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Office of Child & Family Services

State of Maine

Annual Progress & Service Report

FFY 2022



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Introduction of Maine 2020-2024 CFSP

The Maine Child and Family Services Plan (CFSP) is a multi-year plan for Maine. It was 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

The OCFS Practice Model articulates the philosophy and values of OCFS when providing child and family services and in 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 children's behavioral health, childcare services, services for homeless individuals, violence prevention programs and the Maine Children's Trust Child Abuse and Neglect Prevention 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 support to resolve any identified child safety concerns. It is also critical for child welfare services to look upstream to prevent any future involvements.

Collaboration

Adoptive & Foster Families of Maine (AFFM): This agency administers Resource Family Support Services (RFSS) that provide resource parents (kinship, foster, adoptive, and permanency guardianship resource parents) with an array of services to support them in their role of caregiver for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the caregiver's skills as a resource parent and 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 the children placed in their homes. 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.

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 investigation and of child safety, ongoing service delivery to families 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. Throughout the COVID-19 Pandemic, the MCWAP panel has continued to meet through virtual meeting platforms.

*see Exhibit A for MCWAP Membership (effective 1/29/2021)

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. Work of the CAN councils has continued through the pandemic with meetings held virtually.

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, children diagnosed with failure to thrive, 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 areas. The CDSIRP did not convene during the early part of the pandemic with no meetings held between March 2020 and

June 2020. The Panel does not meet during July and August. Full CDSIRP meetings resumed through virtual platforms in September 2020.

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) Learning Exchanges: learning opportunities to improve front-line partnerships among OCFS and community-based providers, that help front-line staff know each other and understand the services each provider can offer to youth as a way to promote improved collaboration to support successful transitions for youth in care.
- 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. Throughout the Pandemic, YLAT meetings and the annual teen conference occurred through virtual platforms.

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is comprised 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 to build 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 comprised 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 meet identified needs most effectively. 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. The Regional Associate Director assigned to oversee the ARP contract facilitates monthly provider meetings with the ARP providers. Since the outset of the pandemic, these meetings have occurred remotely. The purpose of these meetings is to review contract expectations, policy expectations, discuss challenges, and during the last several months to review practice updates/guidance during the pandemic.

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 the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS is planning to discontinue the current contracts for these services, effective December 31, 2021, when the contracts end. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

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.

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 discontinued the current contracts for Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the contracts ended.

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 conducted a pilot project focusing on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*.

Parent Partner Pilot Program:

OCFS contracted with The Opportunity Alliance (TOA) to complete a one-year Parent Partner Pilot Program. The purpose of the program is to provide Parent Partner support to eligible families in York and Cumberland Counties. These families are involved with, or at risk of child protective involvement. The program seeks to reduce family involvement with Child Protective Services, improve permanency outcomes, and reduce repeated substantiations and child removals within TOA's service area.

While the Parent Partner Pilot Program has continued to support the service needs of parents OCFS conducted an internal evaluation of the service in collaboration with The Opportunity Alliance. As of part of this evaluation, OCFS included a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served. Based on the results, a decision was made to discontinue this service at the end of the contract period (June 30, 2021), yet to continue to identify opportunities to include family voice in the work of OCFS.

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 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 2020, the ICWA Workgroup pivoted its focus due to COVID-19. As in-person meetings were unable to occur, the group convened virtually, and as a result no meetings were cancelled. The focus of the meetings grew to include how both the state and tribal child welfare were ensuring and coping with the changes COVID-19 required while still ensuring child safety, well-being, and permanency. Work on the ICWA brochure was put on hold until 2021 due to the focus on COVID-19. Increasing the length of the ICWA training for OCFS staff from 3 ½ hours to a full day training was also postponed. If in-person training is unable to begin by mid-2021, then work will be resumed on increasing the training in a virtual format. OCFS and tribal child welfare continued to support a system of co-case management and partnering between OCFS and Indian Child Welfare staff. The ICWA Workgroup is also currently working on the following activities: continued

recruitment and training for Qualified Expert Witnesses; working with the University of Southern Maine, Cutler Institute to pilot a new foster parent training program for tribal foster homes, and continued partnership with the court system to ensure Guardians ad Litem and attorneys understand ICWA and how OCFS partners with the Tribes.

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 4/1/20-3/31/21
1 Timeliness of initiating investigations of reports of child maltreatment	84.2% Strength	75% 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 2020, the Management Report data reflects that on average Maine met the 24-hour timeframe of contact with all alleged victims in 84% of the reports received, an improvement from the CY 2019 average of 75%. In CY 2020, the Management Report data

reflects that on average Maine met the 72-hour time frame in 71% of the reports received, also an increase from the CY 2019 average of 63%.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strength:

- Caseworkers attempt initial contacts upon receipt of assignment of referral, no delays in making the initial attempts.
- Caseworkers make contact within the established timeframes on open service cases with an additional report.

Challenges:

- When caseworkers do not make initial attempts to meet a family quickly and they have little time left if those initial attempts are unsuccessful.
- Not all alleged victims in the reports are seen timely and there is no documentation of concerted efforts to do so.
- In the CFSR, interviews caseworkers expressed that workload emergencies impacted their ability to see the alleged victims within the assigned timeframe.
- Not all reports on multiple cases selected for case review that had between 2-4 additional reports following the initial report were seen within the required timeframe.

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 123).

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 4/1/20-3/31/21
2 Services to family to protect children in the home and prevent removal or re-entry into foster care.	50% Strength	27% 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, performed well in the national standard related to re-entry into foster care. The most recent ACF Data Profile (February 2021) reflects that Maine has now fallen behind in meeting this measure. The current re-entry rate is 13.6% which is statistically worse than the national performance.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Caseworker demonstrated efforts to support a father in ensuring safety from the child's mother through the PFA process and subsequent safety plan. Ultimately the safety plan failed, and the child was removed, however the agency was clearly trying to support the father by engage in a safe plan to allow child to remain in his care.
- Evidence of the agency taking appropriate and necessary step of removing children from the care of parents due to significant substance abuse, domestic violence, and significant child injury when it was unknown which parent inflicted the injury. In those cases, there were not sufficient services that could have been implemented quickly to mitigate the safety concerns for the children.

Challenges:

- Lack of documentation that safety plans put in place, both written and verbal, were appropriately monitored. Also, if a plan was broken there was no documentation of follow up in terms of accountability to the plan.
- Agency proceeded with unplanned trial placement due to the child testing positive with Covid-19 despite ongoing indication that the mother would not be able to manage child safety. In this case, the child was reunified prior to in home services being in place. Ultimately the placement failed, and child re-entered foster care.

- Service cases where parents are resistant to services, despite safety concerns, and agency did not ensure that safety was mitigated through services or child removal.

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 123).

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:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/20-3/31/21
3 Risk and safety assessment and management.	40% Strength	29% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Caseworker engaged the family through a thorough assessment of issues leading to child welfare intervention and engaging the family's extended family to support the safety plan that was developed while the parents participated in necessary and appropriate services. This included assessing the grandparents who would be responsible for monitoring the daily contact between the children and their parents. The agency maintained regular

contact with the parents, extended family and providers working with the parents to monitor progress.

- Concerted efforts to engage the out of home parent in the investigation process.
- In cases of nonverbal and/or developmentally delayed children, the agency engaged in ongoing assessment of child safety through observations of child with caregivers and contact with providers involved with the family including medical, educational, and childcare.
- When issues were raised regarding the parent's visitation, caseworkers had direct conversations with the parents to notify them of the concerns and set further parameters/guidelines as appropriate.

Challenges:

- In 36% 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, despite their having regular contact with children and could have provided input into the situation.
 - Lack of thorough assessment of parental mental health, substance use and domestic violence.
- In 33% 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 other individuals who become the alternative caregiver for the child(ren), either out of home parents or relatives.
 - 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 contact with providers working with a family to assess family functioning and progress in mitigating concerns. For example, a child with life threatening medical issues, yet there was a gap of 5 months between contact with medical provider and agency. The last contact with the provider indicated the parent was not following through on medical appointments for child, yet the service case was closed.
 - Several foster care cases where the children were not seen alone, often with siblings and/or foster parents present.
- In 9% 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 were being followed and/or not having fully assessed the identified person responsible for monitoring the safety plan to ensure that person has the capacity to do so. For example, a family friend is identified as the person to monitor the safety plan, however this

friend did not believe there were issues with parental behavior that led to intervention.

- In 68% of the cases reviewed there were safety concerns that were not adequately or appropriately addressed.
- In 25% 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 grandparents and it's unclear how the agency supports the grandparent's ability to ensure appropriate boundaries are followed during these visits.
 - Lack of clear communication between caseworker and supervising agency when concerns were raised regarding visits between children and parents.
- In 13% of the cases reviewed there was concern for the child in foster care 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 a foster home allowing birth parents to have contact with children despite the concerns related to the children's behavior following the visit. The foster parents reported they would no longer allow the contact; however, the agency did not assess why the foster parents would have allowed the contact given historical concerns related to the parents.
 - Allegations made by adult children of foster parent that aren't fully assessed in relation to the care of the foster child in the home.

The data also reflects that Maine is challenged in preventing recurrence of maltreatment. The most recent ACF Data Profile (February 2021) reflects that Maine's rate of repeat maltreatment for the reporting period FY 2018-2019 was at 15.0%, statistically worse than the national performance (9.5% or below). It is noted that Maine's decline in this area has been observed since FY 2016/2017 (12.8%) as well as FY 2017/2018 (13.2%).

The February 2021 Federal Data Profile Contextual data file was reviewed to determine which areas of Maine, by county, were struggling more in this measurement.

York	Kennebec	Penobscot	Androscoggin	Cumberland	Somerset	Aroostook	Hancock	Knox	Washington
18%	17.8%	13.6%	12.3%	9.2%	8.8%	6.2%	5.3%	5.1%	3.7%

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 125).

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; and
- Item 6 - Achieving reunification, guardianship, or permanent placement with relatives.

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 4/1/20-3/31/21
4 Stability of Placement	75% Strength	84% Strength

Maine received notification from the Administration of Children and Families in the fall of 2020 that it met the PIP goal for Item 4, successfully completing it in the first measurement period.

The most recent ACF Data Profile (February 2021) reflects that Maine exceeded the national standard in this measure. The National Performance measure is 4.44 or below and Maine met this measure at 3.69.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 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 a child moved, the move was done to meet the permanency goals of the child, i.e., moving to an adoptive placement.

Challenges:

- Children with multiple placements in part due to lack of assessment/matching between placement and child and his/her needs.
- Providers openly experiencing challenges in caring for multiple children, yet no documentation of efforts made by the agency to support the placement leading to instability for the children in the home.
- In interviews for the CFSR, provider reporting that they were unaware of the child's behavioral challenges prior to placement and then unable to manage the behavior.

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.

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 125).

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 4/1/20-3/31/21
5 Permanency goal for child	80% Strength	53% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- In 80% of the cases reviewed, the initial permanency goal was established timely, most often the goal of reunification was established at the point children enter foster care.
- Timely establishment of OPPLA goal involving older youth and, in one case, the youth verbally expressed no interest in adoption.
- Cases where the concurrent goal of adoption was established within 6 months of child entry into care and was appropriate based on the case circumstances.

Challenges:

- In 68% of the cases reviewed the permanency goal was determined to be appropriate.
- Goal of family reunification is inappropriate based on the case circumstances. Examples include continuing this goal for 18-29 months following child entry into foster care.
 - In one case, the mother had multiple previous episodes of child welfare involvement with parental rights terminated. Despite this history the goal of reunification remained the primary goal for 29 months although adoption was added as concurrent goal within 5 months of the child's entry into foster care.
- Agency not changing goal to adoption until after the termination of parental rights is granted.
- Decision making related to filing a TPR could be several months prior to the petition being filed.

- Delays in establishing paternity.

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 125).

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 reunification, 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 4/1/20-3/31/21
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	28% Strength

The ACF Data Profile (February 2021) reflects that Maine falls below the national performance in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months - Maine's performance was 26.5%, statistically worse than the national performance of 42.7%.

The table below reflects the percentage of children exiting care who had been in care within 12 months of entry for the last three federal fiscal years by county and all, but York and Washington Counties, experiencing a decrease in this measure since FFY 2016:

	16A16B Exit	17A17B Exit	18A18 B Exit
Androscoggin	27.7%	33.1%	24.5%
Aroostook	47.5%	38.6%	16.5%
Cumberland	24.8%	22.7%	24.4%
Hancock	72.2%	22.7%	23.3%
Kennebec	22.6%	23.8%	20.7%
Knox	23.5%	38.5%	19.4%
Penobscot	35.3%	26.8%	34%
Somerset	56.1%	58.8%	41.5%
Washington	14.3%	31%	35.7%
York	24.8%	32.6%	28.6%

The February 2021 Federal Data Profile Contextual data file was reviewed to determine which areas of Maine, by county, were struggling more in this measurement in the most recent reporting period. The table below reflects the distribution of entries and exits of children entering foster care for the 18A18B (10/1/17-9/30/18) cohort:

	18A18B Entry	18A18B Exit
Androscoggin	16.1%	15%
Aroostook	7.8%	4.9%
Cumberland	12.5%	11.6%
Hancock	3%	2.6%
Kennebec	16.2%	12.7%
Knox	6.6%	4.9%
Penobscot	16.6%	20.6%
Somerset	5.2%	8.2%
Washington	5.5%	7.5%
York	11.1%	12%

This data suggests that, while the District 5, Augusta office has the second highest entry rate (16.2%), the exit rate within 12 months is the 3rd highest (12.7%). It is notable that the District 6, Penobscot county office has the highest rate of entry in FFY 2018 (16.6%) and their exit data exceeds the entry rate (20.6%). However, the re-entry rate for FFY 2018 reflects that District 6, Penobscot had the highest re-entry into foster care rate.

- Achieving permanency between 12-24 months - Maine's performance was 37.3%, statistically worse than the national performance of 45.9%.

The table below reflects the percentage of children exiting care who had been in care 12-23 months at the start of each year for the last three federal fiscal years by county:

	18A18B Exit	19A19B Exit	20A20B Exit
Androscoggin	67.4%	44.4%	35.6%
Aroostook	60%	33.3%	11.3%
Cumberland	60.7%	44.9%	43.7%
Hancock	25%	41.2%	31.3%
Kennebec	62.2%	59.3%	37.6%
Knox	57.1%	40.7%	48.8%
Penobscot	59%	68.4%	45.7%
Somerset	100%	40%	72.4
Washington	55%	71.4%	56.3%
York	57.9%	36.4%	40%

The February 2021 Federal Data Profile Contextual data file was reviewed to determine which areas of Maine, by county, were struggling more in this measurement. The table below reflects the distribution of children who had been in care between 12-23 months at the start of the year (first column labeled as ‘entry’) and exits of children entering foster care for the 20A20B (10/1/19-9/30/20) cohort:

	20A20B Entry	20A20B Exit
Androscoggin	16%	14.2%
Aroostook	9.6%	2.7%
Cumberland	13.4%	14.6%
Hancock	2.5%	1.9%
Kennebec	18%	16.9%
Knox	6.6%	8%
Penobscot	14.5%	16.5%
Somerset	4.5%	8.1%
Washington	4.9%	6.9%
York	10%	10%

This data suggests that, while the District 3 (Androscoggin County) office has the 2nd highest rate of children in foster care between 12-23 months in FFY 2020 (16%), they also had the 4th highest rate in exit rate (14.2%) for that period.

- Maine’s performance on achieving permanency for children 24+ months is 31% which is not statistically different than the national performance of 31.8%.

The permanency outcomes related to 12-23 months and 24+ have shown a decline beginning in FFY 2019. In the AFCAR period 18B19A (4/1/18-3/31/19) both measures were performing statistically better than the national performance. In the AFCAR period 19A19B (10/1/18-9/30/19) both measures reflected performance not statistically different than national performance and both

dropped since that time with the 12-23 permanency achievement performance measure falling below the national performance rate and the 24+ month trending down as well, although still considered not statistically different as of the most recent Data Profile.

In February 2021, the revised Permanency Review Team process was implemented with one of the focuses being on those children who have been in care for an extended period. This process should have a positive impact on these measurements.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Timely achievement of goals was 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.
- Efforts to achieve the permanency goal were clearly documented, including placing children in homes willing to commit to long-term permanency for the child if/when appropriate.
- Older youth placed in a home that committed to keeping youth beyond 18 years of age and open to adopt youth if/when youth was willing to commit to an adoption.
- Concerted efforts to involve parents in reunification efforts were well documented.

Challenges:

- Significant delays in filing TPR as noted in Item 5 led to delays in timely achievement of adoptions.
- Court delays in obtaining hearing dates, in part due to COVID 19 closures and needing to prioritize jeopardy hearings over termination of parental right hearings.
- Lack of concurrent planning impacts timely achievement of adoption goals. Several cases where children were placed with a pre-adoptive family, however work on adoption didn't start until the TPR was finalized.
- Caregivers of children delay in making commitment to long-term permanency for children and lack of efforts by the agency to support and facilitate timelier decisions by caregivers and/or pursuing other permanency options for children.
- Delays in legal clearances due to missing documentation.

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 4: 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 125).

Permanency Outcome 2 includes the following:

- Item 7 - Placement with siblings.
- 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 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 4/1/20-3/31/21
7 Placement with siblings	91% Strength	83% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- In larger siblings' groups, efforts were demonstrated to place as many together as possible in one home.
- Assessment was evident in those situations when siblings were unable to be placed together, either due to the highly specialized need of the child, or his/her sibling(s).
- When new siblings are born and enter custody, the agency makes placement with the provider caring for the child being reviewed.

Challenges:

- Lack of efforts to reassess the ability to place siblings together when initial placement couldn't maintain a larger sibling group.
- When siblings enter foster care at a later date, assessment of placing siblings together is not conducted or documented as to why placement of siblings would not be appropriate.

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.

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 4/1/20-3/31/21
8 Visiting with parents and siblings in foster care	58% Strength	44% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Cases that reflect visits with mothers of children happening multiple times a week.
- Cases that demonstrated a progression down in the level of supervision, starting off as supervised in an agency transitioning to unsupervised.
- Siblings having visits outside of family visits with parents, even in cases where there are multiple siblings.

Challenges:

- In 27% of 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 42% the cases reviewed, concerted efforts were not 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 37% 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 39% of the cases reviewed, concerted efforts were not 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 38% 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 40% of the cases reviewed, concerted efforts were not 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 quality of visits include:
 - Agency not following up when learning about arguments happening between parents during the visits combined with the child returning to the placement and having emotional dysregulation; and
 - Not following up when learning about others that are present during unsupervised visits and assessing the safety of those people and/or the dynamics between the parent and others involved in the visit.

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 125).

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 4/1/20-3/31/21
9 Preserving connections	85% Strength	46% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- In 100% of the cases reviewed, there was an inquiry conducted with the parent, child, custodian, or other interested parties to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe.
- Older youth being able to make decisions related to maintaining connections important to the youth.
- Placement in the same community allows for children to remain in the school districts and maintain established friendships.
- Foster parents supporting contact with child's parents and extended relatives allowing for more frequent visits supervised by foster parent, i.e. holiday, birthdays.
- Placement of infant with a sibling who had been previously adopted.

Challenges:

- In 46% 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 extended maternal and paternal relatives.

- Lack of effort to maintain connections with siblings who are not in foster care, i.e. living in adoptive homes, birth home.

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 123).

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 4/1/20-3/31/21
10 Relative Placement	87% Strength	65% Strength

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the 2020 calendar year, relative placements as a percentage of the population ranged from 40% to 43%, averaging 42% which was up from the CY 2019 figure of 40%.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Reviews found concerted efforts to locate and assess relatives, and relatives being 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).
- Evidence of continued exploration of relatives for youth who were experiencing behaviors that would require a higher level of care, however limited ongoing assessment of relatives to ensure little to no delay if/when youth could be placed in a family setting.
- In 93% of the cases that were reviewed where the child was placed with the relative, the placement was stable.
- Exploring relative supports, including sending out all relative notifications to identified relatives.
- Placement of infant child with adoptive parents of sibling who would be considered relatives based on the adoption.

Challenges:

- In 50% of the cases reviewed, concerted efforts were not documented related to identifying, locating, informing, and evaluating maternal relatives for potential placements for the child.
- In 41% of the cases reviewed, concerted efforts were not documented related to identifying, locating, informing, and evaluating paternal relatives for potential placements for the child.
- In cases where there is little to no contact with a parent there was no documented efforts to explore for relatives using other connections, i.e. no contact with the mother, however not exploring with the father if he could identify maternal 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 123).

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 4/1/20-3/31/21
11 Relationship of child in care with parents	64% Strength	47% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 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.
- Discussions related to upcoming appointments and activities discussed at Family Team Meetings.
- Foster parents supported parent involvement in appointments/activities. For example, during COVID when only 1 person could be in an appointment with child the foster parent facetedimed each of the parents so they could participate in the appointment.

Challenges:

- In 45% of the cases reviewed, concerted efforts were not made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In 49% of the cases reviewed, concerted efforts were not made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.
- Caseworkers report leaving it up to the foster parents to notify the parents of appointments and then it doesn't happen.

- Parent reported being told she could attend appointments, but then not told when they are or told after the appointment.
- Foster parents scheduling appointments with biological children at the same time and not wanting the parents 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 125).

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 4/1/20-3/31/21
12 Needs and services of child, parents, and foster parents	68% Strength	17% Strength
12A Needs Assessment of Children		41% Strength
12B Needs Assessment of Parent(s)		17% Strength
12C Needs Assessment of Foster Parents		54% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- When the mother's needs were assessed the agency did provide appropriate services to address the needs.
- Ongoing assessment of children needs were evident in the case record through interviews with children, parents, resource parents, GALs, and other collateral contacts. In these cases, the workers were timely in addressing identified needs.
- Older youth being provide IL services to include driver's education, Opportunity Passport, and YLAT. The Youth Transition Tool was completed to identify needs of the youth and there was evidence of follow up to address the needs.
- Caseworkers made consistent contact with parents to assess their needs and address the needs through referrals to appropriate services. In addition, caseworkers had ongoing contact with providers to assess how parents were progressing in services.
- Documentation of agency efforts to assess the needs of stepparents and significant others of the parents. Agency then addressed any needs that may impact the parent's ability to successfully parent the children.
- Evidence in the record and through the interview process with resource parents, that enabled reviewers to confirm caseworkers were having monthly contact with caregivers and specially asking them if they had any needs which were then followed up on.
- Supporting resource parents during the pandemic including, in one case, reimbursing the cost of a nanny for the children in the home as one child was immunocompromised and would have been at risk if any of the children in the home were in a childcare setting outside the home.
- CFSR interviews with youth and foster parents reflect the agency was viewed as supportive to the family.

Challenges:

- In 48% of the cases reviewed the needs of children were assessed, addressing those needs in 27% of the cases.
 - Lack of services provided despite evaluations recommending services needed in relation to peer relationships, socialization, coping skills and self-esteem.
 - Documentation doesn't show evidence of conversations with the children related to assessing the children's needs.
 - Agency leaving responsibility for coordinating developmental evaluations or other services for young children to the foster parents and then not following up with the foster parents to ensure the connections were made and the children were receiving the needed evaluation/service.

- In service cases, lack of assessing and addressing all the children in the home, rather focusing in on one who may have had more challenges than others in the home.
- In service cases where there are providers working with the children, the agency did not consistently reach out to providers to assess how the children and families were doing in terms of the services being provided.
- Children with exposure to parental substance use often not provided services to support the children.
- In 21% of the cases reviewed the needs of mother were assessed; addressing those needs in 19% of the cases; in 16% 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.
 - Lack of quality and frequent contact with the parents impact this area, as well as assessments can't occur routinely with insufficient contact. In the CFSR interviews with some parents, it was evident that these challenges impact the parents' understanding of what is required of them to successfully reunify with their children.
 - Lack of follow through to support parents who were requesting support/help from the agency, i.e. a mother with significant substance abuse requesting support to obtain a following up evaluation to receive inpatient treatment, however this was not provided; a father who was requesting support for inpatient treatment, but the agency discontinued contact with the father and no support was provided.
 - In some service cases, the parent agreed to services, however the case was closed prior to the services being put in place.
 - In services cases, there was little contact with established providers for the family prior to case closure to ensure that the family was sufficiently engaged and to obtain the providers input into the decision related to closing the case.
- In 55% of the cases reviewed the needs of foster/pre-adoptive parents were assessed, addressing those needs in 41% of the cases.
 - Lack of support when foster parents were verbalizing challenges managing the behavior of foster child.
 - Interviews reflect that the caseworker believes that when/if foster parent need supportive services that they would be able to obtain these independent from the agency.
 - Relative providers who have older children, not in foster care, in the home and have trouble managing behaviors, however no efforts by the agency to support foster parents in those issues, despite the potential impact to the foster child in the home.

- Relative foster parents who may have a history of substance use, however the agency did not engage in ongoing assessments to determine how the foster parent was managing those issues while providing care for their relative foster child.

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 of 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 125).

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 4/1/20-3/31/21
13 Child and family involvement in case planning	55% Strength	21% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Involving children as young as age 7 at an age and developmentally appropriate level.
- Routine contact with children and parents to actively engage them in the case planning process.
- Engaging children and parents formally and informally in case planning - FTMs, court hearings and during monthly caseworker contacts. In one CFSR interview with a mother, she reported that the formal and informal planning helped her understand what was needed to reunify with her child.
- Engaging older youth in a case planning process that met the needs of the youth. In one case, the youth reported in her CFSR interview that she felt her voice was heard and she was part of the decision making although she didn't engage in formal case planning meetings or court proceedings by her own choice.
- During the interviews with youth and parents for the CFSR, they indicated to the reviewers that they felt they had a voice in decision making. One parent indicated she appreciated the engagement and indicated that it was easier for her to be open with her safety network due to the environment created by the agency for her to do so.

Challenges:

- In 72% of the cases it was not 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 engaging children in case planning as it relates to their wishes for permanency.
- Several cases, both service and foster care, where children were not included in the case planning process, either formally or informally, despite being age and developmentally appropriate.
- In 80% of the cases it was not evident that mothers were involved in case planning; in 87% of the cases it was not evident that fathers were involved in case planning.
 - Lack of contact with parents impacts the ability to case plan with them which was evident in case reviews.
 - Lack of FTMs held with parents despite the goal of reunification.
 - Lack of relapse prevention planning with parents who struggle with substance use.
 - Lack of efforts to engage parents separately in the case planning process to ensure that each individual has opportunity to develop their own goals should they be in conflict with their partners.
 - In service cases, lack of involving parents and their formal and informal supports in planning related to safely closing the case.
 - In service cases, lack of reassessment of safety plans despite knowledge that the plans were broken.
 - In services cases, when FTMs were held the parent's providers were not included which impacts the ability to develop an inclusive, realistic plan to address the identified issues.

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 visits 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 visits 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 123).

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 4/1/20-3/31/21
14 Caseworker visit with child.	63% Strength	35% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 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 having contact with parents to assess those interactions.
- Observations completed of children, including their interactions with others living in the home.

- Nonverbal children were observed in their environment, including interactions between those children and their caregivers. In addition, caseworkers contacted medical and childcare providers for their perspectives on how the child was doing in the home.
- Key conversations were evident during the contacts and included exploring 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.
- Case record and interviews with youth and foster parents reflected the agency had monthly contact with children in the home and ensured that contact was in a private setting. In addition, for those nonverbal children it was clearly documented that the agency was observing the interactions between the child and caregivers, as well as contacting collaterals for their perspectives as part of the assessment.
- In one case where the child was resistant to meeting with the caseworker alone, the foster father and caseworker developed a plan for the foster father to step away from the monthly caseworker contact for a short period of time allowing the worker time to privately check in with the child without creating stress for the child.
- Documentation reflected that conversations with children included efforts to assess their safety in their homes, as well as their perspectives related to permanency and wellbeing needs.
- In service cases that included multiple children, efforts were made to meet with each of the children individually in a private setting, i.e. child's bedroom, outside.

Challenges:

- In 72% of the in-home service cases reviewed the **frequency** of contact did not meet the expectations; in 29% of the foster care cases reviewed the **frequency** of contact did not meet the expectations.
 - In service cases children were initially interviewed but then primarily only observed.
 - In those cases where frequency wasn't met it was generally due to the agency worker not interviewing child(ren) as warranted by the case circumstances, i.e. prior to closing the case, prior to child moving to another state to be with a relative.
 - In service cases, there were multiple gaps in months between contacts with the agency and child.
- In 88% of the in-home service cases reviewed the **quality** of contact did not meet the expectations; in 40% of the foster care cases reviewed the **quality** of contact did not meet the expectations.
 - For age and developmentally appropriate children, there was a lack of documentation of conversations related to child safety, permanency, and wellbeing needs, including the permanency wishes of children in foster care.

- Visits not consistently occurring in the child's home, in one case the child was only seen 3 out of the 11 months in the home, other contacts occurred in the community.
- Interviews with children often occurred with others present/nearby, parents, caregivers, siblings, or other caregivers.
- There were in home service cases with multiple blank face-to-face narrative entries and/or entries that were copied from previous months with no updated information.

Table 1 reflects the data pulled from the CY 2020 Monthly Management Reports related to the percentage of monthly caseworker contacts with **children in foster care** that occurred during the month as well as the percentage of those that occurred in the child's home environment:

Table 1

District	Average % of Children Seen Face to Face (CY 2020)	Average % of Children Seen in the home (CY 2020)
1	94%	91%
2	89%	92%
3	96%	89%
4	93%	98%
5	96%	89%
6	91%	94%
7	96%	91%
8	89%	90%
CY 2020 Total Average	93%	92%

Table 2 reflects data pulled from the CY 2020 Monthly Management Report related to the percent of monthly caseworker contacts with **children** identified as critical case members in **open service cases**:

Table 2

District	Average % of Children Monthly in Open Service Cases Seen Face to Face (CY 2020)
1	78%
2	71%
3	77%
4	60%
5	77%
6	64%
7	76%
8	62%
CY 2020 Total Average	71%

Maine's response to ensuring children and families were seen during the initial stages of the Covid-19 pandemic was to implement a protocol using video contacts in situations where the technology was available. In the spring of 2020, the Quality Assurance Team conducted a review of 399 randomly selected monthly caseworker contacts conducted virtually that occurred between mid-March to mid-May. Historically, OCFS caseworkers have had challenges with demonstrating that monthly caseworker contacts with children are of adequate quality. Workload has been identified as a barrier to providing quality documentation. As a result of the pandemic and workers being allowed to use video chat to conduct caseworker contacts there was a working theory that quality of the contact may become more evident in the narrative as other aspects of casework, i.e. travel time, were minimized during this period.

This study consisted of a review of monthly caseworker contact narratives as well as a look back at the last in-person caseworker contact narrative to determine if documentation reflected better quality in the virtual contact versus the in-person visit. QA Specialists used a simple rating tool that was broken down into safety, permanency, and wellbeing categories. In rating the contact, reviewers considered whether the documentation demonstrated that the visit was 'poor', 'ok' or 'really good'. QA Specialists also interviewed an array of approximately 50 child welfare staff (caseworkers, supervisor, and case aides) for their perspective on the use of video caseworker contacts.

In summary:

- Staff reported that if/when they had good relationships with parents/foster parents/caregivers prior to the pandemic, then generally the contacts through video were not impacted. However, foster parents were more distractible given the activity happening in the home, i.e. other kids in the home due to the pandemic, home schooling etc.
- Staff reported having more success in being able to keep scheduled meetings/contacts, not needing to reschedule as often.
- Some staff reported convening better Family Team Meetings through video as it allowed more people to attend due to reduced travel time and less frequent interruptions by participants.
- Despite some of these noted benefits, staff were eager to return to in-person contacts and recognized the limitations of video only contacts. In the interviews, caseworkers spoke about their level of discomfort with not being able to see the environment as they considered safety assessment. Based on this experience, caseworkers may be more cognizant of the value of observations in the assessment of safety and strengthen their own practice in this area.
- Staff reported that it was difficult to accept new cases through the transfer process and building the relationship through a video chat.
- Staff reported that they did appreciate that travel was not required to complete virtual contacts but indicated that time saved on travel was expanded in other areas:

- Supporting foster parents in their use of electronic devices and their discomfort in using the devices.
- Problem solving with families who do not have access to the iPhone/technical devices so Zoom contacts could be held.
- Internet strength in some areas of the state are poor and resulted in ‘glitchy’ service. One example being in the middle of a sensitive or difficult conversation with a parent and having the service interrupted which is then difficult to get back to when reconnected. Internet service also affected the caseworker’s ability to stay online and access to Macwis to document their work.

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 125).

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 4/1/20-3/31/21
15 Caseworker visit with parent(s)	35% Strength	14% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- Meeting with parents alone in an environment conducive to open conversations.

- The case record and interviews with parents reflected the agency having, at a minimum, monthly contact in the home and if needed more frequent contact.
- The case record and interviews reflect the visits include the opportunity for each of the parents to be met with privately.
- Documentation reflected conversations with parents included efforts to assess/address the safety needs of the children, the needs of the parents and progress being made towards meeting case goals. In addition, for foster care cases the conversations included updating parents on how the children were doing in placement and school, as well as medical updates etc.
- In some situations where contact was not monthly, the caseworker documented concerted efforts to schedule time to meet with parents including multiple phone calls, letters, and unannounced contacts.

Challenges:

- In 64% of the in-home service cases reviewed the frequency of contact with the **mother** did not meet the expectations; in 73% of the foster care cases reviewed the frequency of contact with the **mother** did not meet the expectations.
- In 84% of the in-home service cases reviewed the quality of contact with the **mother** did not meet the expectations; in 83% of the foster care cases reviewed the quality of contact with the **mother** did not meet the expectations.
- In 82% of the in-home service cases reviewed the frequency of contact with the **father** did not meet the expectations; in 77% of the foster care cases reviewed the frequency of contact with the **father** did not meet the expectations.
- In 85% of the in-home service cases reviewed the quality of contact with the **father** did not meet the expectations; in 86% of the foster care cases reviewed the quality of contact with the **father** did not meet the expectations.
- Lack of documentation of quality conversations with the parents related to the reasons the agency was involved with the family/parents.
- Caseworkers not meeting consistently with parent(s) in the home, often being seen at Court, FTMs, office visits or during supervised visits between the parents and children.
- 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.
- Several cases included blank narratives or narratives copied from prior months with no updates.

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 126).

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 4/1/20-3/31/21
16 Educational needs of child assessed and addressed.	95% Strength	43% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 found the following:

Strengths:

- In-home service cases in which the caseworker facilitated communication and meetings between the child's medical provider, school, and parents.
- In some cases, it was evident that the caseworker was having monthly conversations with foster parents and children in care about their educational needs and if services are in place whether they are meeting their needs.
- Cases where it was evident that the educational teams for the children, including the caseworker, were having regular contact to monitor the educational plan, and making appropriate adjustments.

Challenges:

- In 28% of the in-home service cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
- 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 follow up to ensure recommendations of evaluations were completed.
 - Lack of documentation of contacts with school as part of the assessment of children's educational needs.
 - Not assessing and/or addressing educational needs of all the children in the home.
- In 55% of the foster care cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
- In 38% 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.

- Limited or no contact with schools to assess and ensure the children's educational needs are being met.
- Assumptions that the caregiver of children (foster parent or parent) was engaging with the school to ensure needs are being met, however this didn't happen, and the child's needs were 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 125).

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 4/1/20-3/31/21
17 Physical health needs of child assessed and addressed.	64% Strength	35% 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 64% 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 59% of the cases reviewed.
- In 53% of the foster care cases reviewed the information supported that the agency provided appropriate oversight over prescription medications to address physical health issues.
- Documentation reflects the agency caseworkers checking in with the foster parents regarding the children's medical and dental needs on a monthly basis.

Challenges:

- In 23% 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 14% of the cases reviewed.
- In 17% 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 8% of the cases reviewed.
- In 45% 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 43% of the cases reviewed.
- Records were not updated in relation to WCC or dental appointments, the case review interviews often were the method used for reviewers to be able to support a strength rating.
- Caseworkers assumed that the caregiver of children (foster parent or parent) is engaging with the school to ensure needs are being met, however this didn't happen, and child's needs were left unassessed/addressed.

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 125).

Item 18: (Mental/behavioral health of the child) 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 4/1/20-3/31/21
18 Mental/behavioral health needs of child assessed and addressed.	67% Strength	15% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/20-3/31/21 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 engaged in discussions with clinical providers to assess treatment needs.
- Caseworkers attended medication appointments for children in foster care and followed up with caregivers monthly to check in on how the child was handling the medication regime.
- Caseworkers had monthly conversations with caregivers regarding children's mental health needs and subsequent follow up if/when concerns were raised.

Challenges:

- In 41% of the foster care cases reviewed the information supported that the agency had accurately assessed the child's mental health needs; addressing those needs in 30% of the cases reviewed.
- In 21% of the foster care cases reviewed the information supported that the agency provided appropriate oversight on prescription medications to address physical health issues. There was a lack of documentation of caseworker contact with prescribing medical providers to conduct this oversight. In at least one case, the record and interview reflected the caregiver had missed multiple appointments with a provider which led to a lapse in the child receiving medication which then led to an increase in behavioral challenges from the child that the medication helped manage. The caseworker was unaware of these missed appointments until after the behaviors had increased.
- In 5% of the in-home service cases reviewed the information supported that the agency had accurately assessed the child's mental health needs; addressing those needs in 8% 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 125).

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 exchanges 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, investigation, 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. 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

2020 approximately 1,585 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. Six (6) certified deployments were completed during 2020, continuing to maintain and resolve issues with the application, as well as support all new state and federal requirements. The 6 releases which OCFS completed in 2020 included approximately 26 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 of the 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 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). The current timeline for deploying the new Comprehensive Child Welfare Information System (CCWIS) began on April 1, 2020 when system configuration started. The CCWIS workplan outlines the expectation of full implementation in January 2022.

For the thirteenth 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 the twelve other states on the ROM Leadership Council. The development of an agenda for ROM enhancements is undertaken with the advisement of this ROM Leadership Council. During 2020, OCFS 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 additional reports that would show non-federal removal episodes, the expansion of the flexibility of applying indexes to DAT, CLC, and OUT tables and allowing placements to span episodes. OCFS continues to work and meet with the ROM Liaison for technical assistance in using ROM, including answering questions and resolving problems being experienced, providing information and status on releases, supporting User Acceptance Testing efforts and implementing production releases and communicating details on data extracts and analysis. On April 17, 2020 OCFS released ROM SSO login for increasing ease of access and improving 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 an 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 was 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.

In 2020, OCFS collaborated with the AAGs office to develop a revised Family Plan based on feedback from stakeholders including parents, attorneys, and staff. The plan was initially piloted in one district and fully implemented statewide in November 2020. Community partners, including parent attorneys, GALs, AAG staff and the Maine Judicial Branch shared positive feedback regarding this plan.

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

- In 72% of the cases it was not evident that children were involved in case planning.
 - There was little to no contact with services providers for input as to how children/youth were progressing in treatment.
 - Lack of engaging children in case planning as it relates to their wishes for permanency.
 - Several cases, both service and foster care, where children were not included in the case planning process, neither formally or informally, despite being age and developmentally appropriate.

- In 80% of the cases it was not evident that mothers were involved in case planning; In 87% of the cases it was not evident that fathers were involved in case planning.
 - Lack of contact with parents impacts the ability to case plan with them which was evident in these case reviews.
 - Lack of FTMs being held with parents despite the goal of reunification.
 - Lack of relapse prevention planning with parents who struggle with substance use.
 - Lack of efforts to engage parents separately in the case planning process to ensure that each individual has opportunity to develop their own goals should they be in conflict with their partners.
 - In service cases, lack of involving parents and their formal and informal supports in planning related to safely closing the case.
 - In service cases, lack of reassessment of safety plans despite knowledge that the plans were broken.
 - In services cases when FTMs were held parent's providers were not included which impacts the ability to develop an inclusive, realistic plan to address the identified issues.

OCFS considers convening Family Team Meetings a key strategy in how it conducts its work related to family engagement. Given that, it is important to understand what the current practices are related to Family Team Meetings. A QA review was conducted in the late spring 2020 of a random sample of 10% of the FTMs held in the prior year. A total of 158 FTMs were reviewed; 76% were foster care cases and 24% were in home service cases. Due to the need to strengthen engagement with family and youth/children in these meetings the review primarily focused on who was invited and who participated. Factors reviewed included: 1) whether the FTM Matrix was utilized; 2) whether a follow up FTM scheduled at the end of the reviewed FTM; and 3) whether there was a Macwis narrative indicating that the FTM was held. The following was found:

1. In 26% of the meetings reviewed the child/youth, 8 years or older, participated in the meeting. It could not always be determined why the child/youth was not included in the meeting.
2. In 91% of the meetings where mothers would have been expected to attend the meetings, her participation was evident. There were several cases where the meeting was clearly focused on the father or child/youth and the mother would not have been a participant (i.e. DV situation where meetings together would not have been appropriate, whereabouts unknown, mother TPR'd).
3. In 83% of the meetings where fathers would have been expected to attend the meetings, his participation was evident. There were several cases where the meeting was clearly focused on the mother or child/youth and the father would not have been a participant (i.e. DV situation where meetings together would not have been appropriate, whereabouts unknown, father TPR'd).
4. In 84% of the meetings reviewed there was an associated Macwis narrative that the FTM was held, although often the documentation was limited. Limited documentation may not be problematic if all the elements of the Matrix are completed, but that was not often the case.

5. Completion of FTM Matrix:
 - a. In 43% of the meetings reviewed, the Matrix was entirely completed.
 - b. In 37% of the meetings reviewed, the Matrix was incomplete. The two blocks in the Matrix that were most often not completed were “What could go wrong with this plan?” and “What will the team do to prevent this?”; and
 - c. In 20% of the meetings reviewed, the Matrix was entirely blank. In a handful of cases neither the Matrix nor the Macwis narrative was completed so there was no record of the FTM except for the blank Matrix template.
6. In 13% of the meetings that were reviewed, a date for the following FTM was scheduled.
7. In reviewing the Invitation List drop down in the Matrix:
 - d. 37% of the meetings reviewed reflected the use of the invitation list - who was invited, who attended and the role of the participant.
 - e. 46% of the meetings reviewed reflected the invitation list was incomplete. What was typically found was when people were invited but did not attend, no documentation as to why this occurred. In many cases, MACWIS documentation of the meeting provided information as to who participated which was inconsistent with what was reflected in the Invitation list of the Matrix.
 - f. 17% of the meetings reviewed reflected the invitation list was not utilized at all.

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 the 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 in the area 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 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.

Beginning in May 2019, the MJB began reviewing reports for each district court showing the total number of child protection filings as compared to the previous year. These reports are reviewed monthly and 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 CP matters to the CP docket as needed to accommodate the CP caseload and comply with all statutory timeframes.

The ACF Data Profile (February 2021) reflects that Maine falls below the national performance in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months - Maine's performance was 26.5%, statistically worse than the national performance of 42.7%; and
- Achieving permanency between 12-24 months - Maine's performance was 37.3%, statistically worse than the national performance of 45.9%.

Maine's performance on achieving permanency for children 24+ months is 31% which is not statistically different than the national performance of 31.8%.

The permanency outcomes related to 12-23 months and 24+ months have shown a decline beginning in FFY 2019. In the AFCAR period 18B19A (4/1/18-3/31/19) both measures were performing statistically better than the national performance. In the AFCAR period 19A19B (10/1/18-9/30/19) both measures reflected performance not statistically different than national performance and both dropped since that time with the 12-23 permanency achievement performance measure falling below the national performance rate and the 24+ month trending

down as well although still considered not statistically different as of the most recent Data Profile where the data used for those measures was AFCAR period 20A20B (10/1/19-9/30/20).

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 60th 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 March 2021 QA review of a 10% of children who entered foster care in 2019 found that initial permanency hearings occurred timely in 100% of the cases reviewed. In 98.9% of the cases reviewed it was found that the subsequent permanency hearings were held within 12 months of the prior permanency hearing. This was an improvement from the last report period which met at 96% of the time.

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 55% of cases reviewed from 4/1/20-3/31/21 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.

In January 2021 a study was completed to determine how the agency was performing in relation to providing written notification of court hearings/reviews to caregivers/resource parents. In a sample size of 10% of the prior year’s court activity court notification letters to caregivers for the identified court hearing were found in 62% of the cases reviewed. Further analysis into why notifications may have been missed indicated the following factors:

- child moves prior to the next court activity and the notice had previously been sent to the prior foster parents.

- backlogs in OCFS receiving court scheduling notifications, it is possible that the subsequent court activity occurs before the agency receives the prior court order which is the trigger for clerical staff to send the notices; and
- court dates being changed, however a new notice to the caregiver was not sent and it's unclear if the foster parents are aware of that change in date.

In addition to reviewing the notifications found in the MACWIS system, a study was conducted to determine if caregiver notifications were being filed with the courts prior to the hearing/review. In this study, a sample of judicial review orders from each district were reviewed (40 total orders were reviewed). In **90%** of the orders reviewed, Judicial Officers indicated that notice to caregivers was filed with the court.

Based on these studies it does appear that notifications to resource parents are being created and filed with the court, although not easily found in the case record.

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 child welfare district offices. The QA Specialists are supervised by the QA Program Manager based in 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 continues to conduct case reviews utilizing the federal Model of CFSR to measure progress in its PIP following the 2017 CFSR. This model was adopted by the QA Unit following the 2009 CFSR. Specific activities of the QA Unit include monthly child welfare case reviews, monthly Child Care Subsidy federal audits for the Child Care Program, in 2021, monthly National Youth Transition Database (NYTD) reviews, as well as special projects to provide senior management with qualitative data in areas of interest or concern.
- 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 have the same level of access. This is likely based on district management dissemination of this information. In February 2021, QA Staff reinstituted a debriefing process of the month’s CFSRs for those child welfare staff who are interested in participating, to include the assigned caseworker, supervisor, Assistant Program Administrator and Program Administrator.

The QA unit’s primary functions are to provide data for the various federal review program improvement plans for the CFSR, NYTD and CCSP.

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 for 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. The existing structure of the QA Unit allowed an easier transition for the team once COVID-19 restrictions were enacted as the team continued to perform the same tasks at the same level as prior to the pandemic. During the spring/summer of 2020, the unit onboarded three new staff and did so entirely remote.
- 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 Family First Prevention Services Program Manager who reports to the OCFS Director.
 - 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.
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.
 - 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. In September 2019 OCFS rolled out the data dashboard <https://www.maine.gov/dhhs/ocfs/dashboards/key-measures.shtml>. The dashboard features key measures related to Child Welfare, Children Behavioral Health and Early Childhood Education. By making the metrics publicly available, OCFS will be better able to work with the public, including stakeholders and clients, to continue to move our work forward to ensure that all Maine children and families are safe, stable, happy, and healthy. The dashboard shows several areas where Maine is performing well as well as areas that need continued improvement.
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 Services. Each month, the agenda includes an update 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. In the spring of 2021, the decision was made to discontinue the Eckerd Rapid Safety Feedback model in Maine child welfare. The decision was made based on a formal evaluation of the efficacy of the Maine ERSF that found little difference in outcomes between those families who had received the real time review and oversight and feedback process than those who had not. Based on the greater needs of the OCFS (child welfare, children's behavioral health and early childhood prevention) and outcome of the

evaluation, the decision was made to discontinue this service and reassign 3 QA staff to support OCFS. This decision will support the commitment to strengthen the CQI process through a more focused monitoring of the implementation of strategies intended to improve outcomes. This additional support will allow for timely feedback to the programs and lead to quick adjustments as needed to the strategies.

- c. In the winter of 2014, the Quality Circle process was implemented in every district, which allowed district staff the opportunity to identify challenges to their work and create and implement strategies to overcome those barriers. In 2020, Management recognized that, although Quality Circle teams did great work on a variety of topics and projects over the years, they also created statewide inconsistency in many areas. As OCFS was committed to updating policies and practices the need was to define and implement consistent practice and procedures for staff and families. The decision was made to transition the District Quality Circles into Workforce Wellness Teams which were implemented in January 2021. The Workforce Wellness Teams are defined as: *“A group of co-workers and/or peers that work together effectively as a team, especially by means of sharing ideas, solutions, and knowledge to enhance a statewide positive culture. Collectively meeting on a consistent and regular basis. A venue that encourages and increases morale, promotes professional satisfaction, and assists with collaboration through trainings and support services.”* The focus of these teams is on office culture and creating a positive work environment that increases staff support and retention. The teams are co-facilitated with Clinical Consultation and Support Services (CCSS) clinicians.
- 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. 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 the same opportunity for supervisory staff. Both groups have been key partners in providing feedback to ACF for its focus groups to help inform the progress on the PIP.

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 in SFY 2013. OCFS developed internal capacity by creating a Policy and Training Team that consisted of six Policy and Training Specialists supervised by the Policy and Training Program Manager. Their role was 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 was done using a variety of delivery methods, including onsite, regional, and online modules. These training methodologies allowed for new hires to begin training almost immediately.

In 2019, OCFS entered into a new cooperative project with the University of Southern Maine, Cutler Institute for Health & Social Policy, Muskie School of Public Service (Cutler). This cooperative project leverages the University’s expertise and experience in child welfare to support and strengthen the Department’s Child Welfare program. Activities within this project includes assessment, design, and implementation of a new Foundations training system that aligns with the agency’s policies, model of practice, and legal requirements, and that supports workforce development in the demanding field of child welfare.

The Maine Child Welfare Cooperative Project has conducted a comprehensive child welfare training system assessment with a workforce development framework in mind. A workforce development approach is the priority of the OCFS’ Associate Director of Child Welfare. The

Associate Director recognizes that training alone is not enough to develop a competent workforce who can deliver high quality child welfare services that result in improved outcomes for children, youth, and families.

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 the 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 the skills they must develop by the end of the foundations training, at the six-month mark of their employment, and at the end of their first year of employment.

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

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 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 must 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 four-week training Tuesday-Thursday with Monday and Fridays in their district offices). This training was offered centrally and was offered 1 time in person in January 2020. A second round was started in March 2020, but due to COVID 19 only the first two weeks were held in person, the last two weeks had to be quickly converted to be held via zoom).

Breakdown of the training topics for the Foundations Training is as follows:

WEEK ONE	
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
WEEK TWO	
Day 1	Introduction to the 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
WEEK THREE	
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
WEEK FOUR	
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

The Foundations training content and design continued to be revised and presented via zoom by the Policy and Training Team and Cutler for the remaining of 2020. The November/December 2020 training content and design was as follows:

Training 5 weeks long, Monday through Friday with Field Experience days in each week.

WEEK ONE	
Day 1	Introductions, Overview of training, Confidentiality, The Basis of our work; Mission, Law, Policy, Directors Introduction, why we are here, Youth Panel
Day 2	Parent as Partners, Context for the work, Role of the worker and the system in Child Welfare, Systemic outcomes, and strategies Preparing for job shadow days
Day 3	Field Day
Day 4	Field Day
Day 5	Dynamics of Child and Family Functioning, Trauma overview, Family Dynamics and the Caseworker role, Intimate Partner Violence
WEEK TWO	
Day 1	Substance Use Disorders and Mental Health, Impact on Children and Families, Working with Plans for change, Intake and Investigations Case Flow, Notification, Confirmation Bias
Day 2	Indicators of Child Abuse and Neglect, MECASA
Day 3	Interviewing Adults, Question Types, Practice, Jargon Activity, SDM Assessment Tool, Preliminary Safety Decision and Safety Planning
Day 4	MACWIS Investigations, Simulation and Debrief with Parent Partners
Day 5	Field Day
WEEK THREE	
Day 1	Child Interviews and the Fact-Finding Interview, SDM Risk Tool, Findings and Decision Screen Service Case Flow
Day 2	Prevention Service Family Plan, SDM Case Planning Tool, Intro to Family Teaming, Family Plan and Goal Setting, Mock FTM Engagement
Day 3	Closing the Assessment, SDM
Day 4	Field Day
Day 5	Service Case Flow, SDM Case Planning Tool Engaging Children
WEEK FOUR	
Day 1	Engaging Children, Service Case FTM, Assessing Safety and Well-Being Through the Life of the Case, Referrals for Services

Day 2	Meaningful Contact, Worker Visits, Visits Between Family Members, Monitoring Progress Towards Goals, Working with Parents Team and Providers, Removal, Legal Process, Procedures
Day 3	Field Day
Day 4	Field Day
Day 5	FTM's and Family Share Overview, Resource Parent Panel, Transition Process and Place, Children's Needs/Child Plan
Week Five	
Day 1	Permanency SDM Tools, Reunification Assessment Tool and Risk Reassessment Tool, Conflict Management, Mock Custody Case FTM
Day 2	Staff Safety, Non-Reunification, Permanency Goals Overview and the Worker Role, Adoption, Guardianship, Youth in Transition, V-9, Experienced Caseworker Panel
Day 3	Field Day
Day 4	Field Day
Day 5	Planning for Self-Care, Supervisor Panel, Associate Director Remarks, Youth Panel, Graduation, Preparing for Transition to the Field, Regional Meetings

Along with Foundations training all new workers receive MACWIS/Technology training which consisted 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. In 2020, there were two in person MACWIS Technology trainings that occurred. Since the outset of the COVID-19 pandemic this training was converted to be in a format to be presented via zoom and was recorded and put in the MACWIS Library for new workers to access and view during Foundations training.

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 investigation.
- Opening a case, reviewing components of the case management module.
- Preparing documents needed for court action to bring a child into DHHS care and custody.
- 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. In 2020, the Policy and Training Specialist did in person meetings after the first round of Foundations and then via zoom once the COVID 19 pandemic began. Once Cutler assumed more responsibility for this training in July

2020, the Cutler Trainers facilitated the post meeting with the Policy and Training Specialist participating as well. 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 Use, 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 Investigation 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?
 - What have they completed 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 the Post Meeting trainers facilitate a discussion between the new worker and supervisor asking the supervisor to discuss what individual supervision with workers looks like/what are the expectations? What do unit meetings look like/what are the expectations?

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

- Job shadow 2 investigations (involving child interviews) and at least one monthly caseworker 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 an FTM, and document the FTM in the narrative window, using the 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 an 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 hours 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 caseworker contact with a youth or their parents in a case with a goal of reunification

- Job Shadow a monthly caseworker 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 2020, there were 7 rounds of New Worker Foundations Training conducted which included 135 child welfare caseworkers, 9 Alternative Response Program staff and 1 DV Liaison.

A survey was sent out to the 135 new staff that participated in the Foundations training during 2020 there were 31 respondents.

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:

Survey Demographics (n=31)

Month of Hire <i>69% of respondents to this survey started working at OCFS in the second part of the year (July-December)</i>						
Dec – Jan 2019	Jan – Feb 2020	March – April 2020	May – June 2020	July – Aug 2020	Sept – Oct 2020	Nov – Dec 2020
7%	7%	7%	13%	23%	20%	26%

Foundations Training Participation Month (start) <i>75% of respondents to this survey took the training in the second part of the year (July-December)</i>					
January	March	May	July	September	November
13%	3%	10%	23%	10%	42%

Role at OCFS <i>100% of respondents reported working in the same role as when they started</i>	
Permanency	65%
Assessment	29%
Other	6%

Time in Social Work <i>58% of respondents have been in the field of social work for less than a year</i>	
Less than one year	58%
1-5 years	36%
More than 10 years	7%

Number of Cases (current) <i>The average number of cases staff currently have is 8.</i>	
6 or fewer	30%
7-12	61%
13-18	6%

Foundations

How helpful was Foundations Training in enhancing your skills on engaging with children and families?	
Not at all helpful	7%
A little helpful	26%
Somewhat helpful	23%
Helpful	26%
Very helpful	19%

Please explain.

More hands on training, foundations online was hard to retain information, need more training on MACWIS and how to do referrals/services/providers m
Foundation's helped expand my knowledge from being an intern prior, and better explained the process, and different policies we utilize.
Foundations can't prepare a worker to have a grasp of all the functions of the job. Only experience can. However, I feel Foundations provides as much opportunity that possibly can be given to immerse into the field safely, for breaking the ice, and becoming exposed to a lot of areas in the job. I feel this was beneficial, above just trying to hit the ground running.
Foundations gave a quick overview of the process of casework. Especially because of COVID keeping people out of the office, it would have been very helpful to have more in-office and "hands on" training before getting a caseload.
Foundations gave the basics, but there was no MACWIS training, so that made it difficult when getting cases as I struggled to find where things were located. It is also difficult to put some of the training into real life experience.
Foundations gives you the building blocks of the job, but you don't fully understand the entire job until you are in the field doing it yourself.
Foundations was helpful for learning some of the laws and policies and the general overview of this job, but it didn't help me with MACWIS or having conversations with families. I felt very unprepared in the actual day-to-day work this job requires.
Having worked in the field I had the skills necessary to engage with clients. The most helpful aspect of the training was the parent panel, and mock interviews.
I could have been way more helpful if I had at least some field experience first and it could take us through an entire assessment from beginning to end with a real case so we could see how things really work, which we would have already known with proper field experience prior to foundations. Foundations was not even something to fall back on or refer to because it was not real.
I found the child interviewing section helpful, and some of the policy training helpful. However, I wish that there was more training on what the job actually is. For example, how to write a reunification plan, or a PPO or TPR.

I found the simulation to be very helpful and allowed me to practice even just having a conversation about sensitive topics with someone.
I thought that Foundations did give us some exposure to areas of our job, but it did not prepare me to actually do the job
If I was newer to this type of work, it would have been more insightful. When it comes to field work, the best education is experiential. I think a buddy/mentor system would have been even more helpful transitioning out of foundations and into the field.
In Foundations there is a strong emphasis on recognizing the feelings that typically can be experienced due to DHHS involvement however seems skewed. There is little emphasis on the actual tasks and duties of the position which certainly impacts the families and their thoughts and feelings in how a case proceeds. While I understand there are SO many unique aspects to the cases assigned to caseworkers, there was no time spent on even the more common things that make up a case or how to address them.
It is hard to teach; practice makes it easier
It taught me nothing about that my job. For example, how to make referrals, how to use MACWIS, how to talk with clients.
It was well... foundational. I feel that it gave me great overall training for almost all aspects of field work. It is impossible to learn all of the job in a training class, but it was a great introduction and foundation to start with.
It would have been helpful if it was more concentrated on the actual job. We did not go over MACWIS which was a major disadvantage when I started to get cases.
Much of the information given during foundations about interacting with children and families seemed to have been common sense as well as learned in intro to social work classes
The majority of the program seemed as though it was specifically designed for assessment with very little focus on permanency. Further, it was continuously stressed that you will be learning as you do it in real life. I have been a trainer for corporate companies and I highly stress and value the Tell Show Do Review model of training. It felt as though we went through sections without physically doing them and then reviewing. The training needs to be more realistic with less focus on training material that we get through alternate sites such as SETU as JPMA. We should be spending more time on basic necessary practices, interviewing, PPO writing, Family Team Meetings, the SDM tools, Legal Summaries, the flow process from assessment to permanency (it seemed very choppy in Foundations with a complete lack of fluid transition). Also, each position for OCFS should have a job binder which goes further in depth with each position, a complete case walk through, etc.
The training was great and very interactive! Michelle and Martha kept the training interesting
There was a lot of things that either weren't covered or were covered poorly. There was a lot of getting off topic and things that didn't pertain to the job at all. Overall a really frustrating experience.
This is my first job out of college, and I did not have much previous experience with families or children. I felt like foundations prepared me for these interactions and gave me a foundation of knowledge which allowed me to feel some confidence as I learned how to do the job from experience.
This skill is difficult to teach via zoom. My foundations was offered very little field opportunity and therefore I was not exposed to many opportunities to grow this area.
Very thorough information and training that is applicable to day to day job activities

How well Foundations Training prepared you... <i>To do my job overall</i>	
Not at all prepared	13%
A little prepared	29%
Somewhat prepared	32%
Prepared	16%
Very prepared	7%

How well Foundations Training prepared you... <i>To take on new assignments and/or newly assigned cases</i>	
Not at all prepared	29%
A little prepared	29%
Somewhat prepared	19%
Prepared	16%
Very prepared	7%

How well Foundations Training prepared you... <i>To work with children and families on safety</i>	
Not at all prepared	10%
A little prepared	23%
Somewhat prepared	20%
Prepared	32%
Very prepared	16%

How well Foundations Training prepared you... <i>To work with children and families on permanency</i>	
Not at all prepared	13%
A little prepared	29%
Somewhat prepared	19%
Prepared	32%
Very prepared	7%

How well Foundations Training prepared you... <i>To work with children and families on well-being</i>	
Not at all prepared	13%
A little prepared	23%
Somewhat prepared	23%
Prepared	32%
Very prepared	10%

Please explain.

A lot of what we did was about how to talk to clients and basic social work theory. I have a degree in Social Work from USM. I felt like I was retaking my methods classes.
Again, it was not real, I had to learn my job by myself, after foundations. Fortunately, I have a great supervisor that threw me to the wolves and let me learn.
Everybody that I have worked with, no matter which position, has stated that foundations does not give you the skills to do the job, which is why supervisors have even said the learning curve for the job is 1-2 years. If this is evident, either nobody is being forthcoming, or it's not being addressed adequately.
Foundations doesn't have enough time to let us get a full understanding of what assessment does throughout the full 35 days.
Foundations mainly focused on educational components that most would have gained in the academic classroom. Foundations also spent a bulk of time on assessment with hardly any time on permanency. No discussion of documentation. No discussion of how cases transfer. No discussion of duty, CES, timesheets, supervision, etc.
Foundations reiterated some of the best and worse ways to interact with children and families and also gave us a solid grasp on permanency and well-being. However, it did not prepare us to do the day-to-day work we do. It did not prepare us to fill out the many forms and or plans we have to, how to make referrals, how to determine which types of referrals are needed, etc.
Foundations took the time to give us a thorough explanation of the above, and we had plenty of questions we were able to get answers for!
I think the program needs to extend its training in general, and more specifically for software programs. I've spent entirely too much time trying to find a specific document or area in Macwis while waiting for someone to respond to my questions.
I wonder if foundations could be more specialized to each individual job in OCFS, as I wish I could have learned more about my role to prepare me for the work and have not retained most of what I learned about other roles in the office due to not utilizing this knowledge in my role.

In this job, I am learning as I go because it is always changing. I think the training gives you the tools you need to get started but there are always new things that come up.
It definitely emphasized the safety piece. And that was good.
It gave an overview on some of those topics, but not anything in depth
Overall, there was absolutely dismal exposure to fieldwork. Foundations really was a lot of discussion about topics in a vague sense but there was little surrounding anything addressing the concerns and the different ways that can occur. Most of anything I have learned and applied to the position was learned post Foundations either on my own with my cases or through discussions with caseworkers who have had longer experience in the field.
The shadow days are important. I did feel that I struggled with MACWIS, however like any new computer program with time it becomes easier.
The training was very helpful in identifying safety threats.
There was a lot of focus on what it means for families to be safe, happy, and healthy,
We never talked about all the options what could happen or steps that can be taken in order to reunify families or keep children safe.

During Foundations Training how well did you learn about the impact your biases have on the work you do?	
Not well at all	3%
Slightly well	16%
Moderately well	29%
Very well	42%
Extremely well	10%

Please explain.

have to be open minded, to some extent.
I already had a strong understanding of this as it is the Basic of most social work classes at the BSW level.
I can't really say one way or another how helpful Foundations training was in understanding the impact of biases. I already understood this topic.
I do not feel it was explored near enough and I fight my biases every day.
I learned that I do have biases and I need to be aware of them during my work
I think that inherent biases are oftentimes dismissed and even politicized which further contributes to people being dismissive. Whether or not someone is receptive to this conversation is dependent upon how open minded and reflexive they are.
I was pretty aware of how biases could impact the work, and generally take a few moments to ask myself questions about what is truly best based on information available versus what is suspected.
It is important to be aware of our personal biases... even when we think we might not have them... we all do..
It made me aware of my own past and how that can impact my work with families.
Parents as Partners was instrumental in showing our bias.
This was an impactful section of the training.
We discussed biases appropriately.

How would you rate the Foundations Training handouts and PowerPoints?	
Poor	10%
Fair	29%
Good	42%
Excellent	20%

Please explain.

Again, they could easily follow what we really do, and they did not.
Good quality, easy to follow, nice visuals
GREAT power points were provided and are an excellent resource in the field.
Helpful
I rarely refer to them anymore but at first they were a lifeline in first starting out in the field.

I still refer to some of these hand outs and PowerPoints for information.
Some of the PowerPoints were quite long, and more interactive sessions would've been better.
The binder I received was missing a LOT of material, enough so that it was incredibly difficult to determine if the materials I did have were correct and/or relevant to what was being covered, and it was difficult to determine if all the missing files sent to my email actually made it as some would arrive and some never did. The disorganization of the learning material made it difficult since much of the time you did not know what to look for or what was missing, and if you received all the materials needed to follow along with.
The handouts and material we were given during foundations was helpful, however, if foundations were more geared towards our actual day to day work rather than interacting with people, we would have a better grasp on how to do our job coming out of foundations.
The issue that I see with the training is not the quality of the material being taught (PowerPoints and handouts were put together well), it's the lack of knowledge/skills that are not being covered that is the issue.
The power points were great, but it didn't teach you much.
The presentations and handouts were fair for academic material re: social work but I do not feel they adequately prepared us.
There was a lot of good information in the PowerPoints and handouts but nothing that I can refer back to in the day-to-day processes of this job.

Skill Development

What skills or tools from Foundations Training have you found most useful and relevant to your work?

Checking my biases and teaming.
CPS flow chart for cases, SDM tools, law manual
Ethics, biases, working for welfare of children
getting used to talking to people in uncomfortable situations.
How to check myself at the door before going in to do an investigation, especially on standby shifts.
I did not find that much of what was presented in Foundations Training was relevant to assessment workers. It was mostly geared towards permanency.
I do not feel that I learned new skills in Foundations. What they don't teach you in college is the basic functions, and day to day task of casework. I learned that on my shadow days, and I wish that I had learned it in foundations. For example, discovery, MaineCare, NYTD, child plans, reunification plans, organization tips.
I felt that acting through interactions with families and children during mock assessments was helpful in structuring my thought toward doing the job.
I found the training around the SDM tools extremely helpful.
I think the panels were helpful, and the focus on being compassionate with your clients was great.
I think the simulation was incredibly helpful and I would've benefited from more activities like that. For example, if there were multiple simulations for different scenarios throughout a case, that would've been very helpful.
identifying some things that may have been overlooked or missed without proper training.
In all honesty, getting comfortable with being on zoom before going into the field and having to participate in a million zoom meetings.
Interviewing skills and questions. Forensic interviews
MACWIS- Although this was helpful, its something that deserves more time. I imagine this will still hold true once we transition to the new program.
None
Parent panel and mock interviews.
Practice conversations, role playing, and practicing in Macwis.
The forms/documents, information on safety and how to plan and interview. Also, documentation which is so important.
The Legal Training was integrated into my Foundations training and was very helpful.
The most helpful thing from Foundations was the simulated interview.
The Parents as Teachers mock interview was a helpful exercise.
The SDM packets have been incredibly helpful.
The SDM tools. This could have been a bigger portion of our training as this is a larger component to our position and involved in ALL our cases at varying stages. The amount of time covering this was SIGNIFICANTLY brief especially when compared to other topics and the length of time discussing those.

What skill development and/or training would you recommend be added to the Foundations Training curriculum to improve the preparation of new workers in the future?

I think that the detrimental failure of the online training was the lack of any Macwis training.
A training or some shadowing on documentation, or a training on MACWIS. More court exposure or a more in-depth court training.
Case flow, legal proceedings, a lot of the focus seemed to be on assessments which is helpful for the few that I have to do, but I did not feel I had a good grasp on permanency work when I left foundations
CCWIS training and simulations
Especially because of COVID keeping people out of the office, it would have been very helpful to have more in-office and "hands on" training before getting a caseload. For example, actually running background checks, doing the documentation for other caseworkers, preparing legal summaries, identifying witnesses for a case, etc.
Extend and go more in depth on software trainings. I noticed that everyone struggled in this area including myself and I'm fairly proficient with technology and software. It's all about practice though.
Going more in depth
I would include ICWA and Legal in foundations. I would have a little more practice with interviewing and maybe having a list of questions to practice with so I could make sure I covered everything I need to ask the child and parent
I would recommend connecting new workers with all of the contact people they will need to know for their districts and going over when it is appropriate to reach out to them. Also, go over the plans and forms we need to fill out on a frequent basis.
I would recommend more inclusion of things that are possible ways to address the concerns of different aspects of cases, more legal aspects as there is certainly more involved on the legal side that may not even need to be addressed by lawyers and is surrounding casework, especially since the legal side of cases is a BIG component in cases.
It may be beneficial to complete the documentation for a mock assessment from start to finish, so new workers can understand what all has to be done over the course of the assessment. This could of course be modified to any role in the office.
MACWIS training. A flow chart that describes in detail what is expected at every step (what you the case worker physically must do and how to document what you did).
MACWIS.
MACWIS/documentation training was very fast so it would be helpful to have a longer training on that. Also, the legal training was not as detailed as I would have liked it to be. I felt very lost when it came to court, legal documents, initially. Also, I don't think anyone can really prepare you for testimony although the training was done with an AAG so it may be helpful to go over that a little more
More about the job, less about being a social worker. I went to school and took out the loans. I need the skills to thrive in the specific job not the field.
More applicable information regarding MACWIS and OCFS protocols.
More effective interviewing, how to be curious, what question to ask next. Follow real world practice. Ensure at least some field time prior to foundations, with a good, experienced, qualified (trained) trainer, not just someone who hasn't been fired yet but someone who does their job well and who has you do their job for them while they watch you so that the first time you have to do your job for yourself it is not the first time you have to do your job.
More emphasis on the following- interviewing, FTM's (who is responsible for which part), PPO writing, SDM tools, Prelim/updated family plans, TPR writing, Legal Summaries, etc.
More interaction with real families. The interaction makes a lasting impression
More on worker safety and mental health
More training in MACWIS.
Much more training on the area of assessment in general.
Permanency, well-being, partnering with other attorneys and service providers, documentation, writing petitions, family plans, child plans.
Separated times for Assessment and permanency. There is sometimes a lot of catch up with the full job that you do because Foundations can sometimes seem rushed.
Teaching you what you will do day to day. How to make referrals, what to say when you call other professionals. How to have difficult conversations. Practice filling out templates, practice using MACWIS.
Technology. We never even looked at the recorders, for example.

Learning and Support

I have had opportunity to observe experienced caseworkers in multiple settings.	
Strongly disagree	13%
Somewhat disagree	23%

Neither agree nor disagree	7%
Somewhat agree	26%
Strongly agree	32%

I feel supported in my learning as a new caseworker.	
Strongly disagree	0%
Somewhat disagree	13%
Neither agree nor disagree	13%
Somewhat agree	36%
Strongly agree	39%

I feel connected to my peers.	
Strongly disagree	13%
Somewhat disagree	20%
Neither agree nor disagree	7%
Somewhat agree	32%
Strongly agree	29%

I feel connected to my office.	
Strongly disagree	19%
Somewhat disagree	16%
Neither agree nor disagree	19%
Somewhat agree	23%
Strongly agree	23%

I feel supported by my supervisor.	
Strongly disagree	0%
Somewhat disagree	0%
Neither agree nor disagree	10%
Somewhat agree	26%
Strongly agree	65%

I have access to supervision.	
Strongly disagree	0%
Somewhat disagree	0%
Neither agree nor disagree	7%
Somewhat agree	23%
Strongly agree	71%

I feel supported by OCFS.	
Strongly disagree	7%
Somewhat disagree	13%
Neither agree nor disagree	16%
Somewhat agree	29%
Strongly agree	36%

I feel like I have a good work-life balance.	
Strongly disagree	3%
Somewhat disagree	23%
Neither agree nor disagree	23%
Somewhat agree	36%
Strongly agree	16%

I have the resources I need to do my job.	
Strongly disagree	0%
Somewhat disagree	13%
Neither agree nor disagree	23%
Somewhat agree	48%
Strongly agree	16%

I expect to be working at this agency in 5 years.	
Strongly disagree	7%
Somewhat disagree	3%
Neither agree nor disagree	19%
Somewhat agree	23%
Strongly agree	48%

Please explain.

Advocates do not do field work observation, so that did not apply to me.
COVID-19 has been very isolating for me as a case worker, as I have not had the opportunities to connect with my coworkers and those in the office as I would have otherwise. I recently switched supervisors and am very happy with the change, but previously I felt that my supervisor was so overwhelmed with work that I often did not receive supervision more than once a month and only for a short time. This was not the case as a new worker, when I felt very much supported through my learning curve. It is extremely difficult to maintain a work life balance with the overtime that is almost required to do the job correctly and also the mandated CES coverage that I cover 2-3 times a month, and almost always on the weekends due to my being at the bottom of the seniority list.
During Covid-19, it's hard to feel connected to peers and the office.
I feel that Upper management, PA, APA and up, have kind of fed us to the wolves regarding visitation. Keeping HCI as a contract was not hard, if they weren't expecting to pay pennies for service that cost dimes. Upper management very hypocritical around Covid-19 policies and not fighting to get us vaccinated. You cannot say that it's not safe enough for us to go into the office. But in the same breath it is safe for us to go into homes, court, and other in person services. They say that they have been working on making our vaccinations a priority, but if that was true, maybe it would be an actual topic in the governor's office or in the legislator.

I have a great supervisor. I rarely hear from anyone else in OCFS but I know my supervisor will help me with most things and I know I can go around her when I need to, which I should never have to but sometimes she just doesn't want to deal with what I need (not usually job related but more personal, payroll, vacation, type things).
I have said multiple times that I probably would've quit this job early on if it hadn't been for my coworkers and my supervisor. I feel incredibly supported and like I can't really fail because I have so many people in my corner.
I hope to work here until I retire.
I like my job and I knew what I was getting into when I sign up, but the case loads are high, and it impacts my husband, my child, and my social life because I'm exhausted and burnt out at only 14 months in. It was challenging to learn the software programs from home during Covid-19. And it's challenging to feel connected to coworkers when I do not feel that I have time or energy to socialize. We need more workers to lower the caseloads.
I really enjoy my job and I am excited to continue to learn!
I spend a lot of time trying to connect with my families, I have acquired several cases rather quickly and some of them came with little information.
In terms of my peers and my supervisor I feel very connected and supported. However, to say I feel connected to OCFS is the over statement of the year. It's painfully obvious that the higher-ups couldn't care less about the workers and that we are very expendable. All they are about is that our numbers look good.
Little field observation during my foundations. The few field days I had did not necessarily match up with the days CW had observable events. All services have waitlists currently and it is detrimental to our families.
My exposure to field work was certainly impacted by Covid-19, but even if that hadn't been a factor, I feel like the exposure NEEDS to be more than just a single day a week during the month-long training. The vast majority of what I learned/utilize in the field is through shadowing workers and discussions about other caseworkers' experiences and not so much what was covered through online training at Foundations.
There were many aspects of this work that were not explained during foundations. I feel a formal office-based orientation would have better prepared me for the work. I feel Foundations Training was more closely related to the skills I learned in school, and not job specific.
Using the Intranet is painful at best, it seems like the information to state contracts for services, programs, etc that we access to is hidden or only known by the information being passed down from people who have worked in OCFS for years. Why is it such a struggle to find information for my job? I just had a meeting regarding family resource team and AFFM with two other caseworkers in attendance, nobody knew what they could actually provide or the extent of their programs. Is this due to the program needs being met through other avenues such as case management, or a lack of access of knowledge for these programs.

How has COVID-19 impacted your learning experience as a new caseworker? Feel free to address issues such as travel, access to work and colleagues, safety, isolation, sense of community, and/or any other aspects of the pandemic as it relates to your learning.

ALL OF THE ABOVE. We travel all the time and are not appropriately reimbursed. We have limited access to peers which makes learning difficult and is emotionally taxing and isolating.
Covid-19 has been an awesome learning experience and has taught the whole department that they do not need to micromanage, that workers truly want to do good work and will work hard without someone breathing down their backs. I love working from home and hope to do it forever, if that goes away it could push me to change careers.
COVID has definitely affected my ability to connect with other workers in the office, though I have been able to through time spent in the office and group chats established by caseworkers. Unit and staff meetings have helped in this way as well. Due to my not learning the ropes of the office, I often find that I don't know who to ask about certain things, such as when to employ a clerk or a case aide.
COVID-19 has been extremely detrimental to my learning experience. I don't know half the people in my office. When I go into the office, I never know if there's going to be someone in my cubicle that I can turn to if I have questions. It was incredibly difficult to find situations to shadow because everyone is working from home. I have really struggled because of this pandemic.
DHHS has adapted well to the remote work needs during Covid-19. The most challenging aspect is being a newer employee and not getting to know co-workers in any social settings.
I feel like it has been very challenging to start this job during COVID because of the isolation and lack of access to colleagues. I feel like I am having to figure out everything on my own and often don't know I am supposed to be doing something until its overdue. Also, I live in a one bedroom apartment with my spouse which has posed its own challenges on the days that I have to work from home.
I feel that had I been in the office I could have had support with MACWIS and other areas, however my team and supervisor was very supportive. I feel that office staff was always willing to print and mail for me and that was helpful, but not having access to a fax machine was inconvenient.
I feel that I am not learning as fast as I would like by not being able to access my peers as easily.
I felt isolated when I was required to sit in an empty office during the first few weeks of employment. Working from home and having access to co-workers via phone, Zoom and email has been very helpful.

I had extremely limited access to shadowing opportunities because of COVID. I have still yet to see an FTM or court event. I also don't feel as supported by my coworkers/peers as I think I should as I have had very limited access to them.
I was only in the field for a month when COVID forced us to work from home. I acclimated well, but I had to rely on emailing my supervisor and acquaintances for questions about Macwis which sometimes took hours or even days. I'm very independent so I don't mind working from home, but it has definitely impacted my ability to socialize with coworkers and learn from them.
Isolation, lack of resources, new workers don't know how to navigate anything unless we ask, don't always get responses from people, learning to do the job alone, no peer support
It has been difficult to connect with experienced co-workers because everyone is working from home. Because of that the office environment is not what it typically may be. I feel that outside of the pandemic it would be a lot easier to connect with people and I would be able to learn more from them. Right now, the only resources I have are my supervisor and my unit or other new workers I have met. It can be frustrating having questions that my fellow new workers don't have the answer to, and my supervisor is unavailable. It's difficult to reach out to people who may have an idea of what to do, but you haven't had any interactions with them
It has made it exceptionally difficult to teach new workers. Not being able to travel together makes communication and sharing so difficult. It completely sucks.
It has made it much more difficult to feel like a team, to work as team, and to build relationships with peers. There are people that normally work out of our office who I have spoken with on the phone but have never met in person which has created struggles.
It is hard to learn when WFH without being able to turn to a coworker to ask a question and feeling discouraged to ask a question because everyone is busy as well as when you do ask a question to have to wait for a response.
It's extremely hard being a new worker when we have to try to do this job alone at home. We are left to try to figure out how to do this job not being able to be in the office and ask the person next to us questions. We are left feeling like a burden on coworkers when we have to ask questions and they take time away from their day to help.
Just the ability to make relationships with peers on a adjusted office schedule where you don't always get to interact with everyone.
Learning this job on zoom was tough, but with having interned for a year prior with OCFS I felt I had an advantage and it made it easier for me than some of my other coworkers.
Not being able to be in the office, not as many opportunities to shadow, and at least three Covid-19 exposures.
Not being in a work setting with your coworkers has hindered building relationships and missed learning opportunities.
Not having access to office equipment such as printers, fax, etc. on a regular basis slows productivity for a new worker who is trying to juggle many moving parts.
Please See Above. In addition, there are very few workers that I know based on the fact that most are still working from home and are not in the office the majority of the time. That being said there are a few that are in the office fairly consistently which I feel very connected to and supported by. My unit consisted of new coworkers which has certainly bonded us as we constantly try to bounce knowledge and skill of each other when something on a case comes up. I am also very connected to my supervisor and really appreciate the support they provide while learning the ins and outs of the position.
The inability to access my peers easily has been extremely challenging. I learned that in my past I would often say yes to tasks, and then figure it out by watching or being able to ask questions along the way. Due to Covid 19, I found myself saying yes to tasks, and then not being able to complete them in a timely manner because I was figuring everything out on my own. I also have generalized anxiety disorder, so the constant threat of Covid 19 has loomed in my thoughts making it challenging to stay on task at times. In my new position I am called to the emergency room at many hospitals, so I tend to live in constant fear because there is rarely a time I go a full 14 days without being around close contacts, therefore I am constantly checking for symptoms.
The sense of community is low, but I do feel supported when I am in the office. There are many people in the office that I still do not know because of the limited time we have in office. I do feel that everyone is doing their best to make it work. I feel confident in doing most of my work on my own at home, but it is helpful to be able to ask a coworker when in the office. People have been great about reaching out through Teams for questions or favors
when I started, I had just completed foundations, in person. I was starting to feel a little more comfortable and was getting cases. Then COVID hit so it was very hard to get some of the hands-on learning from my peers. A lot of my time feels like I have been learning on my own. Access to my supervisor has been challenging at times and can be frustrating.
Yes, there is often no one at the office so getting assistance can often be a struggle, my supervisor is a great help but is often busy with all of her other duties.

Post-Foundations Training Experiences

Which of the following new worker trainings did you find most helpful? *Check all that apply.*

48% of respondents reported that they have not yet completed all of the trainings yet and 7% have not completed any of the trainings yet.

ICWA training	32%
Working within OCFS	26%
Legal training	26%
Ethics training	23%
Technology/MACWIS	19%
Psychosocial training	19%
Children's behavioral health in Maine	10%

Please explain.

helps with my job.
I hadn't had much experience with Native Americans or the laws that encompass around taking a child into care previously before moving to Maine.
I really enjoyed the ethics dilemmas and how to deal with them best collaboration
I was not aware that there were other trainings available.
its most related to what I do.
MACWIS is the most confusing system ever at first glance, and when you've been here for a full year. The training helped to understand how to navigate the system better.
See previous comment regarding technology. Legal training is always helpful because jargon is like learning a new dialect and it's important to know what legal boundaries and guidelines we need to follow so we don't get in trouble.
The trainings were more specialized and offered better insight into the actual performance of job duties and experiences.
They were in depth and gave many examples to learn off of.
They were not really helpful, I had nothing to build on and therefore did not take much away from them. They would be much more helpful now....

Which of the following new worker trainings did you find least helpful? Check all that apply.

48% of respondents reported that they have not yet completed all of the trainings yet and 7% have not completed any of the trainings yet.

Technology/MACWIS	39%
Legal training	10%
Psychosocial training	10%
Ethics training	7%
Working within OCFS	7%
Children's behavioral health in Maine	3%
ICWA training	0%

Please explain.

I cannot immediately recall, but I don't feel like I retained much from the training.
I don't feel like I took much away from the training
I graduated college in 2019 so I already had the knowledge that was presented in the Psychosocial training. I didn't really learn anything new.
I still don't understand the legal process.
It is rushed and confusing and left me lost and asking questions when I started on my own.
It should be more in depth and more instructions on how to use it.
It was helpful sort of but I am a hands on learner... not having that interaction sucks. Covid

same train
some were too vague
The MACWIS training would have been much more effective if we could have had feedback about what we were doing. I feel like we were supposed to be doing things in the training portion of MACWIS but I had no idea if I was doing it correctly or not.
This wasn't covered at all in foundations which I feel is important considering we do all of our work on MACWIS.
We didn't get a MACWIS training at all, which I believe is necessary to complete our daily tasks successfully.

ICWA

Have you ever had an ICWA case?	
Yes	16%
No	84%

Anything else to add about experience as a new caseworker

I believe some of the further trainings were not required of me, as an advocate, but I would be open to learning anything that caseworkers do.
I think this experience has really helped me to grow as a person, but I would've much rather preferred to be in the office every day with all my coworkers.
Its a good thing I do not mind being thrown to the wolves and that I am a fast learner. I do not know how others manage to stay on board.
My supervisor does an amazing job and my coworkers in my unit do as well. However, not having the higher ups care about us is rather frustrating. Also, in foundations we talked a lot about feelings. How this job is going to keep us up at night and things like that. I thought that that was a very poor approach. We should have talked more about how to distance ourselves from the families to not keep us up at night. Instead, we talked about leaning into those feelings.
No
There are so many basic skills that go unmentioned because of the lack of MACWIS training. I understand that I joined at a time when CWIS was about to start, but new workers have gone MONTHS with no training on these matters, or have gotten what they do know by self-advocating.
We need more workers!

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 particular training or can be pulled to show all trainings any one particular 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 Maine’s 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 along with the Trainer from the University of Southern Maine Cutler Institute 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. Also, for new staff within OCFS in a position that requires a social work license, the Recruitment and Retention Specialist checks the Maine Board of Social Work Licensing website on a weekly basis checking the status of new staff licenses and sends a list of names to the Policy & Training Specialist’s showing the status of that new workers license; Active, Pending, or No Record so that the Policy & Training Specialist can follow up with the new staff person and supervisor if needed to ensure license is progressing to Active status. 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, OCFS has continued to contract with the National Children's Advocacy Center (NCAC) to provide all staff that qualify 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 experience in the field conducting interviews. This training is specifically designed for experienced professionals who have responsibility for initial forensic interviews of children and 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. Due to COVID 19 and the NCAC's need to develop an interactive Advanced Forensic Interviewing training that could be done through an online platform this training was not held in 2020.

Since 2016, the Maine Coalition to End Domestic Violence (MCEDV) 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 module in this training in the series is "Advanced Topics in Domestic Violence: In Her Shoes". "In Her Shoes" is an in person, interactive training 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 MCEDV by the women. 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. Due to COVID 19 there was only one in person session of this training that occurred.

"In Her Shoes" evaluation results:

(42 Participants, 36 Surveys Completed)

Did Todays Presentation:	YES	NO
Increase your content knowledge, skills, and capacity to serve victims?	58%	42%

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. Due to COVID 19 there was only one in person session of this training that occurred.

The Choice to be Violent: Mandel's Mapping Perpetrators Patterns” evaluation results:
(26 participants, 23 Surveys Completed)

Did Todays Presentation:	YES	NO
Increase your content knowledge, skills, and capacity to serve victims?	65%	35%

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. Due to COVID 19 this 3rd in person module in this series did not occur in 2020.

The full training series was redesigned to now be an interactive training presented via an online platform which was offered in the fall of 2020.

TRAINING REDESIGN:

Module 1 Part A & B:

Part A- Addressing the Lasting Impact of Domestic Violence: How to Support the Non-Offending Parent

Part A provides opportunities for trainees to consider the most effective and trauma-informed ways to support non-offending parents who are victim-survivors of domestic abuse and violence that lead to safer outcomes for those parents and their children.

Part B -Acknowledging Harm: Holding Domestic Abusers Accountable for their Choices

Part B asks trainees to think critically about the importance of engaging with people who use abuse/the offending parents who have harmed/are harming the other parent and gives trainees tools and options for holding those abusers accountable in a manner that does not jeopardize the safety of the non-offending parent and their children.

Two Different Sessions: 37 Participants, 27 Surveys Completed

Did Todays Presentation:	YES	NO
Increase your content knowledge, skills, and capacity to serve victims?	96%	4%

Change any of your beliefs or attitudes about Domestic Abuse?	30%	70%
Teach you to recognize Domestic Abuse?	85%	25%
Provide Information about Domestic Abuse resources?	89%	11%
Prepare you to respond to people affected by abuse in your work?	96%	4%
Provide useful practical information?	96%	4%

Module 2:

Domestic Violence: Connecting Oppressions & The Impact of Culture

This training is designed to broaden caseworkers' understanding of global topics like oppression and the impact of culture, and to equip caseworkers to better recognize the way these concepts intersect within the wider child welfare system and their day-to-day work. This module is arranged intentionally to analyze these concepts at the macro level by providing trainees with the opportunity and space to pause and consider ways the child welfare system can better achieve its mission of keeping children safe and helping them to thrive.

Two Different Sessions: 39 Participants, 23 Surveys Completed

Did Today's Presentation:	YES	NO
Increase your content knowledge, skills, and capacity to serve victims?	83%	17%
Change any of your beliefs or attitudes about Domestic Abuse?	43%	57%
Teach you to recognize Domestic Abuse?	74%	26%
Provide Information about Domestic Abuse resources?	65%	35%
Prepare you to respond to people affected by abuse in your work?	96%	4%
Provide useful practical information?	83%	17%

Module 3 Part A & B:

Part A- Accountable Language: How to Write Effective DV-Competent Narratives

Part A focuses on skills building. The goal is for caseworkers to critically analyze the way language shapes our understanding of situations, and how vital it is to write case narratives that

utilize active voice and are arranged in a DV-competent manner. Trainees will critique written case narratives and practice rewriting them using active voice.

Part B- Domestic Violence: Understanding Safety and Risk

Part B dives deeper into issues of safety and risk, and how centering the safety needs and expertise of victim-survivors can lead to better outcomes for child safety.

Two Different Sessions: 28 Participants, 18 Surveys Completed

Did Todays Presentation:	YES	NO
Increase your content knowledge, skills, and capacity to serve victims?	83%	17%
Change any of your beliefs or attitudes about Domestic Abuse?	50%	50%
Teach you to recognize Domestic Abuse?	78%	22%
Provide Information about Domestic Abuse resources?	72%	28%
Prepare you to respond to people affected by abuse in your work?	83%	17%
Provide useful practical information?	89%	11%

Staff Education 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 in-house, the training team has directly collaborated 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 3 days each, that are trained over the course of the year and a new supervisor can start in any Module. 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 energize 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 2020, 14 new Child Welfare supervisors participated in Module 1, Administrative Supervision in person training. The next module in this three-part series, Educational Supervision was then postponed from April 2020 to August of 2020 in order to convert the training material to be presented via zoom due to COVID 19. Module 3 was also converted and presented via zoom in December of 2020 with 19 supervisors participating.

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 2018-2020 due to the multitude of new initiatives that were being rolled out throughout these years.

Evident Change, previously known as The National Council on Crime and Delinquency (NCCD) introduced the Structured Decision Making (SDM) Tools to Maine in 2017 with the SDM Intake

Assessment Tool. This included the initial training and implementation of the SDM Intake Tool in 2017. This was followed by the introduction and implementation of the remaining SDM Tools. In 2018, the SDM Investigation Tools which were comprised of the SDM Safety Assessment Tool and Risk Assessment Tool were introduced to field staff and supervisors. These tools were fully implemented in December 2018 after statewide trainings for supervisors and staff. A review of the tool's implementation occurred in 2019 which was followed by refresher or booster trainings to ensure consistent and accurate use of the tools. In 2020, SDM Permanency tools and Case Reading tools were introduced and implemented. These tools were fully implemented after statewide training of all management, supervisors, and staff. Immediate booster and refresher trainings were also offered so that staff could have additional practice using the tools prior to full statewide implementation. These booster or refresher trainings for all the SDM Tools (Investigation and Permanency) continue on an ongoing basis to ensure that new staff and experienced staff have the ability to process and discuss questions as they relate to the tools to ensure consistent and accurate use of the tools.

Also, in 2020, a mini Coaching Virtual Micro-Learning series was offered to management and supervisors. These were one-hour sessions that were trained by a NCCD trainer and an OCFS Policy and Training Specialist. Each session was offered on three different dates/times. These sessions included:

- Mentoring, Shadowing & Observation Skills - Using modeling to coach new staff, Coaching Continuum - "hands-on" to 'hands-off', Strategies to support transfer of learning.
- Responding to Technical and Adaptive Challenges - Breaking down barriers to engagement, Working with 'hard to work with' families.
- Using All of Your Supervision Hats- Coaching for professional development, Coaching new employees, Coaching long term staff, Coaching staff experiencing burn-out or compassion fatigue.

*please refer to Appendix G (Training Plan) for a list of ongoing trainings and data on numbers of staff trained

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 late 2018 and early 2019, The University of Southern Maine, Muskie School of Public Service was contracted to study, revise and review the Resource Family Introductory Training and the Kinship Training. Other state’s curriculum and national curriculum were surveyed for training strengths and challenges.

In early 2020, OCFS selected the National Training and Development Curriculum to adopt for Maine Resource Family preservice training. The National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents is funded through a five-year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. Spaulding for Children is the lead agency for this initiative and is working in close partnership with four other national partners. Maine was accepted to adopt the curriculum and partnered with the University of Southern Maine’s Cutler Institute to amend and provide the training to all Resource Families. While Maine is not part of the 8 pilot sites using the curriculum, Maine has adopted the curriculum adjusting it to reflect Maine policy and to be useful for Maine families.

NTDC curriculum in Maine provides 27 hours of live classroom training for all foster and adoptive applied resource families. OCFS made the decision to require that all applied kinship families participate in the same curriculum as foster, adoptive and non-kinship providers as there was a concern that the previously approved reduced training hours were not providing the content needed by kinship families and their complicated dynamics and needs. NTDC consists of a self-assessment portion, classroom-based trainings and other training sessions known as “Right Time Trainings” to be used by families when they have a need for additional information during their fostering and adoption journey.

OCFS offered the first series of NTDC curriculum to applied families in January 2021. To date, 350 families have completed the curriculum. Sessions are offered in a variety of schedules, days and times to meet the convenience of our applied families. Due to Covid-19 concerns, the classroom portion of the training is offered remotely via Zoom. Each class accommodated a limited number of participants, but many sessions were offered concurrently to accommodate a larger

number of applied families. OCFS plans to offer some sessions in a live-in person classroom once Covid-19 concerns have abated. The assessment and evaluation of the program is ongoing with our partner, The Cutler Institute.

Some of the themes covered in NTDC are:

- Introduction and Welcome
- Child Development
- Attachment
- Separation Grief and Loss
- Trauma Related Behaviors
- Trauma Informed Parenting
- Effective Communication
- Reunification - the Primary Permanency Planning Goal
- Foster Care - A Means to Support Families
- Preparing for and Managing Intrusive Questions
- Maintaining Children's Connections with Siblings, Extended Family Members, and their Community
- Cultural Humility
- Parenting in Racially and Culturally Diverse Families
- Mental Health Considerations
- Impact of Substance Use
- Creating a Stable, Nurturing, Safe Home Environment
- Accessing Services and Support
- Youth Panel
- Resource Parent Panel

The revised NTDC curriculum also includes the Period of Purple Crying video, and the safe sleep environment video, both of which are focused upon ensuring safety of infants and children under the age of one year old. The final session consists of ensuring applicants are familiar with supportive resources that will be available to support them in their role as resource families. Each of the eight local districts also provide one session to include local support services, localized organizational charts, and other district specific information.

Training staff from the contracted Resource Family Support Services entity, Adoptive and Foster Families of Maine (AFFM) and the Cutler Institute partner to provide the preservice curriculum. The training facilitators consist of one experienced foster/adoptive/kin resource parent and one trained facilitator.

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. Unfortunately, the annual Spring Conference in 2020 was forced to cancel due to Covid-19. The 2021 spring conference is scheduled for April 2021 in a virtual format. 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. Since March 2020, those support groups have continued to be offered though they moved to a virtual setting to accommodate Covid-19 concerns. 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. These groups continued through 2020 although in a virtual format.

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 looked at creative ways for the committee to provide feedback while keeping busy schedules in mind (conference call or web-based interaction). In 2019 and into 2020, 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 has increased 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 since 2017 through 2020.:

- 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 is 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?
- Mandated Reporting
- Adoption Process
- Parenting Adopted Children through Childhood Transitions

In 2020, AFFM provided a large variety of training topics both in person and virtually (after the start of Covid-19) intended to assist families in meeting the required bi-annual training requirements.

ACES - Melissa Charette
Adoption and Foster Nutrition
Adoption Subsidy/Tax Credit with Josh Krull, NACAC
Adoption: What is Normal
Adoptive/Foster Nutrition
Adverse Childhood Experiences (ACEs) and Nurturing Resiliency - Melissa Charette
AFFM Book Club; Self Reg by Dr. Stuart Shanker
Allegation Prevention
Art Journaling
Assessing Attachment: A look at Attachment Theory and Emotional Coaching - Ruth Lyons
Be an Askable Parent
Building Healthy Relationships
CDS Informational Training - D2
Challenging Behavior - Jim Harris
DHHS Q & A with Melissa Guillerault - D1
Foster & Adoptive Nutrition
Helping Young People Navigate Relationships in the time of COVID-19 - Maine Family Planning
In It for the Child
Kids, Computers, and the Internet with David Plourde
Kinship Issues Training (Provided 12 separate trainings throughout the state)
Leadership Training

Loss, Grief, and Self Care during a Global Pandemic by Sue Badeau
Managing Stress and Anxiety in the age of COVID-19 - Christopher McLaughlin
Mandated Reporter Training
Online Safety for Tweens/Teens with Marita Fairfield
Parenting Life Skills
Period of Purple Crying & Infant Safe Sleep (Provided 2 separate trainings)
Positive Discipline
Positive Discipline (Provided 2 separate trainings at CARES meetings)
Protective Factor (Provided 2 separate trainings)
Q&A with D4 Resource Parent Care Team with Emili Dubar
Resource Family Introductory Training (RFIT) -session 6
Resource Parent Care Team Informational Training
Resources for Success
Reunification, Visitation and Working with the Biological Family with Allison Ouellette
Safety
Science of Us - Jim Harris Training
Self-Care for Foster and Kinship families
Services for children in the time of COVID-19
Substance Use and Recovery: Understanding the Impacts
The Miracle is You! - Bill Cumming
The Science of Us - Jim Harris
Understanding the Transformative Connections between Trauma and Addiction
Understanding the Transformative Connections between Trauma and Addiction - Judith Josiah-Martin
What Every Person Can Do - Bill Cumming

Working with Birth Families Affected by Substance Use with Angelica McAdam
York County DHHS Virtual Session with Melissa Guillerault

In addition to the above sessions, AFFM secured online training through Foster Parent College and made it available to all Resource Families. This included new options in 2020 for Resource Families that were well received and attended.

Topics provided through Foster Parent College include:

Anger Outbursts
Anger Pie
Caring for Children Who Have Been Sexually Abused
Child Abuse & Neglect
Child Development
Child Safety and Supervision
Children Entering Care: Mental Health Issues
Children Entering Care: Physical Health Issues
Children with Autism
Cultural Issues in Parenting
Culturally Competent Parenting
Eating Disorders
Family Dynamics in Foster Care
Fire Play and Fire-setting
Foster Care to Adoption
Grief & Loss in the Care System
House Safety
It's My Marriage!
Kinship Care

Lying (2nd Edition)
Lying (Advanced Parenting Workshop)
Noncompliance and Defiance
Parent-Child Attachment
Parenting a Child Who Was Substance Exposed
Positive Parenting 1
Positive Parenting 2
Positive Parenting 3
Problematic Sexual Behaviors (Advanced Parenting Workshop)
Reactive Attachment Disorder
Reducing Family Stress
Running Away
Safe Parenting
Sleep Problems (2nd Edition)
Substance-Exposed Infants
Supporting Normalcy
Taking Things – Stealing
The Child Welfare Team
The Foster Home Investigation Process
The Impact of Fostering on Birth Children
The Role of Mandated Child Abuse Reporters
Trauma-Informed Parenting
Understanding Behavior in Foster Children
Understanding Birth Family Relationships

Understanding Sex Trafficking
Wetting and Soiling
Working Together with Primary Families
Working with Schools
Escalating Behavior Unwrapped
Self-Injury (Advanced Parenting Workshop)

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 online 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 though it has been challenging to provide this hands-on training amidst Covid-19 concerns. The Resource Parent Advisory Committee is looking at ways to provide this information to resource families during the pandemic. When it is again safe to do so, the car seat training will again be provided in person. 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 2020, 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 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, which 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.
- The State of Maine's Sexual Assault Forensic Nurse Examiner Program trained 140 professionals in 2019 and 2020 on the topic of sexual assault, trauma informed approaches, and forensic evidence collection in local emergency rooms. The training is separated into two components: Pediatric Victims and Adolescent/Adult Victims. Currently, Maine has 60 actively certified SAFE nurses for adult and adolescent victims and 7 actively certified SAFE nurses for pediatric cases.
- The Violence Prevention Program, housed within OCFS, participated in the expansion of the Children's Advocacy Centers (CAC). There are 7 fully operational CACs throughout the state, and some with multiple locations. Four of these are accredited. There is 1 CAC site in development which will serve Washington and Hancock Counties. This site is projected to be fully operational in 2021. The work includes supporting multidisciplinary teams (MDT) in each of the CACs. The MDT includes law enforcement, the District Attorney, CPS, Safe Nurses, as well as community supports, such as mental health agencies, domestic violence advocates and sexual assault advocates.
- In 2016, Maine OCFS was selected as a pilot site 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 participating. 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 program, funding for and development of the Family First Prevention Services Act programming, 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.

In 2020, OCFS was awarded a 4-year federal SAMHSA grant to improve behavioral health services available for children and youth in their home and communities. Grant funds are currently being utilized to hire staff in historically underserved counties (Aroostook, Penobscot, and Piscataquis) with the plan to expand the program incrementally over 4 years to serve the entire state. The primary areas of focus: Family and Youth Engagement, Clinical Coordination, QA and QI oversight, Increased focus on evidenced based practices, workforce development, and creation of a permanent infrastructure to ensure long term impact.

Child Welfare and Children's Behavioral Health Services have been working in conjunction in the development of the Family First Prevention Services Act Plan. Utilizing survey data collected in the spring, national FFPSA resources, the Title IV-E Clearinghouse, EBP Stakeholder Convening and meetings with other State and Community Partners (including the Maine CDC, Maine General Health, Public Health Nursing) a draft service array has been created to show programs that will be implemented as part of the Family First Prevention Services Act. This plan includes the expansion of the Parents as Teachers Program, the implementation of the Homebuilders Family Preservation and Reunification program, and the expansion of existing Maine Care Covered EBP (Triple P, Incredible Years, Parent Child Interaction Therapy). OCFS has hired a Youth Substance Youth Disorder Specialist to map system gaps for youth in need of treatment. The Youth SUD Specialist is also leading OCFS in applying for a federal SAMHSA grant to expand evidence-based youth SUD treatment in

Maine. Additionally, OCFS is working with the Office of MaineCare Services to assess what reimbursement rate is needed in order for children's residential services providers to provide high-quality 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 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 areas.

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 investigation of child safety, ongoing service delivery to families 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) Learning Exchanges: learning opportunities to improve front-line partnerships among OCFS and community-based providers, that help front-line staff know each other and understand the services each

provider can offer to youth as a way to promote improved collaboration to support successful transitions for youth in care.

- 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 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 2020 the ICWA Workgroup pivoted its focus due to COVID-19. As in-person meetings were unable to occur, the group convened virtually, and as a result no meetings were cancelled. The focus of the meetings grew to include how both the state and tribal child welfare were ensuring and coping with the changes COVID-19 required while still ensuring child safety, well-being, and permanency. Work on the ICWA brochure was put on hold until 2021 due to the focus on COVID-19. Increasing the length of the ICWA training for OCFS staff from 3 ½ hours to a full day training was also postponed. If in-person training is unable to begin by mid-2021, then work will be

resumed on increasing the training in a virtual format. OCFS and tribal child welfare continued to support a system of co-case management and partnering between OCFS and Indian Child Welfare staff. The ICWA Workgroup is also currently working on the following activities: continued recruitment and training for Qualified Expert Witnesses; working with the University of Southern Maine, Cutler Institute to pilot a new foster parent training program for tribal foster homes, and continued partnership with the court system to ensure Guardians ad Litem and attorneys understand ICWA and how OCFS partners with the Tribes.

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 to build 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.

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 the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS is planning to discontinue the current contracts for these services, effective December 31, 2021, when the contracts end. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

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.

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 discontinued the current Community Partnerships for Protecting Children (CPPC) Program, effective June 30, 2020, when the contracts ended.

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*.

Parent Partner Pilot Program:

OCFS contracted with The Opportunity Alliance to complete a one-year Parent Partner Pilot Program. The purpose of the program is to provide Parent Partner support to eligible families in York and Cumberland Counties. These families are involved with, or at risk of child protective involvement. The program seeks to reduce family involvement with Child Protective Services, improve permanency outcomes, and reduce repeated substantiations and child removals within TOA's service area.

While the Parent Partner Pilot Program has continued to support the service needs of parents OCFS conducted an internal evaluation of the service in collaboration with The Opportunity Alliance. As of part of this evaluation, OCFS included a "return on investment" component to ascertain the long-term sustainability of the program by evaluating both family outcomes and cost per family served. Based on the results, a decision was made to discontinue this service at the end of the contract period (June 30, 2021), yet to continue to identify opportunities to include family voice in the work of OCFS.

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 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.

Families First Prevention Services Act: 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 (QRTP), Evidenced Based Practice, Candidacy, and Workforce) were developed to engage community and state partners in state plan development.

On February 1, 2021, the [FFPSA Maine State Prevention Plan](#) was submitted to the Administration for Children and Families (ACF). A second draft with revisions was submitted on May 12, 2021.

Prevention Services:

- OCFS is working on a draft Prevention Services referral form (a standard form for Child Welfare to refer families to Homebuilders and Parents as Teachers) that will share necessary information with the providers at the time of referral.
- Parents as Teachers bi-weekly implementation planning meetings have occurred with the Maine Center for Disease Control and Prevention, Maine Children's Trust, and local agency implementers. Sites have been selected for the Parents as Teachers program with the goal to begin implementation on October 1, 2021.
- Competitive Bid Requests for Proposals for Evaluation Services and Homebuilders are pending with contract management. The proposal for Evaluation Services may be put on hold until the state plan is approved.
- Development of the Family Services Resource Guide for staff/other professionals has begun through the State Agency Partnership for Prevention Subcommittee. A list of categories that will go into this guide has been drafted and will continue to be developed. The gap analysis of services will happen in conjunction with the development of this guide.
- OCFS is waiting for the approval of the state plan to implement the expansion of other evidenced based practices using Title IV-E funds (i.e., Incredible Years, Triple P, and Parent Child Interaction Therapy).
- The State Agency Partnership for Prevention has met and continues to benefit from the sharing of resources and projects. They have been invited to participate in the OCFS Trauma Informed Care Initiative.

Qualified Residential Treatment Program (QRTP):

- OCFS meetings have continued to convene bi-weekly with MaineCare and Licensing. Section 97 of the MaineCare rule has been drafted to include all new QRTP requirements and is being reviewed by the MaineCare legal team. A rate study has been conducted for Children's residential services by Burns and Associates and the newly drafted rate will be inclusive of the new QRTP requirements. Residential providers received a presentation on the draft rates on March 24, 2021 and the comment period on the study has opened. The goal is to have all rules approved and new rates in place by October 1, 2021.
- Weekly internal QRTP meetings have continued to convene to plan for all aspects of the law. A draft timeline/plan for implementation has been developed.
- Draft Aftercare services requirements have been developed as well as a draft discharge checklist. The QRTP stakeholder workgroup provided feedback in January 2021.
- OCFS has drafted a guidance document on the entire process for placement of a child in a residential program (Intensive Temporary Residential Treatment Guide) which includes a

process for Residential Reviews to ensure the appropriateness of placement and monitoring of timelines. Child welfare staff have been involved in the drafting/editing of this document.

- All PNMI providers who were not yet accredited are now in the process of accreditation in order to meet the QRTP requirements. OCFS has worked with them on securing contracts for the reimbursement of accreditation fees (utilizing the Transition Grant).
- Procedures and processes for fingerprint based criminal background checks for staff of residential programs was developed with a pilot taking place in February and the whole process went live in March. All programs are scheduled to have these completed by September 2021. OCFS submitted the Title IV-E state plan for this process on February 1, 2021 to ACF and this was approved March 24, 2021.
- OCFS has convened regularly scheduled PNMI provider meetings to discuss specific needs and concerns related to QRTP requirements including topics such as accreditation, reporting, aftercare, nursing, and the like.
- Meetings with the Attorney General's office and the Administrative Office of the Courts has led to draft court documents to meet the Judicial Review requirement for QRTP placements. A plan for training judges and the courts is slated for September. A fact sheet/checklist will be created to support implementation of this requirement.

Family First Prevention Services ACT Transition Grant Funds:

What is funded	Explanation	Updates
Qualified Residential Treatment Program (QRTP) Readiness and Capacity Building (Summer 2020)	<ul style="list-style-type: none"> • Provide funding for accreditation fees to the 6 existing Residential Programs that are not currently accredited. (Estimates received from CARE, COA, JCAHO) (One time) • Provide financial assistance to Residential Programs to complete the fingerprint requirement for QRTP status. (One time/one year) • Two (2) limited period (2 year) positions (ID Specialists) to process background checks required for QRTP status. (7/1) 	<ul style="list-style-type: none"> • Accreditation reimbursement contracts are in place. Only a couple of invoices have been received so far. • Fingerprinting requirement has just begun, no spending has occurred yet for this. • One limited period position was hired thus far.
Parents as Teachers (October 2021)	Training for staff for 0-5 who will be implementing PAT. One-time cost.	Not yet implemented
Homebuilders (November 2020/Early 2021)	Evidenced Based Early Intervention Program	Not yet implemented

Evaluation of EBP (Nov. 2020/Early 2021)	Process and Outcome Evaluation of Parents as Teachers and Homebuilders Programs.	Not yet implemented
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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 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 (Immpact) 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 Immpact 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 site 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 childcare 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 childcare 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. OCFS adopted the National Training and Development Curriculum (NTDC) preservice curriculum for Resource Families in early 2021. All families, including kinship providers complete the same curriculum. As of Spring 2021, 350 families have completed the training with more training sessions ongoing and scheduled throughout the summer and fall. At this time, all trainings are provided in an online virtual format due to Covid-19. 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 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 childcare 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 childcare 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 licenses children's residential care facilities, child placement agencies, emergency shelters, shelters for homeless children and childcare programs. This new model, 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 were 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 to a single manager with all decisions made 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 pool of resource families, and ease the process to become licensed as a resource family. 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 Correction with the family when there is an item that needs to be addressed. 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

smoothly and there have been few challenges with this new procedure. The safety inspection is completed on all new applicant homes and with 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, adoptive and kinship providers are required to attend an initial 27-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. In early 2021, OCFS adopted the NTDC Curriculum and provides it to all applied families in partnership with contracted agencies. Resource family licenses are issued for a two-year term.

While Maine does not have any specific quantitative or qualitative data related to standards being applied equally, if a home is licensed, 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.

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.

Beginning in March 2020, OCFS Resource Family Home Licensing was impacted by Covid-19. OCFS continued to complete in person Home Safety Inspections but home studies interviews were often completed over a virtual audio/visual meeting to ensure family and staff safety.

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

Foster Home Application & Approval Data 1/1/20-12/31/20	
Initial Applications	896
Renewal Applications	425
Approved Initial Applications	487
Approved Renewal Applications	346

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, Sex Offender Registry check 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 and ongoing through 2020, 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 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 contracted with another agency, Spurwink, doing business as A Family for Me 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, a Resource Parent 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 and continuing into 2021, our contracted recruitment agency, A Family for Me (through Spurwink) partnered with state LGBTQ leaders to

connect with the public through their sponsored events and annual conference. There are also new partnerships with the religious communities and military communities.

Due to the Covid-19 pandemic beginning in March 2020, it has been impossible to hold in person recruitment activities. Instead, recruitment activities moved virtually reaching target populations in new ways.

In late 2020, A Family for Me Maine and OCFS collaborated to begin the use of a Customer Service based software program to support Resource Family Recruitment and increase application completion. The software allows a family to seek information about becoming a Resource Family online and remotely at their convenience. A recruiter will work with the family to complete an online Informational Session either live or recorded. Once that Informational Session is completed, the family gains access to all portions of the Resource Family application. The family can complete the application and submit it electronically through the software. The application is then processed normally by OCFS staff. This process has removed delays and loss of paperwork due to postal service issues and has made it easier and faster for a family to apply. OCFS expected applications to be reduced during Covid-19 but found that was not the case. Application volume continued to be high, we believe, due to the ease of application.

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 is not in place currently.

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.

In regard to other cross-jurisdictional efforts, 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 2020, a total of 75 home study requests were received and assigned. This includes parent, foster care, and adoption. Of those 75 home studies completed, 59 (79%) were completed within the 60- day timeframe allowed under the Safe and Timely Interstate Placement of Foster Children Act of 2006. It is worth noting that out of the 16 home studies not completed within the 60-day timeframe, 6 of them were overdue by only 4 days or less. Also, worth noting is that due to the pandemic, home study workers were unable to conduct in-person visits for home study completion for several months, greatly limiting their ability to obtain information that could only be gained through in-person visits.

The only available measures of effectiveness are the statistical reports available from the DHHS ICPC Manager:

Year	# of ICPC adoption request for out of state placement
2009	36
2010	9
2011	13
2012	11
2013	12
2014	16
2015	21
2016	33
2017	17
2018	22
2019	12
2020	16

Year	# of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15
2014	11
2015	9
2016	19
2017	18
2018	15
2019	11
2020	19

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 several 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 4/1/20-3/31/21
1 Timeliness of initiating investigations of reports of maltreatment	73.1% Strength	75% 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.

GOAL 1 Key Activity updates:

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 has worked with Evident Change (Formerly NCCD) to update and implement the SDM intake tool. The updated tool was fully implemented March 1, 2021. All Intake staff have been trained in the new tool. The updated tool includes additional clarification around thresholds for allegations of abuse and neglect and impact to children. Further, the tool updates reflect changes for the screening of reports involving foster resources, which are now screened similarly to all other child welfare (family) reports.

Through the Cooperative Agreement with the Muskie School of Public Services, the draft intake policy was completed in June 2020. The updated Intake Policy is anticipated to be finalized by the end of Quarter 5. The changes to intake policy focus on alignment with updates to other OCFS policies since the last implementation in 2017. This includes clarification and examples for intake staff as well as an appendix

for the Intake Documentation Procedural Steps (IDPS). This is a tool used at Intake to assist staff with certain tasks (i.e. when to create a new report vs. adding a duplicate narrative). Additional updates to the policy address timeframes for intake workers to send reports for approval. These changes will assist in meeting Face to Face timelines as reports will be sent to the district in a timelier manner.

- 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: Throughout 2020, Evident Change provided remote coaching via virtual platforms to Intake Staff on the SDM Intake Tool. Additional training was also provided regarding the Case Reading Tool, which will assist in accuracy and consistency in use of the tool.

The contract with Evident Change for coaching services ended on December 31, 2020. OCFS is working with internal resources and other existing contracted providers for ongoing coaching support for staff.

- Present the revised guidance with Intake staff for full implementation.
Status Update: As part of implementation Intake staff were trained on the new definitions of the items and coached by their supervisor on how to apply these to new reports.
- 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.

The call center software allows callers for an option of “first in line” call backs when a certain threshold for wait times are met. Prior to the software implementation, callers had the option to wait, leave a message, or hang up and call back. This has reduced the rate of abandoned calls.

The software includes updates to the voice recordings and options for callers upon calling the hotline. This allows for increased data regarding the types of calls coming in and the needs of callers. Incoming calls are now sorted into categories (Law Enforcement, Medical Personnel, Judicial Staff, All Other Child Welfare Calls). The system prioritizes calls from those categories.

- 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 Q8 1/2022)**

Status Update: OCFS requested and was approved for an extension of this key activity through Quarter 8. The current contract with the Alternative Response Agencies has been extended through 12/31/2021. The Regional Associate Director assigned to oversee the ARP Contract facilitates monthly provider meetings. Since the outset of the pandemic, these meetings have occurred remotely. The purpose of these monthly meetings is to review contract and policy expectations, discuss challenges, and to review practice guidance and updates during the pandemic.

On January 8, 2021 Governor Mills introduced the proposed budget for State Fiscal Years 2022 and 2023. This budget proposes the elimination of the ARP program. To compensate for the elimination of ARP, the budget proposed adding 15 caseworker positions within OCFS. These additional staff will absorb the work previously completed by ARP, as all appropriate reports will receive an OCFS Child Welfare investigation once ARP is eliminated.

- 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: The 2020 Judicial Branch Child Protective Conference was conducted remotely on October 27, 2020 - October 30, 2020. Approximately 300 people participated in the conference including OCFS Staff, Parent's attorneys, Assistant Attorneys General, Guardians Ad Litem, and various community partners. OCFS presented a workshop titled "Collaboration to Achieve Positive Outcomes" which included three components (An Overview of the Child Welfare Process, Structured Decision Making, and the intersections between the Child Welfare System and Legal Systems). A focus also highlighted how all stakeholders, including the Child Welfare Agency and the Legal Community can work together to build solutions with families. Other presentations by OCFS included updates to the Children's Behavioral Health System and the Implementation of the Families First Prevention Services Act.

Participant feedback for the Review of FFPSA: 10% rated excellent, 26% very good, 28% good, 7% fair, 1% poor, 27% did not attend.

Participant feedback for Children's Behavioral Health Developments, Services and Options: 15% excellent, 21% very good, 21% good, 5% fair, less than 1% poor. 38% did not participate.

Participant feedback for Collaborating to Achieve Positive Outcomes for Families: 14% excellent, 41% good, 9% average, 0% poor, 33% did not participate.

- Develop the plan to improve program management of the Alternative Response contract.
Status Update: *see above update under ARP key activity*
- Develop correction action plans with Alternative Response providers to address any deficiencies in meeting performance as outlined in their contracts.
Status Update: *See above update under ARP key activity*
- 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.

On 11/30/20 Maine was officially notified by ACF that it had met the negotiated level of improvement for the PIP Item 1 goal.

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 (August 2020) reflects that Maine's performance for FY17B18A is 9.3. The most recent ACF Data Profile (February 2021) reflects that Maine has now fallen behind in meeting this measure. The current reentry rate is 13.6% which is statistically worse than the national performance. 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 4/1/20-3/31/21
2 Services to family to protect children in the home and prevent removal or re-entry into foster care	50% Strength	27% Strength
3 Risk and safety assessment and management	40% Strength	29% 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 transitioned to safety planning only when a child can remain in the home with their parent/caregivers. This was a significant change in that the default had become safety planning children out of the home. In December 2020, OCFS implemented the use of a Short-Term Alternative Care Plan. This alternative plan can be used in situations where it is appropriate to develop a short term (no longer than 5 days) alternative care plan with a family to prevent court action and the removal of a child from the legal custody of his/her parent. For this to be considered, an existing safety threat may be resolved in 5 days and the parent has a friend/relative who is able to provide care for the child.

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 because 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 was altered due to the recent pandemic. SDM Permanency Tools were implemented in September 2020. All OCFS staff were provided with training on the new SDM Permanency Tools prior to 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: All staff were provided with training on the SDM Permanency tools through the summer of 2020. SDM Permanency tools were implemented statewide September 8, 2020. The OCFS training unit began providing ongoing refresher trainings for the tools in November 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 October 2020, Evident Change (Formerly NCCD) developed Case Reading Tools for Intake, Investigation and Permanency tools. Training on the tools was provided to Intake Supervisors and Managers, QA staff, and Permanency and Investigation Supervisors through the fall of 2020. Additional coaching trainings were offered through Quarter 4 including refresher trainings for SDM tools, “Mentoring, Shadowing and Observational Skills”; “Using all of your Supervisor Hats”, and “Responding to Technical and Adaptive Challenges”.

The contract with Evident Change for coaching ended on December 31, 2021. OCFS is working with internal resources and other existing contracted providers to provide ongoing coaching support for staff.

- 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 October 2020, the QA unit, Intake staff and members from the Training Unit were trained by NCCD on the Case Reading Tools in preparation for review of the implementation of the SDM tools. In November 2020, casework supervisors were also trained in the use of the Case Reading Tools to support implementation of SDM tools and the work of their staff.

In January 2021, data from the DCM SDM database was reviewed to determine if the SDM tools were being created/implemented. The data was pulled for those completed between 9/8/20-2/9/21 as the September date was when the permanency tools were to be implemented. This was not a quality review of the tools themselves rather a review to look at reasons why there are a number of tools that reflected being incomplete.

It was found that there are a large number of tools that have been created in the database however it’s unknown how many tools should have been created in that time period as there are many factors to be considered in those calculations i.e. when staff started the implementation of the tools, the specific guidance as to which types of cases would tools be required to be completed on - all new cases, all cases with kids in care less than 6 months, other existing cases as optional.

In summary:

Safety Assessment Tool: There were only 4 of the 4,057 SA SDM tools that were incomplete. Three of the 4 were missing just one question being answered, one had multiple questions not answered.

Risk Assessment Tool: There were only 19 of the 4,275 RA SDM tools that were incomplete. Forty-seven percent (47%) of those that were listed as incomplete were reviewed and typical reasons found were that the 'action' section was incomplete.

Reunification Assessment Tool: There were only 4 out of 314 Reunification SDM tools that were incomplete. One hundred percent (100%) of those were reviewed and found entire sections that were incomplete in each of them, in 2 tools there were several sections missing and in 2 there was one section missing.

Child Strengths & Needs Assessment Tool: There were 164 out of 779 Child Strengths & Needs Assessment SDM tools that were incomplete. Thirteen percent (13%) of those were reviewed and the issue in all the tools was a missing supervisor signature and date. In addition, there were a few cases where the priority strengths and needs sections were incomplete. In one tool, none of the questions/sections were completed. In addition, most of the cases that were pulled to review included multiple tools and if one was incomplete all of them were for the same reason - 20 cases were reviewed in there were 53 incomplete tools within those 20 cases.

Family Strengths & Needs Assessment Tool: There were 108 out of 676 Family Strengths & Needs Assessment SDM tools that were incomplete. Twenty percent (20%) of those were reviewed and the issue in all of them was a missing supervisor signature and several also had a missing caseworker signature. In a few cases, both the caseworker and supervisor signature were missing. Similar to the Child Strengths & Needs Assessment Tool there were a few cases where the priority strengths and needs sections was incomplete. There were also cases where multiple tools were incomplete for the family - 20 cases were reviewed and there were 26 incomplete tools within those 20 cases.

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

Status Update: 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 2020, the Management Report

data reflects that the on average Maine met the 24-hour timeframe of contact with all alleged victims in 84% of the reports received, an improvement from the CY 2019 average of 75%. In CY 2020 the Management Report data reflects that on average Maine met the 72-hour time frame in 71% of the reports received, also an increase from the CY 2019 average of 63%.

- Revise the OCFS Permanency Policy to provide practice guidance and incorporation of SDM tools and procedures. (PIP activity - ~~Q3 10/2020 Q5 4/2021~~ Q 6 7/2021)

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. A draft of the permanency policy has been created and a workgroup has been formed to review and edit the policy

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 CSFR data as well as the ongoing CSFR reviews conducted by the OCFS ME-QA CSFR team:

Item	State Performance CFSR 2017	State Performance ME CSFR Period 4/1/20-3/31/22
4 Stability of Placement	75% Strength	84% Strength

5 Performance goal for child	80% Strength	53% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	28% Strength
12 Needs of services of child, parents, and foster parents	38% Strength	17% Strength
12A Needs assessment and services to children	69% Strength	41% Strength
12B Needs assessment and services to children	33% Strength	17% Strength
12C Needs assessment and services to foster parents	63% Strength	54% Strength
13 Child and family involvement in case planning	40% Strength	21% Strength
14 Caseworker visits with child	63% Strength	35% Strength
15 Caseworker visits with parents	35% Strength	14% Strength

On 11/30/20 Maine was officially notified by ACF that it had met the negotiated level of improvement for the PIP Item 4 goal.

The ACF Data Profile (February 2021) reflects that Maine falls below the national performance in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months - Maine's performance was 26.5%, statistically worse than the national performance of 42.7%.
- Achieving permanency between 12-24 months - Maine's performance was 37.3%, statistically worse than the national performance of 45.9%.
- Maine's performance on achieving permanency for children 24+ months is 31% which is statistically no difference than the national performance of 31.8%.

The permanency outcomes related to 12-23 months and 24+ have shown a decline beginning in FFY 2019. In the AFCAR period 18B19A (4/1/18-3/31/19) both measures were performing statistically better than the national performance. In the AFCAR period 19A19B (10/1/18-9/30/19) both measures reflected performance not statistically different than national performance and both dropped since that time with the 12-23 permanency achievement performance measure falling below the national performance rate and the 24+ month trending down as well although still considered not statistically different as of the most recent Data Profile.

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: The OCFS training unit and Muskie School provide initial training in engagement, forensic interviewing, motivational interviewing, and teaming through the Foundations training provided to all new casework staff. OCFS and the training unit provide ongoing advanced training in Forensic Interviewing, Motivational Interviewing and Action Planning. OCFS has contracted Clinical Support Services (through Spurwink) who also have provided ongoing continuing education for staff

in conflict resolution and facilitation.

Principals of Teaming (FTMs) is covered in Foundations Training with all new staff. As the updated Family Team Meeting Policy is completed, a standalone training for FTMs will be initiated.

Conflict Management is discussed in Foundations training with all new staff. This topic is discussed during the topic of Interviewing adults and understanding each individual conflict management style. *Facilitation* is woven throughout the Foundations training content in how to facilitate conversations with family member and others and facilitating Family Team Meetings.

Forensic Interviewing is provided to all new staff through Foundations Training. In 2020, 135 OCFS staff participated in this training. An additional 10 staff from ARP agencies were also trained.

The National Children's Advocacy Center provided a training in "Advanced Forensic Interviewing" via Zoom on February 24-25, 2021. Two trainings were scheduled for 2020 in this area but were cancelled by the presenter due to the pandemic.

Motivational Interviewing Training rolled out statewide in 2019. In January 2020, there was one in-person training which had 9 participants. There were two additional online trainings (via Zoom) held in July 2020 and October 2020 which had 12 and 7 participants respectively.

Action Planning (Goals and Action Steps Planning): There were a total of 16 trainings throughout 2020 which had 345 staff participants.

Additionally, SDM Permanency Tools trainings for all districts have been completed via remote learning; refresher trainings for permanency tools for supervisors have also been completed; Goals and Action Steps Trainings are scheduled for August and September 2020 via remote learning.

- 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, Q5 4/2021, Q 6 7/2021)**

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. A workgroup has been formed to develop content updates and create a draft updated policy.

While the FTM policy is under revision, updated practice guidance was issued to all staff through a series of town hall meetings and through email communication in December 2020. Prior to developing a safety plan with a family or filing a

PPO, a Family Team Meeting will be convened that includes all parents/caregivers in the process. The purpose of the FTM is to address safety threats, promote engagement with the family and explore relatives and other informal supports as options for placement, visitation, transportation, etc. The outcome of the FTM may be a safety plan or a PPO. Team members can assist in monitoring a safety plan or start the family towards a successful path of reunification. Supervisors are expected to participate in these meetings.

In the interim, staff will continue to use the FTM Matrix which outlines the agenda for the meeting. The agenda guides the team to identify strengths and needs related to safety threats and as outlined in the case plan tool, brainstorm what could go wrong and develop steps to ensure success. By engaging the family's supports safety is increased and there is shared responsibility for monitoring the activities outlined in the Safety Plan, Preliminary Rehabilitation and Reunification Plan, Rehabilitation and Reunification Plan or the Family Services Prevention Plan.

- **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 1/2/2021 and ongoing, Q6 7/2021)**

Status Update: OCFS requested and was granted an extension of this key activity through quarter 6. Currently, work is ongoing on updating the FTM Policy. Once policy revisions have been completed and approved staff training can be implemented.

- **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: In the spring of 2020, a random sample of 10% of FTMs held in the last year was reviewed (n=158); 76% were foster care cases; and 24% were in home service cases. Due to the need to strengthen engagement with family and youth/children in these meetings the review primarily focused who was invited and who participated. The level of utilization of the FTM Matrix was reviewed, whether a follow up FTM was scheduled at the end of the reviewed FTM and looked to see if there was a Macwis narrative indicating that the FTM was held. The following was found:

In 26% of the meetings reviewed the child/youth participated in the meeting. It could not always determine why the child/youth was not included in the meeting. In the Matrix there is an Invitation drop down list which does provide reason why a person may not be participating/included in the meeting and in 2 meetings it was found documentation that the

child/youth declined to attend the meeting. It was also unable to be determined through looking at the associated MACWIS entry why child/youth were not attending.

In 91% of the meetings where mothers would have been expected to attend the meetings, her participation was evident. There were several cases where the meeting was clearly focused on the father or child/ youth and the mother would not have been a participant (i.e. DV situation where meetings together would not have been appropriate, whereabouts unknown, mother TPR'd).

In 83% of the meetings where fathers would have been expected to attend the meetings, his participation was evident. There were several cases where the meeting was clearly focused on the mother or child/ youth and the father would not have been a participant (i.e. DV situation where meetings together would not have been appropriate, whereabouts unknown, father TPR'd).

In 84% of the meetings reviewed there was an associated Macwis narrative that the FTM was held, although often the documentation was limited. Limited documentation may not be problematic if all the elements of the Matrix are completed but that was not often the case.

Completion of FTM Matrix:

In 43% of the meetings reviewed, the Matrix was entirely completed.

In 37% of the meetings reviewed, the Matrix was incomplete. The two blocks in the Matrix that were most often not completed were "What could go wrong with this plan?" and "What will the team do to prevent this?"; and

In 20% of the meetings reviewed, the Matrix was entirely blank. In a handful of cases neither the Matrix nor the Macwis narrative was completed so there was no record of the FTM except for the blank Matrix template.

In 13% of the meetings that were reviewed, a date for the following FTM was scheduled.

In reviewing the Invitation List drop down in the Matrix:

37% of the meetings reviewed reflected the use of the invitation list- who was invited, who attended and the role of the participant.

46% of the meetings reviewed reflected the invitation list was incomplete. What was typically found was when people were invited but did not attend, no documentation as to why this occurred. In many cases, the Macwis documentation of the meeting provided information as to who participated which was inconsistent with what was reflected in the Invitation list of the Matrix; and

17% of the meetings reviewed reflected the invitation list was not utilized at all.

- 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 4/1/20 -3/31/21
13 Child and family involvement in case planning	40% Strength	21% 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 plan was initially piloted in one district. Community Partners (Parent's Attorneys, GALs), AAG's staff and the Maine Judicial Branch Team shared positive feedback regarding this plan. Training on the updated family plan was provided to all district staff via online learning during the week of October 26, 2020 through two online sessions. The plan was fully implemented statewide on November 2, 2020.
- 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: Action Planning training was provided for all staff in August and September 2020. Two all staff trainings were conducted via remote platforms in October 2020 on the use and implementation of the updated family plan. The plan was implemented statewide on November 2, 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 Children's Bureau conducted Stakeholder Feedback sessions with the Supervisor Advisory Team as well as the Regional Management team. During these feedback sessions, information was shared about the efficacy of the Supervisory Tool. Consistent feedback from the team was that the tool was helpful for newer supervisory staff but somewhat redundant for more experienced staff.

The Regional Associate Directors and Associate Director for Child Welfare services determined after the feedback sessions to suspend the expectation that the Supervisory Tool be used in all supervisions and use of this tool is now optional. Ongoing revisions of what this tool should look like will occur with the supervisory teams in their statewide supervisor meetings. NCCD and the Muskie School are also in the process of working on an updated supervision framework.

- 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: In response to the feedback from CB partners and feedback sessions; updated practice guidance was issued to all staff through a series of town hall meetings and through email communication in December 2020. Supervisors are no longer required to use the Supervision Tool in MACWIS, although it remains available as a checklist/guide. The SDM Reunification Assessment Tool, SDM Case Planning Tool, and SDM Risk Reassessment Tools, as well as the permanency review process, will help guide supervision and decisions regarding safety, risk, reunification, and permanency for children.

- ~~• 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:

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/20-3/31/21
5 Permanency goal for child	80% Strength	53% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	28% 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 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%
- Very Good: 38%
- Good: 30%
- Fair: 10%
- Poor: 0%

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”). Feedback from this conference is being used to inform the planning and development of the 2021 Conference.

Since the onset of the Pandemic, OCFS has been conducting family team meetings through virtual platforms. OCFS staff as well as stakeholders within the legal community (parents’ attorneys and AAGs) and the judicial branch have noted increased participation by parents and their supports in FTMs held remotely.

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: The transformation zone project began on 9/14/2020 in two different locations. As of the end of Q3, the courts were in the case collection mode and each court location had 11 different cases selected. A Judicial Bench Guide was developed and shared with the presiding judges for each of the involved courts and the Judges participated in a training in the beginning of September 2020

Initially, 25 cases per location were to be selected. This number has since increased to 35 cases given that some have resolved prior to the first judicial review. Location

1 has collected 21 cases and Location 2 has collected 35 cases. The first series of judicial reviews under this model will be occurring in Q 5.

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: The QA unit has been completing yearly studies of OCFS’ progress in providing written notification of court activity to resource parents/caregivers since 2012. The most recent study completed in April 2019 reviewed 163 cases where there was a scheduled Judicial Review or Permanency Planning Hearing within the past year. The data from that study indicated that notification was provided in 78% of the cases reviewed. This indicates an increase in the statewide average over previous years.

The study noted that that there appear to be two distinct timings for notification. Some districts provide written notification of the next court event as soon as they are aware of the court date (which can provide between 2-5 months of notice). 91 cases were in this category. Other districts provide written notification closer to the date of the hearing. 15 cases were in this category.

A review of district level practice found that each office has one assigned staff person responsible for completing the written notification process of court hearings to care providers. Copies of these notices are saved in MACWIS event tracking, notices sent to caregivers are copied to the assigned District Court for filing and the Court is documenting on the JR order when the notices have been received.

Further analysis into why notifications may have been missed indicated the following factors: child moves prior to the next court activity and the notice had

previously been sent to the prior foster parents (solution: staff who mail out the notices will need to be notified if/when there is a change in placement for the child in order to resend the notice or the caseworker will need to send a notice to the new foster parents); backlogs in OCFS receiving court notifications, it is possible that the subsequent court activity occurs before the agency receives the prior court order which is the trigger for clerical staff to send the notices; court dates being changed, however a new notice to the caregiver was not sent and it's unclear if the foster parents are aware of that change in date.

- 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: In January 2021 a sample of 40 Judicial Orders, 5 from each district office, were reviewed to determine if Judicial Officers are indicating that OCFS is filing court notifications prior to the Judicial Review/Permanency Hearing. In summary:

- 90% (t=36) of the court orders reviewed found that the Judicial Officers indicated that these notices were filed with the Court.
 - Of the 10% (t=4) where this was not found 1 reflected that the foster parent was in attendance in the hearing thus having been notified. In the remaining 3 the Order did not reflect that the filing was made and there wasn't indication that the foster parent was present.
- 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 court completed the development of the business cards in the fall of 2020. A new website was also developed which went live in November 2020. The new website address is listed on the business sized cards.

In November 2020 the cards were distributed to each district office with instructions that they are to be attached and mailed with each notification of court hearing that is mailed to resource parents. A survey of district support staff indicates that this practice is occurring ongoing.

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.

- 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

extend 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 4/1/20-3/31/21
15 Caseworker visit with parent(s)	35% Strength	14% 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 and ongoing)**
Status Update: The Supervisor Advisory Team, Case Work Advisory Team, Intern Staff and Regional Management team has convened and reviewed all of the interview templates and developed updated user guides for the current templates for parent and child interviews.
- Analyze feedback and implement solutions to improve the quality and documentation of contacts with parents. **(PIP activity - Q3 10/2020 and ongoing)**
Status Update: The District Management Team (including Program Administrators, Assistant Program Administrators, Regional Associate Directors and Associate Director) developed district specific Program Improvement plans to target key practice areas needing improvement. These plans were then shared and reviewed within each district management team for further development. The plans are being implemented in each district through out Q 4. (Examples of QI activities in the district specific PIPs include but are not limited to: Supervisory Coaching of workers to review and monitor casework activities prior to approval of an investigation/closing a case; supervisor review of Family Plans to ensure for thorough assessment and plan to meet needs with review in larger supervisory team meetings; Supervisory quarterly review of face to face contact narratives to expore for content, quality and engagement in planning). The RADS are reviewing the updated practice guidance for the templates.
- 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: During 2020, OCFS continued to work to refine the workload analytic tool to ensure that as much as possible it accounts for the impact of each type of worker's assigned duties and functions, as well as the impact of case-specific variables such as the number of children in a family or the amount of time required to travel to see case participants. Caseload and Workload Definitions In the 2020 report, OCFS set forth definitions of the terms caseload and workload to guide the Department's work related to LD 821. OCFS utilized the expertise of the Child Welfare League of America (CWLA) in establishing the distinction between caseload and workload.

The workload analytic tool results for December 2020 show a need for 42.5 additional caseworkers. The current number of caseworkers (358) includes positions added in three separate initiatives over the last two and a half years, but OCFS believes there are other factors, beyond just the number of caseworkers that are driving the workload analytic tool's results. Chief among them is the experience-level of OCFS child welfare staff. Over the last few years, OCFS has added over 50 caseworker positions within child welfare. While these staff were greatly needed and have made an impact on OCFS' ability to serve children and families, they have also decreased the overall level of experience among child welfare field staff. In addition, along with new caseworker positions came new supervisory positions to ensure adequate supervisory oversight and support for field staff. All of these supervisory positions were filled by seasoned child welfare caseworkers, which also had an impact on the overall level of experience among OCFS caseworkers.

- 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 was

held for those who were unable to participate and will be able to include more OCFS staff (the District Level Quality Circle Teams). 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: OCFS Has implemented Workforce Wellness Teams in each district. These teams were recently provided a 20-hour training in Critical Incident Stress Management Response. The teams will be meeting in Q4 to complete a district mapping of the strengths and challenges of each district, directly related to staff (including recruitment and retention).

The OCFS Recruitment and Retention Specialist convenes regular exit interviews with all staff leaving the agency. The Director of OCFS is provided a quarterly report on rolling averages of staff turnover and Churnover for all OCFS staff.

- 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: The OCFS Recruitment and Retention Specialist convenes regular exit interviews with all staff leaving the agency. The Director of OCFS is provided a quarterly report on rolling averages of staff turnover and Churnover for all OCFS staff.

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

Status Update: Maine was 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 Specialist, OCFS Training Program Manager and the Director of Human Resources.

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.

Since the onset of the pandemic in March 2020, the Recruitment and Retention Specialist primarily conducts initial panel interviews for new staff. Potential recruits can be screened, have their first interview, and have their names forwarded to the hiring districts within two weeks under this process. The Recruitment and Retention Specialist utilizes various strategies to engage potential staff including participating in college presentations (in person prior to the pandemic and via remote platforms during the pandemic) including UMF, UMaine and UMA); participation in virtual job fairs, including at USM, UConn, UNH, and State of Maine Veteran's job fairs. Recruitment activities also include the Indeed Platform as well as the State of Maine's Linked In and other social media accounts.

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.

Cutler staff completed a 2020 focus group with OCFS staff who graduated from a previous Field Instruction Program and identified the importance of strong mentorship, dedicated supervision, support from peers, and a nurturing environment.

Cutler has convened four Maine Universities (University of Maine Presque Isle (UMPI), University of Maine (UM), University of Maine Augusta(UMA) and University of Southern Maine (USM)), OCFS, and the Cutler team to work together as a Design Team for a Field Instruction Program for students which will result in a more work-ready pool of workforce applicants. NOTE: The Design Team continues to seek the engagement of University of Maine Machias (UMM).

Cutler staff will work with the OCFS, the Field Instruction Design Team, and student interns at the OCFS to:

- Conduct research of successful models to identify structures and outcomes for various Field Instruction Programs
- Present program models to OCFS for selection of model to be utilized in Maine
- Design a structure for a Field Instruction Program using the selected model by OCFS
- Launch the Field Instruction Program in the fall of 2022

Training and Support of 2021-2022 Interns

Cutler staff will work in collaboration with the OCFS Staff Recruitment and Retention Specialist, OCFS District Office Staff, and participating Maine colleges and universities to provide support, training development and an experience to a statewide group of OCFS student interns as a cohort of learners.

- The Cutler Team will deliver segments of the Caseworker Foundations training, weekly, over the course of two semesters to the student interns. Training will be delivered statewide in a virtual format.
- 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.

To better understand how changes and revisions in the training curriculum are supporting learning and practice, a formative evaluation process will be developed 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.

Cutler and the OCFS training unit have revised and updated the CW Foundations training. Work is ongoing for providing online learning for new workers (as well as experienced staff) in conjunction with the development and procurement of a new Learning Management System. Muskie began facilitating these trainings in June 2020. Due to the pandemic, all staff are being trained via remote learning platform. The team has selected a new learning management system and as this is being developed, the team will also integrate learning activities into the Foundation trainings.

- 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: *see update under this key activity on page 138

- 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.

BrightSpace offered through Desire2Learn (D2L) is the Learning Management System (LMS) that will be purchased through the funds allocated to the Cooperative Project with the University of Southern Maine, Cutler Institute. The projected timeline for the LMS system to be launched is Spring 2021. This system will be used by OCFS staff to access current Foundations training materials and ongoing training materials as well as the current policies and other related training materials. There may also be the option for resource parents and kinship families to also access parts of the system for online training materials that accompany the Resource Family Introductory Training.

- 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

The Cutler team conducted a review of existing Resource Parent curricula and interviewed states to gather lessons learned related to their current curriculum and delivery. Based on this information and in consultation with OCFS, Cutler recommended the National Training Development Center (NTDC) curriculum as the best fit for Maine's current needs. OCFS staff approved this choice in July 2020. The Cutler team held initial implementation calls with the NTDC team to plan next steps in the adoption of the curriculum. The evaluation components will be coordinated closely with the NTDC evaluation tools and process. Cutler trainers will deliver the training in partnership with trainers from Adoptive and Foster Families of Maine. A train the trainer was delivered by NTDC in January 2021.

Cutler staff worked in collaboration with OCFS and NTDC to convene an Implementation Team. The Implementation Team is composed of key stakeholders to provide implementation planning for the new, statewide Resource

Family Introductory Training. This Team will utilize the curriculum, resources, and guidelines developed by National Training Development Curriculum (NTDC) to plan, implement, and evaluate the curriculum to ensure successful training delivery and participant learning in Maine.

The Implementation Team will oversee the work of three key committees that will provide planning support related to:

- The **Classroom and Online Learning Committee** will develop implementation strategies for the classroom and online learning for resource parents and kin families enrolled in the National Training and Development Curriculum pre-service training for the state of Maine. The Committee will identify additional training content areas for licensed resource and kinship families in Maine.
- The **Pre-and Post-Training Activities Committee** will support the development of plans to increase awareness of and how to access the RFIT training, ensure the accessibility of training, define and support pre/post training activities with Resource Families, OCFS, and key stakeholders, develop communication needs and plans for pre/post training.
- The **Evaluation Committee** will provide input on both process and outcomes evaluation for Maine RFIT. This will include review of high-level evaluation documents, including the program logic model as well as more detailed review of data collection tools that align with the curriculum and outcomes. This committee will review training data on a quarterly basis to support the Cutler evaluation team to better understand the context of the training data and review reports that may provide key recommendations to other committees.

The training rollout began in January 2021 with six different training groups, providing training for close to 200 participants. Additional training groups will begin in March.

Participants on the Implementation Team will meet on a quarterly basis, though early in the implementation of this process, meetings may be more frequent. Committees meetings will occur more frequently.

- 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 in the Spring of 2021.

- 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. AFFM has scheduled their annual 2021 conference for April 2021 via remote platforms. *AFFM has offered several ongoing trainings which are referenced earlier in this document.

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: OCFS was awarded a 4-year, \$8.5 million, federal SAMHSA grant to improve behavioral health services available for children and youth in their home and communities. Grant funds are currently being utilized to hire staff in historically underserved counties (Aroostook, Penobscot, and Piscataquis) with the plan to expand the program incrementally over 4 years to serve the entire state. The primary areas of focus: Family and Youth Engagement, Clinical Coordination, QA and QI oversight, Increased focus on evidenced based practices, workforce development, and creation of a permanent infrastructure to ensure long term impact.

Child Welfare and Children's Behavioral Health Services have been working collaboratively with the Family First Program Manager and other stakeholders to develop the Family First Prevention Services Act state plan and outline implementation activities. Utilizing survey data collected in the spring, national FFPSA resources, the Title IV-E Clearing house, EBP stakeholder convening and meetings with other state and community partners (including the Maine CDC, Maine General Health, Public Health Nursing) a draft service array of programs has been selected that will be implemented as part of the Family First Prevention Services Act. This plan includes the expansion of the Parents as Teachers Program, the implementation of the Homebuilders Family Preservation and Reunification program, and the expansion of existing MaineCare covered EBPs (Triple P, Incredible Years, Parent Child Interaction Therapy). OCFS has hired a Youth Substance Youth Disorder Specialist to map system gaps for youth in need of treatment. The Youth SUD Specialist is also leading OCFS in applying for a federal SAMHSA grant to expand evidence-based youth SUD treatment in Maine. Additionally, OCFS is working with the Office of MaineCare Services to assess what reimbursement rate is needed for children's residential services providers to provide high-quality care.

- 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 (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 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 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 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.~~ Review OCFS contracted services (ex: Transportation, Visitation etc.) and other virtual platforms to assure client access to services statewide

- **(PIP activity - Q4 1/2021, Q8 1/2022)**

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.

OCFS requested and was granted an extension for this key activity through Q8 as this project is at the Commissioner level. OCFS' role in this key activity pertains to building increased capacity and consolidating resources to increase consistency in available resources for families. OCFS is also requesting a modification in language of this key activity to more accurately reflect OCFS' role in the development of the larger activity.

On January 20, 2021 OCFS met with our federal partners to further discuss this key activity and to request a language change to more accurately reflect the need (improve access to services statewide) and our role in the development of the transportation system.

Transportation: Child Welfare Leadership participates in ongoing meetings with leadership from other DHHS program areas to discuss and plan for the statewide transportation system. OCFS/Child Welfare has contracts for transportation services statewide for clients. The Regional Associate Director who oversees the

transportation contract convenes quarterly meetings with the transportation providers. These meetings focus on ensuring policy guidelines are adhered to as well as addressing any challenges that arise. Throughout the pandemic, meetings with the transportation providers have been conducted through virtual platforms, which has allowed for an increased participation from providers. At an upcoming meeting, the providers plan to discuss developing consistent statewide expectations and guidelines for ride provision (including written policies regarding no call/no show situations by clients).

Visitation: OCFS has recently renewed/awarded updated contracts for its supervised visitation programs in most districts. (in some districts, contracts are still in the negotiation phase). At the onset of the pandemic, OCFS suspended in person visitation between parents and children for safety purposes for approximately 6 weeks. During that time, a plan was developed to ensure that parents and children were able to maintain contact through virtual methods. OCFS staff, resource parents, informal family supports, and contracted visitation providers facilitated regularly scheduled contact for parents and children through various platforms such as Zoom, Face Time, and Skype. In situations where video visitation was not able to occur, telephone contact did occur. In a handful of situations, either a parent or a youth/resource parent did not have access to the technology needed to have virtual visitation. In these situations, OCFS assisted in purchasing tablets to ensure contact. In-person visitation resumed in June 2020 with expectations around face coverings and handwashing. In the event that circumstances with the pandemic deteriorate, OCFS staff are working with clients and families to ensure that in person contact between children and parents can continue to safely occur, including exploring relative and informal supports who would be able to assist in facilitating these visits.

Telehealth Services: OCFS does not provide telehealth services to clients/families, however the use of telehealth services is encouraged for children and parents when necessary. Since the onset of the pandemic, OCFS has facilitated all family team meetings via remote platforms. Feedback from stakeholders has indicated that this change has led to an increase in participation of parents/attorneys/providers/informal supports. The District Courts have also transitioned to remote court events in many circumstances. While some court hearings, like the initial PPO hearing or contested events are still conducted in person, many judicial reviews and status conference events are conducted virtually.

- 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) 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 linkages 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, 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 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.

Child Welfare and Children's Behavioral Health Services have been working collaboratively with the Family First Program Manager and other stakeholders to develop the Family First Prevention and Services Act state plan. The "Evidence based Practice Workgroup was developed as part of the FFPSA planning with a focus on 1) Identifying Evidenced Based Practices (EBP) to implement as part of the FFPSA and 2) to Expand EBP in the state as it relates to behavioral health services for youth (This second goal is part of the CBHS Strategic Plan). OCFS and OMS implemented enhanced reimbursement rates for providers who provide the following, three evidence-based models: Multi-systemic Therapy (MST), Functional Family Therapy (FFT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). For MST and FFT, Maine is also one of the first states to pay a weekly case rate instead of 15-minute billing leading to higher quality, more sustainable service delivery. In TF-CBT, providers are required to be nationally certified and complete fidelity tools to bill the enhanced rate. OCFS is paying for the training and certification of 125 clinicians statewide to provide TF-CBT.

- 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.

After completion of the first year of the pilot project OCFS district staff, interns and leadership are gathering and reviewing data from the Family Visit Coaching Pilot to compare outcomes for families engaged in this service to outcomes for families engaged in traditional supervised visitation programs. OCFS leadership will be meeting with the contracted provider agency within the next quarter to discuss program outcomes and determine next steps. A decision has been made to extend this service through June 2021.

- 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 4/1/20-3/31/21
12A Needs Assessment of Children	69% Strength	41% Strength
13 Child and family involvement in case planning	55% Strength	21% Strength
14 Caseworker visit with child	63%	35% Strength

	Strength	
17 Physical health of child	64% Strength	35% Strength
18 Mental/behavioral health of child	67% Strength	15% 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 and ongoing)**
Status Update: The Supervisor Advisory Team, Case Work Advisory Team, Intern Staff and Regional Management team has convened and reviewed all of the interview templates and developed updated user guides for the current templates for parent and child interviews.

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

Status Update: The District Management Team (including Program Administrators, Assistant Program Administrators, Regional Associate Directors and Associate Director) developed district specific Program Improvement plans to target key practice areas needing improvement. These plans were then shared and reviewed within each district management team for further development. The plans are being implemented in each district through out Q 4. (Examples of QI activities in the district specific PIPs include but are not limited to: Supervisory Coaching of workers to review and monitor casework activities prior to approval of an investigation/closing a case; supervisor review of Family Plans to ensure for thorough assessment and plan to meet needs with review in larger supervisory team meetings; Supervisory quarterly review of face to face contact narratives to expore for content, quality and engagement in planning). The RADS are reviewing the updated practice guidance for the templates.

- 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%	70%	75%
3	40.0%	42%	45%	48%	52%	58%
4	75.0%	78%	80%	84%	90%	95%
5	80.0%	83%	85%	88%	90%	95%
6	55.0%	58%	62%	65%	70%	75%
12	38.5%	41%	43%	46%	50%	55%
13	40.5%	43%	45%	49%	55%	60%
14	63.1%	65%	68%	71%	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 the child welfare management team in its efforts to prevent child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention (CBCAP) program federal grant from ACF.

All reports of child abuse and neglect are received and screened by the statewide Child Welfare Intake Unit within OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in the district offices for assignment. Supervisors assign moderate/high severity reports to CPS caseworkers and have the discretion to assign low/moderate severity reports to the Alternative Response Programs. In September 2007, the Department initiated steps to ensure a timelier 72-hour response to reports of child abuse and

neglect by implementing the expectation that the Intake decision would be completed within 24 hours and children seen within 72 hours of the intake decision.

In 2017, OCFS implemented the use of the SDM Intake tool to guide decision-making related to the appropriateness of assigning a report for child protection investigation and determining the response timeframe for completing initial contacts with critical case members. At this same time, the Intake Screening and Assignment Policy was updated. In February 2021, the SDM Intake tool was updated again based on feedback from Intake staff regarding the need for clarity in the definitions 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, moving toward a response timeframe that mirrored that of OCFS.

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families need 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 the previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.

If a child protection assessment determines that a family needs 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, childcare, individual and family counseling services, transportation, family 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 an investigation 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 in immediate risk of serious harm. After a civil court hearing, in non-emergency situations, the court may order that a child is in jeopardy due to abuse or neglect as defined by Maine law.

When children cannot remain in their homes, initial Department social work efforts focus on exploring kinship options for placement. Children can be immediately placed with kin if a safe placement is located. Kinship assessment begins at Intake and continues throughout Department involvement with the child and family. If a kinship placement is unable to be identified at removal, the search for kinship connections continues. Fictive kin placements are the next preferred placement option for children, i.e. childcare providers or friends of the family. The next option for placement would be foster care within the child's home community, whenever possible to maintain school and community connections. If a child requires therapeutic foster care, a statewide search is conducted and all therapeutic agencies receive a detailed referral form which outlines the needs, diagnoses, habits, behaviors, likes, and dislikes of the child.

When a child requires a higher level of support and cannot be successfully placed in a family setting various types of residential care are utilized. Residential programs vary from semi-independent living programs to those with 24/7 supervision. There is a universal application process in place for residential programs and OCFS collaborates with the OCFS Mental Health

Program Coordinators and Clinical Social Workers to ensure that residential care is the least restrictive placement required to meet the needs of the child.

Maine has a state administered District Court system. Within ten days of a child entering DHHS custody, a Family Team Meeting is convened to develop a Family Plan. From the time of investigation, and continuing throughout the period of court involvement, there is a focus on ensuring that parents understand the rehabilitation and reunification plan, including the goals and activities to resolve child safety issues as well as the expected timeframes for completion.

In October 2020, the Maine Judicial Branch began the “Transformation Zone” pilot project in two district courts. As part of this project, the judicial officer assigned to the court engages each parent at the judicial review to discuss the permanency plan in easily understood concrete action steps. The parents will be expected to complete the actions steps prior to the subsequent judicial review. As part of the pilot, a Judicial Bench Guide was developed and shared with the presiding judges for each of the two courts and the Judges participated in training in September 2020. The cases selected will have their first Judicial Reviews using this model in March 2021.

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. Through supervision and use of the SDM Reunification Assessment decision are made as to whether a petition for Termination of Parental Rights (TPR) 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 ruled out as 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; 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 the child’s culture. 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 in assistance. Youth are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

In the permanency policy “Other Planned Permanent Living Arrangement” is identified as an appropriate goal only when a child has reached the age of 16 and the Department has documented to the court a compelling reason for determining that it would not be in the best interest of the child to return home, be referred for termination of parental rights or be placed for adoption, be cared for by a permanency guardian or be placed with a fit and willing relative. Maine’s Child and Family Services and Child Protective Act, Title 22, Chapter 1071, Section 4038 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 has policies that outline activities to prepare children for independent living. All Maine children in foster care, regardless of their 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 outlines education/training, activities and resources that will assist the youth to develop skills for adulthood.

OCFS policy requires that the following be provided to the youth by the permanency caseworker or by the Youth Transition Caseworker: linkages with occupational and college prep high school classes; assistance linking with other educational alternatives; provision of information about financial aid for post-secondary education, tutoring or 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 Voluntary Care (V9) services. A youth in custody who is turning 18 years old has the option to enter into an agreement to remain in care, to accomplish the individual youth’s transition goals while still receiving the support of the Department. Individualized agreements are negotiated with the youth that outline specific services and supports that will assist the youth to achieve their educational or skills training goals. If a youth requires assisted living beyond what can be provided through a V9 agreement, a referral is made to DHHS Office of Behavioral Health Services on behalf of the youth at age 16.

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, OCFS assists the youth in applying for MaineCare (Maine Medicaid) for health insurance. Under new provisions of the Affordable Care Act, beginning 1/1/14, youth who turn age 18 while in foster care will remain eligible for coverage until their 26th birthday.

Through 2018, districts convened permanency reviews although there were variances in the models utilized during this period. In 2019, OCFS re-evaluated its process for reviewing

permanency goals and steps towards timely achievement of those goal. In 2020, OCFS convened a workgroup to develop an updated permanency review process. The workgroup consisted of staff from all levels (caseworkers, supervisors, PA/APAs, Regional Associate Directors, and MSW interns). This work resulted in the updated permanency review teams that were implemented in March 2021.

The process includes designated roles for meeting participants, as well as focused topics to discuss in the meeting related to the primary and concurrent permanency goals for the child. The team reviews recommendations from the SDM Reunification Assessment and Risk Re-Assessment tools, parental behaviors that lead to a decrease in safety threats, efforts to engage both paternal and maternal relative resources, and barriers to achieving permanency to develop a plan outlining next steps to achieve timely permanency. OCFS continues to work with Casey Family Programs to develop a tracking and accountability system for the process. In addition, OCFS has trained staff in the use of the SDM Permanency tools, including 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 that supports the child's safety, permanency, and well-being needs. Towards that effort, child welfare continues the residential permanency review process, to review the appropriateness of a child's referral to and placement in a residential treatment setting. In 2005, the residential reform workgroup identified that in Maine too many children were being placed for too long a period in residential placements. As a result, child welfare began reform efforts to focus upon moving children into more normalized family settings and towards assisting children to achieve permanency.

Residential placements were a focus of a prior 5-year plan in which OCFS began to track moves to and from residential care on a weekly basis. The tracking included monitoring the number of planned transitions from residential care each week in which the child went to live in a family/community setting, as well as those unplanned transitions that resulted 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, 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 on-going basis throughout the period of involvement with the family. In addition to emphasizing the need for relative and kinship resource searches and placement, OCFS is also committed to funding services to help support and maintain kinship placements. 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). The contract was awarded effective January 1, 2013 to AFFM and has continued to be 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 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 a 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 that 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.

Throughout the pandemic in 2020, AFFM continued to facilitate support groups for foster and adoptive parents through remote platforms.

Moving forward, AFFM is 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 is above the national average for the percentage of placements with relatives, staff continue to strive to improve practice in both placing and supporting connections for youth with relatives. Stability in a non-relative foster home does not equate to the benefits gained when a child resides with and maintains connections to his or her family of origin.

The 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 has implemented 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. The contract was set to end March 2021 but was able to be extended through June 2021 to allow OCFS leadership the opportunity to review project outcomes and determine next steps.

In March 2020 at the onset of the pandemic, OCFS suspended in person visitation between parents and children for safety purposes for approximately six weeks. During that period, OCFS developed a plan to ensure that parents and children were able to maintain contact through virtual methods. OCFS staff, resource parents, contracted visitation providers and informal supports facilitated regularly scheduled visits through virtual platforms such as Zoom, FaceTime and Skype. In situations where video visits were not able to occur, telephone contact was encouraged. In a handful of circumstances, access to technology was a barrier for parents to maintain contact with their child. In those circumstances, OCFS assisted in purchasing tablets to ensure contact. OCFS has been planning with families and their informal supports to ensure that in person visitation can continue to safely occur in the event that circumstances with the pandemic deteriorate.

Section 4068 of Title 22 authorizes the Courts 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 child protection involvement.

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 the Maine Youth in Care Bill of Rights. More than a philosophical statement about rights to which youth in care are entitled, the resulting publication is a resource for youth in care, for their care providers, and for OCFS staff to understand these rights, thereby ensuring they are upheld in the delivery of services to youth.

The School Transfer Policy 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 regarding educational stability. The final decision on which school the child/youth will attend is made by OCFS in collaboration with the school district. The law required that the school abide by the decision made by OCFS with OCFS paying for transportation costs as necessary. 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 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 had the opportunity annually to attend 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 participate as volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in each 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 shared how much this week means to them. OCFS believe CTBM is a way to increase sibling’s bonds through normal childhood experiences for children who otherwise do not see each other on a daily basis. After attending, some campers have experienced an increase in the frequency of contact with their sibling(s), while others have 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, 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 became involved with Child Welfare, the child welfare caseworker assumed 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 was prescribed antipsychotic medication. During these consultations, staff review the appropriateness and need for the medication, as well as anticipated duration for the medication. Staff are also expected to conduct quarterly medication reviews on children prescribed antipsychotic medication. This work is supported through the CBHS team

who provide the 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 to the Act, which included efforts related to:

- Health screening and follow up screenings.
- Disclosure and updating of medical information to providers, parents, and resource parents.
- Steps taken to ensure continuity of care that promote the use of medical homes for each child.
- Oversight of medication which was addressed by a multi-system workgroup that developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
- State consultations with medical and non-medical professions on the appropriate treatment for 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 and removal. 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. The 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 focused on the best interests of a child and promoted 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
 - ✓ 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.

Additionally, due to the increase workload, OCFS put the implementation of the teaming model on hold. OCFS Executive Management reviewed the teaming implementation process to determine next steps to ensure staff have the skills they need to effectively engage with families and their supports.

In 2021, OCFS convened a workgroup to review and update the Family Team Meeting policy. In the interim, practice guidance was issued regarding the expectations of when to convene Family Team Meetings (including prior to a decision to file a petition for removal and prior to developing a safety plan with a family).

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.

Families First Prevention Services Act: 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 (QRTS), Evidenced Based Practice, Candidacy, and Workforce) were developed to engage community and state partners in state plan development.

On February 1, 2021, the [FFPSA Maine State Prevention Plan](#) was submitted to the Administration for Children and Families (ACF). A second draft with revisions was submitted on May 12, 2021.

Prevention Services:

- OCFS is working on a draft Prevention Services referral form (a standard form for Child Welfare to refer families to Homebuilders and Parents as Teachers) that will share necessary information with the providers at the time of referral.
- Parents as Teachers bi-weekly implementation planning meetings have occurred with the Maine Center for Disease Control and Prevention, Maine Children's Trust, and local agency implementers. Sites have been selected for the Parents as Teachers program with the goal to begin implementation on October 1, 2021.
- Competitive Bid Requests for Proposals for Evaluation Services and Homebuilders are pending with contract management. The proposal for Evaluation may be put on hold until the state plan is approved.
- Development of the Family Services Resource Guide for staff/other professionals has begun through the State Agency Partnership for Prevention Subcommittee. A good list of categories that will go into this guide has been drafted and will continue to be developed. The gap analysis of services will happen in conjunction with the development of this guide.
- OCFS is waiting for the approval of the state plan to implement the expansion of other evidenced based practices using Title IV-E funds (like Incredible Years, Triple P, and Parent Child Interaction Therapy).
- The State Agency Partnership for Prevention has met and continues to benefit from the sharing of resources and projects. They have been invited to participate in the OCFS Trauma Informed Care initiative.

Qualified Residential Treatment Program (QRTTP):

- OCFS meetings have continued to convene bi-weekly with MaineCare and Licensing. Section 97 of the MaineCare rule has been drafted to include all new QRTTP requirements and is being reviewed by the MaineCare legal team. A rate study has been conducted for Children's residential services by Burns and Associates and the newly drafted rate will be inclusive of the new QRTTP requirements. Residential providers received a presentation on the draft rates on March 24, 2021 and the comment period on the study has opened. The goal to have all rules approved and new rates in place by October 1, 2021, still exists.
- Weekly internal QRTTP meetings have continued to convene to plan for all aspects of the law. A draft timeline/plan for implementation has been developed.
- Draft Aftercare services requirements have been developed as well as a draft discharge checklist. The QRTTP stakeholder workgroup provided feedback in January 2021.
- OCFS has drafted a guidance document on the entire process for placement of a child in a residential program (Intensive Temporary Residential Treatment Guide) which includes a process for Residential Reviews to ensure the appropriateness of placement and monitoring of timelines. Child welfare staff have been involved in the drafting/editing of this document.
- All PNMI providers who were not yet accredited are now in the process of accreditation to meet the QRTTP requirements. OCFS has worked with them on securing contracts for the reimbursement of accreditation fees (utilizing the Transition Grant).
- Procedures and processes for fingerprint based criminal background checks for staff of residential programs was developed with a pilot taking place in February and the whole process went live in March. All programs are scheduled to get these completed by September 2021. OCFS submitted the Title IV-E state plan for this process on February 1, 2021 to ACF and this was approved March 24, 2021.
- OCFS has convened regularly scheduled PNMI provider meetings to discuss specific needs and concerns related to QRTTP requirements including topics such as accreditation, reporting, aftercare, nursing, and the like.
- Meetings with the Attorney General's office and the Administrative Office of the Courts has led to draft court documents to meet the Judicial Review requirement for QRTTP placements. A plan for training judges and the courts is slated for September. A fact sheet/checklist will be created to support implementation of this requirement.

Family First Prevention Services ACT Transition Grant Funds:

What is funded	Explanation	Updates
Qualified Residential Treatment Program (QRTTP) Readiness and Capacity Building (Summer 2020)	<ul style="list-style-type: none">• Provide funding for accreditation fees to the 6 existing Residential Programs that are not currently accredited. (Estimates received from CARE, COA, JCAHO) (One time)• Provide financial assistance to Residential Programs to complete the fingerprint requirement for QRTTP status. (One time/one year)• Two (2) limited period (2 year) positions (ID Specialists) to process	<ul style="list-style-type: none">• Accreditation reimbursement contracts are in place. Only a couple of invoices have been received so far.• Fingerprinting requirement has just begun, no spending has occurred yet for this.

	background checks required for Q RTP status. (7/1)	<ul style="list-style-type: none"> One limited period position was hired thus far.
Parents as Teachers (October 2021)	Training for staff for 0-5 who will be implementing PAT. One-time cost.	Not yet implemented
Homebuilders (November 2020/Early 2021)	Evidenced Based Early Intervention Program	Not yet implemented
Evaluation of EBP (Nov. 2020/Early 2021)	Process and Outcome Evaluation of Parents as Teachers and Homebuilders Programs.	Not yet implemented

Permanency Review Teams (PRT): Through 2018, districts convened permanency reviews although there were variances in the models utilized during this period. In 2019, OCFS re-evaluated its process for reviewing permanency goals and steps towards timely achievement of those goal. In 2020, OCFS convened a workgroup to develop an updated permanency review process. The workgroup consisted of staff from all levels (caseworkers, supervisors, PA/APAs, Regional Associate Directors, and MSW interns). This work resulted in the updated permanency review teams that were implemented in March 2021.

The process includes designated roles for meeting participants, as well as focused topics to discuss in the meeting related to the primary and concurrent permanency goals for the child. The team reviews recommendations from the SDM Reunification Assessment and Risk Re-Assessment tools, parental behaviors that lead to a decrease in safety threats, efforts to engage both paternal and maternal relative resources, and barriers to achieving permanency to develop a plan outlining next steps to achieve timely permanency. OCFS continues to work with Casey Family Programs to develop a tracking and accountability system for the process. In addition, OCFS has trained staff in the use of the SDM Permanency tools, including those that guide case planning, risk re-assessment and case closure.

Adoptive & Foster Families of Maine (AFFM): This agency administers Resource Family Support Services (RFSS) that provide resource parents (kinship, foster, adoptive, and permanency guardianship resource parents) with an array of services to support them in their role of caregiver for children placed in their homes by DHHS. RFSS addresses needs specific to enhancing the

caregiver's skills as a resource parent and 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 the children placed in their homes. 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.

Kinship Navigator: OCFS has contracted with Adoptive and Foster Families of Maine (AFFM) to provide Kinship Navigator Services. Adoptive and Foster Families of Maine, Inc. & The Kinship Program (AFFM) has knowledgeable and empathetic staff that can help connect kinship families with a variety of supports and services. Kinship families are families in which children reside with and are being raised by grandparents, other extended family members, and/or adults with whom they have a close family-like relationship such as godparents and close family friends. AFFM's Kinship Specialists are certified Grandfamily Leaders and can assist families in navigating an array of systems that can be difficult to manage as they provide care for the children in their homes. Kinship caregivers often experience divided loyalties and can benefit from support.

The Kinship Program provides non-judgmental listening and peer support to all kinship families. Kinship Specialists connect primarily with kinship families through self-referrals. Kinship Families are also referred to the program by public, private, faith-based, and community groups. The Department of Health and Human services provides AFFM with a monthly listing of all the kinship families who have received placement of a relative child who has entered DHHS custody. The Kinship Specialist reaches out to the identified kinship families via phone, email, and mail to inform them of the services provided by The Kinship Program. Every family that connects with AFFM receives a welcome packet which contains information about the variety of resources, services, and supports provided by AFFM. The welcome packet will also contain a copy of the Family Ties (AFFM's bi-monthly newsletter) which informs families about upcoming events, training, and changes in policies and practices. AFFM hosts a website (www.affm.net) with kinship specific information and pages that connects families to other state and national supports. Kinship families can also access support through Facebook and Twitter. Recent survey data shows that 96% of 126 kinship families surveyed felt that overall, AFFM's services are helpful in keeping a safe and stable home for the youth in their care.

During their initial contact with families the kinship specialist establishes a baseline measurement of the family's resources. The purpose of the measurement is to assess family concerns and priorities. It provides information on service areas which the family believes to be lacking or inadequate to meet their needs. When a kinship family is connected with a kinship specialist, the specialist will listen to the family's experiences and gain an understanding of the family's needs, worries, and the joys of providing care to children. The kinship specialist will

help identify short term and long-term goals to help meet the family needs. The kinship specialist may provide direct support such as systems navigation, material goods, information, literature, and emergency financial support.

The Kinship Program provides respite opportunities for families through monthly support groups with onsite childcare as well as summer camperships. Referrals may be provided to other respite programs, support groups and agencies which may include, but not be limited to faith-based organizations, public assistance, mental health providers, community agencies, private agencies, food banks and state programs. After the initial contact with families the kinship specialist will follow up with the family as needed over the course of a 90-day service period. After 90 days, the goal of the program is to increase the family's knowledge of resources and enhanced their capacity to meet the multiple needs of the children in their care.

The Kinship Program partners with the University of Maine, Center on Aging to consult and evaluate data collection and program effectiveness through surveys and data analysis. The Center on Aging also assists in staff development by utilizing educational materials from the Grandfamilies Leadership Certificate program to train staff.

As of August 3rd, 2020, The Kinship Program hired a full-time program supervisor, 3 full time Kinship Specialist and a part time trainer. The Kinship Specialists are regionally located working in both rural and metropolitan areas, such as Saco, Mechanic Falls, Bangor, and Machias. The program is in the final stages of releasing their Guide for Maine Kinship Families and updating their database to capture and report on key metrics as recommended by the University of Maine, Center on Aging. AFFM is currently reviewing proposals to contract with a web development company to update and maintain their current AFFM website which receives on average 1,000 users and 2,900-page views per month. As of July 1, 2020 AFFM, was underspent in the kinship program budget by about \$35,000. The underspent funding is due two major factors; one being that AFFM did not receive the funding until April of 2020 and was delayed in hiring staff; and the second being the COVID-19 pandemic. AFFM was unable to have materials printed during the first few months of the funding due to printing businesses being shut down. In addition, the lack of staff traveling, group meetings, and family events have greatly reduced the need for all funding allocated to the program.

AFFM received a Brookdale grant to help partner and strengthen relationships between kinship families and rural school districts by educating school administrators about kinship care and the services that are available to kinship families. The Brookdale grant allows AFFM to provide support groups at the local schools and to post informational brochures and flyers within the local communities. AFFM also received a direct service grant from the John T. Gorman Foundation to match funds used to provide emergency financial assistance. The assistance is to help pay for utilities, heating, food insecurity and transportation needs.

As a result of the John T. Gorman Foundation, 54 Kinship families received financial support who self-reported an average annual household income of \$17,616. Family sizes varied from 2 person households to 7-person households for a total of 192 people representing 80 adults and 112 children and young adults under the age of 21. Each family received on average \$290 in emergency financial assistance to help cover the cost of utility bills, heating, food insecurity, beds, and cribs. Of the 54 families that received financial assistance, 32 families were referred to a variety supports including, but not limiting to the following: WIC, LIHEAP, SNAP, General Assistance, housing vouchers, Social Security, DHHS, discount clothing and furniture thrift stores, food banks, cooperative extension food programs and community gardens. At AFFM's 30 day check in with families, 23 of the 32 families that had been referred to other programs and supports reported that they had sought out the additional services recommended by AFFM.

AdoptUsKids: This program provides a Weblink service that allows for a seamless connection 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 federal CFSR 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). The DV-CPS advocates are co-located 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 violence 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 family members; and 4) hold batterers accountable. The Program serves adult victims/survivors 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 provides 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 meet identified needs most effectively. 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.

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 the Alternative Response Program as a supported or well-supported evidence-based service. Given this, OCFS is planning to discontinue the current contracts for these services, effective December 31, 2021, when the contracts end. OCFS is committed to exploring all models which may benefit Maine's children and families in providing effective prevention services.

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. In 2019, OCFS 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.

In 2020 the first year of the Family Visitation Coaching Pilot was completed. A decision has been made to extend the service through June 2021 while OCFS leadership reviews project outcomes and determines next steps with the contracted provider agency.

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, permanency 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 Department are seen by a medical professional within ten days of entry into care. The purpose of this medical appointment is to ensure children are evaluated for physical injuries and/or medical needs and receive appropriate treatment. This process 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 health assessment service that occurs within thirty days of a child's entry into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The team includes a medical doctor, a psychologist and/or social worker. Upon completion, a report is sent to the child welfare caseworker outlining a child's medical, behavioral, and dental needs and recommendations. OCFS is working with MaineCare to expand this service statewide.

Children's Developmental Services: All children under 3 who are involved in a substantiated case of child abuse or neglect are referred to Children's Developmental Service (CDS). CDS reaches out to the caregivers of the child to coordinate an evaluation of the child. If the evaluation identifies the need for developmental, speech or physical therapy services CDS will ensure these services are provided either in the home or through outpatient services.

Kinship Priority: Maine continues to utilize relative placements, which not only allows for continuity of care, but also provides stability for the child within the family unit.

Family Visitation Services: 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 individualized needs of the child to ensure child safety, permanency, and well-being. These plans outline the current safety and risk factors that led to child welfare involvement. Additionally, the

plans outline the services and steps required for the parent to mitigate the identified risk for the 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. 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. In 2020, OCFS collaborated with the Office of the Assistant Attorney General to develop a revised Family Plan based on feedback from parents, the legal community, and staff. The revised plan was piloted in one district and subsequently implemented statewide in November 2020. Feedback from stakeholders regarding the new plan has been positive.

Child Care 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 need 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 are have been involved in an investigation 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 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 investigation 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 include child welfare staff.

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 investigation indicates whether the child died as a result of abuse and/or neglect and/or abuse or neglect was a contributing factor in the child's death when approving the investigation. The data team can then query the results of this question to report fatalities within NCANDS. OCFS also 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 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.

- Each county Child Abuse and Neglect Prevention 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.
- OCFS is exploring expansion of the Parents as Teachers program through the Family First Prevention Services Act.

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.
- OCFS is exploring implementation of the Home Builders Program through the Family First Prevention Services Act.

These organizations were selected to provide these services through the RFP process, which is based on proposals submitted, demonstrated ability to meet agency needs and their past history of quality service delivery.

Supplemental PSSF funding received through Division X, the Supporting Youth and Families through the Pandemic Act:

- OCFS intends to use the funds (except the amount required for indirect costs) to provide Home Builders Training for providers (\$205,000).
- OCFS will utilize the 10% that is allowed for Admin costs.

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

- Family Visitation Services and the Family Visit Coaching Pilot
- Post Permanency Support Services

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 in collaboration with a community partner has implemented a pilot 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 Regional Associate Directors and the 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 contacts with at least the majority of visits occurring in the child’s place of residence. This report provides data on the statewide average, as well as district and unit 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. The quality of contacts will be measured by ongoing case reviews. QA also has the capacity to conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts when 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 2020 was 95% with at least 50% of the visits occurring in the child's residence. Maine was just shy of the requirement with 94% seen and 84% seen in home. OCFS will utilize the key activities listed in the plan for improvement section to continue to improve outcomes for this goal.

The use of 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 activities are in progress 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 2019, Maine received \$527,500 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 resource parents 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 support groups across the state. Approval of these expenditures are at the discretion of the Licensing or Adoption Program Managers.
- OCFS continues to provide short term emergency respite for permanency guardianship or adoptive families at serious risk of disruption when resources are available. This is only approved when all other alternatives have exhausted. Respite services would be in place 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. Approval of these expenditures are at the discretion of the Adoption Program Manager.
- In 2019, OCFS allotted \$45,909 to the Resource Parent Care Team CTI contract to continue to provide an adoption liaison position to support post adoption and post permanency guardianship families statewide who are experiencing challenges due to an increase in the mental health needs of their 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 the second year of implementation. OCFS will spend \$311,388 of this grant in the second year of the project.

Adoption Savings:

For 2019-2020, Maine OCFS 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: remaining amount from F2017 \$131,635.

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 2020 was 23.

During the calendar year 2020, the Maine Department of Health and Human Services did not record any disrupted international adoptions.

Consultation and Coordination between the State and Tribes

The State of Maine FY22 APSR will be located on the State of Maine Website accessed by the following link: [Child Welfare Reports | Department of Health and Human Services \(maine.gov\)](#)

There are four federally recognized tribes located in the territory now called the State of 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 re-established 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 tribal and state 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 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 trainings. 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 entitled “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 to partner on cases. Members of the Workgroup also presented at a judicial training sponsored by the courts.

In 2019, 121 staff members attended the ICWA training for new caseworkers. In addition to this training the following also occurred in 2019: 4 trainings in tribal communities to recruit Qualified Expert Witnesses for ICWA cases; a joint meeting between the ICWA Workgroup and the OCFS District Management Team to discuss the practice of Indian Custodianship used by tribes which is part of active efforts to prevent court removal of children from their parents; tribe’s concerns and enhancing the partnership. In 2019, Structured Decision Making (SDM) practice and tools were rolled out in Child Protective Investigations. Tribal Child Welfare staff were included in the training of OCFS staff so to enhance co-case management.

In 2020 the following events occurred:

1. In 2020, the first 2 ICWA trainings were held in person. Once COVID-19 caused work to be done remotely, 3 trainings were offered virtually. Time was spend adapting the training for virtual presentation while still allowing maximum interaction of the participants. Ninety-three (93) OCFS staff members, 1 domestic violence advocate, and 4 parent partners attended the 5 ICWA trainings that were offered in 2020. The training evaluations are scored on a lickert scale from 1 to 5 with 1 being “very little” and 5 being “very much”. In the training survey, 93% of participants gave a rating of 4 or 5 stating they had a better understanding of why ICWA was enacted, 90% that they had an enhanced understanding of historical trauma, 88% that they understood how to co-case manage an ICWA investigation/case, and 94% that they understood the steps to take in an ICWA investigation/case. In the comment section of the evaluation regarding ‘how this training will impact your practice’, below are some examples of what participants wrote:
 - a. What I liked about the training was the knowledge that the tribe can act as a resource and guide for a family. And that there might be some special cultural activities or practices that I don’t know about, that the tribe could guide the family in a way I cannot.
 - b. I know the importance of eligibility requirements, that there are steps, and know who to reach out to for proper guidance on ICWA. Past trauma is important with these cases and I have a better understanding of how to approach these families.
 - c. This training helped me gain more in depth knowledge about the inner workings of ICWA throughout the state, not just my district. As well as, some of the history that I did not know before. This provides an opportunity to look at ICWA and native communities in a different perspective and understanding.
 - d. Aside from being aware of the rights of ICWA families and tribal involvement, I will carry knowledge of the emotional impact of separation - both of tribal families and non-tribal families. While we want children to remain safe, the trauma of separation and loss is something we must also be aware of. I agree that all families deserve to have us working as hard as possible to keep them intact, and I will do my best to do so.
 - e. This training has given me the tools to work with Native families; before this training I was not aware of the extent of intergenerational trauma and the history. It also gave me insight into Native culture and the differences in viewpoints, which allows me to understand families better. Additionally, before this training I was not aware of the processes in ICWA cases and I feel much more prepared to successfully handle cases and co-case manage.
2. The ICWA Workgroup continued to meet throughout 2020. 1 meeting was held in person and 5 meetings were held virtually. 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 investigations and cases to assure the needs of Native children and families are met. Other issues discussed were:
 - a. The ongoing Qualified Expert Witness 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 adapt ICWA training for virtual presentation.
 - d. 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.
3. OCFS and tribes partnered to ensure that all involved were aware of the COVID-19 safety protocols/practice changes and expectations. OCFS respected the tribes' determination of health safety for their tribal community and when OCFS began to resume in-person monthly face-to-face contact, contact in ICWA cases remained virtual.
4. Qualified Expert Witness (QEW) training in tribal communities continued in 2020. The training was adapted so it could be delivered virtually. The training focuses on educating the tribal community on child welfare so they will feel more comfortable taking on the role of a QEW. OCFS partners with each tribe to ensure that the tribe approves the choice of QEWs for ICWA cases involving their tribe.
5. In 2020, Structured Decision Making (SDM) rolled out in the permanency 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 partnerships.
6. In October 2020, ICWA Workgroup members delivered a workshop they developed on the Indian Child Welfare Act, historical trauma, co-case management, and QEW expectations. The conference was sponsored by the Family Court Division and entitled, "From Child Protective to Child Welfare: Redefining the Role of a Child Welfare Professional". The audience was Judges, attorneys, Guardians ad litem and child welfare staff.
7. The OCFS Family First Prevention Services Program Manager met with tribal child welfare staff to ensure they were aware of the Family First Prevention Services Act, knew of the provisions of the Act, and engaged tribes in planning how to best meet the needs of their communities and families.
8. University of Maine, Cutler Institute has engaged tribal child welfare in a train the trainer pilot program for the training that will be used to train new foster/adoptive parents. This curriculum has a Native American component.
9. Tribal child welfare staff were also included in the development of the updated Safe Haven Policy and the Intake Screening and Assignment Policy to ensure these policies met the needs of the tribes.

In addition to those activities cited above, the following practices continued in 2020:

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. Per 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, family 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.

Many of the above-cited activities are ongoing and will continue through 2021. 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.

Tribal Contacts	
Tribal Affiliation	Contact Name
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 2019 for purposes of Title IV-B, subpart 2, is \$28,364,288. 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

CARES Act Funding:

In March 2020, Congress approved the Family First Coronavirus Response Act which provides increased funding for Title IV-B activities. Maine's grant allotment is \$164,476. The grant award period is 3/27/20-9/30/21 with the expectation that the funds are obligated by 9/30/21 and liquidated by 12/30/21. There is no requirement of a non-federal cost share for this program. States may not spend more than ten percent of the combined total Federal funds received under the C.A.R.E.S. Act and the regular allotment on administrative costs.

Federal funds awarded under these grants must be expended for the purposes which they are awarded – to prevent, prepare for or respond to coronavirus. As outlined in the act the funds are to “promote state flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe loving families, by (1) protecting and promoting the welfare of all children; (2) preventing the neglect, abuse, or exploitation of children; (3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (5) providing training, professional development and support to ensure a well-qualified child welfare workforce.”

OCFS is proposing that these funds related to Title IV-B (child welfare) be allocated as follows:

Provide additional support for youth aging out of care during the COVID-19 pandemic who are experiencing additional barriers to self-sufficiency, such as unemployment.

- a. Include youth that age out of care between January – December 2020, projected to be approximately 25-30 young adults.
- b. Funding for services and supports will connect directly to the specific needs of young adults and outlined as part of their transition plan.
- c. Using IV-B funds through the CARES Act would allow funding in the amount of up to \$5,482/young adult. The amount will vary based on the needs of the young adult.
- d. Requests will be approved on a case-by-case basis by the Youth Transition Program Manager.
- e. Examples of needs may include: rent, food, educational expenses not covered through other sources of funding, or technology supports.

Title IV-B (non-Cares Act) funds currently are utilized to support the Level of Care program and the ARP programs.

For young people aging out of the V9 Agreement at age 21, during 2020, OCFS used the federal allotment of \$164,476 provided to Maine through Public Law 116-136, Title VIII of Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), enacted March 27, 2020; Title IV-B, Subpart 1 of the Act. Funds of up to \$5400 were provided to eligible young

people through a short Application process for expenses that were approved by Administration on Children and Families (ACF), Children's Bureau (CB).

- There were 12 eligible youth (who were on a Voluntary Extended Care Agreement and turned 21 between 1/1/20 – 12/30/20)
- Outreach to every youth was made in person by OCFS Youth Transition Specialists and every eligible youth received funds for allowable expenses.
- This is a breakdown of the funds provided:

Allowable Expense	Funds Provided
Housing	\$26,114
Food	\$4,165
Automobile Expenses	\$20,531
Personal Needs	\$3,151
Tech/Employment	\$444
Total Funds	\$44,880

The Violence Prevention Program received one supplemental grant (\$140,583.00) from the CARES Act. FVPSA, or Family Violence Prevention and Services Act - CARES ACT. These dollars went toward sheltering domestic violence victims in residential shelters and hotels. Because of social distancing protocols for shelters, the number of "beds" available went down, and so hence the need to use hotels more in emergency situations. It also allowed staff to purchase the protective equipment needed and technology updates needed to continue domestic violence services.

American Rescue Plan Act of 2021 Funding:

On March 11, 2021, President Biden signed into law the American Rescue Plan Act of 2021 (American Rescue Plan). The law provides additional relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. Section 2055 of the American Rescue Plan provides supplemental FY 2021 funding for two grant programs authorized by CAPTA. Supplemental funds for the CAPTA State Grant were awarded to states on April 29, 2021. Supplemental funds for the Community-Based Child Abuse Prevention (CBCAP) Program will be awarded soon. Maine's grant allotment for the CAPTA State Grant is \$337,496. The grant award period is 10/1/20-9/30/25. Maine's grant

allotment for the CBCAP has not yet been determined. The grant award period is 10/1/2020-9/30/2025.

Federal funds awarded under the CAPTA Supplemental State Grant can be expended for any of the 14 purposes of the CAPTA State Grant Identified in law. CAPTA State Grant Supplemental Funds can be used to improve:

- Intake, assessment, screening, and investigation of child abuse and neglect
- Use of multidisciplinary and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations
- Legal preparation and representation
- Risk and safety assessment protocols
- Training for child protective services workers and mandated reporters
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect
- Community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at neighborhood level
- Procedures for collaboration among CPS, public health agencies, juvenile justice, domestic violence services providers, and other agencies

OCFS is proposing that these funds be allocated to support efforts to implement the Family First Prevention Services Plan, through a Family First Toolkit. In addition, Maine has been collaborating with other state agencies to develop a Plan of Safe Care Portal for both families and providers to access, as well as to assist with federal and state reporting requirements. The OCFS share of the portal would be funded through this allocation.

Federal funds awarded under the CBCAP State Grant can be expended to improve community-based child abuse prevention programs, including any purposes of CBCAP identified in law. Examples of uses of funds include:

- Offer assistance to families
- Provide early, comprehensive support for parents
- Promote the development of parenting skills, especially in young parents and parents with very young children
- Increase family stability
- Improve family access to other formal and informal resources and opportunities for assistance available within communities, especially for unaccompanied homeless youth
- Support the additional needs of families with children with disabilities through respite care and other services

- Demonstrate a commitment to involving parents in planning and program implementation, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups
- Provide referrals to early health and developmental services

OCFS is proposing that these funds be allocated to support family visitation and transportation services as well as to the community organizations that provide child abuse and neglect prevention services through parenting classes and peer support, home visiting, mandated reporting and safe sleep education.

Appendix A

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act FFY 2022 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 129th 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.

During 2020, the second session of the 129th Maine Legislature was convened. 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.

Although the Legislature initially considered several bills related to child welfare, none of them were passed before the early closure of the Legislature due to the COVID-19 pandemic. The Legislature convened on 1/8/2020 and adjourned 3/17/2020 (absent the pandemic, statutory adjournment would have occurred in June of 2020).

Changes to the CAPTA Plan

There were no significant changes during 2020 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 Infants, 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 infants and their parents/caregivers to support their needs.

Use of CAPTA Grant Funds

In the period from July 1, 2020 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. From July 1, 2020 to present, due to the pandemic, there has been no in person participation in out of state functions. It is anticipated that as circumstances improve with the pandemic, in person conferences and travel will resume.

Grant funds have been expended through a contract with Susan Righthand, PhD, who consults on cases of youth in DHHS custody with challenging behaviors, assists in assessments and planning for youth with problem sexual behavior, debriefs with staff following critical incidents, and conducts research on emerging trends. Dr. Righthand 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 fees for reimbursement. CAPTA funds are used for this purpose as a staff retention strategy.

In 2020, CAPTA funding was utilized to support new projects aimed at staff training. Targeted projects included supporting activities, such as the development of a learning management system for staff, through a cooperative agreement with the University of Southern Maine as well as additional staff development opportunities in the areas of Advanced Forensic Interviewing, Motivational Interviewing, and Family Team Meetings.

In the year to come, OCFS will continue to apply CAPTA grant funds to new projects aimed at staff training and development. Targeted projects include supporting activities such as 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 and full implementation of the learning management system.

OCFS Employee Statistics

The Maine Department of Health and Human Services/OCFS participated in a Workforce Analytics Workgroup in 2020. As a result of this workgroup, a monthly tracking system was developed for several categories including OCFS staff; child welfare staff; supervisors and caseworkers. Tracking included both turnover (resignation, retirement and termination) and churn over (promotion, demotion and lateral transfers). Transfers are recorded as a loss to the office, but

not the overall child welfare program. OCFS ended 2020 with a caseworker turnover rate of 22%. The chart below shows how this compares to prior years:

Year	Turnover Rate
2020	22%
2019	29%
2018	37%
2017	28%
2016	22%
2015	23%
2014	24%
2013	28%

The turnover rate for supervisors in 2020 was a total of 4 staff, two due to resignations and 2 due to retirements. This is lower than previous years. In 2018, the Maine Legislature added a \$5.00 per hour stipend to caseworker, supervisor and manager salaries; this increased salary has encouraged more qualified candidates to apply for entry level casework positions. In addition, in July of 2020, the Maine Legislature, in recognition of child welfare workforce challenges, authorized 16 additional caseworker and 2 supervisor positions to child welfare services. These efforts have contributed to decreasing turnover and improving retention of staff.

These rates of turnover are below 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) ^[1]. 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) ^[2]. Maine's 2020, turnover rate is aligned 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.

In 2020, OCFS saw an increase in candidates from out-of-state interested in relocating to Maine. There were 153 applicants that expressed interest in working within Maine's Child Welfare system in 2020; prior the highest number of applicants was 96 in 2018. There were 532 panel interviews conducted in 2020, which was comparable to recent years. These were primarily completed by the Recruitment and Retention Specialist due to the pandemic and completing these remotely.

Centralizing the panel interview process with one person allowed interviews to be scheduled and completed quickly creating a steady stream of eligible candidates for most offices. Some of the more remote offices continue to be challenging to recruit for, although the State of Maine advertises available job openings on Indeed, Linked In and state maintained social media sites including Facebook and Twitter.

The Recruitment and Retention Specialist has continued to focus on providing a personal, supportive atmosphere and 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 continued to recruit virtually throughout the State of Maine and in neighboring New England states, including New Hampshire and Massachusetts by attending virtual job fairs, college presentations and offering personal recruitment meetings for interested candidates using Zoom. There was also collaboration with other offices within state government, including the Department of Labor to increase the candidate pool.

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. Wellness Teams have been convened in each district office to focus on staff support and opportunities to increase staff retention.
5. Entrance surveys are conducted and reviewed to evaluate the recruitment process.
6. Exit surveys are conducted and reviewed to identify concerns and themes to determine the reasons staff leave state service and how to best retain staff.
7. 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.
8. 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 increased from FFY19. Using a point-in-time position count (**154**), divided by the annual reports assigned for child protective assessment (**10,772**), the investigation workload in **FFY20 was 60 cases** per position per year. When factoring the **22%** turnover, the practical assessment load was **90** per worker. This is an increase from the previous year and equivalent to an assignment of **7.5** investigations per caseworker/month.

Eighty percent of investigations in **FFY20** were completed within 35 days. This is an increase from FFY19 at 61%.

The Department has developed 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 usually conducted by at least two supervisory level staff.

Newly hired caseworkers are required to complete Foundations Training prior to assuming responsibility for a caseload or casework activities. Foundations Training includes a comprehensive training curriculum and job shadowing opportunities to ensure caseworkers have

the competencies and skills to perform child protective work. 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 hire, new caseworkers are expected to participate in several core trainings which expand upon the information contained in the Foundations Training. These core trainings include: Working within OCFS-Orientation, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, Psychosocial Assessment, and Family Team Meetings. 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, 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. In addition, new supervisors participate in the OCFS Supervisory Academy.

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 establish caseload priorities.

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).

In 2020, the MCWAP held nine meetings, including an extended planning retreat in September. With the rest of the nation, MCWAP had to pivot to a virtual platform in response to the COVID-19 pandemic in March 2020. The group utilized virtual platforms to meet and propel work forward. A primary focus of 2020 was to figure out the role and function of the Citizens Panel as a separate entity from the Department of Health and Human Services (DHHS) that is informed by the Office of Child and Family Services (OCFS) and driven by the voices of key stakeholders.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2020 Annual Report is attached as Exhibit A.

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 2019, 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 3 comprehensive reviews of fatalities and near fatalities in 2020. Additionally, the panel met on three occasions to discuss clusters of cases which involved similarly themed events (youth suicide, unsafe sleep patterns, and failure to thrive). These reviews comprised 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, 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.

In 2020, the Panel coordinator developed strategies 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. All information collected is uploaded into a secure Citrix Share File System, which panel members are able to access prior to the meetings.

Substance Exposed Newborns

OCFS hired a Medical Director in March 2020. In addition to other responsibilities, the Medical Director has been responsible for the coordination of activities of the department and stakeholders (medical providers, public health nursing and other community partners) to support families affected by substance use disorder. This work has included oversight of the implementation plan for the Plan of Safe Care for substance exposed infants (SEI) in Maine. Primary responsibility for implementation was assigned to the Plan of Safe Care (POSC) Nurse who was hired in August 2020. The implementation plan was finalized in collaboration with OCFS staff and the DHHS SEI Workgroup, which meets weekly and includes representation from OCFS, the Maine CDC, the Office of Behavioral Health, the MaineCare Maternal Opioid Misuse (MOM) grant program manager, the Child Health Officer from the DHHS Commissioner's Office, Public Health Nursing and Home Visitors (Maine Families). The workgroup is coordinating the systemwide initiative to serve substance exposed infants and their families with the Plan of Safe Care as a tool to be used across the state.

The POSC nurse and the OCFS Medical Director have partnered with the Project Manager of Infant and Maternal Substance Use Prevention Coordination to provide training across the state, using Zoom webinars, to nurses and social workers at the 26 birthing hospitals, as well as caseworkers, home visitors, and Public Health Nurses. Over 800 professionals have attended the webinars since December 2020, including pediatricians and family practice physicians.

The POSC nurse holds office hours twice monthly which are open to medical professionals, public health nurses and home visitors. This allows for an opportunity to address any questions or

concerns that may arise as they are using the POSC forms while serving infants and families. Office hours specifically for caseworkers will be initiated in the coming months.

A website has been created with information about the Plan of Safe Care and links to copies of the forms used to create a plan: <https://www.maine.gov/dhhs/mecdc/population-health/mch/plan-safe-care.shtml>.

The POSC nurse has worked with the data team to create a system to collect information when notifications of substance exposed infants are reported to OCFS, and to ensure that all substance exposed infants are receiving a Plan of Safe Care. The data system will also allow analysis of the needs of the families and caregivers, as well as a system to gather the data in a usable format for reporting. As the state transitions to the new CCWIS system, collaborative work is being done to ensure that the new system will allow for a more efficient method of data entry for OCFS staff. Longer term plans include exploring the feasibility of an online portal for the Plan of Safe Care to allow for electronic access and storage, wherever a user is located.

The POSC nurse, the OCFS Medical Director and several other members of the OCFS staff, as well as partners from the CDC and Office of MaineCare Services (OMS) have served on a workgroup to update the Substance Exposed Infant policy to include the Plan of Safe Care. This workgroup has completed the initial phase of the work, and the policy is in the review phase with leadership. Once the policy is approved, there will be updates to the pertinent practice guidelines.

State of Maine CAPTA Coordinator

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EXHIBITS:

Exhibit A: Maine Child Welfare Advisory Panel FFY 2020 Annual Report
Exhibit B: Child Death and Serious Injury Review Panel FFY 2020 Report
Exhibit C: Justice for Children's Task Force FFY Annual Report

Exhibit A



Maine Child Welfare Advisory Panel

CITIZEN REVIEW PANEL

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FOREWORD

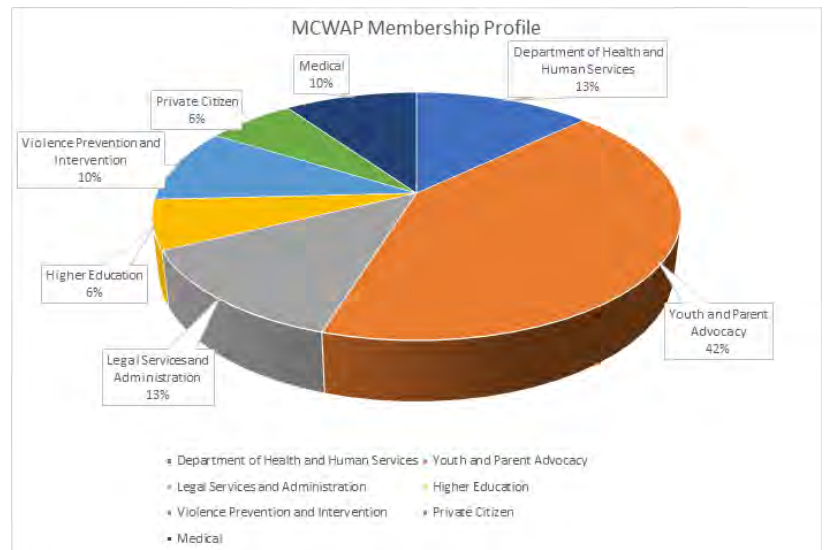
Citizen Review Panels

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. In Maine, the other two Citizen Review Panels that consider specialized requirements are the Justice for Children Task Force and the Child Death and Serious Injury Review Panel.

Who We Are

MCWAP 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. We work to maintain a broad and diverse representation of the community including, but not limited to, biological parents; former youth in

care; 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 serve as non-voting and coordinating members of the Panel. MCWAP also recruits presenters and ad hoc participants who have expertise in focus areas.



What We Do

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 mandates that instruct 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;
- Make policy and training recommendations; and
- Prepare an annual report complete with a summary of activities and recommendations for the improvement of the child protective services system.

*"When things aren't working the way you want them to, don't give up and run away.
Reach for something better."
– Youth, 17*

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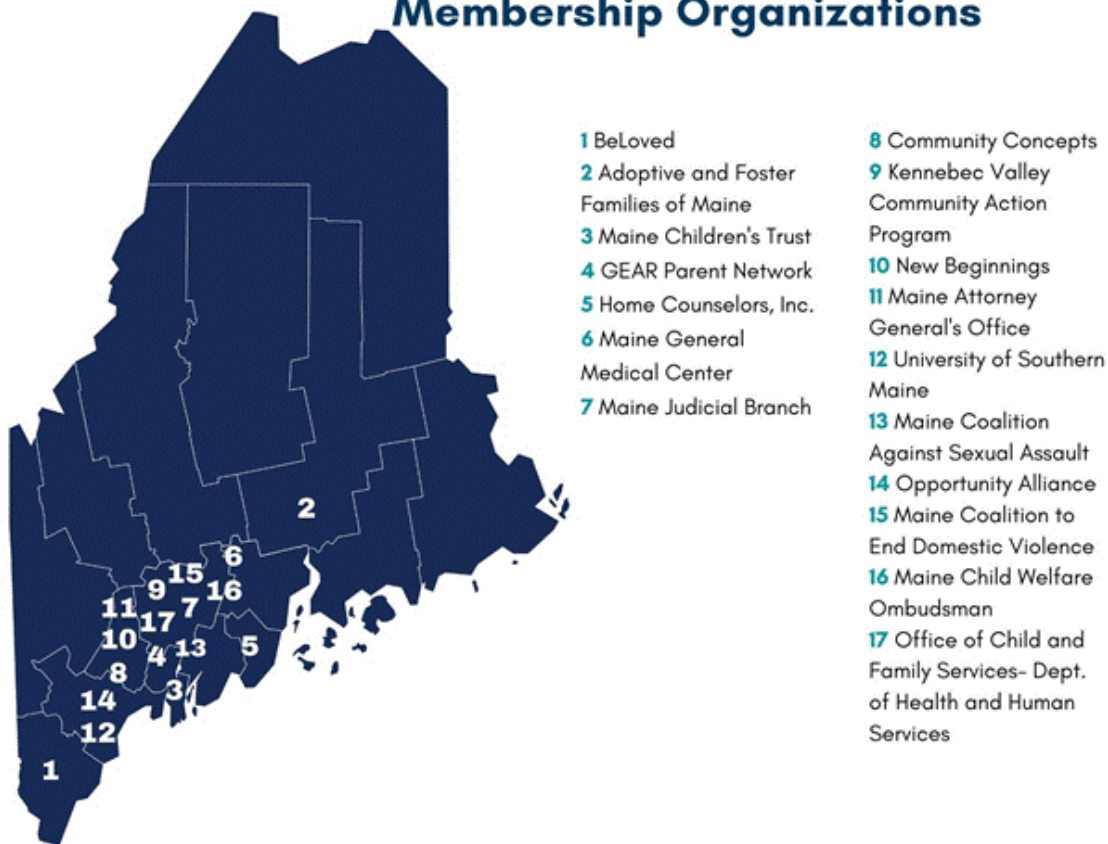
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MISSION STATEMENT

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.

Maine Child Welfare Advisory Panel Membership Organizations



EXECUTIVE SUMMARY

Overview

The Maine Child Welfare Advisory Panel (MCWAP) schedules ten meetings per year, from September through June. In 2020, the Panel held nine meetings, including an extended planning retreat in September. With the rest of the nation, MCWAP had to pivot to a virtual platform in response to the COVID-19 pandemic in March 2020. The group utilized virtual platforms to meet and propel work forward. A primary focus of 2020 was to figure out the role and function of our Citizens Panel as a separate entity from the Department of Health and Human Services (DHHS) that is informed by the Office of Child and Family Services (OCFS) and driven by the voices of key stakeholders.

MCWAP's overarching goal is to ensure the people who are most impacted by the child welfare system are part of creating solutions. Those who have direct experience as a parent, child, caregiver, or professional working within the system have the perspective and insight to create the most innovative solutions.

Parent Experience

On January 31st, 2020, MCWAP released a final report of a parent survey which was administered as part of a three-year system assessment process. Between March and June of 2019, a total of 65 parents responded from thirteen counties in Maine. Of the total respondents, 21 were currently involved with CPS, 16 were involved within the last year, 16 were involved one to three years ago, and 12 were involved over three years ago.

The Panel voted to use the survey results in the following ways:

- Share the results with parents, caregivers, and OCFS staff;
- Examine current OCFS policies and practices around communication strategies and expectations, inclusion of parent/caregiver voice and perspective, and parents and other caregivers' understanding of their rights;
- Gather information about how OCFS conducts quality assurance to better understand how parents and other caregivers are involved in the case process, the areas of improvement that have been identified internally, and efforts to address challenges; and

CITIZEN

PANEL

MEMBERS

"I am encouraged to see that Maine's children's system of care is moving toward being more family-driven with shared decision making and responsibility."

"In partnering with families, you send a strong message to families and providers."

"It's been a pleasure to participate with so many caring and passionate folks who have had a voice in that shift in practice!"

- Determine the best schedule to continue to administer the parent survey moving forward.

Informed by the survey, the Panel has provided clear recommendations to OCFS to promote sustainable change toward more positive relationships with families and safety for children.

Family First Prevention Services Act

Planning for the implementation of the Family First Prevention Services Act (FFPSA) continued to be a specific area where youth, parent and citizen voice was especially vital. FFPSA includes child welfare reforms such as increased federal financial support for prevention services for families that focus on mental health, substance use prevention and treatment, and in-home skill-based parenting support, all of which aim to maintain a child safely in their home when it is safe to do so. Panel members participated in multiple stakeholder groups to provide input to OCFS in creating the Maine FFPSA plan. Maine intends to submit the state plan for federal approval in early 2021 for implementation in October, 2021.

“The collective impact of the Maine Child Welfare Advisory Panel is invaluable to improving the child protection system for families in Maine, and representative of the diverse experiences and perspectives of panel members.”

Father-Focused Practices

In their 2020-2024 Child and Family Services Plan, OCFS committed to focus on outreach to fathers and the paternal side of the child’s family as part of a larger family engagement goal. Working alongside OCFS staff, MCWAP also began examining Maine’s father-focused child welfare practices and developed formal recommendations outlined later in this report.

- Bobbi L. Johnson, LMSW
Associate Director of Child

Citizen Review Panel Development

MCWAP held its second annual retreat in September and hosted Keynote speaker Blake Jones, Ph.D., from the University of Kentucky and National Citizen Review Panels. Blake provided a historical context of Citizen Review Panels and the opportunities that committees have to pursue positive change in their state. The retreat was held in a hybrid format with some members gathered in person and the rest joined via Zoom. The retreat included time for subcommittees to meet and develop strategic goals for the year.

Looking Ahead

As a result of the retreat, the Panel decided to streamline subcommittees and develop a new plan for the coming year. Each workgroup committed to inform their work and recommendations by engaging stakeholders including birth families, resource parents, youth, alumni, and OCFS staff. Leveraging the voices of the individuals who have been most closely connected to the child welfare system will keep each workgroup grounded in citizen engagement rather than focusing on it as the work of a separate subcommittee. The Panel created three groups that will continue their work through 2021:

Family-Centered Policy and Practice Workgroup: to identify strategies that are supporting family engagement and make recommendations where it can be strengthened. The group is focused in a few key areas that include father engagement, parent surveys, enhancing processes for case endings, and addressing co-parenting where there may be domestic violence issues.

Effective Communication/Coordination Workgroup: to identify strategies that can increase access to pertinent health and educational information for children and youth in care. The group is working in partnership with OCFS leadership and resource parents to identify a tool that will provide updated information for caregivers, providers, parents, and older youth who may be navigating their own health care providers.

Child Welfare Staff Training Workgroup: to review the existing training provided to new and experienced child welfare caseworkers and supervisors and identify gaps in workforce education. The group is considering the results from the parent survey, the results and recommendations from the father engagement work, and other training topics that are key to supporting Family First and prevention of children entering the foster care system.



YOUTH VOICES

"Trust someone. You have to start somewhere."

Youth, age 17

"Siblings can bring support to each other, especially during trauma."

Youth, age 15

"If you're scared, it's OK."

You're not the only one."

Youth, age 17

"Life in foster care is challenging. Success is derived from challenges."

Youth, age 19

POLICY AND PRACTICE RECOMMENDATIONS

Among several areas studied by MCWAP during 2020, two resulted in recommendations voted on and approved by the full Panel: father engagement and workforce development.

FATHER ENGAGEMENT

The Panel recommends that OCFS engage in a concerted and sustained effort to improve the Department's ability to effectively engage the fathers of children involved with OCFS. This effort should include a system-wide evaluation of current father engagement strategies, an exploration of existing national best practices that can be adopted or modified to meet Maine's unique needs, and a plan for evaluating new strategies on a biannual basis to ensure Continuous Quality Improvement (CQI). The Panel has identified multiple levels of system performance to be evaluated and modified if the current system of father engagement is to be improved.

Meet Fathers Where They Are

Following the Citizen Review Panel's mandate to provide for public outreach and comment regarding the child welfare system, MCWAP is ready to support community engagement strategies to meet fathers where they are. The Panel recommends OCFS partner with MCWAP to facilitate statewide listening sessions with current and former fathers of children involved with OCFS. These listening sessions should focus on determining why father engagement is not happening at higher rates in Maine. OCFS should use feedback from the listening sessions to provide supports for fathers that meet their needs as parents. There may also be significant value to asking mothers and other caregivers of children in care how to improve father engagement.

Make Engaging Fathers a Core Value

OCFS should include father engagement as a core value in training for all new caseworkers, the curriculum for the Field Instruction Unit, ongoing staff development opportunities for existing child welfare staff, and presentations at the annual Judicial Child Welfare Conference. External stakeholders should have father engagement values built into all child welfare contracted service expectations, such as family visitation.

Invest Resources

There have been efforts in Maine in the past to improve father engagement, but they were limited in scope and lacked the necessary financial and personnel resources to be effective as a statewide strategy. OCFS should build capacity to fully address statewide father engagement practice improvement by investing time, money,

“Start by treating people with respect.” – Parent Survey

and personnel. The Panel recommends OCFS seek funding to create a position under the Associate Director of Child Welfare Services specifically for father engagement.

WORKFORCE DEVELOPMENT

Parents and caregivers shared their experiences with child welfare through a statewide survey in 2019, and the Panel completed review of the findings in 2020. Based on the feedback from caregivers, the Panel recommends that OCFS review and identify opportunities to strengthen current training and professional development for caseworkers and supervisors on:

- 1 Working with all caregivers with respect.
- 2 Clear and timely communication.
- 3 Sharing information with caregivers about their rights and responsibilities.

OCFS should build on the areas where more caregivers reported positive experiences, including engaging families in the development of their family plan and in the court process.

The Panel further recommends OCFS build on the successful incorporation of parent experience into new caseworker training and identify ways to extend the inclusion of parents’ perspectives on an ongoing basis into professional development for all child welfare staff and leaders.

“Improve communication with parents and progress can be made much faster.”

- Parent Survey

DEPARTMENT RESPONSE

The Office of Child and Family Services responds to all formal recommendations by MCWAP. Following are the responses to the Panel's 2020 Policy and Practice Recommendations.

Father Engagement

The Office of Child and Family Services values the voices of those individuals in need of child welfare intervention and support, including fathers, mothers, and youth. It is equally important to leverage the voices of and understand the experiences that each has with the system and strategies they may recommend for improvement. Through collaboration with the Maine Child Welfare Advisory Panel, OCFS will convene listening sessions specific to understanding the needs of fathers involved with the child welfare system. OCFS has consulted with other states, coordinated by the Capacity Building Center for States, to learn about successful father engagement strategies and will continue to research national best practices. As a result of these activities, OCFS will identify strategies to improve outcomes in this area that will be integrated into child welfare policy, practice, training, and contracts.

Workforce Development

OCFS, through a cooperative agreement with the Muskie School of Public Service, Cutler Institute for Health and Social Policy, has begun to conduct a comprehensive review of child welfare policies, update training for child welfare staff and resource parents, and develop a framework for a Field Instruction Unit. These activities have included research on national best practices, integration of the perspectives of staff and stakeholders, and consideration of factors, such as racial equity and justice. These efforts will improve the knowledge and skills of staff, and therefore their ability to engage with families to work toward changes to improve child safety.

Other efforts to strengthen workforce have included the allocation of new child welfare staff positions, implementation of the Structured Decision Making (SDM) tools and the procurement of clinical support services for each district office. OCFS also continues to partner with the Attorney General's Office and the Maine Judicial Branch (MJB) to improve the experience of families in the court process. This work includes the implementation of a transformational zone to increase engagement during court events, sharing information with parents about their rights and responsibilities through OCFS and MJB resource guides, and providing business cards with information about the MJB in notifications to caregivers of upcoming court hearings. This collaboration will continue to improve outcomes for children and families.

SUMMARY OF PANEL ACTIVITIES 2020

January

Members reviewed the Child Protection Investigation Policy and recommended that OCFS continue in their efforts to meet 24-hour response timeframes. The Panel discussed the importance of working collaboratively with the other Citizen Review Panels (Child Death and Serious Injury Review Panel and Children's Justice Taskforce) and suggested that regular updates be provided by members who serve on both MCWAP and another Citizen Review Panel. The group split into two subcommittees to work on topics selected in December. One group focused on the support services offered to foster parents, caseworkers, and providers regarding children with developmental and behavioral issues. The second group focused on family quality engagement policy and practice related to fathers and other legally recognized family structures.

February

No meeting; winter storm cancellation

March

The Panel received the preliminary report from the Citizen Engagement subcommittee, which was tasked with exploring ways in which community members could offer feedback about current child welfare practices. The Panel also reviewed and approved the recommendations from the Parent Survey workgroup's final report, which ultimately identified three opportunities for improvement: demonstrating respect and empathy for families, communication from caseworkers, and family knowledge of rights. The group discussed further Panel activities based on the Parent Survey findings, including sharing survey results; incorporating parent voice into reports, determining the best schedule for administering future surveys, and examining practices related to communication with parents and caregivers.

April

Due to the COVID-19 pandemic, the Panel agreed to hold the April and future meetings on a virtual platform. Members heard updates from OCFS regarding how the pandemic impacted practices and systems, as well as the temporary changes made to ensure the health and safety of youth, family, and workers. The workgroups convened into breakout groups on the virtual platform to continue working on their topics. The Panel then came back as a group and reviewed the documentation provided to families by OCFS during the investigation process, as well as the 'Guide for Families in Child Protection Cases' (distributed by the court), and the ICWA 'Protect the Children' document.

"We have more work to do...however, we know that change doesn't happen all at once and these changes will add up to a big difference."

CITIZEN PANEL MEMBER

May

Between meetings, the Panel approved the MCWAP 2019 Annual Report via email. In May, the group received updated information from OCFS and community Panel members about changes to the child welfare system due to the pandemic, including continued virtual family visitation through the end of the month; remote work for the majority (90%) of OCFS staff; updates on uncontested Termination of Parental Rights (TPR)/Adoption hearings; acceleration of the e-Discovery process; improved ability for family court participation through video; and decreases in the child protection report volumes, which appeared to similar to the typical numbers seen during summer months when children are out of school.

June

The Panel received COVID-19 updates from Dr. Todd Landry, Director of OCFS, and Dr. Adrienne Carmack, Medical Director of OCFS. Members learned that the rates of positive tests for youth in care was low and there had not yet been any hospitalizations in this population. OCFS described efforts to provide additional support to resource parents, open childcare centers, provide essential workers with childcare subsidies and increase funds for infant care. The Panel acknowledged that OCFS was continuing to implement systems improvements while navigating the challenges of the pandemic. Members discussed the summer recess in July and August, and subcommittees agreed to continue to hold sessions during this time to bring recommendations for review to the retreat in September

July - August

Panel summer break. Subcommittees continued to convene virtually to work on their topics.

September

Annual retreat hybrid meeting on video platform and some in person. Welcomed Blake Jones, Ph.D., University of Kentucky, College of Social Work as guest host for the annual retreat. The Panel heard from OCFS about recent trends and the efforts that will be prioritized in the coming year, including topics around safety, permanency and wellbeing, and staff training and support.

Dr. Jones provided an overview of the history, challenges, research, and best practices around Citizen Review Panels. Three topics were selected for further exploration of the Panel and subcommittees broke into groups to begin strategic planning. The topics include Case Endings and Planning for Co-Parenting/DV Issues, Effective Communication/Coordination for the Care of Children Entering the System, and Child Welfare Training

Research tells us that citizen review panels do better when they are part of a thoughtful, well-defined process rather than a feel-good exercise.

Blake Jones, Ph.D.

October

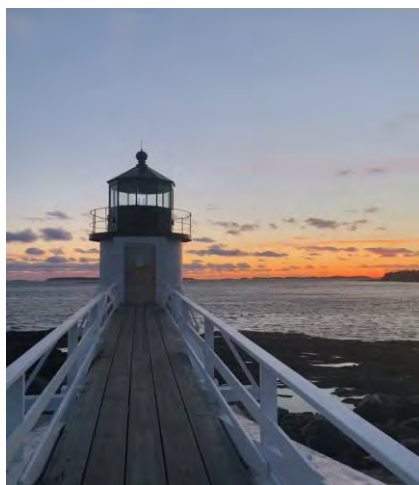
October's meeting resumed the Panel's virtual format. Members debriefed the retreat and discussed if/how to incorporate last year's subcommittee topics into the three new topics identified in September. In the end, the Panel opted to slightly modify the topics that will be explored moving forward: Family-Centered Policy and Practice; Effective Communication/Coordination for the Care of Children Entering the System; and Child Welfare Staff Training. Members of the Panel voted to adopt recommendations for the annual report, and a subcommittee charged with writing the report was formed. The Panel heard updates from OCFS, as well as updates regarding the status of Maine's Citizen Review Panel website.

November

In November, the Panel welcomed guest attendee Julie McShane, Training Team Lead for the Child Welfare Cooperative Project at the Cutler Institute for Health and Social Policy. Ms. McShane discussed the curriculum of the Foundations training that is provided to new OCFS caseworkers, and answered questions about its format and content, as well as the expectations for trainees. Subcommittees split off into breakout rooms to continue work on their topics, and then rejoined the entire group to report out on their efforts and plans. OCFS provided the Panel with updates, and Maine's CRP website was discussed.

December

The Panel heard from Julia Simmons, OCFS Policy and Training Specialist, and Gina Googins, Regional Associate Director, about the training that is offered to OCFS staff. The Panel discussed the importance of providing adequate training to resource families as well, and OCFS shared the work that is happening to improve what is currently offered. The subcommittees joined breakout rooms with their group members to continue work on their topics. After reporting out to the main group about the status of their efforts, the Panel heard from OCFS about what has been done in response to the Panel's 2019 recommendations. OCFS also discussed the impact of COVID-19 and the work that is being done to ensure that the agency's activities are being preserved, while also keeping children, families, and staff safe.



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Citizen

Independent Consultant

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The Panel would like to thank the following former members for their contributions:

Alivia Moore

Community Member
Tribal Representative

Elizabeth Ward-Saxl

Executive Director
Maine Coalition Against Sexual Assault (MECASA)

Acknowledgements

In 2019, MCWAP recommended that OCFS take specific action steps to prioritize and implement the recommendations of the Public Consulting Group (PCG) and Office of Program Evaluation and Government Accountability (OPEGA) assessments to address policy, practice, and workforce issues. The Panel also recommended that OCFS strengthen collaboration with Maine Courts, local law enforcement and medical experts. Despite the unexpected and extreme pressures of the COVID-19 pandemic, the Department has continued to advance policy and workforce improvements, stayed on course with strategic plans, and collaborated with the Courts to address unprecedented strains on the child welfare system. The Panel applauds the commitment and perseverance of OCFS leaders in their continued implementation of quality improvement strategies under the most difficult circumstances.

The Panel is deeply grateful for Maine parents, caregivers, and youth who have shared their experiences and the impact of Maine's child welfare system on their families during the course of this year. Their words continue to inform and guide the work of the Panel.

The Panel would like to thank Dr. Todd Landry, Director of Office of Child and Family Services, Department of Health and Human Services, for his participation in MCWAP meetings, and for his leadership and dedication to Maine's children, youth, and families.

The Panel would also like to thank Stephanie Barrett for her thoughtful coordination of the Panel during an important transition time. Stephanie's focused attention, clear vision, and commitment to helping members understand the role of Citizen Review Panels set this group on a path to strengthen process and practice and to reconnect with other CRPs across the nation.

Finally, the Panel would like to acknowledge the supervisors and caseworkers of Maine's Office of Child and Family Services, Child Welfare Department, whose dedication to child and family safety has remained steady during the past year of turbulence and challenge. The Panel expresses deep gratitude to all staff in Maine's child protective system for the service, care, and attention they provide each and every day to the most vulnerable children, youth, and families.

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The mission of the Child Death and Serious Injury Review Panel (CDSIRP) is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries to children for the purpose of promoting prevention, to improve present systems, and to foster education to both professionals and the general public. Furthermore, the Panel strives to collect facts and to provide opinion and articulate them in a fashion that promotes change. Finally, the Panel serves as part of the task force for the Department of Health and Human Services (the Department) as required by the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

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

1. The Panel will conduct reviews of cases of children up to age eighteen, who were suspected to have suffered fatal child abuse and/or neglect or to have suffered serious injury resulting from child abuse/neglect. A third area of potential review involves public policy matters that inadvertently put Maine children at risk.
2. The Panel will conduct comprehensive, multidisciplinary reviews of any specific case as requested by any of the following in consultation with and in deference to prosecutorial efforts: the Office of Child and Family Services, the Commissioner of the Department of Health and Human Services, the Commissioner of any other department with responsibility that impacts child safety, the Governor, the Maine Legislature or one of its committees, or any member of the multidisciplinary review panel.
3. The Panel will receive a monthly report from the Medical Examiner's Office that includes child deaths in the preceding month.
4. All relevant case materials will be accumulated by the Department of Health and Human Services staff for dissemination to the members of the review panel.
5. After review of all confidential material, the review panel will provide a summary report of its observations and recommendations to the Commissioner of the Department of Health and Human Services.
6. The review panel will develop periodic reports on child fatalities and major injuries, which are consistent with state and federal confidentiality requirements.
7. The review panel will develop and distribute, as appropriate, recommendations for improving child safety that are consistent with state and federal confidentiality requirements.

The Maine Child Death and Serious Injury Review Panel 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.

Due to the COVID-19 pandemic, Maine's CDSIRP meetings were temporarily halted in March 2020 but resumed on a virtual platform in September 2020. From then until March 2021, the Panel has met 7 times and has completed 4 comprehensive reviews of child fatalities and/or serious injuries, some of which involved looking at multiple, similarly themed incidents. The major theme discussed and analyzed in each of these reviews centered around how the Department considers known risk factors (including prior CPS involvement, unrelated caregivers, etc.) in determining child safety in current investigations. The Panel has also explored the systemic nature of protecting children, recognizing that child welfare is the responsibility of a broader system of agencies, organizations and individuals, rather than solely that of the Department. The Panel has applied these lenses in making recommendations regarding practice, training and interagency collaborations.

To that end, the Panel has also invited various guests to join recent meetings. For example, members heard a presentation by a representative from the Northern New England Poison Control Center- materials discussed included ingestion trends in the tristate area (ME, VT, NH), symptomology and NNEPC resources, amongst others. The Panel continues to collaborate with other statewide panels, including the Domestic Violence Homicide Review Panel (DVHR) and the Maternal, Infant, and Fetal Mortality Review Panel (MIFMR): the MIFMR's coordinator joined a CDSIRP meeting in September, and the CDSIRP's coordinator attended a DVHR meeting in October. Additionally, members of the CDSIRP have collaborated with the state's two other CRPs (Citizen Review Panels: Maine Child Welfare Advisory Panel and Maine Justice for Children Task Force) to develop an updated online platform for the CRPs. The website provides an overview of the Panels' missions, as well as access to their minutes, agendas and reports. The site can be accessed through the following link: www.mecitizenreviewpanels.com.

Lastly, the Panel Authority and Reporting, Case Selection and Case Review Process subcommittees continue to reflect on the operational procedures of the Panel. As of March 2021, recommendations from each of the subcommittees are being finalized. The Panel intends to hold a formal vote on the recommendations prior to its 2021 summer recess, with the goal of adopting the recommendations into meeting protocol when the Panel resumes in September 2021.

MAINE JUSTICE FOR CHILDREN TASK FORCE 2020 REPORT TO THE SUPREME JUDICIAL COURT

*Submitted by The Maine Justice for Children Task Force
January 13, 2021*

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Introduction

The Maine Justice for Children Task Force (the “Task Force”) is a collaborative multidisciplinary Task Force convened by the Maine Judicial Branch whose mission is to improve safety, permanency, and well-being for children in the State of Maine child welfare system. The membership of the Task Force consists of representatives from the legislative, judicial, and executive branches and other participants including advocates for children, parents, foster parents, and other individuals involved in the child welfare system.

The Task Force is charged with identifying both strengths and opportunities for improvement within the child welfare system that have a systemic effect on children and using that information to develop joint solutions among stakeholder systems. Once opportunities for improvement are identified, the Task Force prioritizes those issues and develops joint solutions to help capitalize on those opportunities. The Task Force is chaired by the Chief Justice of the Supreme Judicial Court who also appoints members of the Task Force. Pursuant to its Charter, the Task Force submits this report to the Supreme Judicial Court on the work of the Task Force from January 1, 2020 to December 31, 2020.

I. Meetings

The Task Force met regularly throughout 2020 with an average member attendance rate of 25, in addition to numerous guests. The February Task Force meeting was held in person, while the August and December meetings were held virtually. Each Task Force meeting featured updates by its members, including leaders from the Judicial Branch, the Office of Child and Family Services (OCFS), the Office of the Attorney General, and the Maine Commission on

Indigent Legal Services. The agency updates focused, in part, on creating interagency data sharing opportunities in order to develop and enhance the Task Force strategic plan (discussed further in Section II of this Report). Members at the plenary meetings of the Task Force received updates on all action steps taken as part of the strategic plan and provided recommendations for follow-up as needed.

In addition to stakeholder and strategic plan updates, the meetings included various presentations on pertinent child welfare opportunities identified by Task Force members. Presentations in 2020 included information on the Restorative Justice Project Maine, as well as various systemic processes put into place due to the COVID-19 pandemic.

The Restorative Justice Project Maine was invited to present at the Task Force meeting to explore whether it could house the Resource Navigator Project described in greater detail in Section II of this Report. The Restorative Justice Project Maine presented its plans to establish community “hubs” to serve as a central repository for community members to access needed services and local community support. As a result of this presentation, the Task Force convened a subgroup to assess the feasibility of adapting this model to a court-based resource navigator.

Plenary Task Force discussion items in 2020 also regularly focused on how the pandemic created a need to consider the health and safety of individuals involved in the child welfare system as they continued to provide necessary reunification services and timely permanency for children. Communication among agencies was critical in managing the unexpected challenges that were faced as a result of the pandemic, much of which was facilitated through existing Task Force relationships and communication channels.

Additional topics discussed at the Task Force meetings throughout 2020 included steps for the development of Maine’s plan to comply with the Family First Prevention Services Act, how to address systemic bias and racism within all agencies in the child welfare system, and discussion of various training opportunities. These discussions are ongoing and will continue to be a focus of the Task Force in 2021.

II. Strategic Plan

The Task Force’s 2020 strategic plan focused on four projects: the creation of a Task Force information sharing modality; research to determine whether to implement a resource navigator pilot project; plans for the development of a virtual curriculum to help parents navigate the child welfare system; and the simplification of parent reunification plans for better accessibility. A subgroup for each project was formed and convened throughout the year. All subgroups had Task Force members, nonmember individuals from stakeholder organizations, and interested community members.

A. Information Sharing

The Task Force is convened as one of three citizen review panels required by the Child Abuse Prevention and Treatment Act (CAPTA). The other two panels are the Maine Child Welfare Advisory Panel (MCWAP) and the Child Death and Serious Injury Panel. One goal of all three panels is to conduct complementary work without duplication. Therefore, information sharing among the panels is paramount for both collaboration of panel goals and outcomes. Beginning in November of 2019, representatives from all three panels met to transform the

current MCWAP website into a landing page for the panels. The content and design were completed in October 2020 with a projected “go live” date of early 2021. The website contains Task Force information as well as meeting minutes, meetings dates, and organizational documents such as the Justice for Children Task Force Charter.

B. Resource Navigator Pilot Project

The Resource Navigator Pilot Project subgroup was established to discuss and strategize the potential implementation of a pilot project to have an expert on local community resources at a courthouse. The subgroup met at various times throughout 2020 to discuss the feasibility of this project, as well as the particular challenges presented by the implementation of this project during a pandemic. The subgroup researched similar projects in other localities throughout the country, and the Restorative Justice Project Maine was invited to meet with the members of the Task Force to explore the possibility of that organization housing the resource navigator. Ultimately, the Task Force unanimously voted to abandon the resource navigator pilot project due to several implementation barriers, some of which were compounded by the COVID-19 pandemic. These barriers included the lack of physical space to house the navigator in a time when in-person court appearances were being reduced, challenges with collecting valuable outcome data to measure efficacy while still maintaining personal and case confidentiality, and obtaining a stable funding source to maintain the project.

C. Development of Curriculum for Parents Involved in the Child Welfare System

In August 2020, the Task Force added the development of a curriculum for parents involved in the child welfare system to its strategic plan. A subgroup was created and met on December 7, 2020 to begin the discussion of implementation. At the meeting, the subgroup reviewed the “Dependency 101” curriculum offered by the *Parent to Parent* program in Washington State, and discussed how portions of this program could be implemented in Maine. The Washington State model offers voluntary participation in classes focused on understanding child welfare agency processes, court procedures, and suggested practices for parents to implement in order to be successful throughout the case. The subgroup determined the need to identify an organization to house the program, ideally one that has the ability to pair current system involved parents with mentors who are parents who were previously involved in the child welfare system. The subgroup also began researching opportunities for stable funding for the program. Additionally, the subgroup began discussions about whether piloting the project in specific areas to collect data would be a prudent first step. The subgroup will meet on a monthly basis with the goal to have the program available to parents in the child welfare system in 2021.

D. Revisions to the Reunification Plans

Task Force members provided feedback that the reunification plans currently used in child protective matters should be revised to more clearly present a roadmap for parents to follow to regain custody of their children. Therefore, beginning in 2019, a subgroup was formed with members from DHHS and the Office of the Attorney General to redraft the reunification plan’s content and form. Throughout 2019 and 2020, the subgroup revised the reunification plan and piloted the new plan in Portland. As a result of feedback from the pilot project, the new reunification plan was separated into three discrete documents: Preliminary Rehabilitation and Reunification Plan, Rehabilitation and Reunification Plan, and Prevention Services Family Plan (for those families not yet court-involved.) The new plans received positive feedback from stakeholders and, therefore, were implemented statewide.

III. Continuing Education Subcommittee

In addition to pursuing the four projects identified in the Task Force's strategic plan, the Task Force also assisted in the planning of the Maine Judicial Branch's annual child welfare conference through its Continuing Education Subcommittee (CES). The CES meets to help plan the annual child protective conference every year. The first meeting of the CES took place in September of 2019 to review past conference data and discuss possible themes for the 2020 conference. In the early part of 2020, the CES developed the 2020 conference theme, *From Child Protection to Child Welfare: Redefining the Role of a Child Welfare Professional*, and helped to select the speakers and presentation topics. The focus of the conference was holistic services for families involved in the child welfare system. The conference was originally scheduled as a two-day, in-person event in April. However, due to the pandemic, the conference was ultimately held virtually in October of 2020. The virtual conference spanned three and a half days and offered participants the opportunity to earn 20 continuing legal education (CLE) credits in addition to 1 ethics credit on topics ranging from preventing initial child removals to navigating housing issues for individuals including evictions and housing benefits. The average number of attendees at each session was 205. Participants reported a total of 3,563 hours of CLE credits, 208 hours of ethics credits, and 74 hours of self-study CLE credits. The number of GAL credits received was 1,900.

Conclusion

The Task Force focused on data and system process sharing throughout 2020 resulting in Task Force members pursuing complex initiatives aimed at systemic improvement and change. This year, more than ever, interagency communication and collaboration was a crucial component of the Task Force's work to ensure that safety and justice remained intact while faced with a global pandemic. All agencies demonstrated a commitment to collaboration, and the Task Force anticipates that this solid foundation will serve the mission of the Task Force well in the years to come.

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 2021. 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, as well as all federal requirements of the National Youth in Transition Database (NYTD).

Section I covers the programs, services, and Chafee independent living activities from October 1, 2020 to present, as well as those activities planned for FFY 2022. Section II contains information regarding the administration of the Education and Training Voucher fund program.

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 on the basis of 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, 2020:

AGES	FEMALE	MALE	TOTAL
Age 14	38	33	71
Age 15	39	34	73
Age 16	29	28	57
Age 17	41	24	65
Age 18	19	18	37
Age 19	12	17	29
Age 20	13	7	20
TOTAL	191	161	352

Estimated Eligible Population for 2021 (as of 3/1/21- youth currently in care):

AGES	FEMALE	MALE	TOTAL
Age 14	37	33	70
Age 15	35	34	69
Age 16	25	25	50
Age 17	40	21	61
Age 18	15	13	28
Age 19	11	13	24
Age 20	10	7	17
TOTAL	173	146	319

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 and supports age and developmentally appropriate opportunities.

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.

Housing supports to older youth on the Voluntary Extended Care (V9) Program is provided 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.

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 postsecondary 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. Youth who are not awarded a Waiver receive information and navigator support regarding all the financial aid options available to them. DHHS has also contracted with Jobs for Maine's Graduates (JMG) to offer a scholarship for two-year college and postsecondary training programs.

Chafee Training Plan:

Youth in foster care were offered the following trainings over the past year to meet the Chafee goals and objectives, and we will continue to provide these trainings in 2021:

- 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 embedded 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.
- 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 the Cutler Institute for Health and Social Policy at the University of Southern Maine (USM), partner 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. These stakeholders include 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. Youth partner with YLAT to create panel presentations and training content to help influence best practices on engaging and supporting youth in care. These trainings focused on the needs of youth in foster care regarding positive youth development, permanent family connections, the importance of siblings being placed together, successful transition to adulthood, and how to best engage young people in their case planning and decision-making.

From October 1, 2020 through March 1, 2021, 12 youth and young adults, who are currently or formerly in care, participated in over 9 speaking engagements. 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, training, training for new resource parents, trainings for new caseworker, and participating in two trainings for over 100 OCFS staff on the importance of siblings being placed together.

Due to hybrid school, young people have had more time and attention to dive deeper into some key projects and participating in more frequent focus groups. For example, young people have met frequently to provide input on key pieces of Maine's Families First Prevention Services Act Plan, the Maine Life skills Assessment Tool and key policies that impact older youth in care such as the Youth Transition Policy. A significant partnership has been developed with young people in the development and implementation of OCFS's New Caseworker Training (Foundations) and Resource Parent Training. Youth helped to review the current curriculum and identify opportunities to integrate youth voice and tools to partner with youth in the training. Evaluation data is collected after each training session and is reviewed by the training team and young people to identify future adjustments to the curriculum. This is an exciting opportunity and it will continue

to build in youth voice and authentic partnership around planning and supporting young people for new caseworkers.

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); Families First Implementation, Driving Workgroup, and various ad hoc committees and workgroups;
- Provide training to OCFS staff, resource parents, and various community providers around the needs of older youth in foster care; and
- Provide feedback to OCFS regarding policy and practice changes.

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's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. In 2020 and 2021, youth in care and alumni of foster care provided valuable feedback on various OCFS Policies (including: Youth Transition Policy; Youth Life Skills Assessment revisions; and Permanency Policy)

Maine Tribes and Bands: OCFS continued Chafee funded Agreements with the Houlton Band of Maliseets, the Aroostook Band of Micmacs, 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 plans to continue partnering with the MYTC to expand public and private partners to support older youth in care.

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; and by participating in workgroups to build community resources.

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: In 2020 and 2021, OCFS entered into Memorandums of Understanding with Housing Authorities in Biddeford, Portland, Caribou, Houlton, Fort Fairfield, Bangor, Old Town, Orono, and Lewiston to implement the new federal Housing and Urban Development (HUD) Foster Youth to Independence (FYI) Housing Voucher 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 continue partnering with Housing Authorities and community-based providers to expand this resource across Maine.

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 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 2020 Virtual 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 remains committed to enhancing youth and adult partnerships through their participation in the Youth Leadership Advisory Team (YLAT). YLAT helps youth develop and practice their leadership skills and offers the opportunity for OCFS and other committed adults to hear directly from youth in care and formerly in care about how we can improve our child welfare system to meet their needs.

From October 1, 2020 through March 1, 2021, 88 unduplicated youth participated in 24 YLAT activities, which may include YLAT meetings, focus groups, skills training, advisory meetings or speaking engagements. Another main goal of meetings is to increase youth awareness of available resources such as the Youth in Care Bill of Rights, housing supports, and educational and career supports. Topics for the virtual meetings included Financial Literacy, Storytelling, and a Family First Prevention Services Overview. Two meetings (December and February) provided young people across the state with over 140 swag bags containing meeting materials and thoughtful gifts.

Leadership trainings are scheduled in partnership with OCFS and based on the best location and time for young people to attend. Training opportunities are promoted in YLAT meetings and on our social medial platforms. From October through March YLAT offered 3 *strategic sharing trainings with 23 unduplicated youth* who participated. Strategic sharing keeps youth in the driver's seat in a way that protects their story and their audience. This training provided tools, knowledge and practice in using their story to make connections, educate, and advocate on behalf of themselves and others.

Alumni are important role models and support for young people in YLAT and demonstrate what it means to move beyond the foster-care system. In their role as Alumni of the foster care system, they share pieces of their story. This includes obstacles that they have overcome, the resources and supports that were helpful to them, and how they have continued to use those experiences in their school or professional career. YLAT provided emerging leaders and alumni specific training in 1 *training for 9 youth* that focused on public speaking.

We plan to continue to provide training opportunities for youth in care and identify strategies to leverage youth voice and expertise to create positive system change during FY 2022. To align with OCFS' focus on permanency for older youth in care, YLAT is partnering with young people and a national trainer to develop a training that will provide young people the opportunity to explore the meaningful relationships in their lives and the relationships they would like to deepen. We will continue to ask youth in care what types of training they would like to receive and the platform that works best to ensure that activities are accessible and are meeting their learning needs.

YLAT Response to COVID-19: Because of Maine's commitment to ensuring our young people not become isolated during this Pandemic, we focused on alternative ways to help young people maintain their YLAT community and to continue supporting one another, rather than cancel all programming in the spring of 2020. The YLAT community made a shift from traditional in person meetings to Zoom virtual gatherings and to find ways to ensure that young people both learned about the switch and had access to technology that would allow them to participate. The YLAT team partnered closely with OCFS Transition Staff to reach out to young people individually, distributed updated information to community providers and resource parents, and used the YLAT website and social media pages to share updates.

While young people, adult partners, and YLAT staff missed meeting with groups in person, there were opportunities that arose in this unprecedented time. Young people who had experienced transportation challenges in the past were now able to participate in workgroups and leadership opportunities that were not possible when they held in person. Everyone was forced to learn and use new technological skills, which are key in preparing young people for careers.

OCFS anticipates that youth in care and YLAT members will continue to meet either virtually, or in person observing all social distancing and CDC safety precautions in 2021. We intend to ensure our young people have opportunities to practice leadership and life skills and to develop positive peer relationships through local YLAT meetings and the annual Teen Conference.

The past year has provided much YLAT learning. From alternative ways to connect and celebrate during challenging times, how to strategically share your story, how to advocate for yourself, to how to build positive relationships with others. With new experiences gathering in virtual spaces, YLAT staff hope to carry forward the lessons learned in 2020 and to expand opportunities to engage more youth in leadership opportunities in a variety of modalities in 2021.

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. Additionally, youth led trainings continued to be 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.

Strategy 2: In 2020, Maine developed a Permanency Review Teaming model that will provide a consistent administrative process across the State. It is being implemented in early 2021.

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. In addition, youth in care provided feedback in the process of revising the OCFS Permanency Policy, the Youth Transition Policy, and the Youth Life Skills Assessment.

Strategy 5: OCFS is working to implement Quality Residential Treatment Programs (QRTP) through the Families First Act which will ensure youth are provided with quality, accredited residential placements and aftercare services and only when deemed medically necessary.

Strategy 6: OCFS continued to ensure staff training was aligned with the goals of the Chafee Program 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.

In 2020, changes were made to the new worker training that increased the training to caseworkers provided by youth in care and has them present at the very beginning of the training and at the end of trainings so that youth voice is the first and last thing new caseworkers hear. We anticipate these changes to remain in effect in 2021, since OCFS staff report this is an essential part of their training.

Youth Transition Specialists will continue to provide staff training and support regarding Youth Transition Policy and NYTD requirements. In addition, Michael Sanders Training (in 4 modules) is being offered to child welfare staff focused on supporting older youth in permanency efforts.

Goal 2: Increase economic self-sufficiency for youth transitioning from foster care.

Strategy 1: During the past year, OCFS continued a partnership with the Maine Youth Transition Collaborative (MYTC) to increase interagency collaboration through Regional Learning Exchanges—bringing together a wide variety of front-line staff to encourage collaboration aimed at improving educational and career outcomes for youth transitioning from foster care.

OCFS partnered with JMG to provide Drop-Out Prevention programs across the State. Twenty-five (25) young people from foster care were served by a JMG Pathway Navigator.

OCFS entered into a partnership with Jordan's Furniture to launch **Jordan's Foster Youth Gift Card Program** in March 2021. A Jordan's gift card will be given to eligible youth in the denomination of \$1000. For 2021, a total of 20 gift certificates will be awarded.

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. Over the past year, thirty-four (34) young people from foster care have been served by a JMG College Success Navigator.

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), and a contract with 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 to improve the *My Best Bets* platform; and separately with Maine Family Planning in developing a toolkit regarding sexual health.

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. Youth in care served in 2020 and 2021:

- Youth in Care on a JMG Middle School Roster: 28
- Youth in Care on Middle School Follow-Up: 6
- Youth in Care on JMG High School Roster: 55

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).

- Current number of Youth enrolled in OP: 105 (ever enrolled: 649)
 - Virtual OP trainings offered: Part 1: 7/Part 2: 9
- Number of Youth who have completed training (Parts 1 and 2): 30
- Number of unduplicated Youth who completed purchases: 40
 - Total number assets purchased: 74
 - 52 participant-specific (utilities, phones, insurance, etc.)
 - 8 for credit building/credit repair
 - 6 for education and training
 - 4 for vehicle purchase
 - 3 for health-related expenses
 - 1 for housing
 - Total value of assets purchased: \$58,059
 - Youth contribution: \$30,680
 - Matching funds: \$27,379

Strategy 4: During the past year, Youth Transition Specialist continued to use 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: In December 2020, the NYTD Program Improvement Plan (PIP) was approved by the Children's Bureau and OCFS is on-target to meet all proposed improvement activities and target dates.

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 26th 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 14th birthday. MYTC Advisory Board meetings are held quarterly. 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. We plan to continue this partnership in 2021 as a way to organize various initiatives aimed at improving the outcomes of youth in care.

Strategy 3: YLAT's social media and internet presence have become a focal point for disseminating information, connecting with participants, and sharing resources, particularly in the Covid-19 transition to virtual work. The YLAT Facebook page is a resource for youth and adult partners to access upcoming meetings, trainings, and community events. It also serves as a hub to launch special groups and pages for the Alumni Transition Grant Program, and the Teen Conference Planning Committee. OCFS has utilized various platforms, including the YLAT Mobile App, YLAT quarterly newsletter, Instagram, and the YLAT Facebook page 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. YLAT's Facebook page continues to be its main source of connection with the YLAT community and has 803 likes as of March 1, 2021.
- The YLAT Mobile App, *Foster Strong*, has had 441 pages viewed over 235 sessions.
- 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. **768 site sessions with 560 unique visitors.**

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: In 2020, OCFS has established the *Foster Youth to Independence* (FYI) Youth Housing Voucher Program in collaboration with the following Housing Agencies: Biddeford, Portland, Bangor, Old Town, Orono, Lewiston, and Aroostook County, as permitted by Housing and Urban Development (HUD): <https://www.hud.gov/sites/dfiles/OCHCO/documents/19-20pihn.pdf>

Supports to Young People During COVID-19 Pandemic:

For young people aging out of the V9 Agreement at age 21, during 2020, OCFS used the federal allotment of \$164,476 provided to Maine through **Public Law 116-136, Title VIII of Division B of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), enacted March 27, 2020; Title IV-B, Subpart 1 of the Act.** Funds of up to \$5400 were provided to eligible young people through a short Application process for expenses that were approved by Administration on Children and Families (ACF), Children’s Bureau (CB).

- There were 12 eligible youth (who were on a Voluntary Extended Care Agreement and turned 21 between 1/1/20 – 12/30/20)
- Outreach to every youth was made in person by OCFS Youth Transition Specialists and every eligible youth received funds for allowable expenses.
- This is a breakdown of the funds provided:
-

Allowable Expense	Funds Provided
Housing	\$26,114
Food	\$4,165
Automobile Expenses	\$20,531
Personal Needs	\$3,151
Tech/Employment	\$444
Total Funds	\$44,880

OCFS used these funds to provide additional financial support for youth aging out of its extended care program (V9 Program) at age 21 during the COVID-19 pandemic in 2020. This plan provided additional financial payments of up to \$5,482 per young adult. Funds were used by eligible young people for: Housing Costs (Rent, Deposit, Start-Up Items, Utilities, Cell Phone/Cable/WIFI Bills); Food; Automobile Expenses (Ownership Costs, Insurance, Maintenance, Repairs); Personal Needs (Toiletries, Laundry, Etc.); and Technical/Employment Needs.

In 2020, at the start of the pandemic, Jobs for Maine’s Graduates (JMG) provided Hannaford gift cards to youth involved in JMG programs, including youth in foster care. Also, because of our successful collaborative partnership, when OCFS learned of a private family in need of laptop for their child when high schools went remote in 2020, JMG used funds from private sources to purchase a laptop and had it shipped to this youth to continue with school.

Plans to administer Chafee Services Under the Consolidated Appropriations Act “Supporting Youth and Families Through Pandemic Act” (P.L. 116-260), 2021:

Procedures:

- The Youth Transition Specialist (YTS), where the young person resides, will serve as the young person's assigned Caseworker.
- A ***Voluntary Extended Support Pandemic Relief Agreement*** was created (modeled after Maine's ATGP program and the transition section of the V9 Agreement)
- YTS will partner with the young person to develop and sign a ***Voluntary Extended Support Pandemic Relief Agreement***
- YTS will work with young person to develop, review and revise a transition plan to the extent the young person wishes
- YTS will make quarterly face-to-face contacts either in person or via video platforms to provide Supervised Independent Living, or more frequency when needed to meet the needs of the young person
- YTS will inform young people that Chafee funds received as part of this Program will not count as income against other state benefits
- YTS will document all contacts and as required for NYTD reporting
- This program is available to eligible young people until 9/30/21, or their 27th birthday, whichever comes first

Financial Assistance to be Provided:

- OCFS will provide unrestricted monthly direct financial Chafee payments (Room and Board payments) to eligible young people (around an amount of \$1800/month) to assist them in meeting their daily living needs during the pandemic.
- OCFS may also provide unrestricted 1-time or monthly direct financial Chafee payments to eligible young people to assist them in meeting their needs during the pandemic, for the following reasons (*when accompanied by a receipt*):
 - College/Training Program Tuition and Fees not eligible for ETV funds
 - Past College/Training Program debt preventing a young person from enrolling in a postsecondary program
 - Books, school supplies, tools, not covered by ETV funds
 - Work-related needs (tools, uniforms, PPE, etc.)
 - Remote learning needs(equipment, office furniture, internet, etc.)
 - Medical/dental/vision/medication needs not covered by MaineCare
 - Medical debt
 - Childcare expenses
- Driving Allowances:
 - Chafee funds may be used to provide driving and transportation assistance to eligible youth ages 15 -26, up to \$4000 per eligible youth/young person, for:
 - Obtaining a driver's license (driver's education classes and testing fees, private lessons, practice hours, license fees)
 - Vehicle Insurance
 - Roadside Assistance, deductibles, and auto repairs
 - Assistance in purchasing an automobile
 - Young People with an OCFS Extended Care Pandemic Relief Agreement may apply for financial assistance through the *OCFS Driving Pilot*

Public Awareness Campaign:

- Young people supported program development through a formal survey and other informal opportunities to provide feedback, such as young person testimony for OCFS' Alumni Transition Grant Program (ATGP).
- Young Person Notification and Program Recruitment:
 - List of eligible young people obtained from MACWIS
 - Program Flyer to be developed and distributed widely:
 - Jobs for Maine's Graduates (JMG) College Success Navigators
 - College Step Up Program
 - Youth on OCFS' Alumni Transition Grant Program (ATGP)
 - Youth currently receiving ETV funds but not on V9
 - YLAT social media
 - Youth not open to OCFS who were contacted for the NYTD 21 yo Follow-Up Survey
 - Announcement on MaineCare website
 - Announcement on OFI website
 - Announcement on DHHS website
 - Flyer posted at Homeless Shelters
 - Flyer provided to Adoptive and Foster Families of Maine (AFFM) to distribute

OCFS Administration:

- Attachment C will be returned to ACF, Children's Bureau by April 24th
- OCFS will report use of these funds separately
- OCFS will make reasonable efforts to determine IV-E eligibility for each young person

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 2020, Maine's NYTD Program Improvement Plan (PIP) was approved. By August 2020, OCFS had implemented most of the suggestions including: changes to MACWIS to accommodate required changes in documenting and reporting NYTD Life Skills and NYTD Surveys; Training of OCFS CW Staff regarding NYTD changes; a Continuous Quality Improvement (CQI) review system for youth in care and also now for youth not in foster care and/or who did not participate in the NYTD Surveys; a Communication Plan to provide outcome data and seek program input from young people, OCFS Staff and managers, collaborative partners, and community-based providers. OCFS met with the Children's Bureau in December 2020 to demonstrate changes made our system and provided documents that support NYTD PIP activities. OCFS will provide our next update to the NYTD PIP in July 2021.

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 no 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	11	34	45
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.

While Maine had seen a trend in the reduction of youth from foster care attending a traditional college and an increase in the number of young people pursuing non-traditional career pathways, this trend seems to have reversed over the past year. 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.

Supports to Young People During COVID-19 Pandemic:

In March 2020, when OCFS learned that colleges were closing as a result of COVID-19, staff ensured that every student under our care and responsibility had alternative safe housing. OCFS Youth Transition Specialists immediately worked with each student (those on Voluntary Extended Care Agreements, ages 18-21, and those on our Alumni Transition Grant Program, age 21-27) and/or the student's caseworker to assist the student in developing a plan for safe alternative housing during the college closures. Students were provided with supplemental financial assistance from OCFS to cover new housing, food, and remote learning needs they faced resulting from COVID-19. Youth Transition Specialists have continued to check with students and provide financial and case management supports.

Anticipating on-going concerns for college students in the fall of 2020, Youth Transition Specialists worked with students to ensure they had an established back-up housing plan should colleges need to close again.

In addition to the V9 Agreement, six (6) years ago, OCFS established the Alumni Transition Grant Program (ATGP). With the help of youth from foster care, this program was designed as an added safety net for young people who had not yet completed their postsecondary college or training programs by their 21st birthday. The ATGP provides a similar level of financial assistance to participants as the V9 Agreement and can be accessed by eligible young people until their 27th birthday. During the COVID-19 crisis, the ATGP Advisory Committee voted to allow OCFS to provide financial assistance this summer to enrolled participants, whether the young person was taking classes during the semester or not.

Plans to administer ETV Services Under the Consolidated Appropriations Act "Supporting Youth and Families Through Pandemic Act" (P.L. 116-260), 2021:

OCFS intends to distribute these supplemental funds as allowed:

- Funds will be provided to eligible youth/young people until 9/30/22
- For eligible youth, an increase of ETV award from \$5000 to \$12,000 will be provided after free financial aid is considered
- OCFS will inform eligible youth that these funds may be used for expenses that are not part of the cost of attendance to help support the young person to remain enrolled in a post-secondary education or training program
- OCFS will waive the requirement for the young person to be in good academic standing
- OCFS will adhere to the 5-year lifetime limit (consecutive or non-consecutive) for eligible youth to receive funds

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
<u>Final Number:</u> 2018-2019 School Year (July 1, 2018 to June 30, 2019)	58	18
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	60	18
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	45	11

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 2021. The name of this recruitment service is A Family for ME Maine. 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, there was a continued focus on child-specific recruitment to support children achieving legal permanency through adoption. This child specific recruitment has included the Heart Gallery, television, and other forms of media to increase awareness of the 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 programming 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.
 - In late 2020, A Family for Me Maine partnered with OCFS/DHHS to create an electronic method to apply to become a foster/adoptive/kinship provider. COVID 19 accelerated plans to move to an electronic method of applying. All interested parties can now participate in a virtual Informational Session and complete an application safely from their homes. Applications have increased as barriers have been removed and the application has been made more accessible.
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.
 - A Family for Me Maine has engaged with minority communities throughout the state to share the need for Resource Families.
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.
 - A Family for Me Maine print materials have been translated into two additional languages that reflect the needs of the population of Maine.
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.

- OCFS works with Adopt US Kids to locate families for children needing an adoptive placement.
- A Family for Me Maine also participates in district permanency reviews on children needing an adoptive placement.

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 also utilized a virtual Heart Gallery presentation format during 2020 in light of COVID-19 concerns.

- 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. In 2020, it was impossible to hold in person “Meet and Greets” due to COVID-19. Once it is safe to resume these events, the provider will again offer them. Instead, a virtual live Heart Gallery was used for approved families to learn more about children needing adoptive homes.

Appendix E

Health Care Oversight and Coordination Plan

COVID-19 Pandemic Related Updates:

How has the state worked to ensure children and youth continue to receive appropriate health care, including through the use of telemedicine?

Guidelines were updated regularly through the pandemic to encourage resource parents to continue with medical appointment, immunizations and mental health visits, using telehealth when appropriate and available. Multiple town halls were held virtually with resource and kin parents to address concerns, MaineCare rules were adjusted to allow for telehealth visits, when necessary or indicated. MaineCare provided incentives to primary care offices from October to December 2020 to encourage well child visits and immunizations.

The OCFS Medical Director was able to speak to staff at multiple town halls to remind the staff of several important steps to ensure the health of the children in their care, primarily to contact the child's Primary Care provider, to query if there were any missed appointments, to ask if the child was due for immunizations, and to schedule the next recommended well child visit. There was also a campaign to ensure that all children receive their annual influenza vaccine in the fall of 2020.

Telehealth continues to be available as an option in many medical and mental health offices. This has been especially helpful for many foster families who are living in more rural regions of the state, as it allows for easier access to appointments that allow for telehealth.

Changes/Updates to the Health Care Oversight and Coordination Plan as a result of the Pandemic:

Early in the pandemic, an executive order was issued to allow for an extension of time for the required ten-day medical appointment for youth upon entry to care. Families were encouraged to contact the primary care provider office to establish a relationship, even if they did not attend an in-person visit. Through virtual town halls and email correspondence, the Medical Director has encouraged foster families to schedule in person visits to the primary care provider offices, in order to continue with recommended preventative services. The plan is to return to the required in person initial appointment at 10 days, when the Governor's executive order is lifted.

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 urgent medical needs and allows for the medical provider and the foster family to share important information. 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 provider (Pediatrician or Pediatric Nurse Practitioner), and a mental health clinician (psychologist, LCSW or LCPC). A report is sent to the child welfare caseworker and the child's primary care provider summarizing the child's medical, behavioral, and dental needs.

Health Care Services

OCFS restructured 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 attend 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 psychotropic medication. These consults review the appropriateness and need for the medication,

as well as the anticipated duration for use of the medication. For children prescribed psychotropic 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 review quarterly data received from MaineCare, as well as case records. The most recent data for foster youth on psychotropic medication(s) is 21.3% from the 4th quarter of 2020 (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, case management services (Behavioral Health Homes - a MaineCare service) will be offered to ensure any identified issues are addressed. For those children not in need of case management, 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), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), 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.
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 which is their primary care provider (PCP). It is a requirement that every child's PCP is enrolled in MaineCare. MaineCare offers Behavioral Health Homes as a care management service to help manage the mental health and physical health needs to children with qualifying conditions. BHH care managers can work closely with OCFS case workers and families to ensure that there is coordination of services to meet the child's medical, developmental and mental health needs. 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 the nurse consultant or Medical Director 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 provide comprehensive reports on the child, which are shared with the caseworkers, as well as the primary care providers and other caregivers involved with the health of the child.
8. The state is taking steps to ensure that components of the Youth 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), 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/Updated September 2020

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide, the Child Welfare Disaster Plan and addendum. Copies should be with each employee. 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.

Emergency Management Team

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

The Emergency Management Team consists of:

- OCFS Chief Operating Officer
- Associate Director of Child Welfare Services
- Associate Director of Children's Behavioral and Developmental Health Services
- Associate Director of Technology and Support
- OCFS Medical Director
- Communication and Compliance Director
- OCFS Regional Associate Directors
- Child Protective Intake Program Administrator
- Child Welfare Program Administrators of affected districts

Responsibilities of Emergency Management Team members include:

- Assist the Director with the management of the emergency, including ensuring essential agency functions continue.
- Initiate plan operation.
- Deliver communications to staff, clients, and providers.

- Communicate with Commissioner or designee, and with the DHHS Communications Director.
- Coordination with DHHS officials and other departments of state government as necessary.
- Ensure Intake continues to function to include receiving reports and as a communications hub, if necessary.
- Facilitate relocation if necessary.
- Other responsibilities assigned by the Director of the Office of Child and Family Services.

Communications Plan

The Emergency Management Team, coordinating with the DHHS Communications Director, develops messaging for families, providers and staff. Messages are communicated through a variety of means to ensure the broadest reach.

The Emergency Management Team is responsible for maintain a current list of newspapers, television stations, and radio stations with contact information, and the OCFS website alert password.

Means of communication to be used for families, staff and providers may include:

- News releases to radio and television stations, cable tv, newspapers
- Information on the State ([maine.gov](http://www.maine.gov)) and OCFS (<http://www.maine.gov/dhhs/ocfs/>) websites
- Electronic Announcement through Gov.Delivery Listservs
- E-mails

Intake and District Staff:

- Means used to communicate with staff include the above and the use of phone trees.
 - Phone trees will be coordinated by the Program Administrator in each district office.
 - Emergency Management Team is connected to the district phone trees through the Program Administrator and Designee.
 - The Emergency Management Team members have programmed team members phone numbers in to their cell phones.
 - Program Administrators and Designee have the Emergency Management Team contact information.
- District Caseworkers are responsible for:
 - Contacting caregivers and children
 - Programming caregivers, youth, and supervisors contact numbers into their cell phones.

- District Supervisors are responsible for programming staff and other essential contact numbers into their cell phones.
- Intake Staff are to be the hub for communication in the event that the District Office is shut down and staff are working remotely
 - Intake staff may be temporarily relocated to a district office, MEMA or Public Safety or another remote worksite if necessary.

Information shared 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, the status of MACWIS and other information for staff.

Essential Functions of Child Welfare Services

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 child abuse and neglect (CAN) are received and assigned.
- Responding to reports of CAN which 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 possibly court action initiated.
- Ensuring the location and safety of children in state custody and that their physical and emotional needs are met.
- Making timely contacts with families to share information on the child/family's situation related to the disaster.
- Completing ICPC disaster related functions, e.g. coordination and information sharing when children and families cross state lines.
- Participating in court hearings, unless otherwise determined by the court.

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 notify 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. Investigation 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 children on their caseloads and their caregivers to ascertain their current situation, whereabouts, safety, needs and any necessary service provisions as soon as possible.
 - d. Contact parents of children in custody to give them updates on their child's situation, and to ascertain the parent's situation and any necessary service provisions as soon as possible.
 - e. Coordinate with other agencies that have information about the location and needs of children and family's involved with child welfare services.
- 2. In the event that a child needs to be moved due to the disaster, and another placement cannot be quickly located, with approval of the PA and Regional Associate Director, 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 may be temporarily suspended.
- 4. PA or Designee will develop a staff phone tree and keep the tree updated.
- 5. Maintain a list of District Court judges and AAG's home phone number, cell phone, and address.

Staff Guidance

- Staff are encouraged to develop a personal disaster kit and identify 2 emergency contacts, one of which is out of the area.
- Staff will be required to enter their name, address, home phone, work phone, work cell and both emergency contact numbers in MACWIS Worker Demographics screens.
- 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 may be directed to work remotely depending on the location of the disaster.
- Staff must check in after a disaster with Intake or another entity as identified by the Emergency Management Team or Program Administrator.
- Staff should document hours worked, including overtime and the type of work activities completed that are specifically related to the disaster. Messaging will be sent to staff instructing how to document overtime and work done related to the disaster for possible reimbursement.

Recognizing that staff are also affected by a disaster, CPS 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 and personal issues.

Resource Parents

- Complete the Family Foster Home Disaster Plan as part of their Resource Parent application.

- Updated the Disaster Plan at renewal, to include
 - Two relocation sites and contact information;
 - Emergency Contact Information; and
 - Requirements and contact information to check-in with OCFS.
 - Resource families are provided emergency preparedness information and are encouraged to make a plan with the children in their home and keep emergency supplies on hand.

Placements for Children in Care

MACWIS information will include the resource family's physical address, primary and secondary phone numbers and the Family Foster Home Disaster Plan.

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.

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 them 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

The Director of the Office of Child and Family Services or designee will initiate and maintain contact with federal partners to communicate about waivers and share information regarding the disaster at the state and federal levels.

Director of the Office of Child and Family Services or designee will identify liaisons 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 designees.

The Director of the Office of Child and Family Services or designee will ensure that federal partners and neighboring state liaisons have contact information for the Emergency Management Team.

Information System Plan

Information Services Manager or designee to load the following reports onto the SMT folder weekly:

- Investigation Aging Detail Report

- Children in Care Report
- Monthly Contacts for Service Cases Report
- List of Foster Homes (Active, Renewal and Under Investigation statuses)
- Worker Demographic 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:

- Calling Tree
- Employee and management contact information, including information for their emergency contacts
- Worker Demographic Information
- Investigation Aging Detail Report
- Children in Care Report
- Monthly Contacts for Service Cases Report
- List of Foster Homes (Active, Renewal and Under Investigation statuses)
- AAG and Judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information

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

- Supply of paper forms:
 - Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Paper copies of:
 - Calling Tree
 - Employee and management contact information, including information for their emergency contacts
 - Worker Demographic Report
 - Disaster plans
 - Investigation Aging Detail Report
 - Children in Care Report
 - Monthly Contacts for Service Cases Report
 - List of Foster homes (Active, Renewal and Under Investigation statuses)
 - AAG and Judges contact information

- First aid kit
- Flashlight with extra batteries
- Agency vehicles with at least $\frac{3}{4}$ full gas tanks

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 information, 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 information for their emergency contacts
- Worker Demographics Report
- Children in Care Report
- Supply of paper forms
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight with extra batteries
- First aid kit

Appendix G

OCFS Training Plan

ADVANCED FORENSIC INTERVIEWING:

Number of Staff Trained: 0 Due to COVID 19

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	North & South Locations
Delivered By	National Child Advocacy Center
Hours	2 Day Did not occur in 2020 due to COVID NCAC canceled trainings
Audience	Child Welfare Assessment & Permanency Workers & Supervisors (Pre-requisite must have 18 months of in field experience)

ADVANCED MEDICAL INDICATORS:

Number of Staff Trained: 0 Due to COVID 19

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	North, Central & South Locations
Delivered By	Dr. Lawrence Ricci, Medical Expert on CA/N
Hours	1 Day Did not occur in 2020 due to COVID
Audience	Child Welfare Staff, Resource Parents, Community Providers, Alternative Response Staff

Advanced Topics in Domestic Abuse: In Her Shoes Experience:

Number of Staff Trained (in person): 42

"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.

Redesign for Zoom:

Number of Staff Trained: 37

Module 1 Part A & B:

Part A- Addressing the Lasting Impact of Domestic Violence: How to Support the Non-Offending Parent

Part A provides opportunities for trainees to consider the most effective and trauma-informed ways to support non-offending parents who are victim-survivors of domestic abuse and violence that lead to safer outcomes for those parents and their children.

Part B -Acknowledging Harm: Holding Domestic Abusers Accountable for their Choices

Part B asks trainees to think critically about the importance of engaging with people who use abuse the offending parents who have harmed/are harming the other parent and gives trainees tools and options for holding those abusers accountable in a

manner that does not jeopardize the safety of the non-offending parent and their children.

IV-E Eligible	YES
Venue	North & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day offered 1x in person
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 of Staff Trained (in person): 26

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.

Redesign for Zoom:

Number of Staff Trained: 39

Domestic Violence: Connecting Oppressions & The Impact of Culture

This training is designed to broaden caseworkers' understanding of global topics like oppression and the impact of culture, and to equip caseworkers to better recognize the way these concepts intersect within the wider child welfare system and their day-to-day work. This module is arranged intentionally to analyze these concepts at the macro level by providing trainees with the opportunity and space to pause and consider ways the child welfare system can better achieve its mission of keeping children safe and helping them to thrive.

IV-E Eligible	YES
Venue	North & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day offered 1x in person
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 of Staff Trained (in person): 0

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.

Redesign for Zoom:

Number of Staff Trained: 28

Part A- Accountable Language: How to Write Effective DV-Competent Narratives

Part A focuses on skills building. The goal is for caseworkers to critically analyze the way language shapes our understanding of situations, and how vital it is to write case narratives that utilize active voice and are arranged in a DV-competent manner.

Trainees will critique written case narratives and practice rewriting them using active voice.

Part B- Domestic Violence: Understanding Safety and Risk

Part B dives deeper into issues of safety and risk, and how centering the safety needs and expertise of victim-survivors can lead to better outcomes for child safety.

IV-E Eligible	YES
Venue	North & South Locations
Delivered By	Maine Coalition to End Domestic Violence (MCEDV)
Hours	1 day
Audience	Child Welfare Staff (Pre-requisite: must have taken Adv. Topics in Domestic Abuse "In Her Shoes Experience")

Awareness of Cultural Diversity:**Number of Staff Trained: 96**

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 eLearning
Audience	Child Welfare Staff

Awareness of Human Trafficking:**Number of Staff Trained: 94**

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 eLearning
Audience	Child Welfare Staff

Child Safety Seat Training:**Number of Staff Trained: 0 Due to COVID 19**

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 Did not occur in 2020 due to COVID
Audience	Child Welfare Staff & Resource Parents

Children's Behavioral Health Treatment in Maine:**Number of Staff Trained in person: 16****Number of Community Members (via ZOOM): 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	1 in person
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 of Staff Trained: 25**

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	ZOOM
Delivered By	Policy and Training Team Specialists
Hours	2 days (offered 2x)
Audience	Child Welfare Staff

Conversations with Youth:**Number of Staff Trained: 0 Due to COVID 19**

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	Did not get converted for ZOOM
Delivered By	Maine Family Planning, OUT Maine
Hours	1 day offered multiple times. Did not occur due to COVID
Audience	OCFS Staff and Resource Parents

Critical Incident Stress Management Training (CISM)**Number of Staff Trained: 50**

Designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum, the Group Crisis Intervention course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically RITS (Rest Information and Transition) CMB's (Crisis Management Briefings), Defusing's, and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services, health and wellness and referrals when necessary will also be discussed.

IV-E Eligible	YES (50%)
Venue	ZOOM
Delivered By	Laurie Cyr-Martel, D.BH, CICISM, University of New England
Hours	3 Days offered 2x
Audience	Staff that were selected by the Caseworker and Supervisor Advisory Committees to be a part of the new workforce wellness teams that will be developed in each district

Drug Identification, Impairment Recognition and Caseworker Safety:**Number of Staff Trained: 0 Due to COVID 19**

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

IV-E Eligible	YES
Venue	North, Central & South

Delivered By	Thomas Reagan, MDEA Retired
Hours	Did not get converted to ZOOM
Audience	Child Welfare Staff & Community Partners

Ethical Decision Making:

Number of Staff Trained: 75

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.

IV-E Eligible	YES (50%)
Venue	ZOOM
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)

Foundations Training:

Number of OCFS Staff Trained: 135

Number of ARP: 9

Number of DV Liaison: 1

This training is for new Child Welfare Caseworkers prior to working with children and families. The topics in this training include assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance abuse, medical indicators of abuse, domestic violence, family team *meetings*, and permanency.

IV-E Eligible	YES
Venue	One and a Half Rounds in Person then switched to ZOOM
Delivered By	Policy and Training Team Specialists
Hours	12 days spread out over 4 weeks (offered 7x)
Audience	New Child Welfare Caseworkers

Goals and Action Steps Training

Number of OCFS Staff Trained: 345

During this training, participants will develop an understanding of importance of clear and concise goals during the case planning process in Child Welfare cases. The goals and action steps training is designed to help participants understand the difference between a goal and an action step. Participants will learn how to create goals that are specific, measurable, attainable, relevant and time based (SMART). Participants will be provided the opportunity to practice drafting goals utilizing the SMART formula and then formulating action steps that are specific to the particular goal that they developed.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	½ day offered 16x
Audience	Assessment Supervisors & Caseworkers, Permanency & Adoption Supervisors and Caseworkers, Program Administrators and Assistant Administrators, Youth Transition workers and QA Staff

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

Number of OCFS Staff Trained: 128

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	2 in Person 4 Zoom
Delivered By	Tribal Child Welfare Staff & OCFS Tribal Liaison (Policy and Training Specialist)
Hours	3 hours (offered 6x)
Audience	Child Welfare Staff & Alternative Response Program Staff

Infant Safety-Abuse Prevention & Unsafe Sleep Related Death Prevention:

Number of OCFS Staff Trained: 135

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

Legal Training:

Number of OCFS Staff Trained: 110

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	2 in Person, 1 Canceled, 3 via ZOOM
Delivered By	David Hathaway, Assistant Attorney General & Policy and Training Team Specialist
Hours	6 hours (offered 5x)
Audience	Child Welfare Staff

MACWIS Technology Training

Number of Staff Trained: 80 in this format (This training has been incorporated into the new worker Foundations Training)

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	2 Sessions in Person then incorporated into Foundations via zoom
Delivered By	Policy and Training Team Specialist
Hours	3 parts (each 2.5 hours) offered 6x
Audience	Child Welfare Staff

Mandated Reporter Training for Mandated Reporters (ZOOM):

Community Number Trained: 1,050

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	Zoom
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 of OCFS Staff Trained: 116

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

Mandated Reporter Training for Mandated Reporters (On-Line):

Number of Community MR Reporters Trained: 14,865

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 of Staff Trained: 91

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

Michael Sanders: SECOND TO NONE:

Number of Staff Trained:150

(This is the first of a three-part series, the other two will be offered in 2021)

This training is designed to inspire and give workers the tools to best support outcomes for kids in care. This training will help Caseworkers rediscover their passion for social work in this unique, entertaining, and interactive presentation.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Michael Sanders
Hours	90 Minutes (recorded to be available for staff that missed it)
Audience	Child Welfare Staff

Motivational Interviewing:

Number of Staff Trained: 28

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	1 in Person 2 via Zoom
Delivered By	Policy and Training Specialists
Hours	2 days
Audience	Child Welfare Caseworkers, Supervisors, Program Administrators/Assistant Program Administrators

NCCD Coaching Micro Learning, Mentoring, Shadowing & Observation Skills:

Number of Staff Trained: 15

Using modeling to coach new staff, Coaching continuum: "hands-on", to "hands-off". Strategies to support transfer of learning.

IV-E Eligible	Yes (50%)
Venue	Zoom
Delivered By	NCCD Children's Advocacy Center
Hours	1-hour session offered 3 different dates/times
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

NCCD Coaching Micro Learning, Responding to Technical and Adaptive Challenges:

Number of Staff Trained: 14

Breaking down barriers to engagement. Working with "hard to work

with" families.

IV-E Eligible	YES (50%)
Venue	Zoom
Delivered By	NCCD Children's Advocacy Center
Hours	1-hour session offered 3 different dates/times
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

NCCD Coaching Micro Learning, Using All of Your Supervision Hats:

Number of Staff Trained: 28

Coaching for professional development. Coaching new employees. Coaching long-term staff. Coaching staff experiencing burn-out or compassion fatigue.

IV-E Eligible	YES (50%)
Venue	Zoom
Delivered By	NCCD Children's Advocacy Center
Hours	1-hour session offered 3 different dates/times
Audience	Supervisors, Program Administrators/Assistant Program Administrators, Regional Associate Directors and Policy and Training Specialists.

NTI Professional Caseworker Course (On-Line):

Number of OCFS Staff Trained: 14

This course offers web-based state of the art, evidence- and trauma-informed trainings for child welfare & mental health professionals to enhance competency and improve outcomes for children and families.

Training content modules include the following:

- The Case for Adoption Competency
- Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship
- Enhancing Attachment
- How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience
- Loss and Grief
- Impact of Trauma on Brain Development
- Positive Identity Formation
- Maintaining Children's Stability and Well-being

IV-E Eligible	YES
Venue	On-Line
Delivered By	DHHS & Justice Planning and Management Associates
Hours	30 minutes
Audience	Mandated Reporters Throughout the State

Period of Purple Crying (online):

Number of Staff Trained: 135

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	On-Line
Delivered By	National Center on Shaken Baby Syndrome
Hours	1 hour
Audience	New Child Welfare Staff

Psychosocial Assessments:

Number of Staff Trained: 107

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	2 in Person 4 via Zoom
Delivered By	Policy and Training Team Specialist
Hours	6 hours
Audience	Child Welfare Caseworker

Responding to Human Trafficking:

Number of OCFS Trained: 93

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 of OCFS Trained: 88

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

Social Work Ethics:

Number of Staff Trained: 102

This training is for staff who are conditionally licensed social workers and are required to be licensed to maintain their employment with the Department. This six-hour Ethics for Social Workers is required for all Social Workers within DHHS who hold conditional licenses as a requirement for their employment in the Department. The program will explore the NASW Code of Ethics, in particular, the Core Values as articulated in the code and the Ethical Responsibilities of Social Workers. A decision-making model will be shared for guidance when the decision to be made is not clear cut or where values may be in conflict. During these times, a model to help analyze and resolve the dilemma can be very useful.

IV-E Eligible	YES (50%)
Venue	Zoom
Delivered By	Policy and Training Program Specialist
Hours	6 hours 1 in Person, 7 Zoom
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Structured Decision-Making Case Reading Tool:**Number of Staff Trained: 90**

This training introduced management and supervisors to the SDM Case Reading Tools:

Intake Case Reading Tool

Safety & Risk Case Reading Tool

Permanency Case Reading Tool

Supervisory child safety intervention case reading involves the detailed reading of a small, random sample of documented cases for a specific set of criteria. This tool enables supervisors—who understand the strengths and needs of workers within their team but rarely have time to review each written

case in detail—to serve as evaluators and, more importantly, as clinical mentors for their staff, to increase systematic, objective appraisal of knowledge and skills within and across child welfare practice. To support workers' integrated use of SDM® assessments and to enhance engagement practices with families. Identify opportunities for learning and identify examples of excellence and areas in need of improvement.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	National Council on Crime and Delinquency (NCCD)
Hours	½ Day Each Tool Training Offered 1X
Audience	Intake Supervisors, Child Protective Supervisors, Permanency Supervisors, Program Administrators, Assistant Program Administrators, Regional Associate Directors, QA Staff and Policy and Training Team Specialists.

Structured Decision-Making Case Plan Tool:**Number of Staff Trained: 427**

This training introduced staff to the SDM Case Plan Tool. Participants gain an understanding of when and how to use this tool to evaluate the presenting strengths and needs of a family and how to plan effective service interventions

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	½ Day offered 14X
Audience	Child Protective Caseworkers, Supervisors, Permanency & Adoption Caseworkers, Supervisors, Program Administrators and Assistant Program Administrators, Regional Associate Directors, Youth Transition Workers & QA Staff.

Structured Decision-Making Reunification Tool:**Number of Staff Trained: 220**

This training introduced staff to the SDM Reunification Tool. Participants gain an understanding of when and how to use the tools four parts to evaluate risk, visitation compliance, and safety issues; describe permanency plan guidelines; and record the permanency plan goal and case status and how to use the results to inform decision making around permanency placement recommendations and to guide decision about whether or not to reunify a child.

IV-E Eligible	YES
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	½ Day Offered 7X
Audience	Child Protective Caseworkers, Supervisors, Permanency & Adoption Caseworkers, Supervisors, Program Administrators and Assistant Program Administrators, Regional Associate Directors, Youth Transition Workers & QA Staff.

Structured Decision-Making Risk Reassessment Tool:**Number of Staff Trained: 196**

This training introduced staff to the SDM Risk Reassessment Tool. Participants gain an understanding of when and how to use this tool to evaluate whether risk has been reduced sufficiently to allow a case to be closed, or whether the risk level remains high and services should continue by evaluating whether the families behaviors and actions have changed as a result of the family plan.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	½ Day Offered 6X
Audience	Child Protective Caseworkers, Supervisors, Permanency & Adoption Caseworkers, Supervisors, Program Administrators and Assistant Program Administrators, Regional Associate Directors, Youth Transition Workers & QA Staff.

Structured Decision-Making Refresher- Investigations:

Number of Staff Trained: 11

This training will offer participants a refresher of the Structured Decision Making (SDM) tools used during a Child Protective Investigation. It will provide an overview of the CPS Investigations Policy and when and how the SDM tools should be utilized. It will include take 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 will also discuss the decision regarding whether a family should be opened for services and how to document the decision.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	1 day offered 3X
Audience	New Child Welfare Caseworkers and any staff that want a refresher on these tools.

Structured Decision-Making Refresher- Permanency:

Number of Staff Trained: 65

This training will offer participants a refresher of the Structured Decision Making (SDM) tools used primarily in permanency to help guide the ongoing work with children and families. It will provide an overview of the 3 SDM tools used in permanency and when and how the SDM tools should be utilized to help guide decision making. It will include taking a closer look at the SDM tools as well as providing the participant with a case example and opportunity to apply the case information to the tools. The training will also illustrate how the tools help identify the priority needs of the parents/caregivers and children that will be addressed and assessed and evaluate progress of the family in order to guide reunification and case closure decisions.

This training is ideal for staff, including new caseworker staff, who wish to take a deeper look into the SDM Permanency Tools and understand how these tools prompt and guide the work with children and families.

IV-E Eligible	YES (75%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	1 day Offered 5X
Audience	New Child Welfare Caseworkers and any staff that want a refresher on these tools.

Substance Use Disorders: A Key Issue in Child Welfare:

Number of OCFS Trained: 43

This course is designed for those just starting their journey with the Maine Office of Child and Family Services and is one of the modules that make up the foundational training for new caseworkers. It is essential as a child welfare worker that you understand the basics of this topic as it is correlated with child abuse, neglect, and underlying trauma. In your child welfare role, you will work hand in hand with families to assist in their case plans as well as concurrently assuring child safety. This course will cover the key issue of substance use disorders and explore the cultural considerations that arise.

IV-E Eligible	YES
Venue	On-Line (Went live Sept/Oct 2020)

Delivered By	Justice Planning and Management Associates	
Hours	1 hour	
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators	

Supervisory Academy-Putting the Pieces Together:

Number of Staff Trained: 19

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-V Eligible	YES (50%)
Venue	Zoom
Delivered By	Policy and Training Team Specialists
Hours	3 Three-day modules offered over 12 months
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

The Maine Face of Human Trafficking:

Number of OCFS Trained: 96

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 OCFS Trained: 96

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

OCFS TRAINING PLAN

Projected Trainings for 2021:

Family Team Meetings- Engagement & Facilitation

Family Team Meetings- Policy

Family First – Service Array

Difficult Conversations

Staff Safety

Documentation