gaps in services in rural areas of the state. Distance, and a lack of transportation, prevent clients from accessing needed services in rural areas. According to stakeholders, the agency relies on clients having access to MaineCare (Medicaid) to receive any services. However, when a child comes into care, the parents lose their eligibility, and are not able to pay for the treatment programs required by their case plans. The agency does not have access to funding to provide for these services, or alternative services available to address long waiting lists.” (*Child and Family Services Report Maine Final Report 2017*)

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

- CradleMe: 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. This program creates a centralized referral process for PHN and home visiting services with the goal to improve timely service delivery and outcomes for families in need of these services.
- Through the State of Maine’s Sexual Assault Forensic Nurse Examiner Program, 67 nurses were trained statewide in 2019 to conduct forensic interviews within local emergency rooms with sexual assault victims. The training is separated into two components: pediatric/adolescent victims and adult victims.
- The Office of Violence Prevention (OVP), housed within OCFS, participated in the expansion of the Child Advocacy Centers (CAC). This work includes supporting multidisciplinary teams in each of the CACs. There are currently 6 CACs fully operational within the state and two others in development in the remaining parts of the state. The expansion to 8 fully operational CACs will ensure adequate access for families statewide. Trained forensic nurses are part of the multi-disciplinary teams.
- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and

permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine launched the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal was to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the goal to fully implement the mental health component of the training did not lead to the decision to mandate it and thus there was only a 10% completion rate. Efforts continue to educate staff and providers using the C.A.S.E. curriculum.

- Under a contract with the Department, 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 resources to support caregivers in their role of caring 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 providing support to increase the resource parent's understanding of the role shared with the Department in promoting timely permanent outcomes for children in care. Additionally, RFSS provides resource parents with a neutral entity with whom they can process their thoughts and feelings surrounding important decisions affecting the lives of children and how they are personally impacted by the experience of caring for children who are in the custody of the Department.
- Family Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure 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. This service is available statewide. OCFS has implemented a Family Visitation Pilot program in a rural and urban area that would provide time-limited, intensive coaching services. The goals of this service are to assist parents in identifying and adapting parenting strategies to the needs of their children and develop improved parenting skills and attachment with their children.
- Clinical Team Intervention and Assistance for Foster and Kinship Families began offering supportive services to resource and kinship families in the fall of 2017. This contract includes support available during regular business hours from liaisons who will be based in each of the eight OCFS district offices, as well as in-home clinical supports. The support services available to the resource parents are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 4: Collaborate with other state agencies and community partners to improve access, availability, and efficacy of services to support children and families.

### **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 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the agency relies on its staff to individualize services using the services available. However, funding is limited, and therefore the state is not able to address service gaps or use the family’s natural supports and resources to individualize case plans. Providers do not have linguistically appropriate services because often there is not a large demand for this in the state. Stakeholders reported that the state is challenged in providing services appropriate for developmentally challenged children and parents.” (*Child and Family Services Report Maine Final Report 2017*)

Maine’s geography and severe weather can restrict accessibility and public transportation remains limited, or non-existent in some areas of the state. Caseworkers often transport, or arrange for transportation, for case members. Recently OCFS allocated additional funding to transportation services.

OCFS views itself as part of the broader community that partners to assure the families and children in Maine have access to services and supports to meet their needs. The 2020-2024 CFSP supports development of community programs that will be accessible statewide, increased funding in the family visitation and ARP program as well as OCFS participation in community collaborations.



In the 2009 CFSR, Maine demonstrated the ability to individualize services despite limitations attributable to service availability and accessibility. At that time, it was recognized that Maine had implemented 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. Another example is the efforts to improve the teaming process with families to develop effective plans that will address each person's unique needs.

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 and cultural brokers. They also work with a family's team to ensure that the family understands 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 OCFS 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 and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective and efficient services through appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team and Contracted Services Quality Assurance Team (CSQA). It also established distinct Child Welfare, Children's Behavioral Health and Early Intervention and Prevention Teams.

In 2015, OCFS realigned the tasks/scope of work through the creation of a Children's Behavioral Health Services Team, separate and distinct from its former placement within the Child Welfare Team. The Children's Behavioral Health Services (CBHS) Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team has established measurable performance outcomes for contracted providers.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Strategy 1: Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the well-being and best interest of children involved with the child welfare system.

Strategy 2: Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 4: Collaborate with other state agencies and community partners to improve access, availability, and efficacy of services to support children and families.

## **F. Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation with Stakeholders Pursuant to 2020-2024 CFSP and APSR**

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2020-2024 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 2020-2024 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2020-2024 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 2020-2024 CFSP.

### **State Response:**

This item was assigned a rating of strength in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the agency partners with stakeholders in the development of the CFSP and the APSR. Stakeholders generally agreed that the agency shares information and uses stakeholder input to develop CFSP/APSR goals with strategies, and to assist the agency in implementing those strategies. Stakeholders said that the

agency's engagement with Tribal stakeholders was very positive and could be used as a model for other states." (*Child and Family Services Report Maine Final Report 2017*)

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:

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming in their coverage area targeted to address the needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

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 follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze 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 comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine's children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. Through the commitment of the Panel's members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP's recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States

are trying to address. Each month, CDSIRP reviews the child deaths, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: youth suicide, serious injuries of children involved with OCFS, and unsafe sleep deaths. The CDSIRP has participated in dual case reviews with Maine's Domestic Violence Homicide Review Panel whenever a case touches on both Panel's statutorily mandated subject area.

Maine Child Welfare Advisory Panel (MCWAP): 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 and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and the Children's Justice Act (CJA). This multidisciplinary panel was formed in 2015 with the following mission: "The mission of MCWAP is to assure that the state system is meeting the safety, permanency and well-being of children and families through assessment, research, case reviews, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth and families. The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine's Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made in 2015 to combine the work of these two groups into a single cohesive group. The members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine's children. MCWAP has been focused primarily on advising OCFS on matters related to the assessment of child safety and providing feedback regarding OCFS' strategic priorities and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. These activities support the goals of the OCFS Strategic Plan.

Maine Youth Transition Collaborative (MYTC): A partnership of public and private sector providers working together at the local and state levels to increase resources and opportunities for youth in foster care. MYTC strives to improve outcomes for youth transitioning from foster care to adulthood. MYTC focuses on employment, education, housing, mental and physical health care, lifelong connections, and personal and community engagement for youth transitioning from foster care by supporting:

- **Maine Learn to Earn and Achieve Potential (LEAP):** a partnership providing services for youth in foster care to support a successful transition from high school to college and career.
- **Improving Maine Policy As a Collective Team (IMPACT):** a youth-led advisory group comprised of youth in foster care and foster care alumni, focused on improving Maine's child welfare system through legislation, policy, and practice changes.

Youth Leadership Advisory Team (YLAT): 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 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 on foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT 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.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Muskie School of Public Service. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, the following: co-case management of ICWA cases from intake through to permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead on developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture. In addition to continuing to support a system of co-case management partnering between OCFS and Indian Child Welfare staff, the ICWA Workgroup is also currently working on the following: continuing to develop a comprehensive brochure for OCFS staff, which will incorporate both law and practice issues; continued recruitment and training for Qualified Expert Witnesses; beginning discussions about how to better recruit native foster homes; enhancing the partnership with the court system to ensure Guardians ad Litem (GALs) and attorneys understand ICWA and how OCFS partners with the Tribes; updating and expanding the ICWA training from 3 ½ hours to a full day training; looking for areas in which ICWA knowledge can be spread to other provider educational opportunities.

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. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. In 2017, this group has been meeting to improve the quality and timeliness of

ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using 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 ARP 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 systemic gaps for families, and developing strategies to most effectively meet identified needs. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

Community Partnership for Protecting Children (CPPC): The Office of Child and Family Services (OCFS) is developing a strategy for implementation of the Federal Family First Prevention Services Act (FFPSA). The FFPSA seeks (among other things) to provide federal IV-E funding for tertiary prevention services for candidates for foster care.

At this time, OCFS has decided to pivot by researching new prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports CPPC as a supported or well-supported evidence-based service.

As a result of this as well as the focus on the Federal Family First Prevention Services Act, OCFS plans to discontinue the current Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the present contracts end.

OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services. With that in mind, the Department plans to conduct a pilot project focusing on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*.

The Parent Partner Pilot Program will continue to support the service needs of parents and will include a rigorous evaluation. As part of this evaluation, OCFS will also request a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served.

OCFS continues to routinely share federal reports in the CAAN Meetings. Tribal representation is being sought to participate in this meeting. The 2020-2024 CFSP and associated APSRs and can be found at [http://www.maine.gov/dhhs/ocfs/prov\\_data\\_reports.shtml](http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml) available to the public, including state tribal representatives.

OCFS has continued its work on engaging key partners in development and implementation of goals. The Children's Developmental and Behavioral Health services and Child Welfare Services have convened stakeholder groups to review recommendations, identify priorities and develop

strategic actions plans. Stakeholders continue to be involved in this work ongoing. to help prioritize strategic priorities and develop action plans to move the work forward.

On March 2, 2020, the Family First Prevention Services Act was hired by the Office of Child and Family Services (OCFS) to lead Maine's effort to plan for and implement the FFPSA. In the fall of 2019, a presentation on the FFPSA was provided to statewide stakeholders and 4 Stakeholder workgroups (Qualified Residential Treatment Program (QRTP), Evidenced Based Practice, Candidacy, and Workforce) were developed to engage community and state partners in state plan development.

Stakeholder and Planning Groups: All stakeholder groups were convened for the first time in April 2020. At each group, overviews of the FFPSA was provided and initial discussions taken place about each program area. Internal planning groups have convened to begin the planning process for QRTP implementation (weekly) and overall FFPSA implementation (bi-weekly.)

Communication: A FFPSA webpage was created on the OCFS website to provide information to the public and allow an opportunity for stakeholders to sign up for stakeholder workgroups. A FFPSA Fact Sheet and structural planning roadmap was created and posted to the webpage (found [here](#).) A FFPSA webinar was created to be hosted in April to provide an overview of FFPSA to educate more state and community stakeholders in hopes of increasing collaboration across the state for FFPSA planning and implementation.

Transition Grant: Transition grant planning has taken place and OCFS intends to use these funds to assist with FFPSA implementation including, but not limited to, building QRTP readiness and evidenced based practice capacity. The OCFS is awaiting funding availability to move this work forward.

Collaboration: As communication increases about FFPSA the goal is to increase cross system collaboration that includes all state agencies who are implementing primary, secondary, and tertiary prevention to leverage resources and build a solid FF state plan that will include supports for families across the prevention continuum. Mini presentations about the FFPSA have been done with offices such as MaineCare and Office of Behavioral Health and more are scheduled with other important stakeholders including caseworkers, supervisors, foster parents, and parents.

### **Item 32: Coordination of 2020-2024 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 2020-2024 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 2020-2024 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 2017 CFSR. "Information in the statewide assessment and confirmed during interviews with stakeholders verified the various agreements and Memoranda of Understanding (MOU) the agency has with other state agencies that receive federal funding. Agency senior managers meet with, or participate in workgroups with agencies, such as Temporary Assistance for Needy Families, Head Start, Child Welfare Substance Abuse Committee, and Maine's Children's Trust Fund. The MOUs and the agency senior managers' participation in these workgroups have resulted in prioritization and better coordination of services for agency clients." (*Child and Family Services Report Maine Final Report 2017*)

Since 2009, Maine has continued to work toward coordinating with other federal or federally assisted programs. In March of 2012, a new organizational structure was announced within the OCFS 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 and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective and efficient services through appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team and Contracted Services Quality Assurance Team (CSQA). It also established distinct Child Welfare, Children's Behavioral Health and Early Intervention and Prevention Teams.

The Children's Behavioral Health Services Team assists with policy development, provider engagement, and improvement of all behavioral health services. The Behavioral Health Director works closely with resource coordinators to amend MaineCare policies, increase provider capacity across Maine, and improve the integrity of services. Additionally, the team has established measurable performance outcomes for contracted providers.

The Finance Team provides management of the financial resources of OCFS. This includes contracting, financial analysis and management of accounts, appropriations and allocations. OCFS has increased clarity regarding the role of quality oversight of services and that of financial coordination.

KEPRO continues to be awarded the contract to provide Maine's Behavioral Health Utilization Management System for services currently purchased through the State's Office of MaineCare Services and administered by the Children's Behavioral Health Services Team.



As the Maine Administrative Service Organization (ASO), KEPRO 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. This 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 of services for children who are in foster care, as well as those who are not.

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

- Department of Corrections
- Office of Aging and Disability Services
- Public Health Nursing Program
- Department of Education
- Penobscot Indian Nation
- Houlton Band 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
- Muskie School of Public Service, University of Southern Maine
- Maine Center for Disease Control
- Office of Behavioral Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services
- Children Advocacy Centers

Examples of coordination of other federal programs include:

- MaineCare Services: Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information with MaineCare's MIHMS system. OCFS currently has access to Maine's Electronic Immunization Information system (Impact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Impact system. OCFS will continue to work with MaineCare towards the

establishment of an electronic health record system for all youth in care to improve access to medical record information.

- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine launched the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal was to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the goal to fully implement the mental health component of the training did not lead to the decision to mandate it and thus there was only a 10% completion rate. Efforts continue to educate staff and providers using the C.A.S.E. curriculum.

## **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 2017 CFSR. "Information in the statewide assessment and confirmed during interviews with stakeholders showed that standards are applied equally across the state. Licensing supervisors meet monthly, and discuss the application of standards, and uses waivers to ensure consistency across the state." (*Child and Family Services Report Maine Final Report 2017*)

Kinship and non-kinship families are required to meet the same licensing standards except for a shortened kinship training. If a kinship home decides to take placement of non-related children, they are expected to complete the full Resource Parent Training. While the Resource Family

Licensing Standards were revised, and are again in the process of being reviewed, there are no substantive changes to the standards outlined in the previous 2008 standards policy. The latest revision was instead, an effort to provide more succinct policy guidance and incorporate new expectations, such as the requirement for foster parents to apply the reasonable and prudent parenting standard. The newly inserted information in the Resource Family Licensing Standards policy is as follows:

### **Reasonable and Prudent Parenting**

The 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 may participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child's safety, while also ensuring the child can participate in normal childhood 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).

**Foster Home Licensing:** The foster homes, adoptive homes, and institutions in Maine are regulated by statute, licensing rules, and agency 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 Department 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 the 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 barriers, such as submitting a new application or completing additional background checks when one chooses to provide a different service type.

In late 2016, a Department decision was made to move components of foster home licensing to the Department's, Division of Environmental and Community Health (DECH). DECH currently licenses children's residential care facilities, child placement agencies, emergency shelters, shelters for homeless children and child care programs. This new model was called the Shared Oversight Model of foster home licensing, was enacted in September of 2017. Under the new model, DECH managed all regulatory portions of foster home licensing to include processing application materials, completing background checks, completing home inspections, service provision, investigating allegations of abuse and/or neglect, approval or denial of initial licenses, and renewal of licenses. OCFS staff continued to deliver informational meetings, introductory and ongoing training, and completing the home study report. Final licensing decisions were made by DECH in collaboration with OCFS. Both components of the license process remained under that larger umbrella of the Department. This model was implemented to allow for regulatory licensing

decisions to be separated from child placement decisions. DECH hired additional staff in the role of Licensing Specialists and OCFS staff are now referred to as Resource Workers.

In October of 2018, it was recognized that the Shared Oversight Model of licensing was not working as had been hoped. Licensing decisions were delayed and complicated due to the two offices sharing the responsibility. On 11/1/2018, foster home licensing reverted back to a single manager and all decisions made only by OCFS. This has served to ease confusion for foster parents, agencies and staff. Resource supervisors once again make all decisions related to foster home licensing.

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

In late 2019, there was a change in Maine state law intended to remove barriers, increase the Resource Family pool of providers and ease the process for families to become licensed as Resource Families. The new law shifted the responsibility for the pre-licensing and bi-annual licensing “fire inspections” completed by the state Fire Marshall’s office to OCFS staff. The new inspection is called a “Safety Inspection” and addresses common safety issues such as smoke detectors, egress, home safety, heating safety and other common concerns often noted. A checklist was created for OCFS staff to use when conducting safety inspections and all licensing staff were trained on the new procedure. Licensing staff use a Plan of Corrections with the family when there is an item needing correction. This new procedure has streamlined the licensing process as the inspection can be completed while OCFS staff are already in the home completing home studies. This shift went very smoothly and there have been very few challenges with this new procedure. The new safety inspection is completed on all new applicant homes and at every renewal. The Resource Program Manager is often consulted in situations to ensure that standards are applied consistently.

The home study includes a review of various life domains, including the applicant’s life experiences, family relationships, support systems, family beliefs, and values. It also includes an assessment of the applicant’s ability to safely parent and meet the needs of 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 caring for a relative child placed in their home, the kinship family is required to participate in an alternative 6-hour kinship-specific introductory training. Resource family licenses are issued for a two-year term.

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. The Department can grant waivers for non-safety standards for kinship homes. In the process of licensing a home, the home study process ensures that the home and caregiver are safe. DHHS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory safety 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 there is no concern regarding child safety. The DHHS process of licensing approval ensures that no individual with a disqualifying type of felony conviction is approved for licensure.

An example of a non-safety waiver, which is commonly granted, allows 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 the waiver documentation screen. Due to the regulatory nature of the licensing process, OCFS regards every licensed home as meeting uniform standards.

Resource Unit Supervisors meet as a group monthly with the Resource Parent Program Manager, to 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 licensing standards.

Maine DHHS, OCFS, MACWIS Information Services	
Foster Home Application & Approval Data 1/1/19-12/31/19	
Initial Applications	804
Renewal Applications	430
Approved Renewal Applications	337
Approved Initial Applications	398

#### **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 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the state completes background checks that include federal requirements, on a timely basis. There is no coordinated case planning process to address safety issues when an incident is discovered through a background check. However, when an incident is discovered through a background check, the agency does, on a case-by-case basis, address the issue. Stakeholders raised no concerns about safety issues.” (*Child and Family Services Report Maine Final Report 2017*)

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 (SBI) 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. 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 2017, Maine OCFS again trained all staff who are required to have access to fingerprint-based background checks with a new revised and Maine SBI approved online training to ensure that these staff are aware of security measures required by the FBI CJIS Division. The training completions are monitored by a Maine State Police liaison. Each office is required to comply with the expectation to store criminal background check results in locked cabinets. As new staff are hired, the training is completed by the new employee. In 2019, OCFS participated in a federal audit of the state’s management of CJIS data. The audit found no deficiencies.

DHHS policy for Relative Placement and Kinship Care, including Fictive Kin, requires in-state criminal background checks and OCFS CPS background checks 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 casework 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 safety inspection, or past criminal or child welfare history which has not been satisfactorily resolved to ensure confidence in the caregiver's capacity to provide safety to the child. Due to these situations, OCFS requires 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 weekends 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.

The June 2016 Title IV-E Foster Care Eligibility Primary Review also found that OCFS follows 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 works with state police to ensure criminal background checks are completed and processed 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 Area Needing Improvement in the 2017 CFSR. "Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not presently have a statewide recruitment plan. The state has recently contracted with an agency to recruit foster and adoptive resource families and has provided the agency with demographic data." (*Child and Family Services Report Maine Final Report 2017*)

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 community members as instrumental in providing education about the need for resource families willing and interested in meeting a youth's developmental and cultural needs.

For a period of time, the Department collaborated with Casey Family Programs 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 connection to their biological family, community and cultural heritage.

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 awaiting an 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 terminate the contract after the first year of services.

OCFS has contracted with another agency, Spurwink, 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, as well as 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 contract does not include retention activities, as retention of families is the responsibility of OCFS, and another contracted agency, Adoptive and Foster Families of Maine. Retention activities are provided through mentoring appreciation events, an advisory committee, advanced



and improved trainings, district specific events, our Resource Parent Care Team 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 targeted for focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs with no identified step-down placement in the community;
- Infants who are born drug-affected and who are in the process of reunification with birth family; and
- 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 connection 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 to enhance and focus recruitment on tribal families who can provide placement to children in care with tribal connections. In 2019, our contracted recruitment agency, A Family for Me (through Spurwink) will partner with state LGBTQ leaders and be able to connect with the public through their sponsored events and annual conference. There will also be new partnerships with the religious communities and military communities.

The OCFS PIP was approved January 27, 2020. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce. Key Activities designed to address this strategy include the following:

### **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 Area Needing Improvement in the 2017 CFSR. “Information in the statewide assessment and collected during interviews with stakeholders showed that the state does not presently have a statewide recruitment plan. The state has recently contracted with an agency to recruit foster and adoptive resource families and has provided the agency with demographic data.” (*Child and Family Services Report Maine Final Report 2017*)

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 community members as instrumental in providing education about the need for resource families willing and interested in meeting a youth’s developmental and cultural needs.

For a period of time, the Department collaborated with Casey Family Programs 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 connection to their biological family, community and cultural heritage.

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 awaiting an 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 terminate the contract after the first year of services.

OCFS has contracted with another agency, Spurwink, 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, as well as 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 contract does not include retention activities, as retention of families is the responsibility of OCFS, and another contracted agency, Adoptive and Foster Families of Maine. Retention activities are provided through mentoring appreciation events, an advisory committee, advanced and improved trainings, district specific events, our Resource Parent Care Team 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 targeted for focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs with no identified step-down placement in the community;
- Infants who are born drug-affected and who are in the process of reunification with birth family; and
- 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 connection 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 to enhance and focus recruitment on tribal families who can provide placement to children in care with tribal connections. In 2019, our contracted recruitment agency, A Family for Me (through Spurwink) will partner with state LGBTQ leaders and be able to connect with the public through their sponsored events and annual conference. There will also be new partnerships with the religious communities and military communities.

The OCFS PIP received federal approval with an effective date of 2/1/20. The PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Strategy 3: Improve the recruitment, retention and training of the child welfare workforce.

### **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 2017 CFSR. "Information in the statewide assessment described the agency's effective use of cross-jurisdictional resources, both within and outside of the state, to facilitate timely permanency for children in care. Information in the statewide assessment showed that most Interstate Compact on the Placement of Children home study requests are completed timely." (*Child and Family Services Report Maine Final Report 2017*)

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

OCFS utilizes the following program/resources:

- AdoptUsKids to ensure that Maine families can see all available children in Maine;
- Wendy's Wonderful Kids for recruitment;
- Recruitment Contract through Spurwink that includes child specific recruitment;
- Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match;
- 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 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 state. The spreadsheet allows the Program Specialist quick access to determine which studies are pending to ensure timely completion of the home studies. The types of home studies completed include parent, relative, and adoption. In 2019, a total of 81 home study requests were received and assigned. This includes parent, foster care and adoption. Of those 81 home studies completed, 67 (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:

<b>Year</b>	<b># of ICPC adoption request for out of state placement</b>
2009	36
2010	9
2011	13
2012	11
2013	12
2014	16
2015	21
2016	33
2017	17
2018	22
2019	12

<b>Year</b>	<b># of ICPC adoption requests from other states</b>
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19
2017	18
2018	15
2019	11

### **Plan for Improvement-Goals, Strategies, Measures of Progress**

The following is Maine's 5-year CFSP 2020-2024 goals which reflects the needs of the OCFS and is in line with the Assessment of Performance report. The Program Improvement Plan goals, strategies and key activities are the primary activities and will be the focus for the first three years of the CFSP cycle. In addition, Maine will be continuing some key activities that were outlined in the 2015-2019 CFSP given the importance of ongoing focus in a number of areas related to improving outcomes for children and families. Maine has developed four primary goals that will provide the structure for underlying key activities:

Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.

Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.

Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports, Court and community partners.

Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child in formal and informal supports to address these needs.

The established baselines were drawn from the 2017 CFSR with the associated goals specified in the Maine OCFS PIP Measurement Plan. OCFS will measure the results, accomplishments, and annual progress towards meeting the goals and strategic targets through data extracted from the SACWIS system, Management Reports, Quality Assurance data and ACF Data Profiles.

**Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues.**

*(CFSR Outcome covered: Safety Outcome 1; Safety Outcome 2)*

**Strategy 1:** Strengthen safety by ensuring all alleged victims of maltreatment are seen within OCFS policy defined timelines.

Root cause analysis: OCFS has historically been challenged in ensuring that all reports of child abuse and neglect are responded to within an appropriate timeframe to meet the needs of the alleged victims of abuse. This was evidenced in the 2017 CFSR data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
1 Timeliness of initiating investigations of reports of maltreatment	73.1% Strength	70% Strength

OCFS identified two factors impacting Maine's performance in Safety Outcome 1, the strategies identified to improve performance on Safety Outcome 1 address those factors.

The factors include:

- Delays in reports being reviewed and assigned to districts and/or ARP through the Centralized Intake Unit. In May 2017, Maine implemented the Structured Decision

Making (SDM) model in the Central Intake Program. The purpose of the screening and response priority tool is to assess whether a referral meets the statutory threshold for an in-person OCFS response and if so, the response timeframe (within 24 or 72 hours of receipt of the report). In 2018, OCFS changed the intake approval process to decrease the timeframe for assignment of appropriate reports. Appropriate reports are sent directly to the district supervisors for review and assignment. Intake supervisors review all reports deemed inappropriate and any child death/serious injury reports. The PCG report included recommendations to ensure every report receives second level review and approval by a supervisor within 24 hours to ensure accurate decision-making and timely response.

- Maine utilizes contracted Alternative Response providers to conduct assessments on low-severity reports of child abuse and neglect. In the CFSR, it was determined that these agencies do not always meet contract performance expectations, including timeframes for initial contact with the alleged victim. The PCG report included recommendations to reassess the ARP program to align expectations with best practice and further define the referral process.

Key activities over the next to five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Update the Structured Decision-Making Intake Tool and Intake Policy for full implementation by Intake staff which guides decision making regarding the appropriateness of assignment to OCFS or ARP and the response timeframe (up to 24 or 72 hours). With the ARP redesign it is anticipated that there will be a change to Intake making the final decision on all reports. **(PIP activity- Q2 7/2020)**

Status Update: OCFS continues to work with NCCD to finalize changes to the SDM Intake Tool and develop a plan for implementation, coaching and quality assurance practices. Through the Cooperative Agreement with the Muskie School of Public Service, Intake Policy will be updated to incorporate the changes made to the SDM Intake Tool and disseminated to staff. It is anticipated that this work will be completed by the end of the August 31, 2020.

- Coaching to Intake supervisors and caseworkers by NCCD to build increased consistency and fidelity in the use of the SDM Intake Tool. **(PIP activity- Q1 4/2020 and ongoing)**

Status Update: A plan is being developed to provide remote coaching due to the national pandemic, Covid-19. This will be concurrent with the roll out of the Intake Policy.

- Present the revised guidance with Intake staff for full implementation.

Status Update: As part of implementation Intake staff will be trained on the new definitions of the items and coached by their supervisor on how to apply these to new

reports. It is anticipated that this work will be completed by the end of the August 31, 2020.

- Implement use of the new call center software in the OCFS Intake Program to increase the number of live calls answered. **(PIP activity- Q4- 1/2021)**

Status Update: **Completed.** The call center software was implemented in the Intake Program on 6/18/19. This has led significant improvement in prioritizing child welfare reports, increasing the calls answered live and decreasing wait times for callers.

- Complete redesign of the Alternative Response Service based on the analysis of caseload, workload and available staff resources. This will include an evaluation of the current services provided as compared to the needs of the population served and a review of performance outcomes. Feedback from stakeholders will be an important component of the redesign. **(PIP activity- Q4- 1/2021)**

Status Update: Given the complexity of this redesign OCFS has extended the ARP contracts and increased the rates in order to allow time to thoughtfully analyze and implement recommendations.

- OCFS training at the Child Protective Conference on *Caseworker 101*- info about child welfare case flow, use of SDM tools and best practices for engaging child welfare staff. Including survey to participants requesting they rate the training and inviting them to comment on the training. **(PIP activity- Q2- 7/2020- extended to Q3 due to pandemic)**

Status Update: Due to the Covid-19 pandemic the Child Protective Conference was cancelled and rescheduled - 2020 and the Associate Director of Child Welfare Services will be presenting a workshop titled “Collaborating to Achieve Positive Outcomes for Families”. The due date will be extended to Q3 given these unforeseen circumstances.

- Develop the plan to improve program management of the Alternative Response contract.

Status Update: No update

- Develop correction action plans with Alternative Response providers to address any deficiencies in meeting performance as outlined in their contracts.

Status Update: No update

- Explore alternative caseworker recruitment activities to strengthen the pool of qualified applicants.

Status Update: The PIP development led to OCFS shifting this activity under Goal 3, Strategy 3.

- Evaluate the current caseworker exit interview process and identify strategies to more effectively retain staff based on the information gathered in that process.



Status Update: The PIP development led to OCFS shifting this activity under Goal 3, Strategy 3.

- Annual, periodic staff allocations among districts.

Status Update: Covered in Goal 3 Strategy 2.

- Annual, periodic staff allocations within each district.

Status Update: Covered in Goal 3 Strategy 2.

**Strategy 2:** Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency in practice and improve critical thinking and decision making at key child welfare decision points.

Root cause analysis: Maine has historically been challenged in adequately assessing risk and safety throughout a family's involvement with child welfare services. Maine also struggled to provide services to families to prevent removal of children, however performed well in the national standard related to re-entry into foster care. The most recent Administration for Children and Families (ACF) Data Profile (February 2020) reflects that Maine's performance is below the national performance 9.5%. That data reflects that Maine's performance in that measure for FY 17-18 is 13.2% which was also a decrease from the prior data points from 16B17A (12.4) and 17A17B (12.8). Maine's challenges in assessing risk and safety and providing services to prevent removal was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME- QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
2 Services to family to protect children in the home and prevent removal or re-entry into foster care	50% Strength	35% Strength
3 Risk and safety assessment and management	40% Strength	35% Strength

The following factors were found both during the CFSR and following the CFSR during consultation and focus groups with managers throughout the state:

- The quality and timeliness of post-assessment involvement by contracted Alternative Response providers was inadequate;
- Issues related to safety planning, including:
  - The development of safety plans that were unrealistically difficult or onerous for families to follow;

- An inability to access all information necessary to create the safety plan, including information regarding key members of the plan;
- Lack of consistency in monitoring safety plans to ensure they were adhered to;
- Lack of a consistent tool to evaluate the success of safety plans and determine next steps for working with the family; and
- Difficulty in ensuring that families engage in services to address the concerns that led to the need for a safety plan.
- Lack of assessment skills and tools necessary to fully assess families, particularly those that are struggling with domestic violence and/or substance abuse;
- Inconsistency in the transition between child welfare program areas (for example, when a case transfers from assessment to permanency); and
- Workload issues primarily related to an increase in the volume of reports of abuse and neglect and the rate of staff turnover.

A key project to improve child welfare practice related to comprehensively addressing the concerns listed above is the utilization of the Structured Decision Making (SDM) Safety and Risk Assessment and Permanency Tools. The purpose of the SDM Safety Assessment Tool is to guide decision-making related to whether a child is in immediate danger that may require a protective intervention and to determine what intervention should be initiated or maintained increase child safety. The SDM Risk Assessment Tool assesses the likelihood of future maltreatment and system involvement. While the SDM Permanency Tools determine what interventions could address child and family needs; if a child can safely return home and when a case can be closed.

Through the implementation of SDM, Maine has transitioned to safety planning only when a child can remain in the home with their parent/caregivers. This is a significant change in that the default had become safety planning children out of the home. It will be necessary for staff to consider the safety threats, actions of protection and potential safety interventions that promote child safety and allow the child to remain in the home. Safety interventions can include activities by the caseworker or a family's support network or legal actions such as filing a Protection from Abuse Order. The tools are a framework for improving decision making, strengthening the assessment of safety and risk and better serving families that require ongoing child welfare intervention. Through utilization of these tools, it is expected that OCFS will also see improvements in the recurrence of maltreatment for children as a result of improved service delivery to families.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Complete development and testing of the SDM Permanency Tools in consultation with NCCD.

Status Update: The OCFS Regional Associate Directors have developed a roll out plan for the Permanency Tools that will be altered due to the recent pandemic.

Given the current pandemic the implementation plan will continue to be adjusted to determine if it would be effective to provide the training remotely. There has been some testing prior to implementation to ensure that the tool is reflective of Maine practice and policy expectations. Additional testing will occur after initial implementation.

- Provide training for all staff in the utilization of the SDM Permanency tools and develop guidance tools to support staff in this work. **(PIP activity- Q1 4/2020 and ongoing)**

Status Update: The OCFS Training Team is working with NCCD to build a curriculum that can be provided remotely given the current pandemic circumstances. This work is anticipated to be completed by August 31, 2020.

- Coordinate coaching support for supervisors in partnership with NCCD on the SDM Assessment and Permanency tools to ensure fidelity and sustainability. **(PIP activity-Q3 10/2020)**

Status Update: In 2019 NCCD began providing coaching support for supervisors that aligned with SDM Assessment Tools. This support included a coaching overview, 3-day coaching institute, group supervisor training and coaching support to individual districts. In the May 2020 District Management Team Meeting child welfare management will review the district feedback related to clarifying expectations, when to use the tools, measurement etc with NCCD and develop clear expectations and next steps for the utilization of coaching.

- Monitor implementation of the SDM Safety, Risk Assessment, and Permanency tools based on QA reviews, feedback from stakeholders and data reports. **(PIP activity- Q2 7/2020)**

Status Update: In March 2020 a QA study was conducted to evaluate how well the agency was implementing the use of the Safety Assessment SDM tool. During the period of 9/1/19-1/30/20 OCFS conducted 4674 Child Protective assessments. A report was pulled from the SDM database for that same period and a total of 3634 tools were completed, 78% of the tools that should have been found based on the number of assessments completed by district staff. This information was shared with the District Management Team, along with the specific data for each district which allows management to look for those supervisors having more success in completing and documenting the Safety Assessment SDM tools and utilize them to coach/support their peers. The outcome data will also support the training team as it provides the refresher training for staff in the spring.

In June 2020 a training will be held by NCCD to include child welfare supervisors and OCFS QA staff on tools to measure fidelity to the Intake and Safety SDM Tools.

- Monitor implementation of the Child Welfare Investigation Policy based on QA reviews, feedback from internal and external stakeholders and data reports.

Status Update: No update

- Revise the OCFS Permanency Policy to provide practice guidance and incorporation of SDM tools and procedures. **(PIP activity- Q3 10/2020)**

Status Update: The OCFS Regional Associate Director responsible for permanency, the OCFS Training Team and staff from the Muskie School of Public Service have been developing a permanency policy that incorporate the use of the SDM tools. It is anticipated this work will be completed by June 30, 2020.

Measurement table for evidence of completion for Goal 1:

CFSP Year Goal:						
CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
1	73.1%	78%	81%	84.2%	90%	95%
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%

**Goal 2: Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system.**

*(CFSR and Systemic Factor Outcomes Covered: Permanency Outcome 2; Well Being Outcome 1; Well Being Outcome 3)*

**Strategy 1:** Full implementation of strategies to increase family engagement through the completion of collaborative case planning and a focus on the wellbeing and best interest of children involved with the child welfare system.

Root cause analysis: OCFS has struggled to build and sustain engagement and partnership with the families involved with the child welfare system and their formal and informal supports. This was evidenced in the 2017 CFSR data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
4 Stability of Placement	75% Strength	65% Strength

5 Performance goal for child	80% Strength	43% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	21% Strength
12 Needs of services of child, parents and foster parents	38% Strength	28% Strength
12A Needs assessment and services to children	69% Strength	52% Strength
12B Needs assessment and services to children	33% Strength	22% Strength
12C Needs assessment and services to foster parents	63% Strength	55% Strength
13 Child and family involvement in case planning	40% Strength	28% Strength
14 Caseworker visits with child	63% Strength	48% Strength
15 Caseworker visits with parents	35% Strength	19% Strength

The ACF Data Profile (February 2020) does reflect a higher level of performance in three of the Permanency Outcome 1 data points evidenced below:

Placement Stability: RSP 3.88- Statistically better than the national performance;

Permanency in 12-23 months: RSP 45.8%- Statistically no difference than the national performance;

Permanency in 24+ months: RSP 34.9%- Statistically no difference than the national performance.

Since the 2017 CFSR, the agency worked with consultants to complete an organizational assessment that included focus groups with central office and district staff; observations of current family team meeting practice; review of policy and data and the convening of a workgroup of agency staff, parents and community partners to assess the barriers to effectively engage with families. Some of the findings included:

- Differences in the value placed on family engagement, kinship care and the inclusion of children in the family team meeting process;
- Inconsistency in practice amongst those facilitating the meetings;
- Lack of a formal training curriculum; and
- Challenges maintaining fidelity to the family team meeting model.

Stakeholders described a lack of inclusion in decision-making and case planning, as well as role confusion as to how they were part of the solutions to ensure child safety. This often resulted in a lack of continued participation in the family team meeting process. Internal focus groups were held and concerns regarding workload emerged as the largest perceived barrier to quality engagement with families. Thus, it was decided that a key activity to improve engagement with families and their supports is the review and implementation of effective family team meeting practices.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Executive Management Team will define the framework and policy expectations for effective teaming practices.

Status Update: No update

- Provide staff with training to assist in the development of skills required to effectively engage with families and provide quality child welfare services:
  - a. Forensic Interviewing;
  - b. Motivational Interviewing;
  - c. Principles of Teaming;
  - d. Action Planning;
  - e. Conflict Management; and
  - f. Facilitation.

Status Update: OCFS continues to provide Forensic and Motivational Interview training on a regular basis. Action Planning Training will be incorporated into the Permanency SDM Tool training.

- Revise the OCFS Family Team Meeting Policy to provide practice guidance for staff to utilize in their work with families. Revisions will be made to outline practice expectations for family engagement prior to family team meetings, the critical decision points when meetings will be convened, including supporting placement stability, required team members to be invited, and requirements for documentation of these activities. **(PIP activity- Q3 10/2020)**

Status Update: No update

- **NEW 2020:** Provide training for all staff through JPMA, the web-based training portal, in the revised Family Team Meeting Policy. Staff are required to complete a test as part of the training and demonstrate 100% competency. Supervisors monitor completion and provide additional support to staff when necessary. **(PIP activity- Q4 1/2/021 and ongoing)**

Status Update: No update

- **NEW 2020:** Monitor implementation of the Family Team Meeting policy based on QA reviews, feedback from stakeholders and data reports. **(PIP activity- Establish baseline and ongoing)**

Status Update: No update

- Utilize the JMPA training website for OCFS staff to review the Family Share policy and increase their understanding of the expectations for conducting these meetings when children enter custody.

Status Update: OCFS has decided that, although Family Share is still the expectation, and training continues to be provided to new caseworkers in Foundations this key activity will be discontinued in the 2020-2024 CFSP as Family Share Meetings was not identified in staff and stakeholder focus groups as one of the OCFS Child Welfare Strategic Priorities. **This key activity is discontinued.**

- Track baseline and ongoing performance data for each district on the frequency of Family Share meetings held per policy when children enter custody. This data will be provided to DMT quarterly for monitoring.

Status Update: **This key activity is discontinued- see above.**

**Strategy 2:** Full implementation of the OCFS Family and Child Plan to increase the engagement of family in the child welfare process leading to more effective family and child case planning and decision making.

Root cause analysis: In 2016, OCFS undertook efforts to streamline the planning process for families and children involved with the child welfare system. The agency had multiple plan documents for different case types and a lack of clear practice expectations related to case planning. The result of these challenges was evident in the data from the 2017 data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19 -3/31/20
13 Child and family involvement in case planning	40% Strength	28% Strength

An analysis of the 2017 CFSR data found the following:

- challenges in involving parents and youth in case planning;

- a lack of clarity for parents regarding what needs to happen to resolve the child safety concerns and to close the case;
- parents' voices not being heard and valued and a lack of focus on case planning outside of formal team meetings.
- A small number of stakeholders felt that TPRs were filed timely; however, other stakeholders said that the TPR was not filed timely and that delays in paternity testing, the need for publication for parents, crowded court dockets, and caseworker workloads were barriers to timely filing.” (*CFSR Maine Final Report 2017*)
- Parents given extended periods of time to reunify despite little demonstration of progress being made in services to alleviate jeopardy issues; and

Over many years, OCFS has gathered feedback from stakeholders and staff related to the functionality of the agency's case planning tools. The themes have remained similar and the agency has responded by developing and implementing the OCFS Family and Child Plan tools. These new plans were initially implemented in paper format statewide while the data team built the modules in the MACWIS system. Although considered a technical fix, the Family and Child Plan include specific documentation requirements that address concerns related to case planning. Two examples are reasonable efforts to prevent removal and the engagement of families to create solutions which address child safety and wellbeing. Subsequent feedback from stakeholders has been that the plan is lengthy and doesn't provide clear guidance for families about what it would take to demonstrate resolution of child welfare concerns.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- **New 2020:** In collaboration with the AAGs Office, revise the OCFS Family Plan in response to feedback from stakeholders. (**PIP activity- Q1 4/2020**)  
Status Update: The RADs collaborated with the AAGs office to develop a revised Family Plan based on feedback from parents, the legal community and staff. The updated Family Plan is currently being piloted in District 2- the largest metropolitan area in Maine. It is anticipated that the feedback received following this pilot will inform the implementation plan for other districts.
- Develop curriculum to train all staff in the completion of the OCFS Family and Child Plans, including a core set of skills to strengthen the ability of staff to more effectively engage family in the case planning process.  
Status Update: Training for staff in developing action plans related to the reason for child welfare involvement is being developed concurrently with the curriculum for the SDM Permanency Tools. It is anticipated that the training specific to developing action plans will be conducted by the end of 2020.



- Provide staff with training in the completion of the OCFS Family and Child Plans. **(PIP activity- Q3 10/2020)**

Status Update: See above

- Convene a statewide Supervisor Advisory Team to review and make recommendations for revisions of the Macwis Supervisory Tool. **(PIP activity- Q3 10/2020)**

Status Update: The Statewide Supervisor Advisory Team was convened in April 2019 comprised of representatives from all 8 districts and Intake. This group meets monthly. A day-long meeting was held with this group to review the MACWIS Supervisory Tool and develop recommendations for next steps. In addition, this work has been incorporated into the NCCD Coaching process. There continues to be inconsistent use of the tool. Child Welfare management and NCCD are developing a framework for supervision, based on feedback from supervisors, which will include guidance regarding the frequency of supervision, structure of supervision activities and the use of these tools.

- The Child Welfare Management Team will determine which recommendations to implement to increase the effectiveness of the Macwis Supervisory Tool as a strategy for coaching staff on the development of Family and Child Plans.

Status Update: No update

- Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to completion of the Family and Child Plans.

Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an administrative operational need, the fourth line would be repurposed to support a different program area. **This key activity is discontinued.**

Measurement table for evidence of completion for Goal 2:

CFSP Year Goal						
CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%
12	38.5%	41%	43%	46.2%	50%	55%
13	40.4%	43%	45%	48.7%	55%	60%
14	63.1%	65%	68%	70.7%	80%	90%
15	34.7%	38%	40%	43.4%	50%	60%

**Goal 3: Improve timeliness to permanency through improved engagement of and communication with all families, family supports and community partners.**

*(CFSR and System Factor Outcomes Covered: Permanency Outcome 1, Case Review Systemic Factor, Service Array and Resource Development Systemic Factor, Staff and Provider Training)*

As a result of the collaboration between OCFS, the Maine Judicial Branch and ACF in the PIP process, the strategies originally submitted in the CFSP have been changed. It is believed that the following revisions best support the child welfare system in Maine as it works to improve its timeliness to permanency for children and families.

**Strategy 1:** Court improvement Project (CIP)/Coordination with the Court's and the AAG's office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care. **This strategy was revised to more accurately reflect the need as identified in the PIP.**

**(NEW) Strategy 1: Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers.**

Root Cause Analysis: The CFSR found that Maine established appropriate permanency goals for children in a timely manner in 80% of the 40 reviewed cases. It was also found that Maine was challenged in achieving timely permanency for children in foster care, meeting the standard in 55% of the 40 reviewed cases. Maine continues to challenge in this area as evidenced by the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

<b>Item</b>	<b>State Performance CFSR 2017</b>	<b>State Performance ME CFSR Period 4/1/19-3/31/20</b>
5 Permanency goal for child	80% Strength	43% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	21% Strength

The CFSR findings regarding Maine’s case review system generally point to the need for enhanced engagement of parents and resource caregivers, both outside and inside the courtroom, as a necessary step towards improving the timeliness to permanency.

First, regarding engagement outside of the courtroom, the CFSR found that Maine has experienced challenges in jointly developing written case plans with parents. Stakeholders said that “plans were usually written by caseworkers and presented to parents” and noted “challenges with actively involving parents in case planning, including parents not understanding the process.”

Second, the statewide assessment also highlighted the need to improve engagement of parents and caregivers inside the courtroom at judicial reviews. Stakeholders interviewed as part of the CFSR reported that “the agency drafts and circulates an order, if all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” Regarding resource caregiver engagement, two barriers to engagement were identified. First, the Children’s Bureau found that a lack of proper notice to resource caregivers created a barrier to their engagement. Second, caregivers identified the need for more date certainty of court proceedings to enable them to plan in advance and thereby improve their ability to attend.

In addition to the findings on engagement, the CFSR found that the timeliness of quality of periodic reviews by the courts needed improvement. This finding was based on file reviews, stakeholder interviews, and focus groups to collect the data. The file review data for the CFSR was pulled strictly from the MACWIS, and neither a Maine Judicial Information System (MEJIS) analysis of data nor an in-person review of the court files was completed. In response to the findings of the CFSR, OCFS identified the need for increased collaboration with the courts to improve on the areas of review, including the timeliness of periodic reviews. To this end, OCFS and the members of the Administrative Office of the Courts, including the court improvement coordinator, held a series of weekly meetings facilitated by the Children’s Bureau to review and discuss the CFSR findings that pertained to court performance. As part of that collaborative review process, representatives from the courts conducted a manual file review and analyzed data from MEJIS for the cases that were selected for the CFSR. This manual data analysis showed that the courts are

performing much better on timeliness measures than was reported in the CFSR. A total of 37 cases were hand reviewed by judicial branch employees who are attorneys and experts in child protective law. Data collection indicated the following about periodic reviews:

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe;
- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% of the judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the judicial reviews held were timely. Because this in-depth manual data review demonstrated that the timeliness of quality for period reviews does not need improvement in Maine, the key activities below do not address this item. However, the discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscored the need for improved communication and collaboration between the judicial branch and OCFS, particularly on data provided to the Children's Bureau for its reviews. Recognizing the need and benefit of improved collaboration, all of the strategies in this program improvement plan that involve the courts were developed with substantial input from both the courts and the OFCS, including their respective leadership.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

To enhance parent engagement in case planning, Maine will provide training on the best practices to improve engagement of parents at family team meetings prior to court.

- **Parent Engagement at Family Team Meetings:** The Maine Judicial Branch will provide a training at its 2019 Child Protective Conference on *Effective Family Team Meetings and Writing Individualized Reunification Plans*. The conference is attended by approximately 400 participants, including judges, tribal judges and caseworkers, assistant attorney generals, parent attorneys, guardian's ad litem, and caseworkers. The session on family team meetings will feature a parent attorney, guardian ad litem, assistant attorney general, and caseworker. Panelists will explain how engagement enhances outcomes and will discuss best practices for parent engagement at the family team meeting for each role. A separate session at the conference will be entirely dedicated to former youth in care and parent partners who will share their recommendations on engagement based on their experiences with the child welfare system. A survey will be provided to participants requesting that they rate the training and inviting them to comment on the training. **(PIP activity- Q1 4/2020)**

Status Update: Completed. The MJB held its 2019 Child Protective Conference in May 2019. One of the Plenary Sessions held was *Effective Family Team Meetings and Writing Individualized Reunification Plans* featuring a panel that included a parent

attorney, guardian ad litem, assistant attorney general, and caseworker. A survey was provided to participants requesting that they rate the training and to comment on the training. 219 surveys were completed and rated the following:

- Excellent: 19.17%
- Very Good: 37.89%
- Good: 29.68%
- Fair: 10.04%
- Poor: 0.03%

Of those respondents who provided comments on the survey there was a mix between finding the session very helpful (“panel discussion with excellent information); and recommendations to strengthen the session (“more information related to current practice would have been helpful”).

Key activity to enhance parent and caregiver engagement in Court at Judicial Reviews and Permanency Hearings:

To enhance parent and caregiver engagement at judicial reviews and permanency hearings, Maine will implement a three-part process to address the following: (1) judicial officer engagement of parents and caregivers in court, (2) notice to resource caregivers of judicial reviews and permanency hearings, and (3) use of predictive data analysis to ensure sufficient court resources to accommodate the child protection caseload as a way to improve date certainty for court proceedings.

- As set forth below in subsections a through d, the Maine Judicial Branch will select a court for a two-year transformation zone (i.e. pilot project) for child protective cases involving children who have entered foster care, in which the judicial officer will engage each parent at the judicial review to discuss the reunification and rehabilitation plan and break it down into easily understood concrete action steps the parents are expected to complete prior to the next judicial review. Outcomes will measure whether structured engagement around action steps shortens the time to permanency for children who have entered foster care.  
**(PIP activity- Q8 1/2022)**
  - a. The trial chiefs of the district court will designate the judge and court for the two-year transformation zone.
  - b. The court improvement program will work closely with the judge and clerks in the designated court to develop a process and evaluation plan for the transformation zone. No later than 2 months after PIP approval, the process and evaluation plan will be presented to the district court trial chiefs for review and approval detailing the following: scheduling protocol, guidelines for engagement, data points for evaluation, and method of

capturing identified data points. The evaluation plan will be finalized within 3 months of PIP approval.

- c. The transformation zone will then be implemented for a total of 24 months. The court improvement program will communicate with the presiding judge on a quarterly basis to check in on the progress of the transformation zone.
- d. For interim data collection, the court improvement program will measure how many cases in the transformation zone have reached permanency at the 6-month and 12-month marks. Cases will be grouped by the filing month and will be evaluated for permanency six and twelve months after the filing month. Based on the findings, Maine may consider expansion to other court(s) at 18 months from the start of the transformation zone.
- e. Every six months, the court improvement program will verify that the engagement guidelines for the transformation zone are being implemented with fidelity. This will be done through court observations or review of transcripts for a randomized sample.
- f. Upon completion of the 24-month transformation zone period, the court improvement program will collect data measuring outcomes pursuant to the approved evaluation plan. The court improvement program will provide a report on the outcomes of the transformation zone and provide said report to the trial chiefs and Supreme Judicial Court no later than two months after conclusion of the 24-month project period.

Status Update: In April 2020 the CIP disseminated the draft Process and Evaluation Plan to the trial chiefs who will review, provide feedback and/or approve.

**Improve notification to foster parents, pre-adoptive parents and relative caregivers of child in foster care regarding court hearings and the right to be heard at any review or hearings held in response to the following CFSR feedback:** “Information in the statewide assessment and collected during the interviews with stakeholders identified significant barriers to ensuring that foster parents, pre-adoptive parent, 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 children in their care. Stakeholders said that the trailing docket used in many courts and rescheduling hearings at the last minute made it difficult to participants to be available. Stakeholders also reported that the caregiver’s ability to be heard varied according to the judge.” (*CFSR Maine Final Report 2017*)

Key Activity to improve notification to foster parents, pre-adoptive parents and relative caregivers of child in foster care regarding court hearings and the right to be heard at any review or hearings held will consist of the following:

- OCFS will review the current process for providing proper written notification of court dates and continuances to caregivers and develop strategies to improve this process. **(PIP activity- Q3 10/2020)**

Status Update: No update

- OCFS will file a copy of the written notification provided to caregivers with the court. OCFS will review a sample of Judicial Review Orders on which the Judicial officers will indicate if notice to caregivers was filed with the court. This data will be reviewed at the *OCFS/MJB/AAG Collaborative* meetings for oversight on compliance related to notification. **(PIP activity- Q4 1/2021)**

Status Update: No update

- When resource caregivers better understand the court process and what to expect, they are more likely to attend court proceedings. Thus, the Maine Judicial Branch will develop a business-sized card with the link to the judicial branch child protective webpage, which provides information and resources regarding the child protective court process. OCFS will include a card with each notice it sends to caregivers. The card will provide recipients an option to request that printed or translated materials be mailed to them. The Maine Judicial Branch will update all informational materials as needed to reflect any changes in the law or court procedure. **(PIP activity- Q2 7/2020)**

Status Update: The JB anticipates beginning the work to create these cards in May 2020.

**Coordination of timely periodic reviews:** In response to the following feedback: “Although many stakeholders said that periodic reviews were routinely occurring on a timely basis, data and information in the statewide assessment showed that on average, less than half of the periodic reviews occurred timely. Stakeholders report that the agency drafts and circulates an order, if all parties agree, the judge signs the order, but this process does not provide an opportunity for a thorough review.” (*CFSR Maine Final Report 2017*).

Key activity to improve date certainty using predictive data analysis:

Stakeholders interviewed as part of the CFSR statewide assessment indicated that the “trailing docket” used in many courts made it difficult for participants to be available. In some courts in Maine, the “trailing docket” model for scheduling is used for final contested hearings in child protection cases. Under this model, the court places all the cases that are ready for a final contested hearing on a list and then assigns the cases to the available trial dates giving priority to those with

upcoming statutory deadlines. If the court does not have sufficient trial time to accommodate all the cases, the cases are scheduled as back-ups, or if necessary, set on the trailing docket for the next month. Because cases often settle at the last minute, the trailing docket and back-up method of scheduling ensures trial time will not be wasted. However, when there is an unexpected increase in case filings and the trial time designated for each trailing docket does not similarly expand, cases can be delayed. The key to the success of the trailing docket is for the court to effectively predict case surges to expand court trial time accordingly and thereby improve date certainty for litigants.

- In order to improve the date certainty of child protection contested hearings, the judicial branch will generate quarterly reports for each district court showing the total child protection filings as compared to the previous year. By providing a point of comparison, the information gathered from these quarterly reports will allow regional scheduling judges to predict surges in protective custody filings and adjust court resources to ensure there is sufficient trial time to accommodate the caseload. Because court schedules are set 6 months in advance in Maine, the data on the number of initial filings gives the court sufficient notice to plan ahead and adjust future trial time so that by the time the cases proceed to a final contested hearing, the trial schedules have expanded appropriately. **(PIP activity- Q1 4/2020)**

Status Update: **Completed.** The Maine Judicial Branch has been generating and reviewing these reports on a monthly basis since May 2019. The reports have successfully alerted regional scheduling judges of case surges that will increase the demand for trial time before the demand materializes. This has allowed regional scheduling judges to move judges in their region from dockets that do not involve child protection matters to the child protection docket as needed to accommodate the child protection caseload and comply with all statutory timeframes. To the extent the regional judges do not have sufficient judges in their region to accommodate the anticipated increased demand in trial time, they have been contacting the chief judge of the district court for assistance. The chief judge then analyzes resources at a statewide level to identify judges from regionals with more capacity who are then temporarily assigned to the region in need to cover non-child protection dockets so that the regional judges can dedicate more time to the child protection dockets. Thanks to these reports, this regional and statewide resource reallocation has been able to take place with sufficient advance notice to ensure child protection matters continue to comply with all statutory timeframes.

OCFS and the Maine Judicial Branch will know it has successfully implemented these key activities through improved permanency outcomes.

**Strategy 2:** Improve the frequency and quality of caseworker visit with parents.



Root cause analysis: OCFS has historically been challenged in meeting expectations around frequency and quality of contact with parents. The result of these challenges was evident in the data from the 2017 CFSR as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
15 Caseworker visit with parent(s)	35% Strength	19% Strength

The following factors were found during the CFSR, as well as through engagement with internal and external stakeholders:

- An inability to conduct regular and consistent ongoing assessments of how parents and children are progressing in the services as necessary to enable family rehabilitation and reunification;
- Lack of quality caseworker contacts with children in the Department's care;
- Specific to in-home service cases, inconsistency in the frequency and quality of caseworker contact with household members as necessary to meet the case circumstances;
- For children in care, inconsistency in the frequency and quality of caseworker contact with parents as necessary to meet the case circumstances;
- A lack of tools and strategies to effectively engage with parent and paramours in quality case planning;
- Frequent changes in the caseworker assigned to a family;
- Challenges with workload for both caseworkers and supervisors; and
- Difficulty in addressing secondary trauma for district staff which impacts their ability to provide frequent and quality contacts with parents.

The recent PCG report included recommendations related to increasing compliance with statutory timeframes that reflects the importance of quality interactions with parents in child welfare cases. The recommendation indicated that caseworkers, in consultation with the Assistant Attorney Generals (AAGs), need to communicate honestly and openly about the trajectory of a case and likelihood of reunification with family parents.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

Two OCFS initiatives that support strengthening the quality of contact with parent(s) are implementation of the OCFS Family Plan and Family Team Meetings which guide and promote quality interactions between caseworkers and parents.

Additional key activities for improving the frequency and quality of contact with parent(s) include:

- As part of implementation, create a feedback loop for staff to evaluate progress in addressing technical and adaptive challenges related to quality face-to-face contacts with parents, including documentation of contacts. **(PIP activity- Q2 7/2020)**

Status Update: No update

- Analyze feedback and implement solutions to improve the quality and documentation of contacts with parents. **(PIP activity- Q3 10/2020)**

Status Update: No update

- Utilize a workload analytic tool to inform staff resource allocations and case assignments based on workload factors to support efficient time management and improve quality face-to-face contacts and documentation. **(PIP activity- Q2 7/2020 and ongoing)**

Status Update: OCFS continues to work on building additional workload factors into the workload analytic tool, for example intake activities, court vs. non court cases, weighting reports based on risk factors in a family. A monthly data report is reviewed by OCFS Executive Management for use in decision making. It is anticipated that the workload analytic tool will help in determining staffing changes needed within districts as well. OCFS was recently allocated 20 (16 caseworkers, 2 supervisors and 2 case aids) additional child welfare staff in the last state budget and is currently determining where these positions should be positioned based on needs.

- Train staff on the utilization of the face-to-face contact with parents' templates to address the quality of contacts.

Status Update: Following the first two key activities in this section, a decision will be made as to the structure of documentation for face-to-face contacts.

- Full implementation of the Child Welfare Supervision Tool.

Status Update: This key activity was moved to Goal 2, Strategy 2.

- Monitor implementation of the District Clinical Support contracts for caseworker and supervisory staff to ensure the provider is meeting performance measures related to providing case consultation and staff support related to secondary trauma.

Status Update: The Regional Associate Director overseeing Clinical Support Contractor, Spurwink, has participated in the hiring interviews for the clinical support staff in each district office. The agency has provided critical incident stress management training to the clinicians and to the DMT. An additional training will be held for those who were unable to participate and will be able to include more OCFS staff. The Spurwink program has been providing clinical consultation and staff support, even during the pandemic period. Spurwink has been

involved in developing a framework for implementation of the critical incident stress management protocol for OCFS and reviewing related policies. Spurwink has also been providing support to district management regarding the development of organization leadership skills. It is anticipated they will participate in developing a peer support model throughout OCFS.

- Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to their reviews of the face to face contact narratives and the templates utilized to document the contact between caseworkers and parents.

Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an administrative operational need, the fourth line would be repurposed to support a different program area. **This key activity will be discontinued.**

- Implement recommendations from the PCG Child Welfare Evaluation and Business Process ReDesign final report that will ultimately improve business processes focused on outcomes related to child safety including:
  - a. Quick wins;
  - b. Technology;
  - c. Policy and practice; and
  - d. Training;

Status Update: This work has been incorporated into the Child Welfare Strategic Priorities for OCFS and will be discontinued.

**Strategy 3:** Improve the recruitment, retention and training of the child welfare workforce.

Root cause analysis: OCFS has historically been challenged in recruiting and retaining experienced staff and PCG cited some of the challenges as unmanageable caseloads, forced overtime and inadequate training. These factors have resulted in significantly high turnover rates. Between 2016-2018, the vacancy rate has varied from 21.8% in 2016 to 18.7% in 2017 to 37.2% in 2018. PCG recommended that OCFS should align new caseworker trainings and training techniques with national best practices and develop an ongoing training management plan for

future implementations. Another source of information regarding workforce is the OCFS Recruitment and Retention Specialist who, in addition to onboarding new staff, also sends exit surveys and conducts exit interviews with staff upon their request. OCFS recognizes the need to formalize the data collection process and collect data related to other key staff involved in child welfare operations.

Focus groups held during the CFSR and subsequently, found that Maine remains challenged in ensuring that trainings for child welfare staff and resource parents are sufficient to ensure that both groups have the opportunity to sharpen their skills related to child welfare practice. Specifically, the CFSR found that there is a lack of training for experienced child welfare workers, OCFS does not have a tracking system for participation in trainings and trainings are not evaluated for their relevance to the learning objectives. In addition, stakeholders reported that the initial training does not prepare resource families to perform their role as caregivers. Stakeholders also reported that while resource parents must complete 18 hours of training every 2 years to renew their licenses, relevant training is often not available and that the same trainings are offered year after year. Resource parents could benefit from training related to working collaboratively with birth parents.

In addition, the 2017 CFSR found that, at that time, Maine didn't have a statewide recruitment plan. Maine has since contracted with an agency to recruit and provide trainings for resource families.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Conduct district feedback meetings of current staff, convened by length of service, to identify recruitment and retention strategies. **(PIP activity- Q3 10/2020)**

Status Update: No update

- Evaluate the current exit interview process and identify strategies to more effectively retain staff based on the information gathered in that process. **(PIP activity- Q4 1/2021)**

Status Update: No update

- Explore alternative caseworker recruitment activities to strengthen the pool of qualified applicants. **(PIP activity- Q4 1/2021)**

Status Update: Maine was recently selected as a site to participate in Child Welfare Workforce Data Analytic Institute. This project will help the agency build partnerships between child welfare and HR and explore how to leverage data necessary to examine and address child welfare workforce challenges. Maine OCFS identified the following individuals to participate in this project: Associate Director of Child Welfare, OCFS Recruitment and Retention Program Manager, OCFS Training Program Manager and the Director of Human Resources.

Participants are expected to develop an action plan to improve an aspect of their workforce data analytics capacity and/or practice.

OCFS is continuing to hire and onboard staff even while the majority of the work is being done remotely due to pandemic. The Recruitment and Retention Program Manager has considered creative opportunities to continue this work during this pandemic.

- In collaboration with the University of Southern Maine, the Cutler Institute, develop and implement Field Instruction Units (FIU) statewide for child welfare interns. **(PIP activity-Q6 7/2021)**

Status Update: The Maine Child Welfare Cooperative Project with the University of Southern Maine, the Cutler Institute, includes the design of FIU, which would provide internships in OCFS for select populations resulting in a more work ready candidate pool. To set the stage for the programmatic design, the University has:

1. Interviewed Bill B. Benton, Benton & Associates, to clarify his proposed model of using recent graduates for the target population for the FIU;
  2. Conducted a literature review which identified essential components to a FIU which promote and maximize student learning in the field;
  3. Completed outreach to other states on their design and target population;
  4. Identified relevant academic programs within the University of Maine System that may be compatible with child welfare FIU internships.
- Outreach to the University academic programs began in April 2020. A formal report with recommendations for the development of FIU will be completed by August 31, 2020. In September 2020 the University will implement a FIU Design Team comprised of OCFS and University representatives. The re-design of the Caseworker Foundations Training precedes the design of the FIU and will serve as a critical underpinning of the FIU program.
  - In collaboration with the University of Southern Maine, the Cutler Institute, review and revise the pre-service training process for new caseworkers. **(PIP activity- Q6 7/2021)**

Status Update: The Cutler team conducted research that included a review of the literature and the Maine Foundations Training, a national scan of pre-service training models, and outreach to national experts.

The Cutler team sought to understand the strengths and areas for improvement in the current Foundations training. To do this, Cutler staff met with DMT, engaged OCFS Training and Policy Team in a series of meetings focused on the training content, held a stakeholder meeting focused on the training, and analyzed the post-Foundations training evaluations to identify areas in need of change. Feedback was solicited about what a worker must learn and how they must develop by the end of the foundations

training, at the six-month mark of their employment, and when they have reached the end of their first year of employment.

The following are recommendations for the improvement of the Maine Caseworker Foundations training based on the information gathered in from this training assessment:

### **1. Workforce Development in the First Year**

The Cutler team will partner with OCFS to design a Workforce Development approach that will leverage internal (QA, supervision, caseworker mentors, HR, new worker support groups) and external resources (MCEDV, Parent Partners, YLAT, AFFM, substance abuse programs) to provide progressive developmental experiences across the first year of a caseworker's employment. Central to this approach is the shared responsibility for worker development, including that classroom and online training are part of this preparation, not solely responsible for it. These interconnected workforce strategies will be intentionally coordinated to better prepare new workers for practice consistent with the agency's policies and model of practice.

### **2. Training Design**

All research was conducted with the intent to find an evidence-based model; however, a thorough review of state models did not uncover any evidence-based curriculum for child welfare. Nationally, there are no states claiming to use an evidence-based caseworker training model. Therefore, in order to work toward developing an evidence-informed training program, these are the recommended areas of action:

#### **○ Updating Maine Caseworker Competencies**

Foundations training for new caseworkers, in the context of other workforce developmental experiences, can best be developed when there is a current model of the competencies required for excellence in casework practice. Maine's caseworker competencies should be updated to better reflect current excellence in casework practice.

#### **○ Strengthening Maine Foundations Training**

The future deliverables will include making modifications as needed, piloting an updated caseworker pre-service design, and implementing a model training system that supports workforce development and aligns with the agency's policies, model of practice, and legal requirements. Based on the available evidence nationally and in relation to the current Maine Foundations training, the Cutler team will:

- Design pre-work that prepares a new worker for training through meetings with trainers, specific field activities, and online training.
- Strengthening fieldwork experience designed to be more intentionally aligned with the Foundations training content.
- Redesign in-person and virtual classroom training in duration and content, but which incorporates legal training, mock case, and increased practice experiences in the form of practice simulation, role-play, legal writing, case documentation (in particular, incorporation of the Information System training into the training blocks of foundation).
- Collaborate with and provide support to District workforce activities including supervision, mentoring, caseworker support groups, work self-assessment,

The Maine Child Welfare Cooperative will develop and pilot the initial training design across the first two years of this project period.

### 3. Training Evaluation

Year 1 of the Cooperative Project will seek key elements to the development of an evaluation design that will provide an evidence basis for the Foundations training. This includes the development of a theory of change and logic model to serve as the foundation for both formative and outcome evaluation, staff survey about how agency policy guides practice, literature review, data inventory to understand what child welfare data reports are currently available, and revision to the caseworker competencies.

In order to better understand how changes and revisions in the training curriculum are supporting learning and practice, a formative evaluation process will be developed in order to provide guidance for modifications to the training. In year two of this Cooperative Project, the Cutler team will convene a larger evaluation team to further support the design and implementation of a rigorous evaluation plan to provide the evidence basis for this training. The evaluation will be ready to implement in year three of this project.

- Provide staff with training to assist in the development of skills required to effectively engage with families and provide quality child welfare services: **(PIP activity- Q3 10/2020 and ongoing)**
  1. Forensic Interviewing;
  2. Motivational Interviewing;
  3. Principles of Teaming;
  4. Action Planning;

5. Conflict Management; and
6. Facilitation.

Status Update: OCFS continues to provide Forensic and Motivational Interview training on a regular basis. Action Planning Training will be incorporated into the Permanency SDM Tool training. Forensic Interviewing- Two-day training provided by National Children's Advocacy Center offered 2x in 2019; Motivational Interviewing-Two-day training provided by Tricia Mosher Consulting Inc. offered 16x (2x in each district) in 2019. This training is now delivered by the Policy and Training Team; Principles of Teaming- Roll out began in May of 2017 provided by Tricia Mosher delivering in all the districts but then the whole thing was put on hold on July 3, 2018 by the acting director at that time; Action Planning- This was incorporated into the SDM Permanency Tools training but has recently been taken out now that the Permanency Tools training has been revised to be done via zoom due to COVID 19. The Goals & Action Steps will now be workshops that are done in three regions of the state and include two ½ day workshops (AM and PM sessions) in each location; Conflict Management- There was no specific training for conflict management in 2019; and Facilitation- There was no specific training for Facilitation in 2019. This may have been a component of Principles of Teaming but that ended in 2018

- Procure a Learning Management System that will track required trainings, other trainings available, and allow an individual to log in to track completed trainings, including OCFS, SETU and community-based trainings; track social work licensure and renewal dates; and serve as a place to store and print training certificates. **(PIP activity- Q8 1/2022)**

Status Update: The OCFS currently uses the JPMA LMS to host its on-line learning resources. The contract with JPMA will end on June 30, 2021. The Maine Child Welfare Cooperative Project with the University of Southern Maine, the Cutler Institute, conducted a search for an LMS that would provide capacity to respond to both the pre-service and ongoing training initiatives of the OCFS Child Welfare division.

During this search, the Department of Health and Human Services (DHHS) began the implementation of Work Day to serve its human resources needs. Work Day offers an LMS that has been reviewed by the Manager of the Child Welfare Policy and Training Team and the Director of the DHHS Staff Education and Training Unit. The data sharing between a HR software program that interfaces with a LMS program is obvious.

As such, the Maine Child Welfare Cooperative would recommend:



1. Use of WorkDay LMS if the DHHS system purchases this and if the pre-service training content for caseworkers, field instruction interns, and resource families can be linked to this system.
2. If WorkDay cannot be secured under these conditions and by the timeframe needed to transition from JPMA, we recommend that funds in the Cooperative Project be used to purchase a LMS from Bright Space. Bright Space is a highly rated LMS software for online learning and teaching. The University of Maine System recently identified Bright Space as its new LMS system. Bright Space can be established with shared administration with the OCFS Child Welfare Policy and Training Team and the Cooperative Project, thereby allowing for use with pre-service and ongoing training. Further, Bright Space links with Turning Point technology, utilized by the OCFS Child Welfare Policy and Training Team.

A full report on the LMS options will be provided to OCFS by Muskie for consideration.

- In collaboration with the University of Southern Maine, the Cutler Institute, review and revise the Resource Family Introductory Training (RFIT) process for Foster, Adoptive and Kinship parents. **(PIP activity- Q8 1/2022)**

Status Update: The Maine Child Welfare Cooperative conducted a review of national resource family introductory training models. Using the recent Child and Family Services Reviews (CFSR), we identified 22 states and the District of Columbia received a strength rating on item #28, which addresses training function and frequency of training for current or prospective foster parents or adoptive parents. The Cutler team conducted a review of these 22 states, which included information available online, as well as speaking with training directors of the states. Of the 22 states, five did not return requests for information via both email and phone; therefore, only information available online was assessed.

Among the national models, Muskie specifically reviewed PRIDE (Parent Resource for Information, Development, and Education), TIPS-MAPP (Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting), Foster Parent College (FPC), and the National Training Development Curriculum (NTDC).

Muskie has recommended to OCFS the opportunity presented by the NTDC. Evaluation and recommendations are being considered and a decision regarding the curriculum design will be made in the near future.

In year 3 of a 5-year federal grant, NTDC is making space for Maine to have access to this Resource Family Introductory Training before the end of their project. Maine OCFS Child Welfare IV-E Manager and Resource Family Program Manager have spoken highly of the work they did with members of this team on the Adoption training. Produced with federal funds, this training resource will come at **no cost** to states.

Being included as a site next year means they will provide the train the trainer for no fee. NTDC would be available to conduct a train the trainer program in Oct-Nov 2020, when they will have completed the revisions to the curriculum based on feedback from each of their pilot sites. This timing works very well from our perspective and planning. At the end of the federal project, all training material will be transferred to participating state's LMS and managed by the state - which will allow for tracking data that is useful for HR purposes and evaluation purposes.

NTDC is a new curriculum being developed by a team under a 5-year Cooperative Agreement from the Children's Bureau is the NTDC. The developers include the University of Washington School of Social Work, Spaulding for Children, Bruce Perry, M.D. and the Child Trauma Academy, the North American Council on Adoptable Children (NACAC), the National Council for Adoption, and the Center for Adoption Support and Education (C.A.S.E.). The pilot sites are CO, FL, GA, IL, MO, OK, Salt River Pima-Maricopa Indian Reservation.

The curriculum features themes including Trauma-Informed Parenting and Trauma-Related Behaviors; Reunification; Separation, Grief and Loss; Attachment; Maintaining Connections with Birth Families; Cultural Humility; Communication; Child Development; Impact of Substance Use and Mental Health; and specialized modules for Kinship caregivers and for families adopting internationally. The curriculum includes a mixed-modality delivery including online and classroom-based training.

Evaluation includes pre/post tests for each theme, skill check in the classroom, and fidelity survey of facilitators.

Information about the project, including a detailed overview of Themes and Competencies, as well as two comprehensive literature reviews, may be found on the project website at [www.NTDCportal.org](http://www.NTDCportal.org)

- Evaluate the efficiency and effectiveness of the Foster Parent Recruitment contract, including strategies to strengthen the collaboration between the OCFS district offices, community stakeholders and the contracted provider with a focus on outreach efforts to targeted populations.

Status Update: The Recruitment Core team meets monthly. The core team consists of the OCFS Resource Parent Manager, OCFS Adoption Manager and the management of the contracted recruitment agency. The meeting focuses on efficiency and effectiveness of the contract including data outcomes, community collaboration (ICWA workgroups, YLAT, treatment agencies, etc.) and collaboration with OCFS district offices. Meetings occur monthly in each district office to maintain that connection, brainstorm recruitment ideas and ease barriers and challenges.

- Develop and implement a survey to be administered by the district foster parent liaison that will assess foster, adoptive and kinship parent needs and satisfaction.

Status Update: The Resource Parent Care Team (RPCT) uses a survey to assess foster, adoptive and kinship satisfaction with the services provided and any addition identified needs.

- Collate the results of the survey listed above and provide results to the OCFS Executive Management Team for decision making and action planning.

Status Update: The survey results are available as part of the data collected by RPCT. OCFS management meets often with RPCT leadership to discuss program outcomes and challenges.

- In collaboration with the Resource Parent Care Team contracted providers, strengthen utilization of the district foster parent liaisons to align their activities with the needs of foster, adoptive and kinship parents.

Status Update: Each district has a liaison in the office working directly with OCFS staff to identify families needing additional support. A brochure was created that describes the service and is distributed to every newly licensed home. The liaison staff routinely meets with the Resource Units and all OCFS staff to be ensure that the RPCT program is understood and utilized within OCFS. Every time a family receives a new placement, a liaison contacts the family to assess the need for additional supports and answer questions.

- Implement recommendations from the PCG Child Welfare Evaluation and Business Process ReDesign final report that will ultimately improve business processes focused on outcomes related to child safety including:

- e. Quick wins;
- f. Technology;
- g. Policy and practice; and
- h. Training;

Status Update: This work has been incorporated into the Child Welfare Strategic Priorities for OCFS and will be discontinued.

- Utilize the OCFS Child Welfare Business Process ReDesign (BPR) Collaborative to inform recommendations to improve the effectiveness and efficiency of caseworker and supervisor activities.

Status Update: Collaborative Workgroup members were involved in the development of finalizing the Child Welfare Strategic Priorities which will strengthen child welfare practice and were based on the business process redesign. This step is completed.

- Evaluate and redesign the recruitment and retention process for relatives and resource homes to include components required to meet the unique needs of youth in foster care.

Status Update: The recruitment process focuses on recruiting homes for three populations: infants in reunification, sibling groups and teens. The retention process included AFFM services and RPCT clinical in-home supports.

**Strategy 4:** Coordination and implementation of training opportunities with the OCFS Policy and Training Unit and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill set foster, adoptive and kinship parents.

Root cause analysis: Focus groups held during the CFSR and subsequently, found that Maine remains challenged in ensuring that trainings for foster, adoptive and kinship parent are sufficient to ensure that resource parents have the opportunity to sharpen their skills related to child welfare practice. Specifically, the CFSR found that the initial training for resource parents does not prepare them for their role as caregivers. Foster and adoptive parents also reported that relevant trainings to renew their licenses are not available and that the same trainings are offered year after year. Trainings related to supporting foster parents in recognizing and address any discomfort they may in working with parents would be important.

Key activities over the next five years:

- Develop a ‘level system’ (associated with a number of years and/or previous trainings completed) that guide staff in selecting trainings based on knowledge and experience.

Status Update: This is dependent on the Learning Management System that will be implemented once decisions are made on that design.

- Develop a statewide training database that includes a list of all required trainings, as well as other trainings available, and allow an individual to log in to track completed trainings, including OCFS, SETU and community-based trainings; track social work licensure and renewal dates; and serve as a place to store and print training certificates.

Status Update: This is dependent on the Learning Management System that will be implemented once decisions are made on that design.

- Review and revise the Pre-Service Training curriculum for new caseworkers.

Status Update: This strategy has been moved under Goal 3 Strategy 3.

- Review and revise the Resource Family Introductory Training (RFIT) curriculum for Foster, Adoptive and Kinship parents.

Status Update: This strategy has been moved under Goal 3 Strategy 3.

- In collaboration with AFFM, OCFS will survey foster, adoptive and kinship parents six months after their initial training to identify needs and gaps.

Status Update: AFFM survey's foster, adoptive and kinship families soon after licensure and routinely during the year to identify needs. All new families are offered a mentor through AFFM.

- Collaborate with AFFM to increase knowledge of and access to training opportunities for foster and adoptive parents through the training directory and monthly newsletter.

Status Update: Key activity revised to next bullet to more accurately reflect the need as identified in the PIP.

- (NEW) Collaborate with Adoptive and Foster Families of Maine to increase training opportunities that meet the needs of resource parents. **(PIP activity- Q3 10/2020)**

Status Update: Due to the pandemic AFFM had to cancel their annual conference and has been working with OCFS leadership to secure additional foster parent training through Foster Parent College- a remote learning opportunity for resource parents. AFFM worked with the keynote speaker from the conference to provide the material remotely to foster parents.

**Strategy 5:** Complete a statewide service inventory and develop a system for mapping the service array and availability. **This strategy was revised to more accurately reflect the need as identified in the PIP.**

**(NEW) Strategy 5:** Collaborate with other state agencies and community partners to improve access, availability, and efficacy of services to support children and families.

Root cause analysis: The CFSR focus groups found that Maine remains challenged in that there are wait lists for core services and gaps in services in rural areas of the state. Distance and a lack of transportation prevent clients from accessing services in rural areas. In addition, OCFS relies on clients having access to MaineCare to receive many services. In 2018, OCFS contracted with PCG to evaluate the behavioral healthcare service array. Based on findings in this report, a workplan is being developed to address system gaps. In 2019 Maine expanded access to MaineCare which will allow many parents, who would otherwise lose their MaineCare eligibility once a child enters foster care, to maintain this insurance coverage, increasing access to services.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- Utilize current data sources to identify resource gaps statewide. Utilize this information to advocate for additional funding and provide direction to current providers regarding future program development. **(PIP activity- Q6 7/2021)**

Status Update: No update

- Align service planning with Families First Prevention and Services Act (FFPSA). **(PIP activity- Q8 1/2022)**

Status Update: On March 2, 2020, the Family First Prevention Services Program Manager was hired by the Office of Child and Family Services (OCFS) to lead Maine's effort to plan for and implement the FFPSA. In the fall of 2019, a presentation on the FFPSA was provided to statewide stakeholders and 4 Stakeholder workgroups (Qualified Residential Treatment Program (Q RTP), Evidenced Based Practice, Candidacy, and Workforce) were developed to engage community and state partners in state plan development.

Stakeholder and Planning Groups: All stakeholder groups were convened for the first time in March 2020. At each group, overviews of the FFPSA was provided and initial discussions taken place about each program area. Internal planning groups have convened to begin the planning process for Q RTP implementation (weekly) and overall FFPSA implementation (bi-weekly.)

Communication: A FFPSA webpage was created on the OCFS website to provide information to the public and allow an opportunity for stakeholders to sign up for stakeholder workgroups. A FFPSA Fact Sheet and structural planning roadmap was created and posted to the webpage (found [here](#).) A FFPSA webinar was created to be hosted in April to provide an overview of FFPSA to educate more state and community stakeholders in hopes of increasing collaboration across the state for FFPSA planning and implementation.

Transition Grant: Transition grant planning has taken place and OCFS intends to use these funds to assist with FFPSA implementation including, but not limited to, building Q RTP readiness and evidenced based practice capacity. The OCFS received these funds and is beginning to move this work forward.

Collaboration: As communication increases about FFPSA the goal is to increase cross system collaboration that includes all state agencies who are implementing primary, secondary, and tertiary prevention to leverage resources and build a solid FF state plan that will include supports for families across the prevention continuum. Mini presentations about the FFPSA have been done with DHHS

Offices, including the Office of MaineCare Services and the Office of Behavioral Health and more are scheduled with other important stakeholders including caseworkers, supervisors, foster parents, and parents.

- Develop a coordinated, comprehensive transportation system to assure access to services statewide. **(PIP activity- Q4 1/2021)**

Status Update: The DHHS Commissioners Office convened a workgroup comprised of staff from the Department of Transportation, the Office of MaineCare Services, the Office of Child and Family Services, the Office of Behavioral Health Services and the Department of Labor.

The workgroup's objective is to assess DHHS transportation services and recommend improvements based on their evaluation. Throughout the process, the group will review quality, performance, and safety requirements in the DHHS transportation contracts to identify opportunities for greater consistency and alignment.

The workgroup identified several challenges, including: the billing of multiple funding streams, overlapping client populations, and varying eligibility requirements and payment methodologies used across client populations.

The workgroup has put forth a [series of recommendations](#) to address these challenges. Transportation contracts are renewed on July 1, 2020, and the group recommendations for DHHS to include:

1. Improve policy and contract language to better align services across DHHS, with the goal of 95% of quality, performance and safety requirements aligning in final contract standards;
2. Communicate with transportation providers to get feedback and understand any barriers to implementing the recommendations; and,
3. Procure an outside evaluation of transportation services.

A number of options were assessed including implementing a single statewide transportation system through a request for proposals (RFP). The work will also incorporate communications with clients and stakeholders to learn more about their experience and identify barriers to access to transportation services.

- Child welfare will coordinate activities with Children's Developmental and Behavioral Health Services to increase access to and availability of quality services. **(PIP activity- Q8 1/2022)**

Status Update: The Maine Children's Behavioral Health Services vision document ([https://www.maine.gov/dhhs/ocfs/cbhs/images/CBHS-vision-graphic\\_lg2.jpg](https://www.maine.gov/dhhs/ocfs/cbhs/images/CBHS-vision-graphic_lg2.jpg)) is the product of close collaboration among Department of Health and Human Services leadership, Office of Child and Family Services staff, families, and numerous community and provider stakeholders. Using Public Consulting Group's analysis and recommendations as a starting point, staff and stakeholders were engaged to solicit feedback and recommendations to improve the system of care for children and families in Maine. Three separate working sessions narrowed 27 recommendations to the 13 prioritized strategies in the vision document. The 13 priority strategies are divided into short term (2019-2022) and long term (2019-2025) and are tracked and monitored weekly. All 13 strategies have overlap and interplay with the child welfare system as children are often involved in both.

To date, the CBHS team has:

- Worked to implement enhanced Medicaid rates and policy for three Evidence-Based Models of service delivery for children: Multisystemic Therapy (MST) and Functional Family Therapy (FFT) weekly case rates are effective 4/1/20 and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) rates will be effective by 9/1/20. In order to bill for the new TF-CBT rate, providers will need to be nationally accredited. The team will provide funding for training and accreditation for 5 cohorts of 25 providers from all regions of the state in state fiscal year 2021.
- Supported the hiring of an OCFS Medical Director.
- Provided funding, technical support and education to all in-state children's residential providers to enhance the quality of service delivered to children and to move all providers towards Qualified Residential Treatment Program (QRTP) status as required in the Family First Prevention Services Act (FFPSA).
- Contracted to provide free Behavioral Health Professional (BHP) training for six months, in state fiscal year 2021, in order to increase the quantity and quality of the community-based services workforce and services available to children.
- Provided travel reimbursement to families with children in residential programs long distances from their homes in order to enhance family treatment.
- Implemented additional levels of review for children needing treatment out-of-state.
- Supported the establishment of a Medicaid rate and policy for Psychiatric Residential Treatment Facility (PRTF) and are currently working with a provider to establish the first one in Maine in 2021.
- Worked to procure an Evidence-Based Early Childhood Mental Health Consultation Model to be piloted in five locations in Maine beginning in SFY 21.



- Monitor the implementation of the Family Visit Coaching Pilot (FVCP) to develop best practices for parent child contact in reunification cases. **(PIP activity- Q8 1/2022)**

Status Update: OCFS developed an implementation plan for the FVCP that includes quarterly meetings held to review the strengths and challenges of the Pilot. In addition, district management meets monthly with the supervisor staff within the contract agency to review the program and discuss any barriers and needs. The Contract Agency also provides Quarterly Data Reports to OCFS. Long term, OCFS is comparing reunification rates with the FVCP and other supported visitation programs however, at this stage it is too early to determine any conclusions based on the data provided thus far. OCFS also continues to work on defining the parental evaluation component as the current evaluation being used isn't currently meeting the needs of the program.

- Disseminate results of key activities created in this strategy to internal and external stakeholders, including the Health & Human Services Legislative Committee.

Status Update: In collaboration with internal and external stakeholder, including national experts, OCFS engaged in an initiative mapping process to identify strategic priorities to address systemic gaps and create the OCFS Strategic Plan. The plan was shared with Government Oversight Committee and the Health and Human Services Legislative Committee and OCFS continues to provide updates.

Measurement table for evidence of completion of Goal 3:

CFSP Year Goal						
CFSR Item	Baseline	Year 1 6/2020 submission	Year 2 6/2021 submission	Year 3 6/2022 submission	Year 4 6/2023 submission	Year 5 6/2024 submission
2	50.0%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%
4	75.0%	78%	80%	83.8%	90%	95%
5	80.0%	83%	85%	88.1%	90%	95%
6	55.0%	58%	62%	65.1%	70%	75%
12	38.5%	41%	43%	46.2%	50%	55%
13	40.4%	43%	45%	48.7%	55%	60%

**Goal 4: Increase the well-being of children involved with child welfare through identification of the individual needs of each child and successful engagement of the child with formal and informal supports to address these needs.**

(CFSR Factor Covered: Well Being Outcome 1)

**Strategy 1:** Improve the frequency and quality of caseworker visit with children/youth.

Root cause analysis: OCFS has historically been challenged with ensuring that wellbeing needs of children are consistently met. The result of these challenges was evident in the data from the 2017 CFSR as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/19-3/31/20
12A Needs Assessment of Children	69% Strength	52% Strength
13 Child and family involvement in case planning	55% Strength	28% Strength
14 Caseworker visit with child	63% Strength	48% Strength
17 Physical health of child	64% Strength	64% Strength
18 Mental/behavioral health of child	67% Strength	41% Strength

The following factors were found during the CFSR, as well as through engagement with internal and external stakeholders:

- Gaps in the assessment process for determining the needs of children and a lack of available appropriate services to address the needs when identified;
- Inconsistencies in the assessment of and response to children's medical, dental, and behavioral health needs;
- A lack of tools and strategies to effectively engage with children in quality case planning;
- Challenges related to the array of services available to meet the needs of children;
- An inability to conduct regular and consistent ongoing assessments of how children are progressing in the services as necessary to enable family rehabilitation and reunification;
- Frequent changes in the caseworker assigned to a family;
- The quality of caseworker contacts with children in the Department's care; and
- Challenges with workload for both caseworkers and supervisors.

Two OCFS initiatives that support strengthening the quality of contact with children are implementation of the Child Plan and Family Team meetings which guide and promote quality interactions between caseworkers and children. Successful implementation of key activities related to workforce recruitment and retention is important as having multiple caseworkers assigned to cases impact the consistency of the child welfare case process and, more importantly, the relationship between caseworkers and children. In addition, key activities related to the development of improved interviewing skills for caseworkers will assist them in having crucial conversations with children on their caseload.

Key activities over the next five years, those PIP related activities are identified as such and will require completion within 2 years of PIP approval:

- As part of implementation, create a feedback loop for staff to evaluate progress in addressing technical and adaptive challenges related to quality face-to-face contacts with children, including documentation of contacts. **(PIP activity- Q2 7/2020)**  
Status Update: No update
- Analyze feedback and implement solutions to improve the quality and documentation of contacts with children. **(PIP activity- Q3 10/2020)**  
Status Update: No update
- Train staff on the utilization of the face-to-face contact with children template to address the quality of contacts.  
Status Update: Following the first two key activities in this section, a decision will be made as to the structure of documentation for face-to-face contacts.
- Review and modify the MACWIS Supervisory Tool to ensure appropriate utilization of the tool related to supervisory coaching with caseworkers on face-to-face contacts.  
Status Update: This key activity was moved to Goal 2, Strategy 2.
- Develop and implement a Courtesy Visit Protocol statewide.  
Status Update: No update
- Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to their reviews of the face to face contact narratives and templates utilized to document the contact between caseworkers and children/youth.  
Status Update: Due to child welfare operational need a decision was made in the fall of 2019 that utilizing district child welfare staff to support the QI program was not sustainable. At that time a decision was made to request four additional QA lines to support those districts that were not specifically covered by a QA Specialist and to include activities beyond just the completion of the Family and Child Plans. The vision for these lines is to support CQI practices within the district and statewide as well as to support the monitoring of the various federal correction action plans to include the PIP, Child Care Subsidy Audit and the National Youth Transition Database audit. These lines were approved and three of the four were hired in the spring of 2020. Child welfare management determined that, due to an administrative operational need, the fourth line would be repurposed to support a different program area. **This key activity will be discontinued.**

Measurement table for evidence of completion for Goal 4:

CFSP Year Goal						
CFSR Item	Baseline	Year 1 6/2020 Submission	Year 2 6/2021 Submission	Year 3 6/2022 Submission	Year 4 6/2023 Submission	Year 5 6/2024 Submission
2	50.5%	55%	60%	65.1%	70%	75%
3	40.0%	42%	45%	47.8%	52%	58%
4	75.0%	78%	80%	83.8%	90%	95%
5	80.0%	83%	85%	88.1%	90%	95%
6	55.0%	58%	62%	65.1%	70%	75%
12	38.5%	41%	43%	46.2%	50%	55%
13	40.5%	43%	45%	48.7%	55%	60%
14	63.1%	65%	68%	70.7%	80%	90%

As indicated in the OCFS Training Plan (Appendix G), the trainings available to staff are designed to build foundational knowledge and practice skills that support the delivery of quality child welfare services and advance the goals identified in the 2020-2024 CFSP.

OCFS recognizes that training alone will not improve practice and therefore as part of any implementation plan, OCFS will consider the type of support necessary to sustain and build these into the design of the plan. Some of these activities will include coaching, the use of quantitative and qualitative data, and any changes to the technology systems to align practice and policy expectations.

### **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. All reports of child abuse and neglect are received and screened by a Statewide Child Protection Intake Unit at OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in district offices for assignment. Supervisors assign moderate/high severity CA/N reports to DHHS child protective Caseworkers. Supervisors assign low/moderate severity CA/N reports to contracted Alternative Response Programs (ARP). In September 2007, the Department initiated an even timelier 72-hour response policy. On 12/31/07, these revised intake and assessment policies (Intake decision within 24 hours; caseworker to see child within 72 hours of intake decision) were issued as final after a 4-month phase-in period.

In 2007, a Quality Assurance review of screened out child abuse/neglect reports validated stakeholder concerns regarding consistency and nature of reports designated as appropriate for

CPS assignment. As a result, the Child Protective Intake Manager revised the assignment protocol. Intake supervisors now document the basis for their decision that a report is not appropriate for investigation and intake staff makes more collateral contacts to clarify information when reports lack specifics. In addition, the policy was revised so that district supervisors could no longer make a “second level decision” to screen out a report found by the Intake Unit to be appropriate for assessment.

In 2017, OCFS implemented the use of a SDM Intake Tool to guide decision-making related to the appropriateness of assigning a report for child protection investigation and the response timeframe for completing initial contacts with critical case members. At this same time the Intake Screening and Assignment Policy was updated. The SDM is currently undergoing revisions based on feedback from Intake caseworkers regarding the need for clarity in the definition of some items on the tool and changes in OCFS practice.

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.

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment with specific signs of risk that 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.

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.

This policy was revised again in 2018 to incorporate changes based on the implementation of SDM Safety and Risk Assessment Tools. The current practice approach involves stricter adherence to forensic and investigative techniques and the policy was renamed the Child Protection Investigation Policy. This does not minimize the need to build strong engagement with families to enable staff to gather information yet increases the expectations to make factually-supported decisions regarding child safety.

The *Child Assessment Policy* was also 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.

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 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, day 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 we utilize the OCFS Mental Health Program Coordinators and Clinical Social Workers 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 consistently file 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 documented as part of a court order.

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 interests of the child; and the family must meet all the required standards to qualify for permanency guardianship. Inherent in permanency guardianship is a respect and value for maintaining connections with family and with the cultural norms of the family. Subsidies are available to families who choose this option, with the rate, which is not to exceed the rate of reimbursement for regular foster care, negotiated with the family, based upon the level of need and the family’s resources.

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

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 14 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 Youth Transition Caseworker: linking with occupational and college prep high school classes; assistance with linking with other educational alternatives; provision of information about financial aid for post-secondary education; information about tutoring and special education services, if needed.

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 MaineCare (Maine Medicaid) for health insurance. Under new provisions of the Affordable Care Act, beginning 1/1/14, youth who turned 18 while in foster care will remain eligible for coverage until their 26th birthday.

In 2011-2012, OCFS developed a comprehensive Youth Permanency Review Strategy which included the Permanency Review Team based on the Casey Family Program Permanency Round Table model. This teaming process built on the Family Team Meeting model and relied on collaborative teaming to ensure that youth’s needs for safety, permanency and well-being were met. The first phase consisted of the identification of forty-eight youth meeting the criteria for the comprehensive permanency review, all of which were completed in October 2011.



Casey Family Programs conducted a second training in March 2013 to all members of the individual Permanency Review Teams to ensure that districts were utilizing a consistent approach in these meetings. Through 2018 districts participated in permanency reviews although there were variances in the models utilized during this period. In 2019 OCFS will reevaluate its process for reviewing permanency goals and steps towards timely achievement of those goals. OCFS continues to work with Casey Family Programs to explore permanency review models that best match the population of youth in care most at risk of not achieving timely permanency. OCFS is also training staff in the use of SDM Permanency tools to include those that guide case planning, risk re-assessment and case closure.

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

Residential placements were a focus of a prior 5-year plan and OCFS developed a tracking of moves to and from residential care and was monitored on a weekly basis. The tracking included monitoring the number of moves out of residential placements each week which are made according to the plan for the child to live in a family/community setting, as well as those which occur not according to plan and result in the child living in a more restrictive setting. Tracking of such data allowed OCFS to show evidence of positive outcomes for children moving out of residential care programs. Given the success in reducing the rates of children being placed in residential placements, the OCFS moved from weekly tracking to monthly tracking through the OCFS Management Report.

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 require staff to explore the possibility of relative and kinship placements on an ongoing 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. In 2013 a Request for Proposals (RFP) was disseminated with a goal to streamline services to resource families by combining essential components of each previous contract into one which would serve families along a continuum of services, as needed. The RFP resulted in an award to Adoptive & Foster Families of Maine (AFFM) to provide what is now termed Resource Family Support Services (RFSS). In the contract, effective January 1, 2013 and has been renewed since that time.

AFFM is responsible for the following:

1. Providing services statewide to all resource families (foster, kinship, adoption and permanency guardianship) who are caring for children placed by the Department.

Client Services Eligibility: Clinical/Income/Demographic Requirements to Receive Client Services and Provider Process for Eligibility Determination and Provider Methods for Provider Intake/Outreach

All resource families in Maine are, by their role, as an alternative caregiver for youth, eligible to receive services from the Provider. The provider will ensure that all resource parents who wish to receive the service are able to receive the service, and that resource parents are not subject to fees or any additional special eligibility criteria.

Resource Family/Parent: As defined in 22 M.R.S.A. §4002(9-D).

2. Providing statewide support to kinship care providers who are caring for children not in state custody all of the services and supports available through this contract.
3. Providing families with information and support to assist them in providing quality care to children placed in their home.

The purpose of this agreement is to provide resource family support services which assist resource parents in their role of caregivers for youth placed in their homes by the Department. Resource family support services enhance the caregiver's skills as a resource parent, and support resource parents' increased understanding of the role shared with the Department in promoting timely permanency outcomes (including reunification) for youth in care.

4. Maintaining a listserv to ensure prompt method of communication with all resource families.

The Provider will maintain the following information dissemination methods for resource families:

- Provide a Warm-line;
- Provide Allegation Prevention and Protocol Training and support related to allegations of Abuse and Neglect, upon request by a resource family; and
- Maintain a List Serve to provide prompt communication between the provider and the resource families to include, but not limited to, the following:
  1. Department-generated communication to be shared with the resource family parent(s);
  2. Notification of social events and training opportunities for resource families;
  3. Information on accessing available material goods provided by the provider; and
  4. Opportunities to network with peers.

5. Maintaining and updating a website to disseminate information and a toll-free phone number is staffed to receive calls from resource families.

The provider shall maintain a toll-free telephone warm-line which is accessible to callers twenty-four (24) hours a day, seven (7) days a week, with an answering service, as well as an after-hours number.

6. Developing resource family support groups and peer mentors on a statewide basis, specifically:

Client Services to be Provided to Qualified Client

1. The provider shall continue to provide Peer Support Groups statewide to ensure that all resource families have access to a peer group.
  - A. At minimum, there will be one (1) peer support group in each county;
  - B. The number of peer support groups shall not be reduced unless approved by the Department; and
  - C. The provider will either facilitate the peer support group or will work with OCFS district staff and other community partners in providing administrative or other forms of assistance to an existing peer support group within the county.
  - D. Each peer support groups shall:
    - Be held at least once per month;
    - Provide childcare for attendees;
    - Provide trainings, related to the needs of resource families; and offer support.
2. The provider shall offer adoption specific support groups to resource families.
  - A. Trauma-informed trainings shall take place during the adoption specific support groups;
  - B. Adoption specific support groups shall, at a minimum, be held in the following locations:
    - a. Bangor;
    - b. Augusta; and
    - c. Portland.
  - C. The number of adoption specific support groups shall not be reduced unless approved by the Department;
  - D. There shall be at least three (3) meetings held per month for the duration of this agreement (one (1) meeting per location specified in IV(D)(2)(b)(i-iii), above); and
  - E. Provide childcare for attendees.
3. The provider shall offer a mentoring service to all newly licensed resource families who express a need for a mentoring relationship.
  - A. The mentors will be recruited and trained by the provider; and
  - B. Mentors will be provided to resource families requesting them within thirty (30) days

4. 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.
5. AFFM will provide training to resource families, including acting as a co-trainer in all Department-delivered kinship training sessions provided to new kin families.

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

Moving forward, AFFM is very invested in serving a broad range of caregivers, both those involved in a formal manner with the Department and those who may be informally involved through a family-arranged safety plan. The Department recognizes the need to increase awareness that the new contract for RFSS is targeted to support this broad range of caregivers, including families who have stepped forward to offer support to their relative children who are not in state custody. In 2019, OCFS was awarded the Kinship Navigator Grant through the Federal Government and utilized these funds to support the Kinship Program through AFFM. Many of these activities outlined both support kinship families and incorporate components necessary for AFFM to become an evidence-based kinship program.

While OCFS has made significant improvements in the percentage of placements with relatives, OCFS continues to view opportunity to improve in this area. A frequent dialogue with staff relates to the importance of children maintaining connections with kin and fictive kin. Stability in a non-relative foster home does not equate with the benefits gained when a child lives and stays connected to his or her family of origin.

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 staff collaborated with providers of contracted family 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.

Visitation support staff are expected to respectfully engage parents, inform them of any behaviors of concern which were observed during the visit, and note positive progress during the visit. As a result of this feedback it anticipated the behaviors of concern will decrease over time, and fewer interventions to address safety issues will be required. OCFS is in the process of implementing a Family Visitation Coaching Pilot program in a rural and urban area that provides time-limited,

intensive coaching services. The goals of this service are to assist parents in identifying and adapting parenting strategies to the needs of their children and developing improved parenting skills and attachment with their children.

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 his 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 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. Amendments to this law, including the Every Students Succeeds Act, further promote collaboration between schools, the Department, parents/caregivers and the youth to make educational decisions in the best interest of the student. It also changed the expectation for the Department to assume transportation costs to the primary responsibility of the school, utilizing all possible resources available. In Maine, an agreement has been developed that for youth in care, transportation will be provided through resources offered by OCFS, for example, resource parents or contracted transportation services, first and foremost.

Since its inception in 2004, children in Maine’s foster care have been able to attend the annual Camp to Belong Maine (CTBM)—a summer camp program for siblings who are separated by out of home placements. 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.

Since its inception, well over 600 children, ages 8 to 18, have attended camp. There have also been more than 2000 volunteers. CTBM ensures that siblings can spend a week together during the summer, bonding and having fun together. Campers have talked about how much this week means to them. OCFS also sees CTBM as a way to increase sibling's bonds through normal childhood experiences for children who otherwise do not see each other on a daily basis. It has also been found that, after attending, some campers enjoy an increase in the frequency of contact with their sibling(s), and some siblings have even been reunited following their stay at CTBM.

Following a review of the case management related responsibilities of OCFS Child Welfare staff and OCFS Children's Behavioral Health staff, in order to avoid duplication of case management services, OCFS transitioned to a single case manager role in 2008. If a family previously receiving Children's Behavioral Case Management services becomes involved with Child Welfare, the child welfare caseworker will assume the case management role.

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 clinical staff to review situations when a child is prescribed antipsychotic medication. These consults review the appropriateness and need for the medication, as well as anticipated duration for the medication. Staff is also expected to conduct quarterly medication reviews on children prescribed antipsychotic medication. This work is supported through the CBHS team who provide districts with a quarterly report of youth on antipsychotic medications as queried through MACWIS and MaineCare.

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.

#### Service Coordination:

OCFS plans to utilize the Family First Prevention Services Act as an opportunity to align child welfare intervention services with prevention activities to support families and reduce the

likelihood of future maltreatment. Prevention strategies target the multitude of risk factors that impact child safety – for example, homelessness, substance abuse, domestic violence, and past trauma. OCFS will collaborate with community partners to determine the most effective methods for addressing service gaps, particularly in more rural and remote areas. These activities will require collaboration with other DHHS programs and community partners.

OCFS currently has three active stakeholder groups which are made up of a diverse group of participants that provide feedback and share unique perspectives on the system to inform policy and practice decisions. These include the Maine Child Welfare Advisory Panel, the Child Death and Serious Injury Review Panel and the Maine Justice for Children’s Taskforce. Through this engagement with community partners, OCFS can move the work of child welfare from an agency responsibility to a community goal. This focus of these efforts is on prevention, intervention and improving outcomes related to child safety, permanency and well-being.

### **Current Services Supporting the CFSP Goals**

**The Family Team Meeting (FTM):** The FTM has been a cornerstone of Maine Child Welfare practice since 2003. This process 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) to support the family’s achievement of safety, permanency, stability and well-being. The child and family team bring together the wisdom/expertise of family and friends, as well as the resources, experience and expertise of formal supports.

It was recognized that the last time child welfare staff had been comprehensively trained in Family Team Meetings was during the initial implementation of the process in 2005. The Teaming Model (formerly known as FTM and FFTM) rolled out in the spring of 2017 and included district-based training and coaching. District Teaming Specialists were identified in every district office and certified as a Teaming Facilitator and Coach. Supervisors of Teaming Specialists were also certified as FTM facilitators. Each district office developed an implementation plan for training staff.

In the spring/summer of 2018, the following practices were implemented to ensure that family team meetings focus on the best interests of a child and promote engagement with parents/caregivers to address child safety and risk:

- The goals of the team meetings are to address the needs related to the best interested and safety of the child. Agency staff guide the meetings in order to effectively address these needs. Meetings will be collaborative with the family and remained focused on issues related to the Department’s involvement.
- Family Team Meetings will be convened at the following critical decision points:
  - ✓ Safety Planning for children to remain in the care and custody of their parents (facilitated by a Teaming Specialist or Supervisor);

- ✓ At least once every 3 months; and
- ✓ Prior to trial home placement, reunification and case closure.
- OCFS Staff will ensure that all required team members are invited to attend Family Team Meetings. These participants include: the parents/caregivers, resource parents, tribal partners, Guardian Ad Litem, parents' attorneys and the youth (if appropriate). The caseworker and parents will identify other team members together.
- Staff Engagement/Prep and Family Engagement/Prep are critical components to a successful meeting and should be incorporated into casework supervision and monthly face-to-face contacts with parents/caregivers.
- The Teaming Matrix outlines the agenda for the meeting and will be used to document the Family Team Meeting in MACWIS.
- Teaming Specialists will facilitate meetings and assist in other ways as determined by the PA/APA.

Additionally, due to the increase workload, OCFS put the implementation of the teaming model on hold. OCFS Executive Management will review the current teaming implementation process and determine next steps to ensure staff have the skills they need to effectively engage with families and their supports.

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming in their coverage area targeted to address the needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

Community Partnership for Protecting Children (CPPC): The Office of Child and Family Services (OCFS) is developing a strategy for implementation of the Federal Family First Prevention Services Act (FFPSA). The FFPSA seeks (among other things) to provide federal IV-E funding for tertiary prevention services for candidates for foster care.

Community Partnership for Protecting Children (CPPC): The Office of Child and Family Services (OCFS) is developing a strategy for implementation of the Federal Family First Prevention



Services Act (FFPSA). The FFPSA seeks (among other things) to provide federal IV-E funding for tertiary prevention services for candidates for foster care.

At this time, OCFS has decided to pivot to research and implement evidence-based prevention program services, given the new expectations that prevention efforts must be evidence-based and approved by the Family First Clearinghouse. Presently there is no evidence (either in Maine or across the nation) that supports CPPC as a supported or well-supported evidence-based service.

As a result of this as well as the focus on the Federal Family First Prevention Services Act, OCFS plans to discontinue the current contracts for Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the present contracts end.

OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services. With that in mind, the Department plans to conduct a pilot project focusing on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*.

The Parent Partner Pilot Program will continue to support the service needs of parents and will include a rigorous evaluation. As of part of this evaluation, OCFS will include a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served.

Permanency Review Teams (PRT): OCFS Child Welfare developed a comprehensive Youth Permanency Review Strategy which includes Permanency Review Teaming based on Casey's Permanency Round Table model. This teaming process builds on the Family Team Meeting model and relies on collaborative teaming to ensure that youth's needs for safety, permanency and well-being are met. Over the past year due to increase workload demands, the focused efforts to improve permanency outcomes through the Permanency Review process were replaced by a team decision making meeting in which the program administrator reviews decisions to reunify children with parents or terminate parental rights to ensure these decisions were appropriate to ensure the safety of children. OCFS continues to work with Casey Family Programs to explore models that match the needs of youth in foster care that are experiencing delays in the achievement of permanency.

Adoptive & Foster Families of Maine (AFFM): provides Resource Family Support Services (RFSS) that provide 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. This partnership is essential in promoting permanency for children in the child welfare system.

UKR (Results Oriented Management/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 CFPSR outcomes and other program improvement measures using information provided by Maine OCFS.

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 offices. 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: OCFS provide physical plant funding to assist relatives who are caring for children in their home to meet the licensing standards, for example to obtain a satisfactory fire and safety inspection. While certain standards may be waived on a case-by-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 the replacement of 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 kinship family applicant is \$5000, although the majority of requests are for far lesser amounts.

Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. In 2017, this group has been meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using 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 ARP 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 systemic gaps for families, and developing strategies to most effectively meet identified needs. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

Family Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure 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. This service is available statewide. OCFS is in the process of implementing a Family Visitation Pilot program in a rural and urban area that would provide time-limited, intensive coaching services. The goals of this service are to assist parents in identifying and adapting parenting strategies to the needs of their children and develop improved parenting skills and attachment with their children.

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

#### **Services for Children Under the Age of Five:**

The Office of Child and Family Services places an emphasis on the best interest of the child. This means that when deciding on a permanency plan for a child the agency is taking into consideration the length of time a child is in care, the progress of the parent in ameliorating the causes of jeopardy, the current placement of the child, and the child's needs related to safety and wellbeing. OCFS does this with a critical focus on the parent's ability to change behavior that led to the child entering custody in a timely manner that meets the child's emotional and physical needs.

#### **Initial Standard Medical Care for Children in Custody**

All children in the custody of the OCFS are seen by a medical professional within ten days of coming into care. The purpose of this medical appointment is to ensure children that entering care are evaluated for any physical injuries and/or medical needs. The children also receive appropriate treatment which includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

In several parts of the state, Maine has a comprehensive medical/behavioral assessment that occurs within thirty days of a child coming into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The assessment team includes a medical doctor, a psychologist, and a social worker. A report is sent to the child welfare caseworker outlining a child's medical, behavioral, and dental needs. OCFS is working on strategies to expand this service statewide.

For all children that are four years old and older a Pediatric Symptom Checklist is completed which assesses a child's need for behavioral health services.

### Children's Developmental Services

All children under 3 are referred to Children's Developmental Service (CDS). CDS reaches out to the foster parents to evaluate the child. If the evaluation identified the need for developmental, speech, physical therapy services, then CDS will ensure these services are provided either in the home or through out-patient services.

### Kinship Priority

Maine continues to utilize relative placements, which not only allows for continuity of care, but also provides stability of the child within the family unit.

Visitation is offered between parents and their children to support parental bonds and evaluate parent's success in alleviating jeopardy. These visits are either supervised, monitored, or unsupervised and can occur multiple times per week and in a variety of venues.

### Family and Child Plans

Family Plans and Child Plans are specifically designed to meet the needs of the child in order to ensure child safety. These plans outline the current safety and risk factors that led to state involvement. Additionally, the plans outline the services and steps required for the parent to mitigate the identified risk in order for the family and children to achieve permanency. These plans are reviewed in a team setting as well as one-on-one with the parent, foster family, child (when appropriate), and service providers. The focus of the family plan is to ensure the case is moving in a trajectory that ensures timely permanency. Additionally, the focus of the child plan is to guide the individual care for the safety and wellbeing of the child based on the child's specific needs.

### Childcare Services

Childcare is offered for a variety of reasons for children in care, one of those reasons is for children who are identified as needing to develop socialization skills. This allows a child to attend a licensed childcare facility with the focus on play, communication skills, and social skills with peers and adults. Children in foster care also participate in Headstart programs.

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

- The *Intake Screening and Assignment Policy* provide assignment practice standards for districts to utilize in decision making in terms of the assignment of 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 Investigation Policy* includes criteria to be used in determining whether a family is need of Child Protective Services. One of these criteria is a family with *children under age 6*.

- Policy stipulates that all children under the age of 3 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.

Within 72 hours of a child entering custody, a child needs to have an appointment scheduled for an initial medical evaluation to occur within 10 days. Follow up to those appointments would include developmental screening when appropriate.

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

Maine has made a strong effort to prioritize placements of infants and toddler with relatives to 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, thus positively impacting their positive early childhood development. These young children are also reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 6 plus months would be reviewed through this process. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research specific to child development and the impact of early trauma and adversity. This promotion of evidence-based programs for the birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Investigation 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 2018, OCFS implemented the Structured Decision-Making Safety and Risk Assessment Tools and updated the Child Welfare Investigation Policy. Through these tools, staff have a decision-making support system to assist them in determining which families are most likely to experience a recurrence of maltreatment without intervention services.

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 co-located consultants from the fields of substance abuse and domestic violence, as well as statewide coalitions that child welfare staff participate on.

### **Child Abuse Prevention and Treatment Act (CAPTA): See Appendix A**

#### **Child Maltreatment Deaths**

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

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

The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect but does not report out whether the deaths are the result of maltreatment.

#### **Steps to Track and Prevent Child Maltreatment Deaths:**

OCFS receives reports of child deaths through several sources, including reports to child protective intake from law enforcement, medical providers, and the medical examiner. Each report is screened, to determine if it is appropriate for child welfare intervention based on the reported information. At a minimum, all child death reports are tracked for reporting purposes. If a report screens as appropriate for child welfare intervention at intake, the family receives a comprehensive child welfare investigation and in follow-up any interventions determined necessary as a result of the findings.

OCFS has made several key changes within the Maine Automated Child Welfare Information System (MACWIS) to enable reporting to NCANDS regarding fatalities associated with child abuse and neglect. The data team has added the ability for Intake to indicate that the report involves a child death. In addition, a change was made to require that the supervisor overseeing the

assessment answers a question at the close of any assessment where Intake has indicated that there was a child death related to whether the child died as a result of abuse and/or neglect and/or abuse and/or neglect was a contributing factor in the child's death. The data team can then query the results of this question to report fatalities within NCANDS. OCFS has an internal case review process for child deaths and serious injuries determined to be the result of child abuse or neglect. The district program administrator reviews the case record to identify any policy, practice, training or staff support needs.

In addition, Maine also has a statutory requirement to convene the State's Child Death and Serious Injury Review Panel (CDSIRP). The panel is a cross-disciplinary group that engages both public and private partners to review cases involving child death or serious injury. CDSIRP develops recommendations for improvements both within OCFS and beyond. CDSIRP's membership includes physicians, mental health providers, law enforcement, representatives of the courts and Attorney General's Office, staff from the Maine CDC (Maine's public health agency), child welfare staff, and others. The CDSIRP is staffed and supported by an OCFS employee who coordinates case selection, facilitates the gathering of materials, coordinates witnesses for panel reviews, etc. The CDSIRP makes recommendations for systems improvements to prevent child fatalities (both maltreatment related and non-maltreatment related). In 2019, the Panel convened a retreat with support from the National Center for Fatality Review and Prevention to review the mission, operating procedures, case selection and review process to improve the work of the panel.

OCFS is in the process of exploring ways to improve the reporting and review of child fatalities and serious injury cases. One option being explored is the Collaborative Safety Approach in partnership with Casey Family Programs. This approach assists human services agencies to implement a systems approach to learning and improvement through utilizing safety science principles. It includes a system analysis of agency operations as they relate to child deaths and serious injuries, a culture of accountability, comprehensive strategies to address underlying systemic issues and valuing employees as part of the solution. Enhanced safety is achieved through removing barriers and providing supportive systems for workers to achieve organizational outcomes. The information gathered using the Collaborative Safety Approach is expected to inform the work of the CDSIRP, inform the panel's process of analyzing cases and improve the ability of CDSIRP members to make recommendations for systemic improvements.

#### **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.
- Each county Child Abuse and Neglect Council provides an average of 18 parenting classes/learning sessions per year.
- Kinship Care Services include information and support services for relatives who are helping care for their grandchildren, nieces and nephews to alleviate the need for those children to enter state foster care.
- Supporting evidence-based parenting skills and family 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 are provided through a contract and include information and support services for relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- Support of domestic violence advocates in OCFS district offices.
- Expansion and support of the Community Partnership for Protecting Children (CPPC) program.

These organizations were selected to provide these services through the RFP process which is based on the proposals submitted, demonstrated ability to meet agency needs and their past history of quality service delivery.

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

- Post Permanency Support 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 are provided through a contract and include information and support services for relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- OCFS is in the process of implementing a pilot with a community partner that focuses efforts on matching youth without an identified adoptive placement to a family.

**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.

**Monthly Caseworker Visits**-Maine has a fully-implemented SACWIS system (MACWIS) which stores all of the data required to track monthly Caseworker visits. This data is provided to management and district Program Administrators through the Monthly Management Report. The Associate Director of 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:

*“.... the caseworker will make at least one purposeful face-to-face contact each month with the child in all cases, with the parents in reunification cases and with the foster parents/caregivers. The plan for how contact will occur will take into consideration the wishes of the child, however the majority of the visits will take place in the residence of the child.” “New placements need to be seen more frequently at the onset of the placements with a visit at least once within the first 2 weeks of the placement.”*

In order to track compliance of the ACF caseworker monthly contact expectation, Maine built a MACWIS report that automatically generates data on Caseworker compliance with monthly contact with at least the majority of visits occurring in the child’s place of residence. This provides report provides a statewide average, as well as district specific information.

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

- Monitoring by district supervisors to identify children that have not yet been seen to develop a plan with the caseworker for those children to be seen before the month’s end.
- Through regular supervision each month, supervisors will develop a plan for a face-to-face monthly contact, including the areas to assess and questions to explore in that contact.
- In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. Quality will be measured by ongoing case reviews; QA has the capacity to conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts if requested by management.

OCFS 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 has proven to be a successful use of this funding

as Maine has continued to meet the federal goals related to monthly contact. The Federal goal for monthly contact with youth in custody for FFY 2019 was 95% with at least 50% of the visits occurring in the child's residence. Maine exceeded the requirement with 96% seen and 83% seen in home.

This technology allows caseworkers to have immediate contact with their supervisors while in the field and provides the 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. To improve the quality of documentation of monthly face-to-face contacts, templates were developed to align practice expectations with federal requirements. In 2019, the OCFS QI staff reviewed these templates and provided immediate feedback to staff, on the quality of the contacts. Additional work is necessary to continue to increase the quality of caseworker contacts completed with parents, youth and resource parents to support the family and child plan goals.

### **Adoption Incentive Payments**

In 2018, Maine received \$859,000 for the Adoption and Legal Guardianship Incentive Grant.

- OCFS is providing funds from the grant to our AFFM contract to be used to support physical plant funds for fictive kin who are in the process of finalizing a permanency guardianship or adoption, camp funds for adopted youth, adoption trainings for pre and post adoption families and adoption specific supports groups across the state. This will be approved at the discretion of the Licensing or Adoption Program Manager.
- OCFS continues to provide short term emergency respite for permanency guardianship or adoptive families at serious risk of disruption when respite resources are available. This will only be approved when all other alternatives have been ruled out. The respite would be used while staff and the family work with a Mental Health Program Coordinator and other service providers to implement the services needed to help prevent disruption. This will be at the discretion of the Adoption Program Manager.
- In 2019 OCFS allotted \$45,909 to the Resource Parent Care Team, CTI contract to add an adoption liaison position to support post adoption and post permanency guardianship families statewide who are experiencing challenges due to an increase in mental health needs of the child or other family members.
- OCFS implemented a statewide pilot project to assist district adoption staff statewide in increasing the number of recruited adoptions for children without an identified permanent family. The OCFS Director approved the pilot and the agency is currently in our first year of implementation. OCFS will spend \$501,840.35 of this grant in the first year of the project.

### **Adoption Savings:**

For 2019-2020, Maine OCFS fully utilized the Adoption Savings funds to support the needs of adoptive families through the provision of childcare and family support services to families that receive adoption subsidy and assistance with the legal costs related to finalizing adoptions.

Unspent Adoption Savings Funds: \$0.

### **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 service children entering state custody as a result of the disruption of placement of 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 2019 was 23.

During 2019, the Maine Department of Health and Human Services did not record any disrupted international adoption involvement.

### **Consultation and Coordination between States and Tribes**

There are four federally recognized tribes located in Maine with five locations: the Penobscot Nation (Indian Island, Penobscot County, located within District 6); the Aroostook Band of Micmacs (Aroostook County, located within District 8); the Houlton Band of Maliseets (Aroostook County, located within District 8); and the Passamaquoddy Tribe at Motahkomikuk (Indian Township, Washington County, located within District 7) and at Sipayik (Pleasant Point, Washington County, located within District 7).

### **History:**

The ICWA Workgroup began meeting in 1999 and focused on training and strengthening partnerships. This work included delivering training to OCFS staff, holding regular meetings between tribal and state child welfare and organizing two summits which included OCFS District Program Administrators, ACF, representatives from the courts including a Judge, and representatives from the Office of the Attorney General.

In 2010, the ICWA Workgroup recognized that the issues of generational trauma and healing needed to be addressed to be able to move forward with working collaboratively with native families. The ICWA Workgroup shifted its focus and 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 the 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, the ICWA workgroup was reestablished with representatives from the state child welfare system, tribal child welfare system, the Office of the Attorney General, and the Family Division of the Court. The goal of the ICWA Workgroup is to have ongoing discussions regarding agency concerns, specific case concerns, policy and training development, 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 are allowed 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 of 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 began to modify the policy to include the new BIA Guidelines.

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 developed by the ICWA Workgroup and was presented in each of the 8 OCFS districts between June 1 and August 2, 2016. In September of 2016, work was done to update the ICWA training that new caseworkers must attend to incorporate the changes in policy/BIA regulations. The Workgroup also developed training and recruited and trained more Qualified Expert Witnesses (QEW) for ICWA cases.

Also, in 2016, OCFS helped the tribes prepare to have their own IV-E plan, OCFS' IV-E Program Manager provided in-person training on three occasions, and there were 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 continued to work collaboratively with the tribes on issues and initiatives.

In 2017, 86 people attended the ICWA training. Most attendees were new OCFS caseworkers, as they are required to receive ICWA training during their first six months of employment. The training was also attended by staff at the Maine CDC, Division of Environmental and Community Health (DECH), as, at that time, they were overseeing the regulatory portions of foster home licensing; and by representatives of the Maine Coalition Against Sexual Assault. In 2017, this training was also lengthened, and is now three and a half hours.

In 2017, the state and the tribes also continued to recruit and train Qualified Expert Witnesses (QEW) from tribal communities. Training for potential QEWs was held in March and May of 2017. These trainings have increased the pool of QEWs available in state ICWA cases.

In addition to continued discussion regarding ICWA cases and co-case management, in 2017 the film *Dawnland*, which is a documentary following the TRC process, was screened for comment and feedback, and the ICWA workgroup was in attendance.

Representatives of tribal child welfare also participated in the CFSR focus group for tribes held on May 12, 2017. In addition, a project was begun with the Annie E. Casey Foundation. The two goals of the Data Development Project are to identify what data exists, and what data is needed to improve capacity to track progress on implementing ICWA and the TRC recommendations, as well as to clarify and establish processes for collecting data necessary to monitor implementation of ICWA, and progress of the TRC recommendations. The first meeting with Casey was held in December 2017.

In 2018 71 staff members attended ICWA training. This training was changed in 2018 to add an experiential section that takes participants through the population decrease of the Wabanaki Confederacy from the time of first contact to the present.

Also in 2018 the following occurred: the ICWA Workgroup met with the District Management Team to discuss current issues; the locations of the ICWA Workgroup meetings began to rotate to all tribal locations; members of the Workgroup participated in a webinar hosted by the Capacity Building Center for Tribes on titled “Coming Together for the Children: The Maine Tribal State ICWA Workgroup”. The webinar was to demonstrate to participants how Maine came together to form the Workgroup and how we partner on cases. Members of the Workgroup also presented at a judicial training sponsored by the courts.

**In 2019 the following events occurred:**

1. 121 staff members attended the 5 ICWA trainings that were offered in 2019. In the training evaluation survey 85% of participants said they had an enhanced understanding of ICWA and 80% said they had an enhanced understanding of historical trauma. In addition, some

of the statements in the comment section of the evaluation regarding ‘how this training will impact your practice’, participants stated:

- a. I feel as though the training changed my views and I have a new level of understanding of the importance of ICWA I did not understand before.
  - b. Greater understanding of the ICWA policy and why the law was enacted. I will be able to approach my casework with these families in a more understanding manner and will remind me to be mindful of cultural needs for this population as well as all children on my caseload.
  - c. I have a better understanding of who to contact or reach out to as well as when it may be necessary.
  - d. This training prepared me for a case of this nature. I have the confidence that I can properly see it through.
  - e. I will be more sensitive to the fact that Native tribes are sovereign nations and should be approached “government to government”.
  - f. By underlying the importance of establishing ICWA right from the beginning of the report – case.
2. The ICWA Workgroup continued to meet throughout 2019. The Workgroup always has an agenda topic of co-case management to assure that OCFS and Tribal Child Welfare staff are working in partnership on assessments and cases to assure the needs of Native children and families are met. Other issues discussed were:
  - a. The ongoing QEW trainings and how to encourage more attendance in tribal communities.
  - b. Opportunities for the Workgroup to continuing educating people on the importance of ICWA.
  - c. How to better track data on Native families involved with OCFS.
  - d. How to partner with A Family for ME, the entity the state contracts with to recruit foster homes, to help recruit tribal foster homes.
  - e. How to assure that cultural needs are met for Native children whose parents are tribal members, but the children do not qualify for membership so ICWA does not apply.
  - f. The ICWA Workgroup continued to work on the ICWA Brochure. This brochure incorporates law, practice, and policy into an easy reference for caseworkers to ensure they are adhering to ICWA. The Brochure is completed and only needs to be given to management for approval.
3. In May 2019 there was a joint meeting between the ICWA Workgroup and the OCFS District Management Team. The purpose of the meeting was to continue to grow the collaboration and co-case management practices between OCFS staff and Tribal Child Welfare staff. Issue discussed was the change in OCFS policy regarding safety planning with relatives and how this impacts the practice of the tribes. How to partner around this

change. Work continued on this issue after the meeting and one tribe developed an Indian Custodianship process which OCFS honors. This allows Native children to be placed out of the home with relatives. Also discussed was how the partnership between OCFS staff and Tribal Child Welfare staff was working.

4. There were 4 Qualified Expert Witness (QEW) trainings in 2019. The name of the trainings has been changed to ICWA Education and this change has encouraged many more tribal community members to attend.
5. In 2019 Structured Decision Making (SDM) rolled out in the assessment/investigation units in OCFS. Tribal Child Welfare was given all the SDM materials which were discussed at an ICWA Workgroup meeting. In addition, Tribal Child Welfare Staff were invited to and attended the SDM training with OCFS staff. It was an opportunity to not only have joint learning but to discuss how they could enhance partnership during investigations.

In addition to those activities cited above, the following practices continued in 2019:

Caseworkers, as part of the Child Protection Intake process and the initial CPS investigation, ask the referent and the family if they have any connections to a Native tribe. The District Court judges also ask questions regarding Native American tribal connections at court proceedings. When Native tribal connections are known before the first contact with the family, and if their Native connection is from one of the federally recognized tribes in Maine, the tribe is notified, and invited to participate in the investigation. If Native American tribal connection is not known until after the first visit, or at any other point in the investigation or case process, the tribe is invited to participate, as an equal partner, 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 investigation/case as OCFS co-case manages ICWA cases. OCFS involves members of all federally recognized tribes, in accordance with the Indian Child Welfare Act, for children of all federally recognized tribes.

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. 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 as a 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 the family as they move 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 investigation 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 tribal child welfare agency co-manages 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 and supports the tribes may be able to offer families do 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 are not limited to: counseling, substance abuse services, in-home supports, family visitation, transportation, and parenting classes. OCFS contracts include provisions so contracted service providers, such as the Alternative Response Program, visitation services, and transportation providers, includes tribes, therefore children in tribal custody may also access state funded contracts. In addition, OCFS pays the room and board costs for children in tribal custody who are placed in a residential or therapeutic foster care setting. This allows the tribe to maintain custody without the additional financial cost of the placement becoming a barrier for the tribe in maintaining jurisdiction.

The Penobscot Nation and the Passamaquoddy Tribes 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, enters 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's District Court system.

The state also partners with the tribes to ensure that the children, in tribal custody, that achieve permanency through adoption or permanency guardianship can receive subsidy through the state. We also partner so that older youth in tribal care are receiving life skills and transition services.

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

Many of the above-cited activities are ongoing and will continue through 2020. This includes regular meetings of the ICWA Workgroup to ensure compliance with ICWA policy and law, as well as to allowing any strengths and challenges to be discussed and addressed.

<b>Tribal Contacts</b>	
<b>Tribal Affiliation</b>	<b>Contact Name</b>
Houlton Band of Maliseet	Lori Jewell, ICWA Program Director
Aroostook Band of Micmac Indians	Norma Saulis, ICWA Program Coordinator

Passamaquoddy Tribe at Pleasant Point (Sipayik)	Francis LaCoute, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Tracy Dore, Social Services Director
Penobscot Nation	Michael Augustine, Child Welfare Director

### **Targeted Plans:**

Child Abuse Prevention & Treatment Act- See Appendix A

John H. Chafee Foster Care Program for Successful Transition to Adulthood – See Appendix B

Education and Training Voucher- See Appendix C

Foster and Adoptive Parent Diligent Recruitment Plan- See Appendix D

Heath Care Oversight and Coordination Plan- See Appendix E

Disaster Plan- See Appendix F

Training Plan- See Appendix G

### **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. Maine’s procurement requires the identification of a new service, a presentation on that service to OCFS management, and approval of the service before a Request for Proposal (RFP) can be initiated. In addition, the process of drafting, approving, and completing an RFP can take a significant amount of time. 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 2017 for purposes of Title IV-B, subpart 2, is \$26,343,677. 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

## **Appendix A**

State of Maine Department of Health and Human Services  
Office of Child and Family Services  
Child Abuse Prevention and Treatment Act FFY 2018 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. This work is supported by federal, state, and private resources, including parent partners and community members.

### **Legislative Updates**

During 2019, the first session of the 129<sup>th</sup> Maine Legislature was convened. During this session the Legislature took up several bills related to child welfare. Following are the bills that were passed:

- LD 192 – Added a statutory requirement that the Maine Child Welfare Advisory Panel (MCWAP), a part of the State’s Task Force, submit an annual report on its activities to the Legislature’s Committee on Health and Human Services.
- LD 195 – Codified the requirement that parents covered by MaineCare (Maine’s Medicaid program) prior to the removal of their children from their custody continue to receive MaineCare coverage post-removal.
- LD 548 – Modified Maine’s criminal statute regarding the crime of engaging in prostitution to add the requirement that a person must be at least 18 years of age in order to be found guilty of engaging in prostitution. Thus, children and youth can no longer be charged with a crime related to engaging in prostitution as a result of human trafficking or the commercial sexual exploitation of children.
- LD 821 – Required the Department of Health and Human Services to study, review, and report on caseloads for child welfare staff. The Office of Child and Family Services (OCFS) submitted its first report on staff workload and caseload to the Legislature’s Committee on Health and Human Services, as well as the Legislative Committee that oversees program evaluation and government accountability, on 10/1/2019 and its second report on 1/31/2020, as required under LD 821. OCFS will report annually to these two Committees through 2030.
- LD 1378 – Clarified the statutory requirements regarding medical examinations when children enter state custody. LD 1378 changed the standard timeframe in which a child must receive a physical examination to 10 working days. Additionally, LD 1378 added

statutory language requiring MaineCare to provide reimbursement for comprehensive medical, dental, educational, and behavioral assessments of children entering custody (including the gathering and documenting of relevant records).

- LD 1526 – Modified the statutory requirements for the licensing of family foster homes by removing the requirement that the home pass an inspection by the State Fire Marshal’s Office. The Fire Marshal’s inspection has been replaced with a health and safety inspection completed by OCFS staff during the licensing process. OCFS developed forms that outline the criteria for the health and safety inspections and fully implemented this process in fall of 2019.
- LD 1566 – Required the Public Higher Education Systems Coordinating Committee to review the tuition waiver program for participants in foster care. This included consultation with OCFS. A report was submitted to the Legislature’s Committee on Education and Cultural Affairs in January of 2020 which identified the barriers to the tuition waiver program and suggestions on how better to support post-secondary education for youth currently or previously involved in the foster care system.
- LD 1816 – Modified the statutory requirements regarding infants affected by substance exposure. This change aligned Maine statute with federal requirements regarding substance exposed newborns, including those under CAPTA.

2020 marked the second session of the 129<sup>th</sup> Maine Legislature. Second sessions are shorter than the first session. Many bills from the first session are carried over to the second session. The only new bills considered in a second session are those with some urgency. Unfortunately, the second session came to a quick and abrupt end when coronavirus became a public health issue. It is possible that the Legislature may reconvene for a special session over the summer to take up unfinished business depending on the status of coronavirus in Maine.

As a result, no bills directly applicable to child welfare services within the Office of Child and Family Services were passed in the second session.

### **Changes to the CAPTA plan**

There were no significant changes during 2019 from the state’s previously approved CAPTA plan regarding 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 of the Maine Revised Statutes meet the CAPTA requirements of Section 106(b)(2)(B)(ii) and (iii), and support Maine’s interagency response efforts in ensuring infants born affected by illegal or legal substances are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (to legal or illegal substances) are identified as “Drug Affected Baby” reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications regarding Substance Exposed Newborns, in which allegations of child abuse and/or neglect are absent, are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine

Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106(b)(2)(B)(v)). Maine OCFS continues to work Public Health Nursing, medical providers and other stakeholders to develop a process for the development of a coordinated, Plan of Safe Care for substance exposed newborns and their parents/caregivers to support their needs.

### **Use of CAPTA Grant Funds**

In the period from July 1, 2019 to present, CAPTA funds have been utilized to support the work of Maine's Citizen's Review Panel, the Maine Child Welfare Advisory Panel (MCWAP), as well as the Child Death and Serious Injury Review Panel (CDSIRP), including member mileage, travel to out-of-state functions, and technology charges.

Grant funds have been expended via a contract with Susan Righthand, PhD, who consults on cases of challenging youth in custody, assists in assessments and planning for youth with problem sexual behavior, debriefs staff following critical incidents, and conducts research on emerging trends. Dr. Righthand is also collaborates on content for caseworker training.

In addition to the work of the panels and consultation for child welfare staff, CAPTA grant funds support the office's recruitment and retention activities through recruitment advertising, recruitment event expenses, and support for the staff recognition program. OCFS Caseworker and Supervisory staff are required by law to maintain social worker licensure. CPS caseworkers and supervisors may submit licensing e fees for reimbursement. CAPTA funds are used for this purpose as a staff retention strategy.

In the year to come, OCFS will be applying CAPTA grant funds to new projects aimed at staff training. Targeted projects include supporting activities, such as the development of a learning management system for staff, through a cooperative agreement with the University of Southern Maine and a statewide child welfare conference focused on employee development and support that will be held on three occasions in different regions of the state to reach every district staff member.

### **OCFS Employee Statistics**

OCFS ended 2019 with a turnover rate of 29.06% as compared to 37.24% in 2018, 27.57% in 2017, 21.81% in 2016, 22.66% in 2015, 23.85% in 2014 and 27.87% in 2013. The turnover rate for supervisors in 2019 was a total of 7 staff, comparable to recent years. In July of 2019, the Maine legislature, in recognition of child welfare workforce challenges increased the allocation of child welfare lines by 62 FTEs (49 caseworkers, 8 supervisors and 5 case aide staff). These efforts have contributed to decreasing turnover and improving retention of staff.

These rates of turnover are similar to the national average, which is estimated to be 30-40% annually nationwide. The average length of employment for child protective workers continues to be approximately 2 years (GAO, 2003)<sup>1[1]</sup>. Another study from the Annie E. Casey Foundation estimated the annual turnover rate at 20% for public agencies and 40% at private agencies. The average length of employment for public agencies is 7 years and for private agencies is 3 years (AECF, 2003)<sup>2[2]</sup>. Maine's 2019 turnover rate is in line with the national averages based on these studies. OCFS continues to focus on quality recruitment and retention of caseworkers, as well as reducing workload to further improve the turnover rate.

Despite challenges in retaining staff, 2019 was significantly better in terms of recruitment with 577 panel interviews conducted statewide. This is an increase of 34 over 2018 and resulted in increased opportunity to fill positions quickly. In 2018, the Maine Legislature added a \$5.00 hourly stipend to Caseworker salaries. This addition to the salary not only slowed turnover in late 2018/2019 and encouraged retention efforts but assisted recruitment as candidates with experience in the field became interested in returning to OCFS.

During 2019, the Recruitment and Retention Specialist position has continued to focus on providing a personal, supportive atmosphere and a welcoming introduction to new applicants as they navigate the application process, screening interviews and hiring process. The Recruitment and Retention Specialist is readily available to answer questions applicants have about the job, licensing, the interview process, and working for OCFS. Caseworker applicants with relevant qualifications and skill sets continue to apply for open positions.

With respect to recruitment, Maine's Recruitment and Retention Specialist recruits throughout the State of Maine at Maine Colleges, Career Centers, and in neighboring New England states, including New Hampshire and Massachusetts. Additionally, the Recruitment and Retention Specialist collaborates with the Maine Department of Labor to increase the applicant pool. Recruitment methods include: attending area and college job fairs, presentations in college classrooms to students majoring in fields which are compatible with Maine social work licensure requirements, and online recruitment through a variety of job boards including Indeed and those sponsored by colleges.

Applicants are provided information and assistance through the application process; the Recruitment and Retention Specialist becomes the first support a new applicant is exposed to when they begin the application process. The focus on a personal, welcoming, and responsive contact with applicants is essential in making the applicant feel valued through the application process. This focus provides applicants with a positive experience and models the competencies they will need as they begin to work with children and families involved with the Child Welfare system.

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<sup>1</sup> 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>

<sup>2</sup> 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/>

The Recruitment and Retention Specialist values good customer service and consistency in the hiring process across all state offices and is available to assist with interviews of applicants in all offices so that each interview is consistent.

In addition to providing support at the beginning of an applicant's experience with OCFS, in 2018 the Recruitment and Retention Specialist began providing check-in emails with new staff to evaluate how they were doing in their first few months with the agency. This became an opportunity to provide support, assistance, and feedback to the new caseworker and, if necessary, information to supervisors to support new staff. These emails were welcomed by new staff members and the feedback received was helpful to determine how best to support (and hopefully retain) new caseworker staff.

The Recruitment and Retention Specialist and the OCFS Training team in collaboration with the Cutler Institute – Muskie School of Public Service, USM are in the process of developing an updated Foundations Training curriculum and onboarding process that will better prepare staff to begin their career in child welfare working with children and families.

With respect to retention of Maine's child welfare personnel, OCFS has taken the following steps:

1. OCFS continues its quarterly STAR awards. These awards recognize exemplary employees of any category within OCFS. STAR stands for Service, Teamwork, Attitude, and Respect.
2. OCFS reimburses 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 offered to all employees who have been with the agency one year or more.
4. Clarification around flexible work schedules has been provided to employees.
5. Quality Circles, run by front line district staff, continue to meet in each district. The QCs have addressed areas such as mentoring for new employees, staff safety, and case flow processes.
6. Entrance surveys are conducted and reviewed to evaluate the recruitment process.
7. Exit surveys are conducted and reviewed to identify concerns and themes to determine how to best support staff.
8. OCFS has increased the number of support staff and reviewed the type of tasks assigned to them in an effort to decrease caseworker administrative workload.



9. Supervisory training and coaching were provided to all supervisors to increase awareness regarding the supervisory role in recruitment and retention, as well as to increase overall supervisory skills.

Data regarding investigatory and supervisory caseloads was inadvertently dropped from standard reporting during the FFY18 year. Using a point-in-time position count, divided by the annual reports assigned for child protective assessment, the investigation workload in FFY19 was 56 cases per position per year. When factoring the 29% turnover, the practical assessment load was 80 per worker. This is a decrease from the previous year and equivalent to an assignment of 7 investigations per caseworker/month.

Sixty-one percent of investigations in FFY19 were completed within 35 days. This is a decline from FFY18 at 67% and represents an ongoing decrease over the past three years.

The Department is in the process of developing a standardized workload analysis tool that considers both caseload and workload factors when determining appropriate case assignments to staff. Caseloads vary in intensity due to a number of factors and over the years, additional policy and practice expectations have been added to the responsibilities of caseworkers and supervisors. The Department in collaboration with the Public Consulting Group (PCG) continues to enhance the Workload Analytic Tool to include additional workload factors. This tool is being used as one measure to assess workload and staff resource allocation.

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 hiring freezes and open for recruitment.

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.

Newly hired Caseworkers are required to complete New Worker Foundations Training, conducted by OCFS, prior to assuming responsibility for a caseload or casework activities. New Worker Foundations Training includes a comprehensive training curriculum and job shadowing opportunities to ensure caseworkers have the competencies and skills to perform child protective work. New Worker Foundations Training components include, but are not limited to: 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 Child Safety, Fact Finding Interviewing, Introduction to MACWIS, Family Teaming, 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 caseworkers are expected to participate in several core trainings which expand upon the information contained in the New Worker Foundations Training. These core trainings include: Working within OCFS-Orientation, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, Psychosocial Assessment, and Facilitated Family Team Meetings for Caseworkers. Within the first year of hire new caseworkers participate in trainings on the following topics: Child Welfare Trauma Training Toolkit, Staff Safety, Children's Behavioral Health in Maine, and introduce/participate in onsite training with TANF, OFI, and other programs that assist the families that caseworkers interact with.

There are district financial allocations for staff to continue their professional development in accordance with licensing requirements, as well as to allow access to professional literature.

Supervisory requirements include meeting all caseworker requirements, plus demonstrated experience as a child welfare caseworker. Individuals selected through the competitive hiring process often have taken other leadership roles within the office, such as working on special projects or specialty caseworker tasks, such as training or quality assurance. Full licensure at the LSW level for four years is a requirement prior to consideration as a supervisory candidate. Master's level social workers are preferred candidates.

All supervisors hired in DHHS are required to participate in the Managing in State Government training. 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.

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

Data specific to caseworker and supervisor demographics are attached in Exhibit A.

### **Child Protection and Juvenile Justice**

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.

### **Maine's Citizen Review Panel (CRP)**

The Maine Child Welfare Advisory Panel (MCWAP) serves 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's Justice for Children Task Force and the Maine Child Death and Serious Injury Review Panel (CDSIRP) serve as the State of Maine's Task Force pursuant to CAPTA Sec. 107(c).

In 2019, MCWAP continued to build the infrastructure of the group through the adoption of by-laws, appointment of additional Executive Committee members and a commitment to the charge and purpose of the Panel to review child welfare policy and practice. To date, the Panel has a clear roadmap forward to fulfil all statutory and legal obligations.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2018 Annual Report is attached as Exhibit B.

### **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 for the purpose of promoting prevention, improving present systems, and fostering education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes system change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The Child Death and Serious Injury Review Panel reviews all reports of child death and serious injury in order to meet their statutory mandate (see, 22 MRSA §4004). In addition, the Panel conducts several in-depth case reviews each year, both independently and in conjunction with the state's Domestic Violence Homicide Review Panel and/or the Maternal, Fetal, and Infant Mortality Review. The panel makes recommendations to state and local agencies regarding methods to improve the child protective system, including modifications of statutes, rules, policies, and procedures.

CDSIRP is comprised of representatives from many different disciplines. Its minimum membership, which is mandated by state law, includes 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. Several key positions were filled in 2016, including a representative from the Maine CDC to fulfill the role of public health nursing.

Maine's Child Death and Serious Injury Review Panel (CDSIRP) completed 6 comprehensive reviews of fatalities and near fatalities in 2019. These reviews were comprised of the following themes and trends: abusive trauma and head injury, suicide, burns, partner violence, inadequate

supervision, missed sentinel injuries, assessment and service issues with refugee families, additional trauma inflicted on children as an unintended consequence of meeting legal requirements, the recognition of child maltreatment intervention as a clinical specialization, prosecutorial strategies, resources available for response and investigation of suspected child maltreatment during a state government shutdown or other emergency. 1The Panel Coordinator also attended meetings with the Domestic Violence Homicide Review Panel and the Maternal, Fetal, and Infant Mortality Review Panel in order to observe process and identify opportunities for collaboration. The coordinators of all three panels remain in regular contact regarding upcoming cases.

In 2019, the Panel coordinator has been worked to make data collected regarding child death, serious injury, and ingestion as well as the Panel's activities, more easily accessible and thorough. Reports for Panel review have been restructured to provide more meaningful information in the routine reviews, which are conducted of all reports quarterly. During this year, the Panel Coordinator explored a variety of HIPAA compliant file dissemination strategies for purposes of case file dissemination and OCFS procured the Citrix ShareFile platform to use for this purpose.

### **Substance Exposed Newborns**

No substantive changes were made to the implementation of Plans of Safe Care in the past year, although Maine OCFS continues to work Public Health Nursing, medical providers and other stakeholders to develop a process for the development of a coordinated, Plan of Safe Care for substance exposed newborns and their parents/caregivers to support their needs.

DHHS has created a staff position to monitor the Plans of Safe Care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. In addition, Maine OCFS has updated the Maine Automated Child Welfare Information System (MACWIS) to collect information upon report and during investigation activities related to substance exposed infants and their families, including the substances an infant was exposed to.

Maine OCFS, the state CPS agency, has collaborated with Maine's Center for Disease Control (CDC), Maine's Office of MaineCare Services (OMS) and Maine's Office of Behavioral Health (OBH) to identify data and create a list of substances for tracking related to substance exposed infants. In addition, OCFS continues to collaborate with these state partners and other community stakeholders to develop a process for OCFS to prioritize services for families who have infants who are born substance exposed.

No specific technical assistance needs are known at this time. Maine OCFS continues to work on updating the Plan of Safe Care policy, recruiting a staff for the internal position to monitor the plans, and gathering data when receiving reports of drug affected infants.

State of Maine CAPTA Coordinator

Bobbi L. Johnson, LMSW  
Associate Director of Child Welfare Services  
Office of Child and Family Services  
2 Anthony Avenue, Augusta, Me 04330  
Telephone: (207) 624-7989  
Email: [Bobbi.Johnson@maine.gov](mailto:Bobbi.Johnson@maine.gov)

**EXHIBITS:**

Exhibit A: Child Protection Staff Demographics and Data  
Exhibit B: Maine Child Welfare Advisory Panel FFY 2019 Annual Report

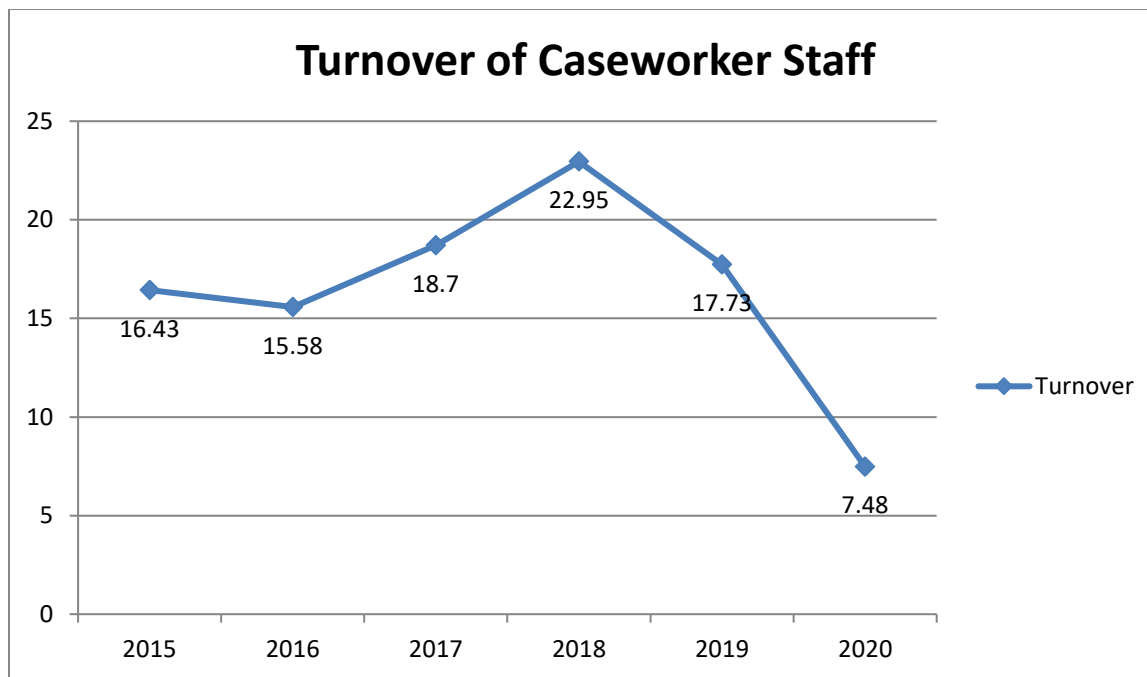
## CASEWORKER EMPLOYMENT DATA

Exhibit A

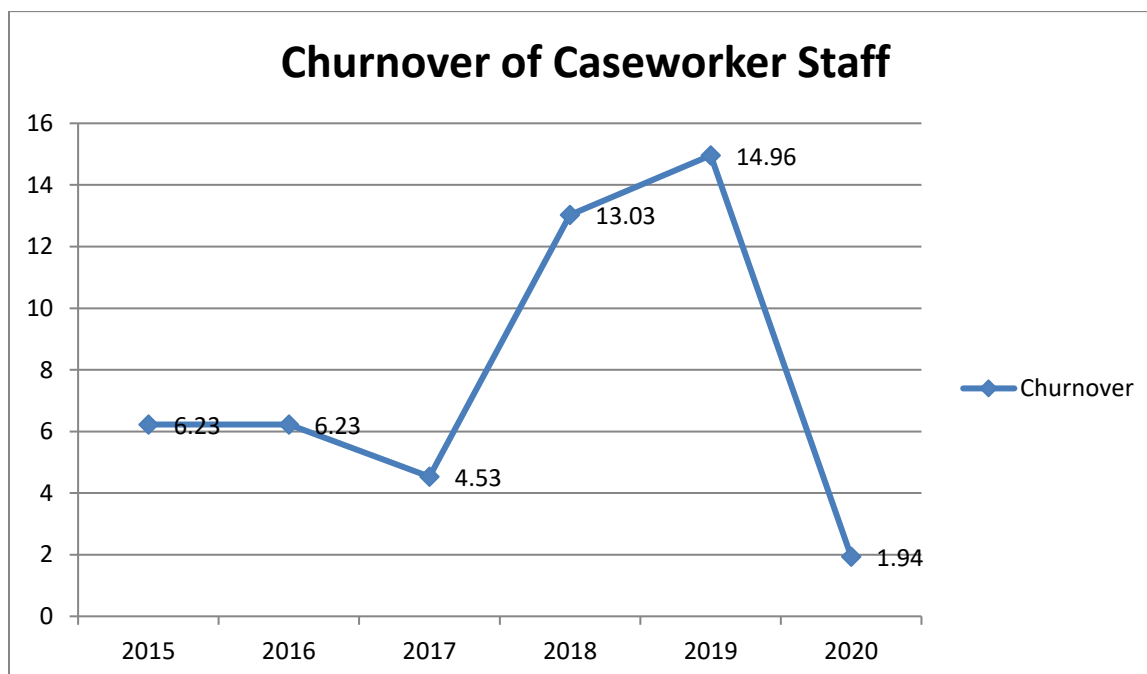
Age Group April 2020	Count of Age/Gender	Average of Annual Salary	Min of Annual Salary	Max of Annual Salary
<b>20-29</b>	<b>136</b>	<b>\$44,720.61</b>	<b>\$42,265.60</b>	<b>\$52,540.80</b>
F	120	\$44,958.68	\$42,265.60	\$52,540.80
M	16	\$42,935.10	\$42,265.60	\$44,408.00
<b>30-39</b>	<b>106</b>	<b>\$46,709.52</b>	<b>\$41,077.40</b>	<b>\$52,540.80</b>
F	89	\$46,975.25	\$41,077.40	\$52,540.80
M	17	\$45,318.31	\$42,265.60	\$52,540.80
<b>40-49</b>	<b>76</b>	<b>\$47,074.12</b>	<b>\$41,715.96</b>	<b>\$52,540.80</b>
F	67	\$47,225.49	\$41,715.96	\$52,540.80
M	9	\$45,947.20	\$42,265.60	\$52,540.80
<b>50-59</b>	<b>48</b>	<b>\$48,662.03</b>	<b>\$42,265.60</b>	<b>\$52,540.80</b>
F	41	\$48,952.55	\$42,265.60	\$52,540.80
M	7	\$46,960.46	\$42,265.60	\$52,540.80
<b>60-69</b>	<b>16</b>	<b>\$51,390.30</b>	<b>\$42,265.60</b>	<b>\$52,540.80</b>
F	14	\$51,806.86	\$42,265.60	\$52,540.80
M	2	\$48,474.40	\$44,408.00	\$52,540.80
<b>70-79</b>	<b>1</b>	<b>\$44,408.00</b>	<b>\$44,408.00</b>	<b>\$44,408.00</b>
M	1	\$44,408.00	\$44,408.00	\$44,408.00
<b>Grand Total</b>	<b>383</b>	<b>\$46,509.86</b>	<b>\$41,077.40</b>	<b>\$52,540.80</b>

## SUPERVISOR EMPLOYMENT DATA 2019 VS 2020

Supervisor April 2020	Count of Age/Gender	Average of Annual Salary	Min of Annual Salary	Max of Annual Salary
<b>20-29</b>	<b>1</b>	<b>\$52,041.60</b>	<b>\$52,041.60</b>	<b>\$52,041.60</b>
F	1	\$52,041.60	\$52,041.60	\$52,041.60
<b>30-39</b>	<b>24</b>	<b>\$60,155.33</b>	<b>\$57,179.20</b>	<b>\$64,729.60</b>
F	21	\$60,212.04	\$57,179.20	\$64,729.60
M	3	\$59,758.40	\$57,179.20	\$62,254.40
<b>40-49</b>	<b>41</b>	<b>\$61,434.58</b>	<b>\$52,041.60</b>	<b>\$64,729.60</b>
F	34	\$61,566.16	\$52,041.60	\$64,729.60
M	7	\$60,795.43	\$57,179.20	\$64,729.60
<b>50-59</b>	<b>16</b>	<b>\$63,004.50</b>	<b>\$57,179.20</b>	<b>\$64,729.60</b>
F	16	\$63,004.50	\$57,179.20	\$64,729.60
<b>60-69</b>	<b>4</b>	<b>\$64,729.60</b>	<b>\$64,729.60</b>	<b>\$64,729.60</b>
F	3	\$64,729.60	\$64,729.60	\$64,729.60
M	1	\$64,729.60	\$64,729.60	\$64,729.60
<b>Grand Total</b>	<b>86</b>	<b>\$61,413.69</b>	<b>\$52,041.60</b>	<b>\$64,729.60</b>

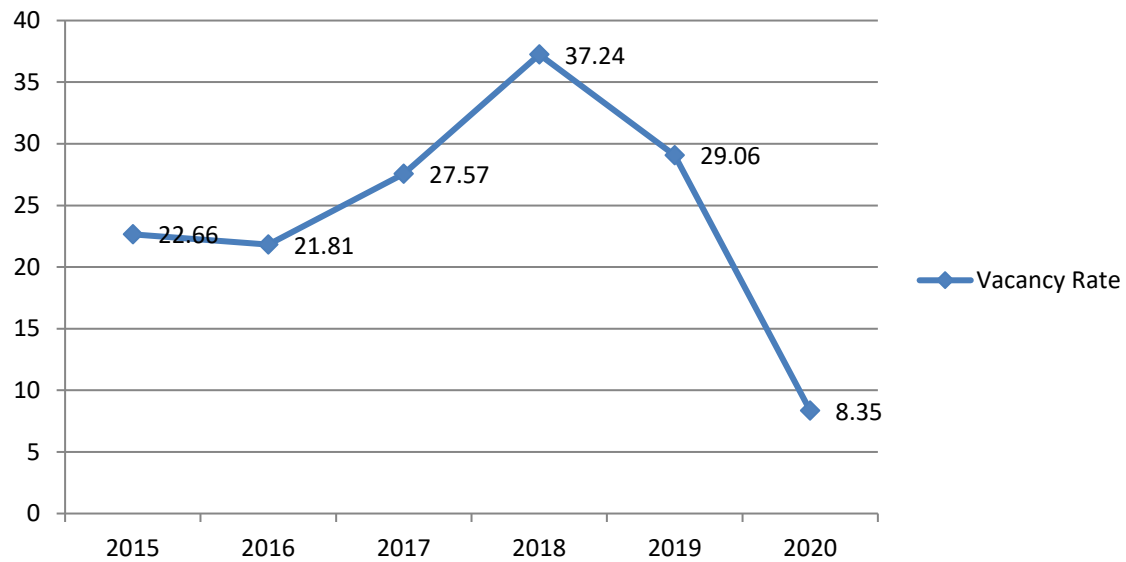


Resignation, Retirement, Termination

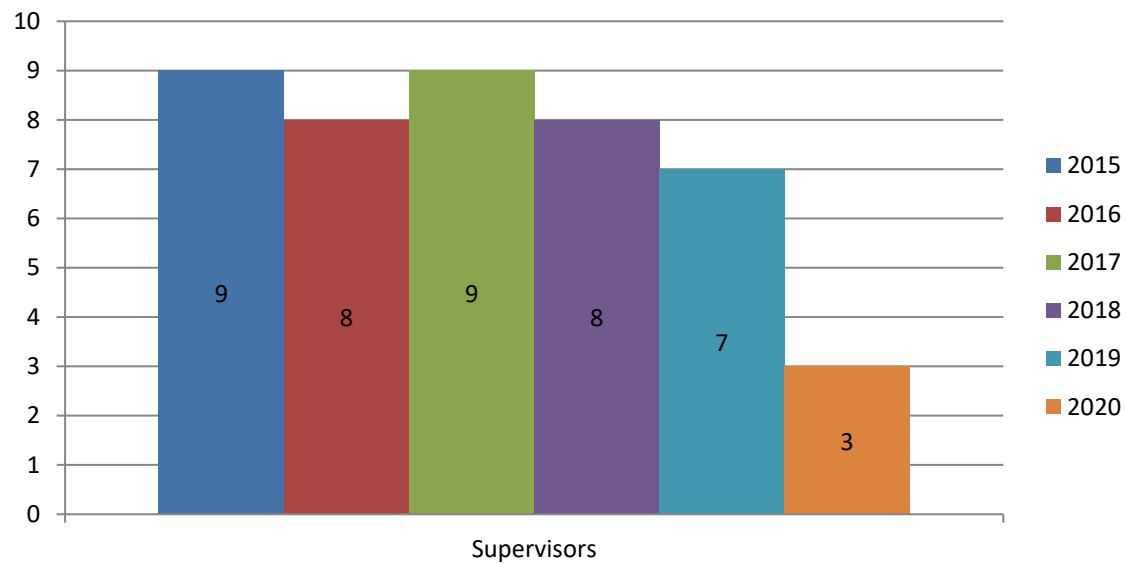


Churn is defined as a movement either laterally to a different state office, or as promotion or demotion.

### Vacancy Rate of Caseworker Staff

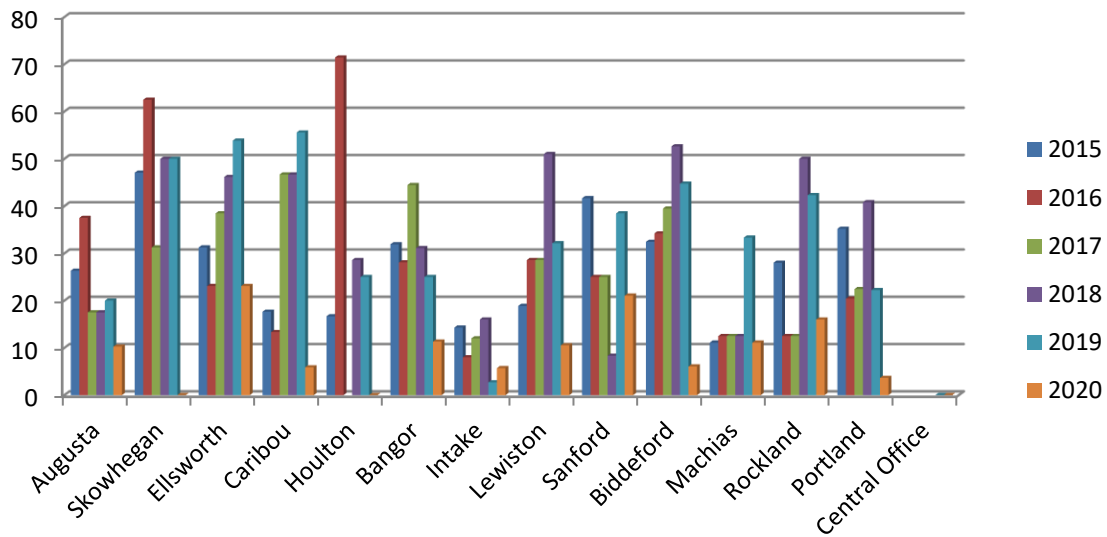


### Vacated CW Supervisor Lines

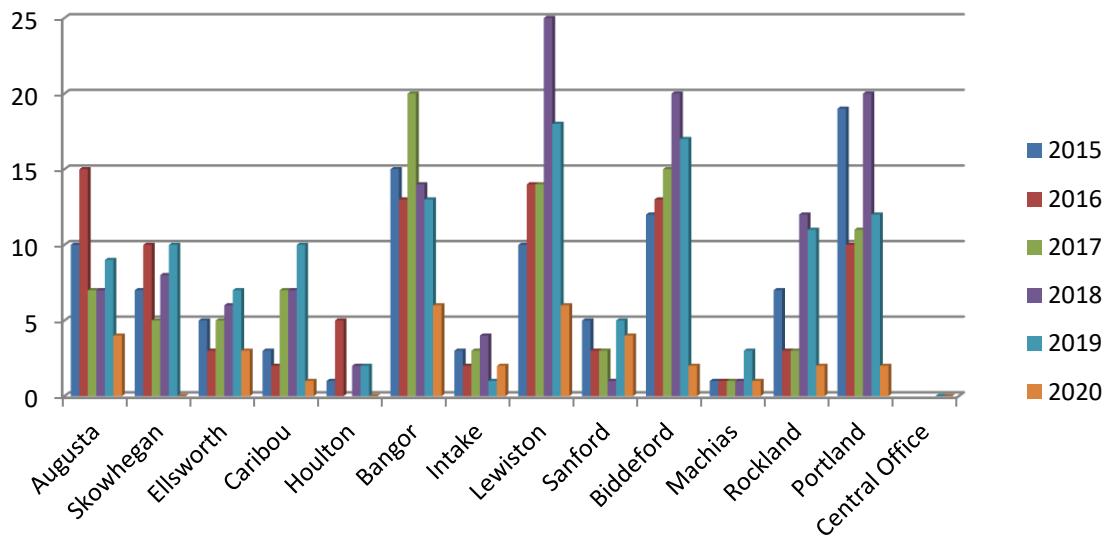




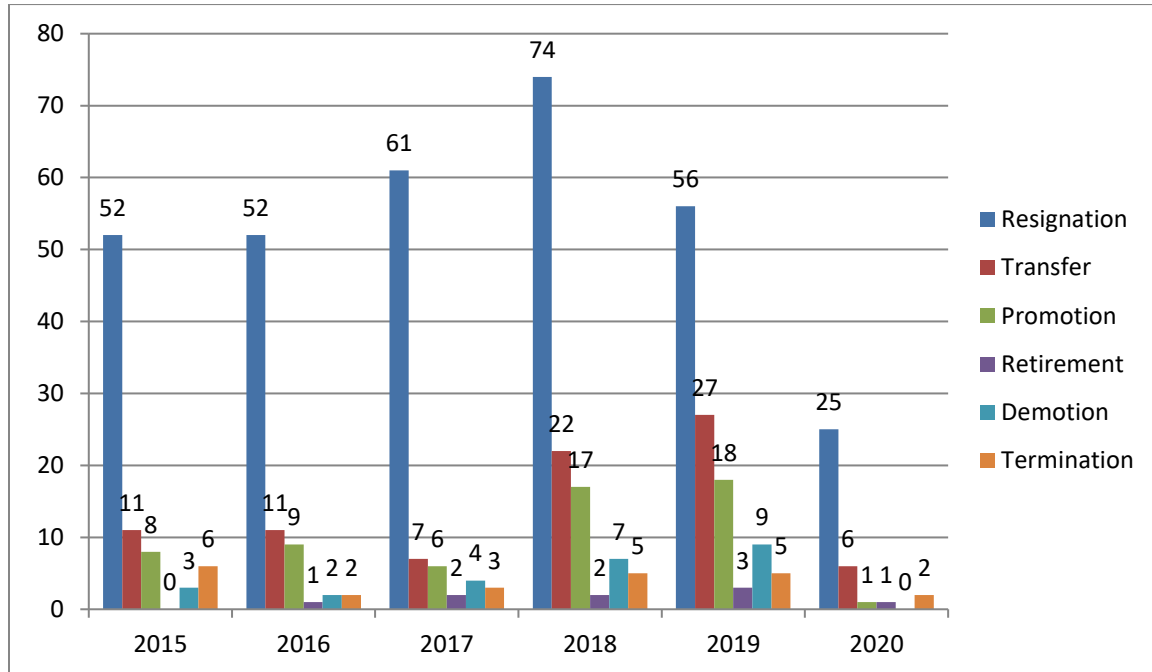
### Turnover by Office by Year by Percentage



### Turnover by Office by Year by Number



## REASON FOR CW VACANCY



## Caseworker Panel Interviews by District

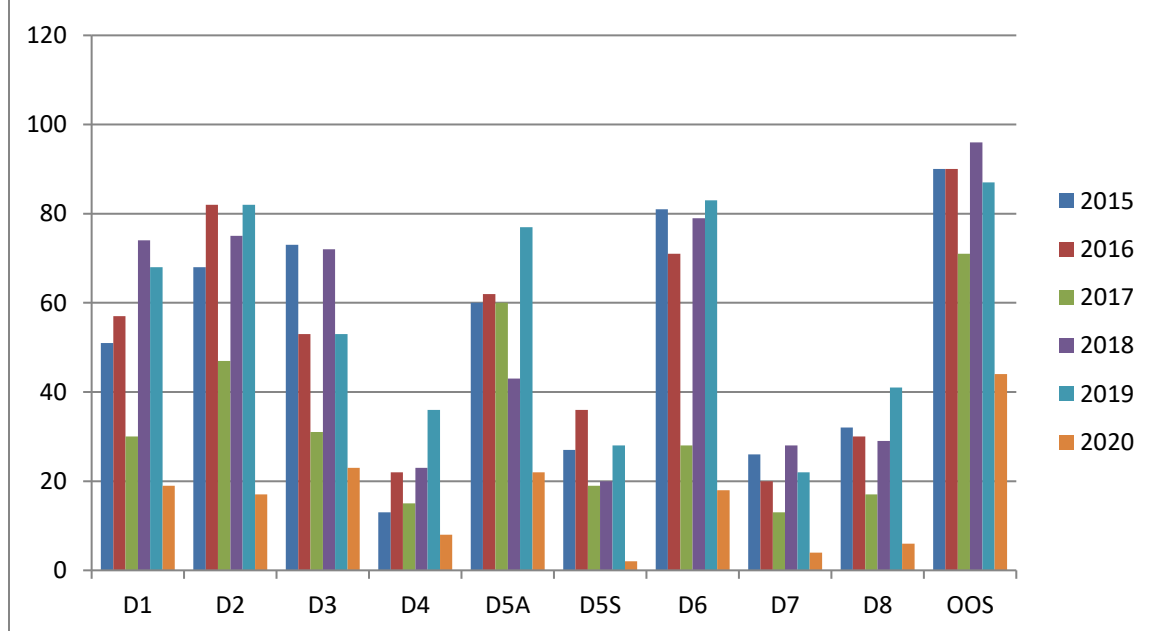


Exhibit B



# **Maine Child Welfare Advisory Panel**

## CITIZEN REVIEW PANEL

Annual Report | 2019

# Table of Contents

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Panel Description .....	3
Membership .....	4
Mission Statement .....	6
Executive Summary .....	7
Activities .....	8
Observations and Recommendations .....	10
Acknowledgements.....	12

# Panel Description

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The Maine Child Welfare Advisory Panel (MCWAP) is one of Maine's three Citizen Review Panels for child welfare. Citizen Review Panels are federally mandated groups of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities. The other two citizen review panels that meet specialized requirements are the Children's Justice Task Force and the Child Death and Serious Injury Review Panel.

The federal Child Abuse Protection and Treatment Act (CAPTA) and the Children's Justice Act (CJA) require all states to establish Citizen Review Panels. MCWAP addresses requirements from both CAPTA and CJA that mandate the panel to:

- Examine the policies, procedures, and practices of state and local child protection agencies, and evaluate the extent to which the agencies are effectively discharging their child protection responsibilities;
- Provide for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community;
- Review and evaluate State investigative, administrative, and both civil and criminal judicial handling of cases of child abuse and neglect; and
- Make policy and training recommendations.
- Prepare an annual report complete with a summary of activities and recommendations for the improvement of the child protective services system.

MCWAP first convened in December of 2015, following the merger of several community advisory groups. Members are volunteers who are broadly representative of the community, including those who have expertise in the prevention and treatment of child abuse and neglect, and those who have personal experience with the child welfare system.

Panel members work to maintain a broad and diverse representation of the community including, but not limited to, biological parents; former youth in care; researchers; foster, adoptive and kinship parents; domestic violence professionals; law enforcement; mental health therapists; clergy; Court Appointed Special Advocates; disabilities specialists; teachers; medical professionals; tribal representatives; and members of the community at large.

The Department of Health and Human Services - Office of Child and Family Services (DHHS-OCFS), Associate Director of Child Welfare serves as a liaison to the Panel, and co-chairs the Panel with a citizen member. OCFS staff members serve as non-voting members of the Panel. In addition to members, the Panel recruits presenters and ad hoc participants who have expertise in areas of focus.

# Maine Child Welfare Advisory Panel

## Membership 2019

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*Panel Co-Chair:*

**Debra Dunlap**

Regional Director Southern Maine  
Community Partnerships for Protecting Children

**Travis Bryant**

Executive Director  
Adoptive and Foster Families of Maine

*Panel Co-Chair:*

**Bobbi Johnson, LMSW**

Associate Director, Child Welfare Services  
Office of Child and Family Services  
Dept. of Health and Human Services

**Adrienne Carmack**

Medical Director  
Office of Child and Family Services  
Dept. of Health and Human Services

*Panel Coordinator:*

**Stephanie Barrett**

Office of Child and Family Services  
Dept. of Health and Human Services

**Lyn Carter**

Rural Grant Program Coordinator  
Maine Coalition to End Domestic Violence

**Christine Alberi, Esq.**

Executive Director  
Maine Child Welfare Ombudsman

**Susan Clardy**

Research Assistant  
Maine Attorney General's Office

**Esther Anne**

Policy Associate II  
University of Southern Maine

**Kelly Dell'Aquila**

Parents as Partners Program Coordinator  
The Opportunity Alliance

**Chris Bicknell**

Executive Director  
New Beginnings

**Debbie Dembski, LCSW**

Citizen and Grandparent

**Marie Briggs**

Director  
BeLoved Children

**Lanelle Freeman**

Social Services Director  
Kennebec Valley Community Action Program

**Betsy Boardman**

Child Protection and Juvenile Specialist  
Maine Judicial Branch

**Brie Gutierrez**

Communication and Compliance Director  
Office of Child and Family Services  
Dept. of Health and Human Services

**Jamie Brooks**

Parent Partner  
The Opportunity Alliance

**Christine Hufnagel**

Director of Family Services  
Community Concepts, Inc.

**Alana Jones**  
Supervised Visitation Program Manager  
Home Counselors Inc.

**Caroline Jova**  
Family Division Manager  
Maine Judicial Branch

**Annette Macaluso**  
Children's Advocacy Center Network Coordinator  
Maine Coalition Against Sexual Assault  
(MECASA)

**Elizabeth McCullum**  
Assistant Attorney General  
Office of the Maine Attorney General

**Debra McSweeney**  
Licensed Physical Therapist  
Maine General Medical Center

**Sarah Minzy**  
Family Services Director  
Home Counselors, Inc.

**Jean Youde**  
Programs Coordinator  
Maine General Medical Center

**Dr. James Jacobs**  
Psychologist, Edmund Ervin  
Maine General Medical Center

**Alivia Moore**  
Community Member  
Penobscot Nation Tribal Representative

**Cindy Seekins**  
Director  
GEAR Parent Network

**Nora Sosnoff**  
Chief, Child Protection Division  
Office of the Maine Attorney General

**Elizabeth Ward-Saxl**  
Executive Director  
Maine Coalition Against Sexual Assault  
(MECASA)

**Erin Witham**  
Performance Management Coordinator  
Maine Children's Trust

The Panel would like to thank the following former members for their contributions:

**Destie Hohman Sprague**  
*Former Co-Chair*  
Former Associate Director  
Maine Coalition Against Sexual Assault

**Tracy Cooley**  
Director Safe Families  
Safe Homes National Training Project

**Elissa Wynne**  
Former Interim Director  
Office of Child and Family Services  
Department of Health and Human Services

**Meg Hatch**  
CAC Network Coordinator  
Maine Coalition Against Sexual Assault

The Panel would also like to thank Dr. Todd Landry, Director of Office of Child and Family Services, Department of Health and Human Services, for his regular participation in MCWAP meetings, and for his leadership and dedication to Maine's children, youth, and families.



# Mission Statement

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The mission of the Maine Child Welfare Advisory Panel is to assure that the state child welfare system is meeting the safety, permanency, and well-being of children and families through assessment, research, case reviews, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth, and families.

# Executive Summary

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The Maine Child Welfare Advisory Panel (MCWAP) schedules ten meetings per year, from September through June. In 2019, the Panel held nine meetings and joined the Children's Justice Task Force at their annual conference for the tenth meeting.

Throughout the year, MCWAP received reports and provided feedback to the Department of Health and Human Services, Office of Child and Family Services (OCFS) on a variety of issues. Topics reviewed included OCFS strategic priorities, the federal Child Family Services Review- Program Improvement Plan, child investigations policies, expert medical opinions, and safety standards for licensure of adoptive and foster families. The Panel also conducted community and parent surveys as part of a three-year system assessment process.

MCWAP continued to act on a commitment to improve form and function of panel activities, in an effort to create a more transparent and independent advisory role. The Panel added more volunteer leaders to the Executive Committee and expanded the use of formal subcommittees and ad hoc workgroups to complete research and tasks outside of monthly meetings. MCWAP held the first annual planning retreat for the panel in the fall of 2019 and reaffirmed a commitment to participate in national infrastructure by sending representation to the annual Citizen Review Panel conference.

As part of these expanded efforts, the executive committee created a process guide to establish group practice agreements in more detail than the by-laws. Content included a standard agenda, annual activity calendar, and form for workgroups to report activities back to the full Panel. MCWAP selected specific topic areas for focused study and recommendation in 2020 and developed a work plan to ensure commitments and deadlines are met.

The Panel also identified the need to improve collaboration among the many groups who are working on child welfare systems improvements. Panel members worked with State Legislators to pass LD192, *An Act to Require an Annual Report on the Activities of the Maine Child Welfare Advisory Panel*, to improve communication with the legislature. MCWAP also took the lead on integrating website updates for Maine's three citizen review panels and began efforts to improve regular communication and collaboration among the panels.

MCWAP is committed to bringing more citizen voices to the table. In 2019, the Panel initiated specific efforts to increase community participation, including creating a citizen engagement subcommittee, updating the website, and developing community provider and parent surveys.

The Panel's continued goal is to ensure the people who are most impacted by the child welfare system are part of creating solutions. In the coming year, MCWAP will continue to improve the ways the Panel works together with State partners to assure that the child welfare system is effectively serving Maine's most vulnerable children, youth and families.

# 2019 Panel Activities

---

## January

- Updated community survey.
- Developed a parent survey to provide for direct feedback from parents involved with the child protective system.
- Elected two new members to the Executive Committee for 3-year terms.

## February

- Administered the 3 Year Assessment Community Survey and collected 590 responses.
- Voted to submit a letter in support of LD192, *An Act to Require an Annual Report on the Activities of the Maine Child Welfare Advisory Panel*.
- Co-chairs provided testimony in support of LD192.

## March

- Reviewed updated child investigations policies and observed need for continued efforts to improve response times, supervision and support.
- Reviewed community survey data and observed need for more training and resources related to children with developmental and behavioral needs.
- Recommended designating panel funds for members to attend the national Citizen Review Panel conference.
- Discussed ways to bring more citizen voices to the table.

## April

- Reviewed changes to OCFS safety planning practices.
- Observed the increase in kinship families and the need for resources for kinship placements.
- Reviewed MCWAP website updates.
- Identified topics for the first annual MCWAP retreat.

## May

- Attended the Justice for Children Task Force's annual Judicial Symposium: *Substance Use Disorders and the Child Welfare System*.
- Joined over 400 professionals involved in Maine's child welfare community, including judges, attorneys, Guardians Ad Litem, caseworkers and supervisors, and community professionals.

## June

- Joined by new Office of Child and Family Services Director, Dr. Todd Landry.
- Reviewed OCFS strategies and process for prioritizing formal recommendations (see side bar).
- Reviewed fire safety standards for foster home licensing.

## September

- Reviewed initial parent survey results from 65 respondents.
- Workgroup on Expert Medical Opinions summarized activities and topics.
- Panel members who attended National Citizen Review Panel Conference provided updates and resources.

## October

- Held first annual panel retreat.
- Established a Citizen Engagement subcommittee.
- Developed panel Process Guide.
- Voted to move to calendar year for panel recommendations and reporting.

## November

- Website workgroup reported plans to represent all three Citizen Review Panels on new website to continue to improve cohesion among the groups.
- Approved new Executive Committee members and elected a new citizen co-chair.

## December

- Adopted two topic areas for Panel focus in 2020:
  - o *Education and support services to foster parents, caseworkers, and providers re: children with developmental and behavioral health issues*
  - o *Family quality engagement policy and practice related to fathers and other legally recognized family structures.*



## Strategies

### Safety

- > Address Intake processes and improve staffing
- > Re-assess the Alternative Response Program
- > Enhance Assessment Processes

### Permanency

- > Develop a Permanency Review Process
- > Monitor the Family Visit Coaching pilot to develop best practices
- > Improve SDM tool consistency

### Well-being

- > Develop family engagement tools and training
- > Improve resource parent outreach and support

### Staff Training and Support

- > Develop policy and training plan for new processes and tools
- > Establish workforce wellness teams and education
- > Update caseload size, standards, and ratios
- > Procure MACWIS replacement

> Indicates effort underway

# Policy and Practice Recommendations

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## **1. Child Investigations Policy**

### **Panel Recommendation**

The Panel recommends that CPS continue their current efforts to explore options to meet 24-hour response timelines, which may include more staff, different staff structures (such as a weekend team), and appropriate supervision and support.

### ***Department Response***

OCFS has implemented the following strategies to improve practice related to timely investigation of child protection reports of suspected abuse and neglect:

- The Legislature authorized and OCFS hired additional child protection casework staff in intake and the districts to better meet workload demands.
- Implemented the use of new call center software in the OCFS Child Protection Intake Program to increase the number of calls answered live and decreased caller wait times.
- Updated the Structured Decision-Making (SDM) Intake Tool and Intake Policy which guides decision making regarding the appropriateness of assignment to OCFS or ARP and the response timeframe (up to 24 or 72 hours).
- Provided coaching to child protection supervisors by the National Council on Crime and Delinquency (NCCD) to build increased consistency and fidelity in the use of SDM Safety and Risk Assessment tools.
- Monitored implementation of assessment timeframes as defined in the Child Welfare Investigation Policy based on QA reviews, feedback from stakeholders and data reports.

## **2. Strategic Reform Priorities**

### **Panel Recommendation**

The Panel recommends that OCFS prioritize and implement the recommendations of the PCG and OPEGA assessments.

### ***Department Response***

OCFS engaged in an initiative mapping process that included families, youth, community partners, staff, and national experts to prioritize and develop a strategic plan for implementing the recommendations of PCG, OPEGA, the Child Welfare Ombudsman, provider associations and others. Through this process, 12 priorities were identified in addition to others outlined in the Child and Family Services Program Improvement Plan. OCFS finalized and publicly released the initiative map and strategies in September 2019 and, since then, has been focused on the early stages of implementation.

### **3. Court Cases**

#### **Panel Recommendation**

The Panel recommends that OCFS continue to collaborate with Maine Courts to increase timeliness of court cases.

#### ***Department Response***

OCFS has continued to build strong partnership with the Maine Judicial Branch through participation in the collaborative, multi-disciplinary Justice for Children Task Force chaired by the Chief Justice, collaboration on the development of the OCFS Program Improvement Plan (PIP) and regular quarterly meetings. Efforts are focused on the goals of increasing engagement of families in the court/reunification process and improving timeliness to permanency.

### **4. Collaboration**

#### **Panel Recommendation**

The Panel recommends that OCFS create opportunities for relationship building between law enforcement, district staff, and forensic medical experts at the local level.

#### ***Department Response***

OCFS continues to partner with stakeholders to provide opportunities for law enforcement, forensic medical experts, and district staff to build relationships and understanding of the specific roles each has in serving families involved with child protection services. Some of these examples include:

- Participation on the Multi-Disciplinary Teams for the Children's Advocacy Centers (CACs) in each district;
- Attendance at the Annual New England Maltreatment Conference hosted by Spurwink Services; and
- Consideration of hosting a Cops and Caseworker Conference, as has been done in previous years, focused on a topic of mutual interest/need for law enforcement and CPS staff.

### **5. Workforce Development**

#### **Panel Recommendation**

The Panel recommends that OCFS increase the child welfare workforce knowledge base regarding children and adults with disabilities.

#### ***Department Response***

OCFS, in partnership with MCWAP and the Cutler Institute - Muskie School of Public Service is identifying needs associated with this area of practice and integrating information into the Foundations training curriculum for new caseworkers. Additional activities will include the development of training for experienced OCFS staff, resource parents and community partners.

# Acknowledgements

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In 2018, MCWAP recommended that OCFS take specific action steps to provide supervision and support related to child protective caseworkers' vicarious trauma. Since this recommendation, the Department has established clinical support services in each district office to provide case consultation and worker clinical support. The Panel applauds both the Legislature for approving funds for this support, and the Department for taking swift action to effectively address this critical workforce need.

MCWAP members would also like to thank the Maine Legislature for their interest in and commitment to the work of this panel, as reflected in the passage of LD192, *An Act to Require an Annual Report on the Activities of the Maine Child Welfare Advisory Panel*. The Panel looks forward to working together to continue to strengthen Maine's child welfare system.

Finally, the Panel would like to acknowledge the leaders, supervisors, and caseworkers of Maine's Office of Child and Family Services, Child Welfare Department. Their dedication to our most vulnerable children, youth and families is evident, and the Panel expresses deep gratitude for the service, care and attention provided every day under the most difficult circumstances.

*Maine's Citizen Review Panels examine 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 Maine Child Welfare Panel is mandated through the CAPTA Reauthorization Act of 2010 (P.L. 111-320).*



## **Appendix B**

### **CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS—The 2021 APSR**

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services, submits this Annual Performance and Services Review (APSR) for Federal Fiscal Year 2020. The Maine Department of Health and Human Services, Office of Child and Family Services (OCFS) continued to administer the State's Youth Transition Services as set forth in the Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood Program and Title IV-E Education and Training Voucher (ETV) Program, under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477, Public Law 106 - 109, of the Chafee Foster Care Independence Act of 1999. Maine also complied with all required national evaluations of its programs, including the National Youth in Transition Database (NYTD).

Section I covers the programs, services, and activities for which Title IV-E, Section 477 and Title I, Improved Independent Living Program, Public Law 106-109, Chafee Foster Care Independence Act of 1999, amending section 477 of the Social Security Act, funds were used from October 1, 2019 to present, as well as those activities planned for FFY 2021.

Section II contains information regarding the administration of the Education and Training Voucher fund program from October 1, 2019 to present, as well as those activities planned for FFY 2021.

#### **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:

- A youth in foster care between the ages of 14 and 18.
- A youth who turned 18 years old while in foster care and who signed a Voluntary Extended Care (V9) Agreement with the Department, while residing in Maine or temporarily in another state to attend post-secondary education, and who meets the requirements outlined in OCFS Policy: Section V. Subsection T. Youth Transition Services.
- A youth residing with birth parents may enter into a V9 Agreement when OCFS oversight and support is needed to ensure youth safety and permanency.
- A youth who experienced adoption or permanent guardianship disruption, but who did not re-enter foster care when approved by OCFS.
- A youth who would have been eligible for adoption assistance prior to age 18, but was adopted after the age of 18, may retain their V9 Agreement with OCFS approval.
- A youth may remain in V9 status after legal reinstatement of parental rights.
- A youth who was in foster care and is experiencing factors that place the youth at risk of homelessness may request to enter into a V9 Agreement.
- A youth who was adopted, entered permanency guardianship, or was reunified with family at age 16 or older from DHHS custody, may be eligible to receive Education and Training

Voucher (ETV) funds.

The Department of Health and Human Services (DHHS) does not discriminate in administering Chafee Youth Transition Services or ETV Services based on race or color, sex, sexual orientation, physical or mental disability, genetic information, religion, age, ancestry or national origin, whistleblower activity, or marital status in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Food Stamp Act of 1977, as amended, and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA and hiring or employment practices may be forwarded to DHHS' ADA/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-4289 (V) or 207-287-1871. TTY users call Maine relay 711. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA /Civil Rights Coordinator. This notice is available in alternate formats, upon request.

**Eligible Population: Number of Youth aged 14-21, who were in care on Oct. 1, 2019:**

AGES	FEMALE	MALE	TOTAL
Age 14	37	34	71
Age 15	40	32	72
Age 16	40	28	68
Age 17	23	21	44
Age 18	16	19	35
Age 19	12	13	25
Age 20	7	13	20
<b>TOTAL</b>	<b>175</b>	<b>160</b>	<b>335</b>

**Estimated Eligible Population for 2020 (as of 2/1/20- youth currently in care):**

AGES	FEMALE	MALE	TOTAL
Age 14	36	34	70
Age 15	35	28	63
Age 16	36	28	64
Age 17	26	25	51
Age 18	17	18	35
Age 19	14	12	26
Age 20	5	9	14
<b>TOTAL</b>	<b>169</b>	<b>154</b>	<b>323</b>

### **Purposes for Which Funds Were Spent:**

- To assist youth to explore and secure legal permanency and life-long connections before exiting foster care.
- To transition plan with youth, beginning with a comprehensive assessment of youth strengths and needs that includes the active participation of youth and their supports in case planning.
- To offer an array of opportunities, services, and supports that meets the individualized needs of youth and ensures youth have regular, ongoing opportunities to engage in age and developmentally appropriate activities.
- To support youth well-being by honoring the youth's culture, traditions, beliefs, sexual orientation, and gender identity.
- To create a normalized growing up experience for youth in care that is consistent with their peers who are not in foster care.
- To increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- To help youth learn essential daily living skills, effective problem solving and informed decision-making skills.
- To expand the resources available to youth in their community.
- To work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- To encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- To provide needed academic supports, including post-secondary education financial support using Federal Education and Training Voucher program funds.
- To improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- To 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.
- To facilitate meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- To 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 Transitional Living Program (Youth Transition Services) is to ensure all youth in foster care are prepared for a successful transition to adulthood that includes economic self-sufficiency, safe and stable housing, a network of supports, and the development of essential life skills.

The Department works to achieve this goal by:

- Assisting youth to have legally permanent family and lifelong connections;
- Providing youth with opportunities and resources that allows them to experience normalcy while in foster care, even when placed in therapeutic foster care or temporary residential care; and
- Partnering with youth to engage in transition planning that:

- Reflects a comprehensive assessment of their strengths and needs;
- Demonstrates active participation of young people in decision-making;
- Includes their support network; and
- Develops a transition plan that meets their individualized needs.

The Department provides Youth Transition Services through a combination of OCFS Youth Transition Specialists; OCFS Caseworkers; a contract with the University of Southern Maine's Muskie School; a contract with Jobs for Maine Graduates; placements and services that meet youth's needs; and by collaborating with various community providers.

OCFS Youth Transition Specialists (YTS) partner with youth, district casework staff, and the youth's team for the purposes of assessing youth's needs regarding transition supports and in carrying out youth transition plans. 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 working with community-based public and private partners, YTS will continue to work to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care (V9) Agreements.

Maine provides financial and caseworker supports to older youth between the ages of 18 and 21, through Voluntary Extended Care (V9) Agreements. In existence since 1972, Maine's V9 program will continue to provide financial and other supports to youth who voluntarily remain under the care and supervision of OCFS up to age 21.

As part of the Affordable Care Act, Maine continued to provide Medicaid (MaineCare) coverage to youth who aged out of foster care, until the age of 26, without regard to income. We anticipate this coverage to continue. Youth Transition Specialists and Caseworkers assist youth to apply for MaineCare coverage.

The Department's Office of Child and Family Services (OCFS) and the Office of Aging and Disability Services (OADS) continued to collaborate 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.

In addition to the Chafee and ETV programs, Maine continued to provide support for post-secondary education through the State's Tuition Waiver Program. Eligibility for one of the 30 yearly slots includes youth who are in foster care at the age of 18, youth who were adopted through DHHS, and youth who were under Maine's Permanency Guardianship program. During the past year, OCFS met with the University of Maine System, Finance Authority of Maine, Jobs for Maine's Graduates and Legislators and made recommendations to the Maine State Legislature to increase the availability of this support to eligible youth. We developed a cross-system plan to delay the deadline by one month to better align with other post-secondary deadlines and made a commitment to ensure youth who are not awarded a Waiver receive information and navigator support regarding all the financial aid options available to them.

Maine OCFS provided housing supports to older youth on the Voluntary Extended Care (V9) Program through a combination of state funds and no more than 30% of Chafee funds, as allowed

by the Title IV-E John H. Chafee Foster Care Program for Successful Transition to Adulthood Program.

### **Chafee Training Plan:**

- Youth in foster care were offered the following trainings to meet the Chafee goals and objectives:
  - Strategic Sharing (an evidence-informed approach developed by Casey Family Programs) to help youth learn to use their own life experiences to inform others in a way that is meaningful, effective, and safe. Youth increase their skills, knowledge and confidence in public speaking, as well as increase their sense of being able to positively impact the child welfare system.
  - Leadership and life skills training in specific topic-based trainings as well as imbedded into all YLAT meetings. Skill building activities and education focused on helping youth learn to use their voice, both in public speaking and in advocacy, and to build knowledge in healthy relationships, preparing and participating in court, and workforce readiness.
  - Employment Skills Training: ‘How to Communicate Your Strengths & Skills for Employment’ will be offered to youth in communication skills, conveying their strengths to employers, exploring career pathways, participating in mock interviews, and life skill-building for employability. Each training included a presentation by the local WIOA provider.
  - Jobs for Maine’s Graduates (JMG) will continue to offer the following trainings:
    - Financial Literacy Trainings will be offered statewide to youth through the Opportunity Passport and matched savings program. This training focuses on helping youth develop critical financial skills around saving, budgeting, the difference between wants and needs, and future goal setting.
    - Classroom Core Competency Building Program: For middle and high schools where JMG is located, youth will be supported to attend the JMG credit-bearing class that focuses on increasing their academic and work skills.

### **Youth Led Trainings:**

The Department’s Youth Transition Specialists and USM Muskie School of Public Service, partnered to help youth in care and formerly in care be prepared to provide trainings throughout the year for various stakeholders in the child welfare system, including DHHS staff and administrators, child welfare agencies, resource parents, the legal community, and various providers about the unique needs of youth in transition, adolescent permanency, healthy relationships, youth development, youth leadership, and creating community supports. These trainings focused on the needs of youth in foster care regarding positive youth development, permanent family connections, successful transition to adulthood, and how to best engage young people in their case planning and decision-making.

We plan to continue these trainings to youth in care during FY 2021. We will also continue to ask youth in care what types of training they would like to receive in the future to ensure we are meeting their learning needs.

Youth and young adults, who are currently or formerly in care, participated in over 20 speaking engagements that engaged and supported 19 youth to share their experiences about being in care. Topics included, supporting lifelong relationships for older youth, resources needed to support

youth transitioning to adulthood, resources available to support youth in care and how to positively engage youth in case planning. These events include Court Appointed Special Advocate (CASA) panels, a panel presentation for Maine Law students, trainings for foster parents, trainings for OCFS staff, a workshop presentation at the Adoptive and Foster Families of Maine (AFFM) Conference, a panel presentation at the Maine Judicial Symposium, Young People's Caucus, participation in a Youth Roundtable for the Commissioner and leaders of DHHS, and the Maine Youth Transition Collaborative and Foster Care Service Providers.

### **Chafee Training Certification:**

The Department certifies that we use training funds provided under the title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult (section 477(b)(3)(D)).

### **Consultation and Collaboration:**

The Department continued to coordinate its services with other Federal and State programs for youth, including: juvenile justice services; adult mental health and developmental services; housing and homeless youth services; high school and adult education programs; vocational and employment training programs; post-secondary educational services; substance use services; children's mental health services; and other community-based resource providers.

OCFS views youth voice as a corner stone of the policies and practices that make up Maine's Youth Transition Program. In keeping with the intent of the Chafee Foster Care Independence Program, youth currently and formerly in foster care were consulted on a regular basis throughout the year to improve Maine's Youth Transition Services through:

- Youth Leadership Advisory Team (YLAT);
- Youth Alumni Council—Improving Maine's Policy As a Collective Team (IMPACT);
- Maine's Child Welfare Advisory Panel (MCWAP);
- Alumni Transition Grant Program (ATGP) Advisory Committee;
- New England Youth Coalition (NEYC); and
- Various formal workgroups; and through informal conversations.

OCFS sees collaborative efforts as a sound strategy to improving the services and supports provided to youth transitioning from foster care. OCFS continued collaborative efforts with the following community organizations:

*Maine Tribes and Bands:* OCFS continued Chafee funded Agreements with the Houlton Band of Maliseets, the Aroostook Band of Mic Macs, the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, and the Penobscot Nation. Tribes and Bands will continue to 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.* Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. OCFS will continue to collaborate with the MYTC to further develop community partners and to meet the goals of the MYTC sustainability plan.

*Improving Maine's Policy as a Collective Team (IMPACT).* Made up of Alumni of foster care, this Youth Policy Council established with the support of MYTC, focuses on improved child welfare policy and practice; the long-term impact of trauma on youth development; and the importance of promoting normalcy for youth in foster care. OCFS Executive Management Team intends to continue meeting with IMPACT on a quarterly basis.

*Homeless Youth Provider Committee* is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee is to establish a comprehensive system of services to meet the needs of homeless youth as defined in Maine legislation signed by the Governor in 2009.

OCFS intends to continue its partnership with Homeless Youth Providers by: contracting for services to youth, including outreach, shelter, and transitional living programs; participating in workgroups and community projects; and by providing in-kind support to Maine's largest shelter program in Portland, ME by providing on-site staffing to provide support to youth and staff.

*New England Youth Collaborative:* A Committee of Youth and adult supporters from each New England state, that is Youth driven and adult supported, working to improve outcomes for older youth in care through regional implementation of innovative policy and practice changes to strengthen youth transition services in New England.

*Maine Housing and Statewide Housing Authorities:* Since 2016, through a federal demonstration project, OCFS has partnered with Maine Housing (MSHA) to support youth who were in foster care but are no longer receiving Voluntary Extended Care (V9) supports or financial assistance from OCFS, either because they aged out or because they declined V9 Services. Additionally during the past year, OCFS entered into Memorandums of Understanding with Housing Authorities in Biddeford, Portland, Caribou, Houlton, Fort Fairfield, Bangor, Old Town, and Orono to implement the new federal Housing and Urban Development (HUD) Foster Youth to Independence—Transition Protection Voucher (FYI-TPV) program for youth who had been in foster care, but who are no longer working with OCFS and are experiencing housing instability or homelessness. We intend to look for additional Housing Authorities and providers to collaborate to ensure these 25 annual youth housing vouchers are made available to youth in need.

*Maine Center for Disease Control and Prevention:* Since 2016, OCFS partnered with Maine's Centers for Disease Control and Prevention on their federal PREP (Personal Responsibility Education Program) Grant. One of their target goals is reducing unintended pregnancies for youth in foster care between the ages of 18 and 24. OCFS continued to partner to provide training to OCFS staff 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. Training was also provided at the 2019 Teen Conference for youth in care.

*DHHS Youth in Transition Workforce Committee:* This committee focused on meeting employment supports for transition aged youth who are accessing DHHS children and adult services.

### **Youth Leadership Development Activities:**

Maine's *Youth Leadership Advisory Team* (YLAT) ([www.ylat.org](http://www.ylat.org)) is nationally recognized as one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. Maine remains committed to enhancing youth and adult partnerships through YLAT, helping youth develop and practice their leadership skills, and to hear directly from youth in care and formerly in care about how we can improve our child welfare system to meet their needs.

Through our contract with University of Southern Maine—Muskie School of Public Service, YLAT groups continued to meet across the State in local districts each month from September to May and at the June Teen Conference. YLAT youth have continued to be involved in the planning and execution of YLAT events and the Annual Teen Conference. In response to COVID-19 (for March, April, and subsequent months based on need) virtual YLAT meetings were being held via Zoom in order to continue support youth in care to stay connected practice life skills.

Youth received training aimed at increasing their leadership and life skills development to assist them in: using their voice in case planning; preparing for legally permanent family and life-long connections; decision-making; advocating for and engaging in services and supports that meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.

OCFS anticipates that youth in care and YLAT members will continue to:

- Serve on a variety of workgroups, such as: the Maine Youth Transition Collaborative (MYTC) Advisory Committee; The New England Youth Coalition (NEYC); the Maine Child Welfare Advisory Panel (MCWAP); and various ad hoc committees and workgroups;
- Provide training to OCFS staff, foster parents, and various community providers around the needs of older youth in foster care;
- Provide feedback to OCFS regarding policy and practice changes; and
- Have opportunities to practice leadership and life skills and to develop positive peer relationships through local YLAT meetings and the annual Teen Conference.

### **Program Goals:**

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

Strategy 1: Youth in care and formerly in care continued to support the recruitment and training of foster parents regarding the needs of older youth in care.

Maine was invited by Jim Casey Youth Opportunities Initiative to participate in a Results Count learning opportunity utilizing the Results Based Accountability (RBA) curriculum. Maine's team consists of seven leaders from organizations who are key in creating the resources and strategies to increase placement stability and lifelong relationships for older youth. The Results Count work is focused on increasing the number of older Youth who are living with their siblings.



Youth led training was provided to caregivers on topics most relevant to supporting older youth in care will be provided in partnership with youth at the annual Adoptive and Foster Families Conference.

We plan to continue youth led trainings to OCFS staff, caregivers, and other providers that focus on topics related to providing the support and resources and young person needs. Feedback from these trainings consistently supports the value of hearing from young people with lived experience.

Strategy 2: Maine is reviewing its Permanency Review Teaming model.

Strategy 3: OCFS continued to provide Adoptive and Permanency Guardianship subsidies as well as Education and Training Voucher (ETV) funds to eligible students to promote permanency for older youth. We anticipate this support to continue to support legal permanence for older youth.

Strategy 4: Through monthly face-to-face contacts and Family Team Meetings, Youth Transition Specialists and Caseworkers continued to assist youth to develop their own networks of supports to provide important lifelong and permanent relationships.

Strategy 5: OCFS continued to use a medical-necessity screening process to ensure that only youth in need of congregate or residential care are placed in these more restrictive placements. In the year ahead OCFS is working with youth in care and residential providers to support a redesign of residential treatment for youth.

Strategy 6: OCFS ensured staff training was aligned with the goals of the federal Chafee Foster Care Independence Program (CFCIP) through youth-led training for all new caseworkers that focused on the needs of older youth—effective youth engagement, youth voice and choice in placements, visitation, case planning, court involvement, physical and mental health, and decision-making. Youth Transition Specialists continued to supplement this training with on-going staff support regarding Youth Transition Policy requirements. OCFS plans to continue with youth panel presentations, since OCFS staff report this is an essential part of their training.

## **Goal 2: Increase economic self-sufficiency for youth transitioning from foster care.**

Strategy 1: During the past year, OCFS continued Maine’s Learn to Earn and Achieve Potential (LEAP) partnership through the Maine Youth Transition Collaborative (MYTC) to increase interagency supports to improve educational and career outcomes for youth transitioning from foster care:

- In October 2019, 23 community partners came together for a Learning Exchange on the topic of "The Power of Relationships: Strengths-Based Relationship Building."
- December 2019, *My BestBets Learning Exchange*, was attended by 7 youth and 18 workforce providers. *My BestBets* is an online career exploration platform that can support young people to access assessments and educational information that can help them develop the skills they need to pursue the career path that they are most interested in. [www.mybestbets.org](http://www.mybestbets.org)

As part of on-going collaborative efforts, OCFS expanded the contract with Jobs for Maine's Graduates (JMG) to increase the number of middle and high school programs across the State. OCFS also partnered with JMG provide Drop-Out Prevention programs across the State.

Strategy 2: OCFS partnered with campus-based postsecondary education supports, such as TRIO, to improve post-secondary outcomes for youth transitioning from foster care. OCFS also partnered with JMG to ensure youth from care are served by JMG College Support Specialists who are co-located on several college campuses.

Strategy 3: OCFS partnered with Department of Labor to ensure Vocational Rehabilitation (VR) Specialists are available across the State to serve as VR Liaisons to OCFS Youth Transition Specialists, ensuring youth in care have access to services designed to improve their career success.

Strategy 4: OCFS continued to financially support the development and implementation of *My Best Bets* with Maine-specific resources and career pathways. Youth Transition Specialists (YTS), along with MYTC partner agencies received additional training this past year, and YTS are using *My Best Bets* as a tool to help high school seniors explore their career interests and pathways.

Strategy 5: Maine continued to support postsecondary education for youth in foster care through Maine's Tuition Waiver program and the Alumni Transition Grant Program (ATGP).

- The Tuition Waiver program continues to support 30 new recipients each year Recipients in good academic standing can renew the Tuition Waiver for up to five (5) years.
- Maine's ATGP program is in its fifth (5<sup>th</sup>) year. There has been a total of 55 unduplicated ATGP recipients, representing between 20-25 at any one time. Of the original fourteen (14) ATGP recipients, nine (9) graduated with a college degree, representing a 64% graduation rate.
- OCFS also funded a contract through Jobs for Maine's Graduates (JMG) to provide scholarships for non-traditional college and training programs.

### **Goal 3: All young people leave foster care prepared for adulthood.**

Strategy 1: OCFS worked with University of Southern Maine Muskie School of Public Service to develop Maine's Life Skills Toolkit, and separately with Maine Family Planning to develop a toolkit regarding sexual health. We are finalizing these resources.

Strategy 2: OCFS continued to contract with Jobs for Maine's Graduates (JMG) to serve middle school and high school youth in foster care to help them develop competencies they will need in post-secondary education and career.

Strategy 3: OCFS continued a contract with Jobs for Maine's Graduates (JMG) to provide youth in care with financial literacy training and a matched savings program (Opportunity Passport).

Strategy 4: During the past year, Youth Transition Specialist used newly developed checklists for high school seniors and youth on V9 Agreements to ensure critical activities are completed with all youth to help them successfully transition out of high school.

Strategy 5: OCFS focused on youth strengths and needs by using the youth transition assessment and planning process for youth aged 14 – 18 as part of the Child Case Plan, and by using the V9 Agreement for young adults aged 18-21.

Strategy 6: Maine is awaiting federal approval of our preliminary Program Improvement Plan based on our 2019 federal National Youth in Transition Database (NYTD) Review.

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

Strategy 1: Maine continued to provide Medicaid (MaineCare) coverage to youth who aged out of Maine's foster care system until their 26<sup>th</sup> birthday through the Affordable Care Act, whether or not they participate in OCFS Voluntary Extended Care (V9) Services.

Strategy 2: The Jim Casey Initiative's Maine site, *Maine Youth Transition Collaborative (MYTC)*, continued to work on behalf of youth throughout the state between the ages of 14 and 26 who have spent at least one day in foster care after their 14<sup>th</sup> birthday. MYTC Advisory Board meetings are held quarterly and in 2019 -2020 there were 24 unduplicated youth and 31 adult partners who participated in the quarterly meetings. Maine's nationally recognized initiatives provide opportunities for those who do not typically have a voice in decision-making to be heard, to be valued, and to have their input incorporated.

- *Permanency*: Maine was invited by Jim Casey Youth Opportunities Initiative to participate in Results Count. The team consists of seven leaders, including two youth leaders, from organizations who are key in creating the resources and strategies to increase placement stability and lifelong relationships for older youth. This work is focused on ensuring that siblings live together while in care and young people who exit care have family and/or permanent relationships.
- *Education Success & Economic Security*: Our current approach is informed by the first three years of Maine's Learn and Earn to Achieve Potential (LEAP) implementation. Through a coordinated approach with a broad range of systems partners, we hope to increase the numbers of Youth in care who are accessing credential programs, vocational training, and career pathways in the coming year. We will build upon the lessons learned from Maine's implementation of the LEAP initiative and continue with work on strategies and partnerships that will lead to more comprehensive workforce and postsecondary supports for older youth. Our goal is that this work will help to shape strategies for supporting youth to transition into post-secondary programs and inform planning of comprehensive supports for their success.

Strategy 3: OCFS has utilized various platforms, including the newly designed YLAT Mobile App, Alumni Transition Grant Program (ATGP) Facebook, and Maine's Teen Conference to inform youth and young adults about available services across the State:

- YLAT's internet presence continues to be a priority. The YLAT Facebook page is a resource for youth and adult partners regarding upcoming meetings, trainings, and community events. It also serves as a hub to launch special groups and pages for the Alumni Transition Grant Program, the Teen Conference Planning Committee, and the Alumni Co-Facilitator's. YLAT's Facebook page continues to be its main source of connection with the YLAT community and has increased its 'LIKES' from 634 in February 2019 to 735 in March 2020 (a **15.9%** increase).

- The YLAT Mobile App, *Foster Strong*, debuted at the 2019 Teen Conference. Since its launch, the app has had over 4000 views and over 700 unique sessions.
- YLAT's Instagram page now has 81 followers, a 16% percent increase from June 2019. YLAT staff has worked to keep the website updated and maintained. This year included changing the website platform to ensure ease of accessibility for the YLAT community.

### **Goal 5: Increase safe and stable housing options for older youth transitioning from care.**

Strategy 1: OCFS used a combination of state funds and federal Chafee funds to assist eligible youth transitioning from foster care to secure housing through the Voluntary Extended Care (V9) Agreement and the Alumni Transition Grant Program (ATGP). This process is seen as a safety net to prevent homelessness with youth from care.

Strategy 2: OCFS continued to collaboration with MaineHousing to utilize Family Unification Program (FUP) vouchers for young adults who were previously in foster care, and who are experiencing housing instability and homelessness.

OCFS also collaborated this year with Housing Authorities in Biddeford, Portland, Bangor, Old Town, Orono, and Aroostook County and is beginning to establish the Foster Youth to Independence—Transitional Voucher Program as permitted by federal Housing and Urban Development (HUD).

HUD Notice 2019-20 <https://www.hud.gov/sites/dfiles/OCHCO/documents/19-20pihn.pdf>

### **National Youth Transition Database (NYTD):**

Maine continued to comply with the requirements of the National Youth in Transition Database (NYTD). While not required, OCFS completes the NYTD Baseline Surveys yearly, even during non-reporting years.

OCFS will continue outreach efforts to inform our partners, such as the Maine Youth Transition Collaborative, Youth Leadership Advisory Team, Maine Child Welfare Advisory Panel, Therapeutic Foster Care Agencies, and Youth, about NYTD requirements and outcome measures. We will also look for ways to effectively communicate and use the data collected through NYTD to help improve OCFS services and youth outcomes related to permanency, safety, and well-being.

In June 2019, Maine had its first NYTD federal review. When we receive our final report, OCFS intends to comply with all required Program Improvement Plans. Over the next five (5) years OCFS will look for ways to improve our communication to ensure youth are better informed about NYTD and have opportunities to review NYTD Data through YLAT meetings and at the annual Teen Conferences.

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

Older youth in care are supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs. There were statutory or administrative barriers preventing DHHS from fully implementing the ETV program in Maine, which served as “gap assistance” to students who may be attending accredited post-secondary educational institutions in- or out-of-state or who are attending an

accredited specialized job skills training program.

Maine's Youth Transition Program Manager (Chafee Independent Living Program Manager) ensures youth eligibility for ETV funds and allocates funds using ETV program guidelines. The Youth Transition Program Manager tracked utilization of ETV funds to ensure that funds provided do not exceed \$5000; that ETV assistance provided, in combination with other federal assistance programs, does not exceed the total cost of attendance; and that there is not a duplication of benefits. ETV expenditures were tracked separately from other expenditures under the CFCIP.

**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 to attend post-secondary institutions.
- Youth who were reunified from Maine DHHS at age 16 and older.
- Youth who were adopted from Maine DHHS at age 16 and older.
- Youth who entered permanency guardianship from Maine DHHS at age 16 and older.
- Youth who were eligible to receive ETV funds at the age of 21, are eligible for continued ETV funds until the age of 26, but only for a lifetime total of 5 years, when making progress toward completing their post-secondary undergraduate degree.

**Post-Secondary ETV Recipients:**

Academic Year	New Participants	Continuing Participants	Total Participants
2019-2020	21	40	61
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Youth Transition Specialists continued to coordinate post-secondary educational planning in district offices. Youth must apply for federal FAFSA funds and they are encouraged to apply for available scholarships. Youth Transition Specialists continued to work with youth in foster care and informed them that they must be in good academic standing or if on academic probation they must have a plan to return to good academic standing, to remain eligible for ETV funds.

Youth in care were informed about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT, and other youth leadership events. OCFS continued to inform adoptive parents and permanency guardianship providers of ETV funding through a flyer that is mailed to each of them outlining the financial supports available to their youth.

Over the past five (5) years, Maine has seen a trend in the reduction of youth from foster care attending a traditional college, while at the same time seeing an increase in the number of youth pursuing non-traditional career pathways. OCFS responded by encouraging youth to pursue their aspirations, even if this means attending a post-secondary program that cannot be supported by ETV funds. OCFS continued to support youth to explore alternative funding sources such as child welfare state funds, Vocational Rehabilitation, or Opportunity Passport matched savings to assist

them to pursue the career pathway that is right for them.

### **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 Health & Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Health & Human Services is 1-01-600-0001A6.

The Department of Health & Human Services will administer these directly or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program.

The Department of Health & 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; and
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).

## **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.

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's match for these funds will continue to be the state's value of the Tuition Waiver Program.

## Appendix C

### Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

	Total ETV's Awarded	Number of New ETVs
<b><u>Final Number:</u> 2018-2019 School Year</b> (July 1, 2018 to June 30, 2019)	58	18
<b>2019-2020 School Year*</b> (July 1, 2019 to June 30, 2020)	60	18

#### Comments:

\*In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.



## **Appendix D**

### **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 of foster families to care for children in foster care.

Because 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. The contract was terminated by agreement, and in late 2016 OCFS contracted with Spurwink for recruitment services. The Spurwink contract continues into 2020. The name of 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 service array. Roll out of this program was thoughtfully carried out, beginning with development of recruitment materials, online resources, progressing to general recruitment efforts and now, child specific recruitment. These efforts are targeted to recruit families for three specific populations of children in care who are in need of more foster homes:

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

During 2018 and 2019, the focus continued to intensify on child-specific recruitment to support children achieving legal permanency through adoption. This child specific recruitment has involved focus upon the 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 has enhanced OCFS' ability to place children in foster care in homes which match the cultures and communities from which they originate.

As part of this renewed focus, children who need diligent recruitment are being identified. In addition, the Department can ensure that resource materials which are culturally and linguistically accessible are available to the families being sought.

#### **OCFS Foster & Adoptive Recruitment Plan:**

- 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.

- Younger children currently (0-5). They are frequently a member of a sibling group, and often were born drug-affected.
  - Children who 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 and adulthood.
2. Specific strategies utilized to reach out to all parts of the community:
- Multi-tiered approach to recruitment that includes general, targeted, and child-specific recruitment.
  - Recruitment that recognizes the diversity of parenting skills that OCFS is seeking, and targets parents with such expertise. In collaboration with the contracted recruitment agency provider, OCFS is actively meeting 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 has collaborated with the contracted recruitment agency provider to meet 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 other cultural groups. OCFS assures that staff are culturally competent and that translation services are available.
  - OCFS needs to work with nursing staff and other professionals who can provide guidance towards meeting the needs of children with medical needs.
  - OCFS has developed strategies to assure that kinship placements are consistently explored as a priority whenever possible. All safe and available kin are explored for possible placement in the event a child needs an out-of-home placement.
3. Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
- Child specific recruitment occurs through the child's community, such as church, social, and school activities. Child profiles are sent to all district offices when searching for a home. Concurrent planning is considered for all applicable youth. OCFS often seeks placement with relatives in other states when no in-state resources are identified.
  - Targeted recruitment identified populations of youth in care where there was an increased need for resource families (i.e. teenagers, infants who are born drug-affected, and sibling groups) and is developing strategies to recruit resource families specific to these populations.
  - General recruitment is conducted through media and educational programing in the community.

4. Strategies for assuring that all prospective foster and adoptive parents have access to agencies that license and approve foster and 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 (ICWA) is conducted in pre-service training of all new caseworkers.
  - OCFS recognizes the importance of developing and implementing a culturally competent training that will be delivered to all staff. The intention is to enhance the current training curriculum to reflect increased diversity in Maine.
6. Strategies for dealing with linguistic barriers:
  - OCFS recognizes the importance and need of developing and implementing a statewide comprehensive system of translation. OCFS works collaboratively with the Department's ADA/Civil Rights Coordinator to ensure interpreting services are available for those requesting it during the licensing and recruitment process.
  - OCFS understands the needs to expand services to our deaf and hard of hearing resource families, 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 familial placement mirrors the cultural and ethnic diversity of children entering foster care. OCFS includes fictive kin in its definition of kin in 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, it needs to continue to expand policy, procedure, and protocols to ensure all types of fictive kin are included in the policy definition of kin.

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

### Foster & Adoptive Recruitment Deliverables:

A Family for ME has developed and implemented a statewide recruitment plan that allows for adaptability to meet OCFS' district needs. This plan has been implemented on a district-by-district basis, to meet the placement needs of children currently in foster care, and those expected to enter foster care. This plan includes general recruitment, targeted recruitment, and child specific recruitment. The provider is meeting the following expectations of their contract:

- The provider has limited themselves to recruiting only twenty (20%) percent of the Resource and Foster Families for their own program.
- The provider has utilized the OCFS-approved timeline for the roll out, and in meeting milestones of this contract.
- The provider operates a toll-free number, 1-844-893-6311, which allows any interested party to call to gain further information and knowledge about the program, and process of becoming licensed.
- The provider has developed and maintains a website which allows for the dissemination of information for interested parties.
- The provider has developed a marketing campaign (radio, print, and television) that allows the provider to reach the largest possible audience statewide and allows them to adapt their marketing campaign to the OCFS district level. The provider's outreach is through five main channels, seeking three contacts in each area per month.
  - The main channels are, but are not limited to, the following: churches, schools, local media, businesses, and community events.
  - The provider utilizes the name of A Family for ME for their marketing campaign.
  - The provider has developed and maintains the Heart Gallery. The Heart Gallery has images which are embedded and does not allow the image to be downloaded or saved to a user's computer. The Heart Gallery is displayed in businesses throughout the state and is available on the provider's website and linked to Maine.gov website as well.
- The provider provides the OCFS-approved training curriculum to train recruitment workers. This training includes trauma informed information.
- The provider has included 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.
- The provider has convened quarterly meetings with community providers as deemed appropriate by OCFS.
- The provider has a minimum of four full-time recruiters covering the following four geographic areas of the state including a child specific recruiter:
  - Districts 1 and 2 (York, Cumberland, Lincoln and Sagadahoc Counties).
  - Districts 3 and 5 (Androscoggin, Franklin, Oxford, Kennebec and Somerset Counties).
  - Districts 4 and 6 (Knox, Waldo, Penobscot and Piscataquis Counties).

- Districts 7 and 8 (Hancock, Washington and Aroostook Counties).
- The provider has developed a work plan in collaboration with OCFS. The work plan includes at least two projects in each of the five identified marketing domains (business, school, community, church, and media) each quarter.
  - The provider has developed seasonal recruitment events (apple picking, truck pulls, snowmobile races, sailing regattas, etc.) to ensure variety in the promotion of the message that there are children in every community in Maine in need of resource and foster families.
  - Messaging materials include, but are not limited to: sticky notes, information about the option of a speaking engagements, paycheck inserts, book marks, posters, golf tees, pencils, etc.
- The provider meets at least quarterly with the OCFS District Recruitment Team, or as requested by the OCFS District Recruitment team.
- The provider meets at least twice a year with the Youth Leadership Advisory Team (YLAT).
- The provider management and recruitment staff will be trained by OCFS on ICWA.
- The provider has developed “Meet and Greet” and “Adoption Tea” events as requested by OCFS. This includes a maximum of two 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. Adoption Teas occur at least once per year in all 8 district offices with an electronic Tea event being planned for 2019.

## **Appendix E**

### **Health Care Oversight and Coordination Plan**

#### Level of Care Assessment (LOC)

Children who enter the custody of the Department of Health and Human Services (DHHS) and are placed in a licensed therapeutic foster home receive a LOC assessment to determine current functioning, based on their mental health and behavioral needs. The LOC assessment is a process that is used to assess a child's level of care using assessment tools approved by the Department, which are the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Children's Habilitation Assessment Tool (CHAT), and the Caregiver Questionnaire Assessment tools may be administered only by those with appropriate training, certification, and a rater identification number assigned by DHHS. The child assessment must involve the use of information from a variety of sources such as:

- Interviews with resource parents and others.
- Evaluations and reports of child functioning from Child Placing Agencies, mental health providers, schools and/or facilities.
- Interviews with caseworkers.
- Review of case information from Departmental records.
- Any other information that is deemed pertinent to the child assessment process by the Department.

The result of the child assessment determines the child's level of care. The child is then reassessed every six months if placed in a therapeutic home.

The LOC measures current functioning. The child must have mental illness to qualify for TFC. The PECFAS, CAFAS, and CHAT are standardized tools, but the Caregiver Questionnaire is an internal OCFS modified version of both the TABS and Vineland.

The LOC does not determine the specific treatment needs, and recommendations for treatment is not part of the LOC. Level As are not reassessed; authorized Level B's are reassessed annually. The placement (versus the home) must be therapeutic to have the LOC review completed every 6 months.

#### Children Needing Residential Treatment Services

All children who may require residential services go through a two-part process of authorization. An Intensive Temporary Residential Treatment (ITRT) application is completed which outlines

the behavioral diagnosis and treatment recommendations. The ITRT is approved by Children's Behavioral Health Services. The application is then sent to KEPRO, an independent agency, that either approves or declines the ITRT request. KEPRO then monitors and manages the residential services of children in state custody and reviews each child's behavioral needs every 90 days to ensure the residential placement is clinically necessary to meet the child's level of treatment needs.

### Children with Exceptional Medical Needs

A child may qualify if they are medically fragile, with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and it is likely that these issues will not moderate and may become more severe over time. The child must be placed in a Regular Foster Care placement, and the resource parent must be trained to meet the child's medical needs.

The medical rate is authorized by Level of Care Program Manager, after the resource parents are trained and the caseworker provides written documentation from medical providers that the child is 1) medically fragile, 2) with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and 3) it is likely that these issues will not moderate and may become more severe over time. The medical rate is effective on the date of approval.

### Initial Standard Medical Care for Children in Custody

All children in the custody of the DHHS are seen by a medical professional within ten days of entering care. The purpose of this medical appointment is to ensure children that enter the custody of DHHS are evaluated for any physical injuries and/or medical needs. The children also receive appropriate treatment which includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

In several parts of the state, Maine has a comprehensive medical/behavioral assessment that occurs within thirty days of a child coming into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The assessment team includes a medical doctor, a psychologist, and a social worker. A report is sent to the child welfare caseworker outlining a child's medical, behavioral, and dental needs.

For all children that are four years old and older a Pediatric Symptom Checklist is completed which assesses a child's need for behavioral health services.

### **Health Care Services**

The OCFS restructure integrated the Behavioral Health Program with the Intervention and Coordination of Care Team. This has facilitated more collaboration between OCFS Behavioral Health Program Coordinators (BHPC's) and child welfare district staff as there are 9 BHCP's and 3 Clinical Caseworkers that are housed in district offices across the state. The BHPCs provide consultation to community providers, families, child protective colleagues, Department of

Corrections employees, Department of Education employees, etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, as well as attend team meetings on youth who may need temporary residential treatment. The goal is that through this teaming process, community-based services can be identified and utilized to avoid out of home placement whenever possible. OCFS is currently looking at the roles and responsibilities of this team, with a plan to add duties, such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community-based treatment. BHPC's were trained on the permanency review process and attended those meetings in all districts. As there is further integration, it is anticipated that there will be more activities within the districts that can be shared by the BHPCs.

In the spring of 2012, OCFS began a process to have Children's Behavioral Health Services (CBHS) nursing staff provide consultation to child welfare staff when a child is prescribed anti-psychotic medication. These consults review the appropriateness and need for the medication, as well as discussing the anticipated duration for use of the medication. For children prescribed antipsychotic medication, child welfare staff is expected to participate in at least quarterly medication reviews with the youth, their resource parent, and the prescribing provider.

OCFS developed a strategic plan to address the prevalence of foster children being prescribed psychotropic medication at a higher rate than the general population of children/youth.

**Target Goal:** For calendar year 2015, 23% of foster youth were on one or more psychotropic medications. By the end of 2017, the goal was to decrease that 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 to provide OCFS with a more thorough overview of the data. 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. Nurse Consultants will review quarterly data received from MaineCare, as well as case records. The most recent data for foster youth on psychotropic medication(s) is 20.3% from the 4<sup>th</sup> quarter of 2019 (Oct, Nov, Dec).

In the spring of 2018, the OCFS Medical Director and the CBHS Team implemented a new process for oversight of youth in foster care that are prescribed psychotropic medications. This includes identification of, and consultation for youth whose care falls outside of accepted prescribing practices. It also outlines the following steps:

- 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.

Health Care Plan



1. Initial and follow-up health screenings will meet reasonable standards of medical practice.
  - a. The Office of Child and Family Services requires in policy that all children have a medical appointment within 10 days of entry into care.
  - b. OCFS also requires the Pediatric Screening Checklist (PSC-17) to be completed for every child in age 4-17. The goal is to identify any behavioral health concerns. Those children that are scored in the high range on the check list are then referred for assessment, either through our collaboration with Children's Behavioral Health Services Team or community providers.
  - c. For ongoing care, each child will be assigned a primary care provider and receive coordinated care using a medical home, and/or behavioral 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.
  - a. The Health Screening will provide an immunization record, growth chart, immunization schedule, list of other known providers (including the dentist), and immediate treatment needs for identification of monitoring and treatment needs.
  - b. The Office of Child and Family Services includes both Child Welfare and Children's Developmental and Behavioral Health Services working together to meet both the physical and behavioral health needs of foster children. OCFS believes strongly in the use of a trauma-informed care model that involves understanding, recognizing, and responding to the effects of trauma.
  - c. OCFS currently also requires in policy The Pediatric Screening Checklist (PSC-17) to be completed for every child in care 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.
  - d. 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. This assessment also includes the collection of all the child's prior health and education records, so that a full evaluation of the child's current needs can be conducted. OCFS is working on strategies to expand this service statewide.
  - e. For those children who have needs, targeted case management (TCM) services will be offered to ensure any identified issues are addressed. For those children not in need of TCM, the OCFS caseworker will ensure that any identified issues are addressed.

- f. 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 maltreatment and removal.
3. Medical information will be updated and appropriately shared.
  - a. 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.
  - a. Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as with MaineCare’s MIHMS system. OCFS currently has access to Maine's Electronic Immunization Information system (Impact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Impact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care.
  - a. 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 enrolled in MaineCare. When appropriate, Targeted Case Managers will organize the most appropriate services to be provided to children based on the information gathered in the assessments completed, information gathered through 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.
  - a. Policy states that it is crucial to ensure that psychotropic 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 psychotropic medications are

- currently prescribed or when they are being considered. The Worksheet requires 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.
- b. 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, and 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.
  - c. The Associate Director of Children's Behavioral and Developmental Health Services and the Associate Director of Child Welfare Services have 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 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.
    - a. Collaboration between DHHS and Maine General Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the sixteen Maine counties, this program provides medical examinations and psychosocial screenings for children who have entered foster care. Two additional sites have been developed through the Spurwink Child Abuse Clinic in southern Maine, and the Penobscot Community Health Center in northern Maine. These programs are either developing the medical home for the child or helping to identify a medical home if one is not currently serving the child.
  8. The state is taking steps to ensure that components of the transition plan include: assessment of the health care needs of youth aging out of foster care, the exploration of options for health insurance coverage; provide information about health care power of attorney, health care proxy, or other similar documents recognized under state law, and the option to execute such a document, and assist the youth in the development of a plan to meet their needs.
    - a. 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 of the 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 regarding health care.

OCFS provides young people with a website to download (free of charge) the forms they need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.

- b. Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website ([www.ylat.org](http://www.ylat.org)), and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney.

## **Appendix F**

### **Disaster Plan**

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:

1. Initiate plan operation
2. Deliver communications to staff, clients, and providers
3. Communicate with Commissioner or designee, and with the Director of Public and Employee Communication
4. Coordination with DHHS officials and other departments of state government as necessary
5. Ensure Intake continues to function: receive reports, communications hub, if necessary
6. Facilitate relocation if necessary
7. 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.maine.gov/dhhs/ocfs/>) websites.

Intake:

- Means used to communicate with staff include the above and the use of phone trees.
- Information could include office closures, 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**

- I. 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.
- II. Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- III. Information Services Manager or designee to load the following reports onto the SMT folder weekly.
  - IV. Children in Care – Current Primary Open Placement Report.
  - V. Worker Demographic Report.
  - VI. Listing of Assessments Report.
  - VII. Listing of Service Cases Report.
- VIII. Resource Capacity Availability: Foster Care-Regular Report.
- IX. Resource Capacity Availability: Foster Care-CPA-Level of Care Report.
- X. AAG and judges contact information.
- XI. 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:

- 1) USB thumb drive with important documents loaded including: Calling Tree
- 2) Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
- 3) Children in Care – Current Primary Open Placement Report
- 4) Resource Capacity Availability: Foster Care-Regular Report
- 5) Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- 6) Listing of Assessments Report
- 7) Listing of Protective Cases Report
- 8) AAG and judges contact information
- 9) 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 regarding 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:

1. Develop a plan for continuation of services to include:
  - a. Assessment of new reports within 72 hours of the report.
  - b. Service provision to Child Protection service cases within 5 days of the disaster.
  - c. Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible.
  - d. 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.
  - e. Coordinate with other agencies that have information about child and family location, needs.
2. 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.
3. 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.
4. Develop staff phone tree.
5. Maintain list of District Court judges and AAG's home phone number, cell phone, and address.
6. 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 to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

## **155B HOSTAGE TAKING**

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

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

- 6) Dial 9-1-1 or attempt to have someone contact help.
- 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 Roles of Management in Hostage Taking**

- 1) Notify local law enforcement immediately and provide them with any pertinent information necessary.
- 2) Utilize cellular phones between the safe and crisis zones.
- 3) Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)
- 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.

## Appendix G

### OCFS TRAINING PLAN

#### TRAINING & TRAINING SUMMARY

##### **ADVANCED FORENSIC INTERVIEWING:**

###### **Number Staff Trained in 2019: 15**

The National Children's Advocacy Center forensic interviewers and trainers conduct a two-day intensive advanced forensic interviewing training. Areas that are covered during this training are: Evidence-based practice and current research, eliciting episodic memories of maltreatment and Children's memories and ability to place remembered events in time. Effective interview techniques for children with disabilities, interviewing the reluctant and non-disclosing child, beneficial techniques to use when interviewing preschoolers, exploring Manipulation (Grooming) in the Forensic Interview, and strategies for gathering details when children experience repeated abuse.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	National Child Advocacy Center
Hours	2 days (Offered 2x)
Audience	Child Welfare Assessment & Permanency Workers & Supervisors (Pre-requisite must have 18 months of in field experience)

##### **ADVANCED MEDICAL INDICATORS:**

###### **Number Staff Trained in 2019: 34**

This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect, as well as failure to thrive diagnosis, treatment and family support. 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.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	Dr. Lawrence Ricci, Medical Expert on CA/N
Hours	1 day (Offered 1x)
Audience	Child Welfare Staff, Resource Parents, Community Providers, Alternative Response Staff

##### **Advanced Topics in Domestic Abuse: In Her Shoes Experience:**

###### **Number Staff Trained in 2019: 97**

"In Her Shoes" is an interactive training that will help participants understand the ups and downs a survivor of domestic violence experiences over the course of many years. The scenarios in "In Her Shoes" are based on true stories-the experiences of women with abusive partners as told to us by them. The stories reflected in the training typify the complex and dynamic nature of domestic violence while also calling out the more specific barriers that survivors face when poverty is part of their reality. The goals of this training are to increase awareness of the multifaceted issues and complicated dynamics experienced by domestic violence survivors, highlight struggles and barriers survivors and their children are forced to deal with when they are confronted with economic issues and demonstrate that we all have a role to play and work to do in ensuring all community members are free from domestic violence. This training will encourage everyone to think creatively and act intentionally to assist victims and their children.

IV-E Eligible	YES
Venue	North & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day (Offered 2x)
Audience	Child Welfare Staff (Pre-requisite: must have 6 months with OCFS)

**Advanced Topics in Domestic Abuse: The Choice to Be Violent: Mendel's Mapping of Perpetrator Patterns:****Number Staff Trained in 2019: 99**

Continuing the conversation from Advanced Topics in Domestic Abuse: In Her Shoes Experience, this full day training will bring into focus the Domestic Abuse Offender's Choice to be Violent. We will explore the differences between men's and women's violence. We will hear from community leaders, working in this field, who will share their lessons learned.

Participants will acquire an understanding of and an opportunity to practice with David Mandel's latest tool, Mapping Perpetrator's Patterns. Participants will learn to maintain their focus on abusive behavior. As well as, intervene with perpetrators through accountability to reduce risk and prevent further harm to children and adult survivors.

IV-E Eligible	YES
Venue	North & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day (Offered 2x)
Audience	Child Welfare Staff (Pre-requisite: must have taken Adv. Topics in Domestic Abuse "In Her Shoes Experience")

**Advanced Topics in Domestic Abuse: The Importance of Effective DV Related Narratives:****Number Staff Trained in 2019: 102**

This training focuses on the power of holding abusive partners accountable and enhancing victim's safety. Participants learn to use DV tools (i.e. Duluth's Power & Control Wheel) as a guide while writing letters, narratives and petitions. Tools and practice help participants to accurately portray the context and details of coercive control, domestic violence and abuse. Advocates support an abuse survivor as she shares portions of her story to develop practical skill building. Trainers use a variety of methods to support learning including; lecture, video, experiential small group activities and an OCFS Supervisor's panel.

IV-E Eligible	YES
Venue	North, Central & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day (Offered 3x)
Audience	Child Welfare Staff (Pre-requisite: must have taken Adv. Topics in Domestic Abuse "In Her Shoes Experience")

**Awareness of Cultural Diversity:****Number Staff Trained in 2019: 83**

The goal of this class is for child welfare staff to understand the positive personal, professional and community benefits that result from awareness of cultural diversity.

IV-E Eligible	YES
Venue	Online Training
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Staff

**Awareness of Human Trafficking:****Number Staff Trained in 2019: 65**

This class is an overview of the problem of human trafficking in the United States. Its emphasis is on understanding the scope of the problem and the legal framework in place to help address it. After completion of this class the learner will be able to; describe the problem of Human Trafficking, detail the scope of the problem, identify the characteristics of traffickers, detail the roles of various organizations in human trafficking investigations, and discuss the relevant federal law in place to assist trafficking victims.

IV-E Eligible	YES
Venue	Online Training
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Staff

**Child Safety Seat Training:****Number Staff Trained in 2019: 22**

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.

IV-E Eligible	YES (50%)
Venue	In Districts- Upon Demand
Delivered By	Policy and Training Team Specialists
Hours	3 hours (offered 2x)
Audience	Child Welfare Staff & Resource Parents

**Children's Behavioral Health Treatment in Maine:****Number Staff Trained in 2019: OCFS Staff: 87, Community Providers: Approx. 200**

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.

IV-E Eligible	NO
Venue	Various Locations Across State
Delivered By	Children's Behavioral Health Services
Hours	1 day (Offered 5x-OCFS Staff), (offered 10x- Community Providers)
Audience	Child Welfare Staff and Community Providers

**Child Welfare Trauma Training Tool Kit:****Number Staff Trained in 2019: 41**

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.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	Policy and Training Team Specialists
Hours	2 days (offered 2x)
Audience	Child Welfare Staff

**Conversations with Youth:****Number Staff Trained in 2019: 34**

This training helps participants to develop skills in engaging young people in discussions about healthy relationships and sexual health that are often uncomfortable for all involved. Participants are given tools and resources in how to support youth in care. Conversations with Youth was developed in cooperation with Maine Family Planning, OCFS, the Youth Leadership Advisory Team (YLAT) and OUT Maine. Policy for supporting youth includes helping them access sexual health information and services. The information youth receive regarding healthy relationships and sexual health is often inconsistent and not always accurate about healthy decision making. Yet, many times, it is difficult to initiate this discussion with youth or know how to best support their caregivers. This training will address topics including; adolescent sexual development, birth control methods and pregnancy prevention, testing and treatment for sexually transmitted infections, gender identity and sexual orientation, and healthy relationships.

IV-E Eligible	YES	
Venue	Various Locations in State	
Delivered By	Maine Family Planning, OUT Maine & Policy and Training Team Specialist	
Hours	1 day (offered 4x)	
Audience	OCFS Staff and Resource Parents	

<b><u>Drug Identification, Impairment Recognition and Caseworker Safety:</u></b> <b>Number Staff Trained in 2019: 72</b> <p>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</p>		
IV-E Eligible	YES	
Venue	North, Central & South Locations	
Delivered By	Thomas Reagan, MDEA Retired & Policy and Training Team Specialist	
Hours	1 day (offered 3x)	
Audience	Child Welfare Staff & Community Partners	

<b><u>Ethical Decision Making:</u></b> <b>Number Staff Trained in 2019: 155</b> <p>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.</p>		
IV-E Eligible	YES (50%)	
Venue	Multiple Locations Throughout State	
Delivered By	Policy and Training Team Specialist	
Hours	4 hours (offered 7x)	
Audience	Child Welfare Staff with LSW's (Training needed every 2 years for license renewal)	

<b><u>Foundations Training:</u></b> <b>Number Staff Trained in 2018: 124</b> <p>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 <i>meetings</i>, and permanency.</p>		
IV-E Eligible	YES	
Venue	Central Location (Augusta)	
Delivered By	Policy and Training Team Specialists	
Hours	12 days spread out over 4 weeks (offered 7x)	
Audience	New Child Welfare Caseworkers	

**Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare:****Number Staff Trained in 2019: 121**

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.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	Tribal Child Welfare Staff & OCFS Tribal Liaison (Policy and Training Specialist)
Hours	3 hours (offered 5x)
Audience	Child Welfare Staff & Alternative Response Program Staff

**Infant Safety-Abuse Prevention & Unsafe Sleep Related Death Prevention:****Number Staff Trained in 2019: 124**

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.

IV-E Eligible	YES
Venue	Online
Delivered By	Barbara Bush Children's Hospital
Hours	1 hour
Audience	New Child Welfare Staff

**Leadership Coaching Overview:****Number Staff Trained in 2019: 85**

Coaching is a powerful workforce strategy for reinforcing knowledge and skills and improving implementation of desired practices. This training overview was to provide leadership with an overview of how to apply coaching in child welfare by understanding what coaching is, what it looks like and what role it plays in supporting staff reaching identified goals.

IV-E Eligible	YES (50%)
Venue	North & South
Delivered By	NCCD Children's Research Center
Hours	1 day (Offered 2x)
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

**Legal Training:****Number Staff Trained in 2019: 99**

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.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	David Hathaway, Assistant Attorney General & Policy and Training Team Specialist
Hours	6 hours (offered 5x)
Audience	Child Welfare Staff



**MACWIS Court History:****Number Staff Trained in 2019: 1**

Participants learn about the importance of confidentiality and the importance of accuracy when court orders are entered into the MACWIS system. All documents found in the file are reviewed; petition, case management/pre-trial, paternity, judicial review, services to parties C1-PPO, C2, C3, and many other types of orders. All parts of the MACWIS court screens are reviewed. After review of the file, the MACWIS training database is used and a new worker practices entering the court order into the screens, choosing the correct hearing type, entering the appropriate dates; hearing date, petition date, order date and effective date.

IV-E Eligible	NO
Venue	District Office
Delivered By	Policy and Training Team Specialist
Hours	2 hours (offered 1x)
Audience	OCFS Office Assistants and Case Aides

**MACWIS Technology Training:****Number Staff Trained in 2019: 124**

3 parts:

Part one focus is on the SOM computer network, wireless connections, remote access to the SOM system. Understanding the network drives; personal, shared, voice recordings. Review of the OCFS Intranet Training web page and how to access the on-line training opportunities. Review of the MACWIS training library. Workers receive their assigned voice recorders and receive instruction on the Voice File Mover software used to properly store and name voice files moved to V drive. Demonstration of the Travel App and using the MACWIS training database the first time and reviewing a completed Assessment using the Assessment handout.

Part two focus is on the Assessment Module with a fake family created for each new worker. Activities include using the Central Client Index and client participation, discussion of how to proceed with a background check/review for each adult in the Assessment. All steps and all screens are used to document the investigation process in the Assessment Module. The session ends with sending the completed assessment onto a supervisor for approval.

Time is allotted for more work and any questions about the Travel App and the TAMS system

Part three focus is on the Case management module. The session begins with the worker opening the completed assessment and opening a case. Once the case is open review of the primary and secondary toolbar begins with experimenting with how clicking on one button on the primary toolbar, displays a specific secondary toolbar. Beginning with the Maintain/Change screen, specific functions are reviewed, such as a case type is needed if any bills are to be paid for a person. Update the roles of the participants and verifying that all people involved are listed in the Profile, demographics updated, and relationships verified. Then an "emergency" happens, and the simulation requires an emergency Preliminary Protection Order process to bring a child into care. Completing the statements needed for a PPO; affidavit, jeopardy, immediate risk of serious harm and the requested disposition. Completing the court forms in event tracking; affidavit, petition and order for child protection. Completing the screens needed to be complete within 24 hours of a child entering DHHS care and custody. Review the directions and the screen for a purchase authorization (winter coat for a child). Time is allotted for additional work and questions about the travel App, TAMS system as well as the MACWIS Training Library.

IV-E Eligible	NO
Venue	District Office
Delivered By	Policy and Training Team Specialist
Hours	3 parts each 2.5 hours (offered 7x)
Audience	Child Welfare Staff

**Mandated Reporter Training for Mandated Reporters (In Person):****Number Staff Trained in 2019:**

This training provides an alternative to the online training when there is a request to do an in-person group training. Topics covered are the same as the online training; 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. This training is also maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

IV-E Eligible	No
Venue	Various Locations Throughout State
Delivered By	Policy and Training Team Specialist & Community Partners
Hours	2 hours
Audience	Mandated Reporters Throughout the State

**Mandated Reporter Training for Mandated Reporters (On-Line):**  
**Number Staff Trained in 2019: 22,096**  
This training provides easy access to an online Mandated Reporter training for mandated reporters in the state of Maine. 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. This training is maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

IV-E Eligible	No
Venue	On-Line
Delivered By	DHHS & Justice Planning and Management Associates
Hours	30 minutes
Audience	Mandated Reporters Throughout the State

**Methamphetamine Awareness:**  
**Number Staff Trained in 2019: 66**  
The purpose of this class is to make participants aware of the dangers of methamphetamine, a highly addictive drug with potent central nervous system stimulant properties. At the completion of this class participants will be able to; define the term "methamphetamine"; recognize common over-the-counter products that are used in methamphetamine production; recognize the short and long term effects on users; describe how meth is used and abused; identify persons that may be meth users; and describe unique vulnerabilities that children face within a methamphetamine environment.

IV-E Eligible	YES
Venue	On-Line
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

**Motivational Interviewing:**  
**Number of Staff Trained in 2019: 378**  
This training explores child welfare purposeful interactions with families and is a technique to elicit and build upon an individual's consideration of change. This training provides an opportunity for each participant to think about and create some questions to evoke an individual's ambivalence about the benefits/cost of change and the benefits/costs of staying the same. We will also discuss where individuals are in their readiness to change and some strategies of managing resistance. Each participant is asked to discuss and be interviewed about a change they are considering within a small group setting as well as participate in guided activities.

IV-E Eligible	YES
Venue	In districts
Delivered By	Tricia Mosher Consulting Inc. & Policy and Training Specialists
Hours	2 days (offered 16x, two times in each district)
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

**NCCD Coaching Institute:**  
**Number of Staff Trained in 2019: 95**  
This training introduces supervisors to the process of coaching using specific strategies, tools and techniques to help a learner improve their performance on the job and to contribute to improved agency practice and outcomes. Supervisors will gain an understanding of how the coaching process engages the learner and facilitates professional growth by asking

solution-focused questions, identifying goals, developing strategies for moving forward, and creating actions needed to achieve their goals. In this way, coaching is a clear parallel for the work we strive to do with families.

IV-E Eligible	Yes (50%)
Venue	North & South
Delivered By	NCCD Children's Advocacy Center
Hours	3 days (offered 2x)
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

#### **NCCD Coaching (In Districts):**

**Number Staff Trained in 2019: 80**

The purpose of these onsite practice coaching sessions was to model coaching of coaches and/or supervisors to support practice sustainability over time.

IV-E Eligible	YES (50%)
Venue	In districts
Delivered By	NCCD Children's Advocacy Center
Hours	3 hours (offered 9x)
Audience	Determined by PA/APA in each district

#### **NCCD Leadership Coaching Overview:**

**Number Staff Trained in 2019: 84**

This training was a one-day overview for Regional Associate Directors Program Administrators, Assistant Program Administrators and Supervisors and trainers to introduce them to the process of coaching and how it can be used in child welfare. Introducing strategies, tools and techniques to help a learner improve their performance on the job and to contribute to improved agency practice and outcomes.

IV-E Eligible	YES (50%)
Venue	North and South
Delivered By	NCCD Children's Advocacy Center
Hours	1 day (offered 2x)
Audience	RADS, PA/APA's, Supervisors and Trainers

#### **NCCD Group Supervision:**

**Number Staff Training in 2019: 43**

This training introduced participants to the practice of case consultation within the context of group supervision. Participants gained an understanding of how group supervision can provide a sanctuary of sorts where time is allowed for thinking and working through complex practice pathways. It is a place where emotional support is available, questions can be responded to, professional development and leadership skills can be honed and where social work knowledge, research and tools can come alive and have meaning in the field.

IV-E Eligible	YES (50%)
Venue	North and South
Delivered By	NCCD Children's Advocacy Center
Hours	2 days (offered 2X)
Audience	Child Protective Supervisors, PA or APA, Policy and Training Specialists

#### **Period of Purple Crying (online):**

**Number Staff Trained in 2019: 124**

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.

IV-E Eligible	YES
Venue	Online
Delivered By	National Center on Shaken Baby Syndrome

Hours	1 hour	
Audience	New Child Welfare Staff	

#### **Psychosocial Assessments:**

##### **Number Staff Trained in 2019: 84**

This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiates 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.

IV-E Eligible	YES
Venue	Central Location (Augusta)
Delivered By	Policy and Training Team Specialist
Hours	6 hours (offered 4x)
Audience	Child Welfare Caseworker

#### **Responding to Human Trafficking:**

##### **Number Staff Trained in 2019: 70**

This class is an overview of the basics of human trafficking situations. Its emphasis is on adopting a victim centered approach to achieve successful conclusions in trafficking cases, to include victim rescue and care and trafficker prosecution. After completion of this class the learner will be able to; identify investigative considerations in a human trafficking case, detail the information requirements for successful interventions and investigations, -detail the methods by which traffickers are identified, discuss the victim issues that such cases entail.

IV-E Eligible	YES
Venue	On-Line
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

#### **Responding to Methamphetamine Labs:**

##### **Number Staff Trained in 2019: 67**

This class will provide participants with some basic terminology of meth labs, as well as equipment used in them and protocols to follow if you identify the location of a possible lab. Upon completion of this class participants will be able to; identify standard and improvised lab equipment used in methamphetamine production, list the correct procedures for dealing with reported or discovered methamphetamine labs, recognize common over-the-counter products that are used in methamphetamine production, identify the proper procedure for dealing with children endangered by methamphetamine labs.

IV-E Eligible	YES
Venue	On-Line
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

#### **Structured Decision-Making Permanency Tool Training:**

##### **Number Staff Trained in 2019: 59**

This training introduced staff to the Structured Decision Making (SDM) Permanency Tools; Case Plan Tool (CPT), Risk Reassessment Tool and Reunification Assessment Tool. Participants gain an understanding of when to use each tool to evaluate the presenting strengths and needs of each family; assess whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should be continued. These tools also evaluate visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal and

case status and results are used to reach a permanency placement recommendation and to guide decisions about whether or not to reunify a child.

IV-E Eligible	YES (75%)
Venue	North & Central
Delivered By	NCCD Children's Research Center
Hours	2 days (offered 2x)
Audience	Permanency Supervisors, Program Administrators and Assistant Program Administrators, Regional Associate Directors, Policy and Training Specialists.

#### **Structured Decision-Making Process & System for Child Protection:**

##### **Number Staff Trained in 2019: 83**

This training introduced staff to the Structured Decision Making (SDM) tools used during a Child Protective Investigation. It provides an overview of the CPS Investigations Policy and when and how the SDM tools should be utilized. It includes taking a closer look at the SDM definitions for Safety Threats and Risk as well as providing the participant with a case example and opportunity to apply the case information to the tools. It also discusses the decision regarding whether or not a family should be opened for services and how to document the decision.

IV-E Eligible	YES (75%)
Venue	North, Central & South
Delivered By	Policy and Training Team Specialists
Hours	1 day (offered 6x- two separate trainings in each location to help meet district needs)
Audience	Child Protective Caseworkers, Supervisors, Program Administrators and Assistant Program Administrators, Regional Associate Directors.

#### **Structured Decision-Making Refresher and Safety Planning Training:**

##### **Number Staff Trained in 2019: 173**

This training offers participants a refresher of the Structured Decision Making (SDM) tools used during a Child Protective Investigation. It provides an overview of the CPS Investigations Policy and when and how the SDM tools should be utilized. It includes taking a closer look at the SDM definitions for Safety Threats and Risk as well as providing the participant with a case example and opportunity to apply the case information to the tools. It also discusses the decision regarding whether a family should be opened for services and how to document the decision.

IV-E Eligible	YES (75 %)
Venue	North, Central & South
Delivered By	Policy and Training Team Specialists
Hours	1 day (offered 6x times (2 separate trainings in each location to help meet workers needs)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators that needed/wanted refresher.

#### **Structured Decision-Making Safety Planning:**

##### **Number Staff Trained in 2019: 38**

The purpose of this training was to enhance the safety planning practices in child welfare by utilizing the SDM Safety Assessment Tools. The training incorporated the identification of the typology of abuse and neglect; SDM Safety Threats; working with families on the identification and building of a safety network; and constructing plans with family that are behaviorally specific with clear monitoring and back up plans.

IV-E Eligible	YES (75%)
Venue	Central Location (Augusta)
Delivered By	NCCD Children's Research Center

Hours	2 Days (offered 1x , this was then incorporated into the refresher training)
Audience	Supervisors, Program Administrators and Assistant Program Administrators

#### **Supervisory Academy-Putting the Pieces Together:**

##### **Number Staff Trained in 2019: 6**

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.

IV-E Eligible	YES (50%)
Venue	Central Location (Augusta)
Delivered By	Policy and Training Team Specialists
Hours	54 hours, three-3 day modules offered over 12 months
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

#### **The Maine Face of Human Trafficking:**

##### **Number Staff Trained in 2019: 77**

This brief class is designed to familiarize participants with the characteristics of human trafficking in Maine. It is recommended that this class be completed as the third in the Human Trafficking series of classes. Upon successful completion of this class, the participant will be able to; identify human trafficking trends in Maine, reference laws in Maine that pertain to human trafficking, recognize a victim-centered response and investigative approach to human trafficking, contact non-governmental organizations to assist with cases involving human trafficking.

IV-E Eligible	YES
Venue	On-Line
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

#### **Wellness and Managing Stress:**

##### **Number of Staff Trained in 2019: 87**

This class will focus students on the important strategies to manage stress and maintain occupational, intellectual, spiritual and emotional wellness.

IV-E Eligible	YES
Venue	On-Line
Delivered By	Justice Planning and Management Associates
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators