

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

Office of Child & Family Services

State of Maine

Annual Progress & Service Report

FFY 2023



Table of Contents	Page
State Agency Administering the Program	3
Collaboration	4
Assessment of Performance	9
Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes	117
Child and Family Services Continuum	156
Current Services to Support CFSP Goals	166
Populations at Greater Risk of Maltreatment & Services for Children Under Five	175
Efforts to Track and Prevent Child Maltreatment Deaths	178
Services Offered Under PSSF	179
Monthly Caseworker Visits	181
Adoption Incentive	182
Adoption Savings	182
Inter-Country Adoptions	182
Consultation and Coordination between States and Tribes	183
Financial Information	188
Appendix A- Child Abuse Prevention Treatment Act	193
Appendix B- Chafee	273
Appendix C- ETV	291
Appendix D- Foster & Adoptive Parent Diligent Recruitment Plan	292
Appendix E- Health Care Oversight & Coordination Plan	298
Appendix F- Disaster Plan	306
Appendix G- OCFS Training Plan	313

Introduction of Maine 2020-2024 CFSP

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

- Data collected from Maine Child and Family Services Reviews 2009-2018.
- ACF Data Profile January 2019.
- CFSR Maine Final Report 2017.
- Recommendations from the Maine Child Welfare Advisory Panel.
- Priorities of the Office of Child and Family Services Director and Associate Director of Child Welfare Services.
- 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 IV-B programs under the 2020-2024 CFSP.

OCFS is one organization that is part of the larger community working toward a system of care that is child-centered and family-focused with the needs of families and children dictating the array of services needed in Maine.

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>

The State of Maine FY23 APSR will be located on the State of Maine Website accessed by the following link:

[Child Welfare Reports | Department of Health and Human Services \(maine.gov\)](#)

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 individuals who are homeless, 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 future involvement.

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, 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.

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.

In 2021, MCWAP held all 10 of its scheduled meetings over a virtual platform, including a full-day planning retreat in September. A primary focus of MCWAP's work in 2021 centered around improving the Panel's processes for citizen engagement and feedback. Additionally, the Panel continued to clarify its role as a separate entity from OCFS.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2021 Annual Report is attached as Exhibit A.

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 targeted to address the identified 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 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 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: motor vehicle accidents, gunshot wounds, failure to thrive, and abusive head trauma. 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.

Moreover, at several points throughout the year, the Panel hosted guests from various disciplines to present on certain topics relevant to the Panel. The topics explored by the guest experts included ingestion trends, failure to thrive, OCFS practice changes and Maine's Family First Initiative. In 2021, All CDSIRP meetings were convened via a virtual platform.

The Maine Child Death and Serious Injury Review Panel 2021 Annual Report is attached as Exhibit B. the Maine CDSIRP Multi-Annual Report (2017-2022) and OCFS response can be located here:

<https://www.mecitizenreviewpanels.com/child-death-and-serious-injury-review-panel/>

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: These learning opportunities seek to improve front-line partnerships among OCFS and community-based providers, to help front-line staff build relationships 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.

Youth Leadership Advisory Team (YLAT): Administered 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. YLAT offers low barrier youth leadership opportunities across the state through monthly YLAT meetings and the annual Teen Conference.

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.

Throughout the Pandemic, YLAT meetings and the annual teen conference occurred through a combination of virtual platforms and in-person meetings during warmer weather.

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. More

recently, members of the Executive Management Team have begun meeting with representatives of this group to discuss the current utilization of treatment foster care resources.

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 reviewed 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 included 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 will be discontinuing the current contracts for these services, effective June 30, 2022 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):

As part of implementing the federal Family First Prevention Services Act (FFPSA), OCFS has pivoted to supporting and implementing evidence-based prevention program services, as 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, 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 focused on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*. The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system.

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 was to provide Parent Partner support to eligible families in York and Cumberland Counties. These families were 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 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.

The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system. In partnership with the Muskie School of Public Policy at the University of Southern Maine, OCFS has established two Family Engagement Specialist Positions. Candidates for these positions will have lived experience with the child welfare system and will be members of the team that works at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs. These two positions will build a larger network of participants with lived experience and also will also participate on the Maine Child Welfare Advisory Panel.

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. Increasing the length of the ICWA training for OCFS staff from 3 ½ hours to a full day training was also postponed. In 2021, 6 ICWA trainings were offered virtually with 121 people participating. 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, Muskie 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.

Maine Judicial Branch (MJB)/OCFS/AAG Collaborative- OCFS and members of the Court Improvement Project (CIP) meet on a consistent basis to discuss progress and barriers to the PIP. In 2021, the ACF conducted stakeholder interviews via remote platforms with several groups. Included in the stakeholder interviews were members of the CIP team as well as representatives for the Child Protection Division of the Office of the Assistant Attorney General.

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 4/1/21-3/31/22
1 Timeliness of initiating investigations of reports of child maltreatment	84.2% Strength	65% 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 2021, the Management Report data reflects that on average Maine met the 24-hour timeframe of contact with all alleged victims in 88% of the reports received, an improvement from CY's 2020 and 2019 averages of 84% and 75% respectively. In CY 2021, the Management Report data reflects that on average Maine met the 72-hour time frame in 77% of the reports received, also an increase from CY's 2020 and 2019 averages of 71% and 63% respectively.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Performance was slightly higher in this item for foster care cases (73% strength) compared to in-home service cases (72% strength).

Strengths:

- Caseworkers attempt initial contacts upon receipt of assignment of referral, no delays in making the initial attempts.
- Efforts made to make timely initial contacts despite the parent's avoidance, i.e., returning to the home every day after an unsuccessful first attempt, contact with law enforcement for additional information, and making unannounced visits to the known relatives of the parent.
- Caseworkers make contact within the established timeframes on both open service cases and foster care cases when an additional report is received. In several of these cases the response was within a few hours of receiving the report.

Challenges

- When caseworkers do not make initial attempts to meet a family quickly, they have little time left if those initial attempts are unsuccessful.
- Service cases that involved ARP reflected the timeframes not being met for reasons outside of the agency's control. This included, in one case, the agency reaching out not attempting initial contact until the third day and then deciding to wait for the parent to reach out to the agency. In this case the mother did not do this, yet the agency waited an additional 3 days to try to contact the mother again.
- Reports received on Friday mornings or prior to a long holiday weekend and decisions made not to initiate contact that day which leaves little time to meet the timeframe on the next business day.
- In one foster care case, a report was received however the worker was on vacation and the decision was made not to assign the response to another worker. At the time of the review, the worker reported an appointment had been made to see the child but that would have 22 days following the receipt of the report.

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.

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 Maine 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 4/1/21-3/31/22
2 Services to family to protect children in the home and prevent removal or re-entry into foster care.	50% Strength	36% 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 2022) reflects that Maine demonstrated significant progress between the 18B19A and 19A19B period frame in this measure. The current re-entry rate is 8.5% which is statistically no different than the national performance standard, the prior report on this measure was 13.6%.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Performance was higher in this item for foster care cases (40% strength) compared to in-home service cases (0% strength).

Strengths:

- Agency taking appropriate and necessary step of removing children from care of parents due to significant substance abuse and domestic violence. In those cases, there were not sufficient services that could have been implemented quickly to mitigate the safety concerns for the children.
- Agency taking prompt action in foster care cases when the parents have not sufficiently engaged or made progress in reunification efforts have another child. The agency filed for immediate removal of the infants in several of the cases reviewed.
- 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:

- Record reflected safety concerns were discussed however not addressed either through appropriate safety planning or service provision. Examples include significant domestic violence and batterers remained in the home, inadequate housing/living conditions that could have led to child injury, parental mental health/suicidality with no plan following mother's psychiatric hospitalization as to her level or nature of contact with her children following the event.
- Safety planning parent out of the home due to safety concerns however not then providing that parent with intensive services to address the issues leading to the removal from the home.

- In one case, the father was safety planned out of the home due to substance use however the agency didn't arrange for more intensive substance abuse treatment as part of that plan. Within a month the agency learned the father was in the home again which ultimately led to the children being removed.
- The agency relying on Safety Plans to mitigate safety threats however not also providing safety related services such as intensive in-home supports to the family to prevent removal of the children from the home.
- Multiple day gap in responding to allegations made from a collateral contact concerning abuse by significant other of parent.
- Trial home placements occurring despite continued concerns that parents did not demonstrate that they had mitigated the need for removal. In one case involving a serious injury to an infant, no safety related services were provided to the parents and the child was returned to the home without the parent's clear demonstration that they had mitigated the need for removal.

Due to the impact the COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **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). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time, will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

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

Item 3 Maine 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 4/1/21-3/31/22
3 Risk and safety assessment and management.	40% Strength	25% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Performance was higher in this item for foster care cases (34% strength) compared to in-home service cases (16% strength).

Strengths:

- Agency assessing risk and safety as it relates to child home environment, placement, and visits with parents.
- In 15% of the cases reviewed safety concerns related to the child in foster care during visitation with parents/caregivers or other family members were apparent, an improvement in practice from the last Assessment of Performance report period.
 - 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 if/when appropriate.
- In cases of nonverbal and/or developmentally delayed young children, the agency engaged in ongoing assessment of child safety through observations of children with caregivers and contact with providers involved with the family including medical, educational, and childcare.
- Caseworkers obtaining information from collateral contacts in their assessment of safety and risk, including the involved relatives and school officials.
- In 9% 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, an improvement from the last Assessment of Performance review period.
 - Ongoing assessment of how the child was doing in the placement and ensuring any safety or risk factors were addressed quickly if any were present.

Challenges:

- In 30% of the cases reviewed it was apparent the agency conducted an initial assessment that accurately assessed all the risk and safety concerns.
- In 60% of the cases reviewed there were safety concerns that were not adequately or appropriately addressed, this is an improvement from the last Assessment of Performance review period.
- In 21% 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. It is noted that this is an improvement from the last Assessment of Performance review period.

- Safety Plans in place but no follow up to ensure that the plans are being followed. In some instances, the time limited plan was in place however there was no further face to face contact with the family or in the home until after that time had expired even when that contact was part of the plan. In addition, there were examples of the agency not having fully assessing the identified person who will monitor the safety plan to ensure that person has the capacity to do so.
- In 28% of the cases reviewed it was apparent that the agency conducted ongoing assessments that accurately assessed all the risk and safety concerns, an improvement from the last Assessment of Performance review period.
 - Frequency and quality of contact with children and parents impact the ability to conduct ongoing safety and risk assessments. There were several cases where the children were just observed but not interviewed separate from the caregivers or siblings
 - Lack of thorough assessment of parental mental health, substance use and domestic violence. This includes not contacting collateral contacts the parent(s) may be working with in relation to these areas.
 - Lack of full assessment on others who become the alternative caregiver for the child(ren).
 - Not fully assessing new members to a household, i.e., boyfriend/girlfriend of the primary parent.
 - Lack of assessment of the home, concerns and contact with providers during the trial home placement phase.

The data reflects that Maine is challenged in preventing recurrence of maltreatment. The most recent ACF Data Profile (February 2022) reflects that Maine demonstrated a continued decline of performance in this measure. Maine's current recurrence of maltreatment rate is 16.3%, statistically worse than the national performance standard (**9.5% or below**). It is noted that Maine's decline in this area has been observed since FY 2016/2017 (12.8%), FY 2017/2018 (13.2%), FY2018/2019 (15.0%).

The February 2022 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 comparison between the FY 2018/2019 and FY 2019/2020 recurrence of maltreatment rate.

	FY 2018/2019	FY 2019/2020
York	18.0%	17.7%
Kennebec	17.8%	13.6%
Penobscot	13.6%	18.4%
Androscoggin	12.3%	14.8%
Cumberland	9.2%	9.5%
Somerset	8.8%	7.7%
Aroostook	6.2%	7.5%
Hancock	5.3%	5.0%
Knox	5.1%	4.8%
Washington	3.7%	1.1%

The data reflects that 60% of the counties had recurrence of maltreatment rates that met or fell below the national performance standard. The data also reflects that in 60% of the counties there was improvement in the recurrence of maltreatment rate however, the rate of decline in the remaining counties resulted in the statewide decline in performance.

Due to the impact the COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **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). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

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

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) Maine 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 4/1/21-3/31/22
4 Stability of Placement	75% Strength	80% 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 2022) reflects that Maine continues to meet the national performance standard related to stability of placement. The current rate (21A21B) is 4.37 which is a slight drop from Maine however still under the national performance standard of 4.44.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Multiple cases where the only placement child had during the review period was stable and willing to provide long term permanency if/when reunification as was not successful. This included relative and non-relative placements.
- If/when a child moved, the move was done to meet the permanency goals of the child, i.e., moving to an adoptive placement.
- Many cases where the initial placement was with unlicensed relatives who were then able to be licensed and ultimately provide permanency for the children in their care. Many of these relative providers indicated receiving a lot of support from the agency that helped in maintaining the stability and permanency of those placements.

Challenges:

- Children with multiple placements in part due to lack of assessment/matching between placement and child needs.
- Children placed with relatives who are unable to manage the behavioral needs of the children which ultimately led to disrupted placements.
- 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.
- Several cases with children having had multiple placement changes within a couple of months of entry into foster care. Reasons including placements only intended to be short-term and placed out of necessity due to lack of resources, high level of needs of children that are not known before initial placements but then are such that the providers are unable to manage and request the move.

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

Item 5: (Permanency goal for child) Maine 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 4/1/21-3/31/22
5 Permanency goal for child	80% Strength	50% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In 99% of the cases reviewed the permanency goal was specified in the case record.
- Use of concurrent planning with adoption, PG or OPPLA goals being established between 2-11 months of children entering foster care. There were several cases where the concurrent goal of adoption was appropriately established within 2 months of child entry into care.
- Goal of reunification established at the time child enters care.
- Timely establishment of OPPLA goal involving older youth and, in one case, the youth verbally expressed no interest in adoption.

Challenges:

- In 69% 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. This is a decline in performance from the last Assessment of Performance review period.
- Goal of family reunification inappropriate based on the case circumstances. Examples include continuing the goal from 10 months to 35 months following child entry into foster care despite parents not making progress towards meeting the reunification goal. In a couple of cases, this was prolonged even though the parents had significant history with the agency including previous termination of parental rights.
- In 49% of the cases reviewed, the agency filed a timely TPR before the period under review or during the period under review.
 - Documentation supports timely discussion with parent(s) regarding the need to file TPR however no further action. In one case, the court made a finding against the parents of abandonment however the TPR was not filed until 11 months later.
- One supervisor reported in her interview that she had been directing the caseworker to write the TPR for months, however the TPR was not written prior to that caseworker leaving the agency and the supervisor ultimately wrote and filed the TPR.
- Caseworkers reporting the delays in filing TPRs are due to workload issues.
- Delay in TPR hearings in part due to the Covid 19 pandemic.
- In 61% of the cases reviewed, the permanency goal was determined to be appropriate. This is a decline in performance from the last Assessment of Performance review period.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **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). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

In addition, the Maine Judicial Branch will continue to implement strategies related to a two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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

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 4/1/21-3/31/22
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	15% Strength

The ACF Data Profile (February 2022) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: Maine's performance was 32.4% and, although statistically worse than the national performance standard of 42.7%, the data supports that Maine is showing incremental improvement on this measure.

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, apart from York and Washington Counties who experienced a sharp decline in this area, experienced an increase in this measure since the last reporting period of 18A18B:

	17A17B Exit	18A18 B Exit	19A19B Exit
Androscoggin	33.1%	24.5%	29.6%
Aroostook	38.6%	16.5%	41.2%
Cumberland	22.7%	24.4%	24.8%
Hancock	22.7%	23.3%	50.0%
Kennebec	23.8%	20.7%	27.4%
Knox	38.5%	19.4%	33.3%
Penobscot	26.8%	34.0%	38.3%
Somerset	58.8%	41.5%	69.1%
Washington	31%	35.7%	10.0%
York	32.6%	28.6%	14.4%

- Achieving permanency between 12-23 months: Maine's performance was 37.9% and, although statistically worse than the national performance standard of 45.9%, there was a slight improvement from the prior reporting period.

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:

	19A19B Exit	20A20B Exit	21A21B Exit
Androscoggin	44.4%	35.6%	39.1%
Aroostook	33.3%	11.3%	41.0%
Cumberland	44.9%	43.7%	35.4%
Hancock	41.2%	31.3%	44.0%
Kennebec	59.3%	37.6%	40.2%
Knox	40.7%	48.8%	53.6%
Penobscot	68.4%	45.7%	45.5%
Somerset	40%	72.4%	33.3%
Washington	71.4%	56.3%	39.3%
York	36.4%	40.0%	35.8%

- Maine's performance on achieving permanency for children 24+ months is 35.5% which is statistically better than the national performance standard of 31.8%.

The permanency outcomes related to 12-23 months and 24+ reflected slight improvement in AFCAR period 21A21B (10/1/20-9/30/21). In February 2021, the revised Permanency Review Team process was implemented with one of the focus being those children who have been in care for an extended period. It was anticipated that this process would have a positive impact on these measurements and the data suggested that this is the case, and the plan is to continue the Permanency Review Team process.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Efforts to achieve permanency goal clearly documented, including placing children in homes willing to commit to being a long-term permanency placement if/when appropriate.
- Establishing and working on concurrent goals early in the case process, in one case 2 months following entry into foster care, more likely results in timely achievement of goal.
- Filing TPR petitions within 12 months of entry into foster care leads to timely achievement of an adoption permanency goal.
- In cases with reunification as the goal, the record and interviews reflected consistent contact and discussions with parents, providers, children, and other case collaterals to monitor the progress being made in services and visitation that would then lead to timely decisions regarding trial home visits or establishing another permanency goal.

Challenges:

- The goal of reunification remained the only goal well past the 12-month federal timeframe of permanency.
- Allowing parents who were not engaging in reunification services from the onset of the case additional time towards reunification when they begin to show effort several months after the child entered care.
- Delays in filing TPR led to delays in timely achievement of adoptions even in cases where the concurrent plan of adoption was established very early on in the case. In one example, filing of the TPR did not occur until the child was in care 18 months despite the parent actively using drugs and not having visited the child for a year at the point of the 12-month entry into foster care date. In this same case, the Courts had instructed the caseworker to file the TPR, but it took an additional 4 months for that to occur.
- Court: delays in obtaining hearing dates, in part due to COVID 19 closures and the need to prioritize jeopardy hearings over termination of parental right hearings. In at least one case, there was a delay in the parents' appeal of the TPR, taking 12 months for a decision.
- Lack of concurrent planning impacts timely achievement of adoption goals.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **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) and **Strategy 2** (Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parent with lived experience with the child welfare system and will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs

In addition, the Maine Judicial Branch will continue to implement strategies related to the two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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

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) Maine 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 4/1/21-3/31/22
7 Placement with siblings	91% Strength	93% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In larger siblings' groups, efforts were demonstrated to place as many siblings 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 made 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.
- Lack of ongoing efforts to place siblings together due to the agency's belief that the children were doing well in their established placements and concern about disrupting those placements.
- When siblings enter foster care, 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 effective teaming with families and including the voices of youth in this process.

Item 8: (Visiting with parents and siblings in foster care) Maine 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 4/1/21-3/31/22
8 Visiting with parents and siblings in foster care	58% Strength	47% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 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 and transitioning to unsupervised.
- The agency utilized video technology to ensure contact between the children and parents if face to face visits were not possible.
- Siblings having visits outside of family visits with parents, even in cases where there are multiple siblings.
- The agency utilized the child's resource parents and clinical supports to develop strategies to strengthen the quality of contacts between the child and parents.

Challenges:

- In 24% 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. A slight improvement from the prior Assessment of Performance review period
- In 38% 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. This is an improvement from the prior Assessment of Performance review period.
- In 26% 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. This is an improvement from the prior Assessment of Performance review period.
- In 25% 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. This is an improvement from the prior Assessment of Performance review period.
- In 45% 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. This is a decline from the prior Assessment of Performance period.
 - Cases with no contact between the child and siblings.
 - Cases where the barrier to contact between child and siblings were not addressed such as leaving the contact up to the resource parents however not follow up with them once it is learned visits are not occurring.
- In 42% 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. This is a slight decline from the prior Assessment of Performance period.
 - Contact between visits only occurred during ~~the~~ weekly visitation with the parents and no additional visits provided. If visits with the parents were cancelled, the contact between the children did not occur.
- Factors impacting overall quality of visits include:
 - Agency not following up when learning about difficulties the parents or children were having in the visit. For example:
 - Child reported not feeling as though the parents had enough time to connect with him during the visits due to the siblings needs yet this wasn't addressed by the agency.
 - Father engaging in behavior during the visit including nodding off, this behavior was unaddressed.
 - Father, an identified batterer, engaging in Facetime with mother during his visit with the child and not attending to his child. This was unaddressed.
 - Conflict between mother and child during visits was left unaddressed and the behavior increased over time.
 - In cases involving unsupervised contact between children and parents, the agency is unaware as to what activities take place during the visit and unable to reflect on whether the quality of the visits meets the needs of the family.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**: (Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. The Family Engagement Specialists are parent with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs

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

Item 9: (Preserving connections) Maine 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 4/1/21-3/31/22
9 Preserving connections	85% Strength	42% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In 91% 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 the child's parents and extended relatives allowing for more frequent visits supervised by foster parent, i.e., holiday, birthdays as well as supporting phone contact for children and their relatives.
- In cases where the child may not have had a relationship with one side of the family, the agency made efforts to build those relationships to support the child.
- Connections maintained between children and their siblings who were adopted by other families.

Challenges:

- In 42% 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). This is a decline from the prior Assessment of Performance review period.
- Record identified that the child is Native American however the caseworker is unable to speak to exploration around the child's heritage or to confirm that this is accurate and make the appropriate notifications to the Tribe.
- 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.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**: (Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie Institute, University of Southern Maine (USM) to create Family Engagement Specialist positions. Candidates for these positions are parents with lived experience with the child welfare system. They will be members of the

team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

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.

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 4/1/21-3/31/22
10 Relative Placement	87% Strength	63% Strength

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the CY 2021 relative placements as a percentage of the population ranged from 41% to 43%, averaging 43% which was up from CY's 2020 and 2019 averages of 42% and 40% respectively.

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In the cases reviewed with the children placed with a relative, 85% reflected that this was a stable and appropriate placement, down slightly from the prior Assessment of Performance review period.
- 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).
- Exploring both maternal and paternal relatives consistently throughout life of the case. This included sending notifications and following up with phone calls.
- Placement of an infant child with adoptive parents of sibling who would be considered relatives based on the adoption.

Challenges:

- In 41% of the cases reviewed, concerted efforts were not documented related to identifying, locating, informing, and evaluating maternal relatives for potential placements for the child. This is an improvement from the prior Assessment of Performance review period.
- In 35% of the cases reviewed, concerted efforts were not documented related to identifying, locating, informing, and evaluating paternal relatives for potential placements for the child. This is an improvement from the prior Assessment of Performance review period.
- Sending notifications to some, but not all, relatives that were identified.
- Significant gaps between entry into foster care and the agency completing the search for extended family members.
- Exploration of relatives end at the grandparent level versus looking further for relatives if/when grandparents aren't available to be a resource, i.e., aunts, uncles etc.

- Placements occur with relatives that eventually become unstable however the agency doesn't continue ongoing exploration for relatives who might be able to become permanent placements for the children after the initial relative placement.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**:(Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Services, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

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

Item 11: (Relationship of children with parents) Maine 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 4/1/21-3/31/22
11 Relationship of child in care with parents	64% Strength	47% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Parents were invited/encouraged to attend medical appointments and school activities and were often provided transportation to support this involvement.
- When parents were unable to attend events or appointments, they were provided an update on the appointment, outcome, next steps etc.
- Foster parents supported parent involvement in appointments/activities including special events and visits such as birthday, holidays etc.

Challenges:

- In 57% 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. This is an improvement from the prior Assessment of Performance review period.
- In 55% 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. This is an improvement from the prior Assessment of Performance review period.
- Lack of efforts to locate, engage or inform the parents as to the child's appointments or activities.
- Lack of ongoing efforts to support, promote and maintain the relationships between the child and parents particularly as permanency goals changed. In some cases, the children were clearly articulating the desire to maintain those relationships.
- Lack of continued engagement with both parents if/when the parents separated. One parent seemed to be identified as the primary contact and the other parent was not provided information specific to child appointments or activities or additional contacts for special events with the children.
- Lack of efforts to support strained relationships between children and parents through therapeutic intervention.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**: (Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff

the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

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

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) Maine 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 4/1/21-3/31/22
12 Needs and services of child, parents, and foster parents	68% Strength	12% Strength
12A Needs Assessment of Children		32% Strength
12B Needs Assessment of Parent(s)		10% Strength
12C Needs Assessment of Foster Parents		55% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Ongoing assessment of children's needs were evident in the record through interviews with children, parents, resource parents, GAL's, and other collateral contacts. In these cases, the workers were timely in addressing the identified needs and following up when issues were brought to the caseworker's attention.
- For nonverbal children observing them with their caregivers even when the parents are not living in the same home - seeing the child in each home.
- Use of frequent provider meetings by the agency used to ensure ongoing assessment of needs of the family even in cases where the family was refusing to engage.
- 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.

Challenges:

- In 39% of the cases reviewed the needs of children were assessed, addressing those needs in 32% of the cases.
 - Children's needs not assessed/addressed despite the behavior impacting the others, including siblings, in the home.
 - Lack of documentation related to working with children specifically to prepare them for adoption, i.e., life book work.
 - Not assessing or addressing all the needs of children in service cases when there are multiple children in the home.
- In 25% of the cases reviewed the needs of mother were assessed; addressing those needs in 19% of the cases; in 17% of the cases reviewed the needs of father were assessed; addressing those needs in 17% of the cases.

- In cases with parents who have significant others, lack of documentation of assessing and addressing their needs despite their role with the children, i.e. providing care.
- The lack of quality and frequent contact with the parents and children impact conducting ongoing assessing of needs and service provision.
- In 65% of the cases reviewed the needs of foster/pre-adoptive parents were assessed, addressing those needs in 40% of the cases.
 - Lack of support when resource parents are verbalizing having challenges managing the behavior of foster children, despite concerns of placement disruption.
- 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 and children both in service cases and foster care cases. In one case the relative provider stopped taking the child to the original counselor and the caseworker was not aware of this for an extended period of time.
- Several cases where the assessment of need was evident however there was a lack of providing services to address the identified needs.
- Waitlists for in home services impacted the ability to provide appropriate services once the need was identified.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**: (Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

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

Item 13: (Child and family involvement in case planning) Maine 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 4/1/21-3/31/22
13 Child and family involvement in case planning	55% Strength	14% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In cases involving parental resistance to agency involvement, the agency continued to make efforts to engage them in case planning through face-to-face contact and/or phone contact as well as ongoing contact with the parent/family formal and informal supports.
- Routine contact with children and parents to actively engage them in the case planning process.
- Consistent planning meetings that included providers and supports, as well as well as discussions during the face-to-face contacts with parents.
- In cases where a parent may be volatile and not appropriate to engage in a full FTM, using other opportunities to engage parent in case planning, i.e., phone calls and emails.

Challenges:

- Little to no contact with services providers for input as to how parents and/or children were progressing in treatment that could inform case planning.
- Lack of consistent contact with children and parents limiting case planning opportunities.
- FTM's not held at key times in the case, for example prior to trial placement or prior to case closure and no other opportunities evident to case plan with case members leading up to these events.
- In 29% of the cases reviewed it was evident that children were involved in case planning.
 - In both service cases and foster care cases there was a lack of engaging age and developmentally appropriate children in case planning either formally or informally.
- In 20% of the cases reviewed it was evident that mothers were involved in case planning; in 17% of the cases reviewed it was not evident that fathers were involved in case planning.
 - Planning with just one parent despite both parents having a role and responsibility for the children.

- In cases where there is a significant other with concerning history there is lack of planning with the parent around how that significant other could impact their ability to care for their own children. In one service case, the caseworker indicated she didn't assess the impact of the father living with his girlfriend despite the girlfriend having lost custody of her own children as the caseworker didn't believe he would be living there long. The father lived with this woman the entire time the case was open.
- Lack of planning with parents to address their service needs and addressing barriers that impact the parent's ability to access those services.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **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) **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**:(Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

In addition, the Maine Judicial Branch will continue to implement strategies related to the two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 4/1/21-3/31/22
14 Caseworker visit with child.	63% Strength	28% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Nonverbal children were observed in their environment including the interactions between those children and their caregivers. In addition, caseworkers were contacting medical or daycare providers for their perspective on how the child was doing in the home.
- Key conversations were evident during the contacts and included checking on the following:
 - Feeling of safety in the home.
 - How visitation was going for the child and parents.
 - Perspective/wishes related to permanency goals.
 - Child's medical appointments/needs.
 - Child's education.
 - Child perspective on services they were working with.
 - Child's medication if applicable.
- Increased contact with children during changes in the level of contact with parents including leading up to trial home placement with parents.
- During COVID restriction on face-to-face contact caseworkers reflected the use of video to connect with children, having children 'show' them the environment through moving the equipment around. In addition, caseworkers engaged with other collaterals to obtain input they had regarding the children.

Challenges:

- In 44% of the in-home service cases reviewed the frequency of contact met the expectations; in 81% of the foster care cases reviewed the frequency of contact met the expectations.
 - In service cases there were multiple gaps in months between contacts with the agency and child. In one case the children were part of the initial investigation but then not seen again for 3 months and then, following that, not again for 2 months.

- In service cases with multiple children, not all were consistently seen or interviewed.
- In service cases, children not being seen prior to the case closure to assess if there were any concerns the child had or regarding any planning for what could go wrong when the Department was no longer involved. In one case, the caseworker reported in her interview that the child was shy and ‘guarded’ and that she did not want to push the child (who was 12yo) beyond her comfort zone.
- 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:
- In a case involving ARP, a report was received that a child had small bruising on his upper thigh, however the contracted agency didn’t see that child until 2 weeks later.
- Children not seen during the 30 days that an initial written safety plan was in place.
- Caseworker not seeing child until a month after each report of the child being injured nor was there contact with medical providers.
- In 26% of the in-home service cases reviewed the quality of contact met the expectations; in 40% of the foster care cases reviewed the quality of contact met the expectations.
 - In service cases with nonverbal children the caseworker did not reach out to providers working with the family to obtain their perspective on how the family/child was doing in relation to child risk and safety.
 - For age and developmentally appropriate children, lack of documentation of conversations related to child safety, permanency, and well being needs.
 - Visits not consistently occurring in the child’s home, in one case the child was not seen in his foster home for 6 consecutive months.
 - Interviews with children often occurring with parents, caregivers, siblings, or others, present or nearby.
- In cases where caseworkers have left the agency without sufficiently documenting contacts made with children, it could not be determined through the record or interview with caseworkers the frequency or quality of the contacts.

Table 1 reflects the data pulled from the CY 2021 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, with a slight improvement reflected in the face-to-face data from CY 2020:

Table 1

District	Average % of Children Seen Face to Face (CY 2021)	Average % of Children Seen in the home (CY 2021)
1	96%	90%
2	86%	92%
3	95%	93%
4	97%	96%
5	97%	91%

6	95%	96%
7	96%	93%
8	92%	90%
CY 2021 Total Average	94%	92%
CY 2020 Total Average	93%	92%

Table 2 reflects data pulled from the CY 2021 Monthly Management Report related to the percent of monthly caseworker contacts with children identified as critical case members in open service cases, the data reflects a significant increase in performance between CY 2020 and CY 2021:

Table 2

District	Average % of Children Monthly in Open Service Cases Seen Face to Face (CY 2021)
1	85%
2	69%
3	77%
4	70%
5	80%
6	77%
7	78%
8	70%
CY 2021 Total Average	78%
CY 2020 Total Average	71%

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.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents;

and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

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

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 4/1/21-3/31/22
15 Caseworker visit with parent(s)	35% Strength	10% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- Meeting with parents alone in an environment conducive to open conversations.
- Case record and interviews with parents reflect the agency was having, at a minimum, monthly contact and if needed more frequent contact. Generally, contacts were in the home.
- Documentation reflected conversations with parents that 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, school, 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 contact. In one case it was clear the father was often hostile and aggressive, yet the agency caseworkers consistently made concerted efforts to keep meeting with him and trying to engage him and work through barriers.

Challenges:

- In 47% of the in-home service cases reviewed the frequency of contact with the mother met the expectations; in 28% of the foster care cases reviewed the frequency of contact with the mother met the expectations.
- In 21% of the in-home service cases reviewed the quality of contact with the mother met the expectations; in 19% of the foster care cases reviewed the quality of contact with the mother met the expectations.

- In 19% of the in-home service cases reviewed the frequency of contact with the father met the expectations; in 24% of the foster care cases reviewed the frequency of contact with the father met the expectations.
- In 17% of the in-home service cases reviewed the quality of contact with the father met the expectations; in 19% of the foster care cases reviewed the quality of contact with the father met the expectations.
- Lack of documentation of quality conversations with the parents related to why the agency was involved with the family, including brainstorming strategies to overcome some of the challenges presented by the parent. For example, in one service case a concern was substance use by mother but discussions with the mother did not consistently occur related to those issues, what her relapse plan looked like etc.
- Missing contacts in a record that cannot be verified through the CFSR interview with the agency worker as the assigned worker at that time left the agency and unable to fill in the gaps in the record. In a couple of cases the assigned caseworker was interviewed however unable to recall any details as to the contacts that were made that were not documented in real time.
- Not seeing parents as needed based on case circumstances which could be more than once a month. This was seen more often in services cases when safety plans were implemented yet parents were not seen for a couple of months impacting the agency's ability to ensure the plans were being followed
- Not meeting consistently with parent(s) in the home, often being seen in court, FTMs, office visits or during supervised visits between the parents and children.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**:(Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

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

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

Item 16: (Educational needs of child) Maine 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 4/1/21-3/31/22
16 Educational needs of child assessed and addressed.	95% Strength	53% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- In-home service cases in which the caseworker had monthly discussions with the parents and children related to the child's educational needs and what needed to be implemented to address any identified needs.
- Cases where 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 and caregivers, were having regular contact to monitor the educational plan, and making appropriate adjustments.

Challenges:

- In 38% of the in-home service cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
 - Concerns related to lack of timely assessment of identified issues leading to needs not being addressed in a manner that would impact child's educational growth.
 - Lack of documentation of contacts with school as part of the assessment of children's educational needs.
- In 20% 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 follow up to determine services to overcome identified barriers that were in place for children to receive the educational supports needed, i.e., transportation needs.
 - Waitlist for developmental services impacted timeliness of children having their needs met.
 - Children and their family struggling with remote learning however the agency didn't demonstrate efforts to support the family in obtaining the technology or skills to overcome the barriers associated with this challenge.

- In 66% of the foster care cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
 - Lack of ongoing assessment to determine if the services in place to address educational/developmental needs are appropriate and meeting those needs.
 - Limited or no contact with schools to assess and ensure the children's educational needs are being met even when the agency is made aware of academic challenges being experienced by the child.
 - 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. In some cases, services were discharged because child did not attend, and the agency was unaware due to lack of exploring with the caregivers and/or providers.
- In 57% 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.

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

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) Maine 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 4/1/21-3/31/22
17 Physical health needs of child assessed and addressed.	64% Strength	39% Strength

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

Strengths:

- In 60% 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 62% of the cases reviewed.
- In 57% 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 49% of the cases reviewed.
- Documentation reflects the agency caseworkers checking in with the foster parents regarding the children's medical and dental needs monthly and ensuring follow up referrals for specialists were completed timely to meet the medical and/or dental needs of the children.
- Service cases in which the agency workers were having monthly conversations with parents/caregivers of children to assess if medical/dental needs were being assessed and appropriately addressed.

- The agency ensured that appropriate medical and dental records were obtained by providers, including any known incident reports.

Challenges:

- In 45% 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 28% of the cases reviewed.
- In 34% 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 22% of the cases reviewed.
- In 47% of the foster care cases reviewed the information supported that the agency provided appropriate oversight over prescription medications to address physical health issues.
- Children with medical needs received further evaluation or specialist care, however the caseworkers do not follow up with the caregivers or providers to learn about the outcomes and next steps to address the recommendations from the provider.
- Children with high medical needs however the agency not aware of the medical history of the children or did not contact the pediatrician or specialist offices to determine if the needs of the child were being addressed appropriately.
- Lack of planning by the agency to ensure that the child's needs are being met despite knowing that the parents were struggling to do so on their own.
- OCFS made aware of concerns of children sustaining bruising however did not follow up with medical providers to ensure that the caregivers of the children responded promptly to the potential injuries to include follow up appointments if/when needed.

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

Item 18: (Mental/behavioral health of the child) Maine 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 CSFR Period 4/1/21-3/31/22
18 Mental/behavioral health needs of child assessed and addressed.	67% Strength	14% Strength

Analysis of the data of the Child & Family Services Reviews conducted from 4/1/21-3/31/22 found the following:

Strengths:

- The agency demonstrated stronger performance in assessing and addressing children's mental 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 identified.
- Caseworkers had routine conversations with the children regarding their engagement in clinical services.

Challenges:

- In 33% 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.
 - Gaps between assessing and ensuring the children’s needs were being addressed occurred as cases were transferred between caseworkers.
 - Lack of contact with providers at key moments in the case, i.e. child behaviors escalating as the case was moving towards termination of parental rights and the caseworker didn’t contact provider to explore if additional supports would be recommended.
 - Gaps of several months between when a mental health need is identified and addressed.
- In 33% of the foster care cases reviewed the information supported that the agency provided appropriate oversight on prescription medications to address physical health issues. This is an improvement from the prior Assessment of Performance review period.
 - There was a lack of documentation of caseworker contact with prescribing medical providers to conduct this oversight.
 - Child known to be prescribed medication to address mental health needs however no documentation as to what medications child was prescribed.
- In 14% 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 15% of the cases reviewed. Both reflecting improvement from the prior Assessment of Performance review period.
 - Children being seen by mental health providers in service cases however the caseworkers being unaware of children’s diagnosis, specific behaviors of concern or detail regarding the child’s treatment plan and progress towards goals.
 - Evaluations completed for children however the caseworkers did not follow up with the provider and families to ensure that the recommended services were put in place.

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

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) continued to readily identify the status, demographic characteristics, location, and goals for every child in foster care until it's sunset on January 18, 2022.

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 Development of the new Child Welfare Information System (Katahdin) began in April of 2020. The project included the development of Intake, Investigation, Case Management, Finance, Resources and Reporting modules. The build utilized resources from the Office of Information and Technology, Information Services, and Subject Matter Experts from the field to develop over 1,800 user stories, write and execute both interim and final user acceptance test scripts, pilot the new system and ultimately deploy the new Child Welfare Information System (Katahdin) which supports the ease of staff work flow, increases connections and meets state and federal requirements with final certification and the system coming online for business users on January 18, 2022.

Katahdin is able to readily identify for its users the status, demographic characteristics, location, and goals for every child in foster care. The system tracks and stores the data. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. The entry of demographics within Katahdin 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 Katahdin hourly.

Katahdin utilizes validation and system controls for data accuracy, as well as object, and entry requirements prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business processes of intake, investigation, cases, and resources. 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 monthly reporting and review.

Katahdin will have the capability of producing IV-E eligibility reporting, as well as financial reporting for foster care and adoption. This reporting will allow staff to verify inaccuracies, correct data errors, and/or identify system issues that need to be addressed. Staff can submit data fix helpdesk tickets for correction of data, in 2021 while still in MACWIS approximately 2,692 data fixes were completed. Between Katahdin go live on January 18, 2022 and the end of May 2022 there have been 589 data/defect fixes, and 3 enhancement release which included 22 enhancement application requirement tickets. 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 ongoing.

Before sunseting in January 2022 work on improving MACWIS for the year of 2021 included seven (7) certified deployments, and continued maintenance and resolution of issues with the application, as well as support for all new state and federal requirements.

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

Effective January 2022, the Office of Child and Family Services ended its contract with the University of Kansas for the use of the Results Oriented Management Reporting System effective when Katahdin went live. OCFS is working on developing several reports in Katahdin to be able to report out on the Federal measures related to Permanency, Re-entry, Placement Stability, and Safety while in Care. OCFS anticipates these report will be available by June 2022.

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 a challenge, and has instituted different protocols in an attempt to improve 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 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.

Since implementation there have been two targeted studies to determine if the new Plans were being developed according to policy. The results of these review were shared with the District Management Team.

In the spring of 2021, a sample of 119 cases were reviewed where the children had entered foster care either through a Preliminary Protection Order (PPO) or Jeopardy Petition (C2) between 1/1/21-3/31/21. This study specifically looked at the Plans being completed within the required 10 days following the PPO or C2 hearing. For those children who entered foster care through a PPO, there was also a review to determine if a FTM was held prior to the PPO as is the expectation. In summary:

- Family Plans were found in 67% of the case reviewed. The review found that in many cases the narrative reflected that a Family Plan was completed however it didn't become part of the record.
- Staff were consistently using the new Family Plan template.
- Of those Family Plans that were found in the record, 30% were completed on time – within 10 days of filing the PPO or C2.
- Of the Family Plans found in the record, 13% were partially completed. In those Plans, the content reflected what the department was expecting however the components specially related to what the family would be addressing were blank/empty. In the Plans there is the option to reflect whether the parent was willing or able to participate in the plan itself however neither option was checked so it could not be determined if the family was engaged in the planning process. There were also Plans that indicated in the section how the family was engaged for planning purposes, but the section related to the parent perspective was blank.
- In 52% of the cases reviewed documentation reflected that FTM's were held however narratives related to pre-removal FTMs being held were only found in 21% of the cases reviewed.

In the fall of 2021, 248 cases of children who entered foster care, either through a PPO or C2 between 4/1/21-6/30/21 were reviewed specially looking for compliance related to child welfare staff utilizing either the Preliminary Reunification & Rehabilitation or Rehabilitation & Reunification Plans within the required policy timeframes. In addition, there was a review to determine if child welfare staff were developing the Plan within a month prior to, or following, entry into foster care.

In summary:

- Staff are using both the Preliminary Reunification & Rehabilitation (Preliminary R&R) or Rehabilitation & Reunification (R&R) Plans templates consistently.
- Staff are demonstrating that they are developing plans for both the mother and father. If the parents were unwilling to engage in the Preliminary R&R Plans, the appropriate box was checked off in the plans themselves.
- Preliminary R&R Plans were documented in 50% of the cases reviews; of those 22% were completed within 10 days of a PPO or filing of a Jeopardy Petition.
- R&R Plans were found in 36% of the cases reviewed; of those 66% were completed within 10 days of a finding of Jeopardy.
- In 52% of the cases reviewed, FTM's were held within a month before or after the child was removed.
- Plans are sent by the caseworker for supervisor approval but are not approved by the supervisor for more than a month after the caseworker had submitted it.
- The study found what appeared to be confusion by caseworkers as to what plans to use. For example, a Preliminary R&R Plan was completed but then a R&R Plan was completed within a week of the earlier plan without there having been a court hearing or finding in relation to that second plan. In some cases, this was then followed up with a second Preliminary R&R Plan which seemed to be a replica of the first plan that was found in Event Tracking.

Data pulled from the case review process found the following strengths and areas of opportunity identified in case planning for the 4/1/21-3/31/22 reviews:

Strengths:

- In cases involving parental resistance to agency involvement, the agency continued to make efforts to case plan with the family through face-to-face contact and/or phone contact as well as ongoing contact with the parent/family formal and informal supports.
- Routine contact with children and parents to actively engage them in the case planning process.
- Consistent planning meetings that included providers and supports, as well as discussions during the face-to-face contacts with parents.
- In cases where a parent may be volatile and not appropriate to engage in a full FTM, using other opportunities to engage parent in case planning, i.e., phone calls and emails.

Challenges:

- Little to no contact with services providers for input as to how parents and/or children were progressing in treatment that could inform case planning.
- Lack of consistent contact with children and parents limiting case planning opportunities.
- FTMs not held at key times in the case, for example prior to trial placement or prior to case closure and no other opportunities evident to case plan with case members leading up to these events.
- In 29% of the cases reviewed it was evident that children were involved in case planning.
 - In both service cases and foster care cases there was a lack of engaging age and developmentally appropriate children in case planning either formally or informally.
- In 20% of the cases reviewed it was evident that mothers were involved in case planning; in 17% of the cases reviewed it was not evident that fathers were involved in case planning.
 - Planning with just one parent despite both parents having a role and responsibility for the children.
 - In cases where there is a significant other with concerning history there is lack of planning with the parent around how that significant other could impact their ability to care for their own children. In one service case the caseworker indicated she didn't assess the impact of the father living with his girlfriend despite the girlfriend having lost custody of her own children as the caseworker didn't believe he would be living there long. The father lived with this woman the entire time the case was open.
- Lack of planning with parents to address their service needs and barriers that impact the parent's ability to access services.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **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) **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in 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) and **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 2**:(Improve the frequency and quality of caseworker visit with parents). On December 21, 2021 OCFS was notified that this was approved.

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Policy, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

In addition, the Maine Judicial Branch will continue to implement strategies related to the two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 and 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 2022) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: Maine's performance was 32.4% and, although statistically worse than the national performance standard of 42.7%, the data supports that Maine is showing incremental improvement on this measure.
- Achieving permanency between 12-23 months: Maine's performance was 37.9% and, although statistically worse than the national performance standard of 45.9%, there was a slight improvement from the prior reporting period.
- Maine's performance on achieving permanency for children 24+ months is 35.5% which is statistically better than the national performance standard of 31.8%.

The permanency outcomes related to 12-23 months and 24+ reflected slight improvement in AFCAR period 21A21B (10/1/20-9/30/21). In February 2021, the revised Permanency Review Team process was implemented with one of the focus being those children who have been in care for an extended period. It was anticipated that this process would have a positive impact on these measurements and the data suggested that this is the case. The plan is to continue the Permanency Review Team process.

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.”

Due to the impact COVID-19 pandemic had in the state’s ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 1** (Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers).

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family’s needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Policy, University of Southern Maine (USM) to create Family Engagement Specialist positions. Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

In addition, the Maine Judicial Branch will continue to implement strategies related to the two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 2022 QA review of a 10% of children who entered foster care in 2020 found that initial permanency hearings occurred timely in 100% of the cases reviewed. In 95% of the cases reviewed it was found that the subsequent permanency hearings were held within 12 months of the prior permanency hearing. This was down slightly from the last two reporting periods, 99% and 95% respectively. In reviewing those cases with missed subsequent annual hearings it is likely due to documentation missing versus lack of hearing being held as Case

Management Conference were listed as scheduled for dates that would have led to the timely annual permanency hearing.

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

Item 23: Termination of Parental Rights

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

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

State Response:

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

In 49% of cases reviewed from 4/1/21-3/31/22 the agency filed a termination of parental rights petition before the period being review or in a timely manner during the review period.

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 2** (Strengthen child welfare practice through improving engagement with families and children involved in the child welfare system. and **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) and **Strategy 2** (Improve the frequency and quality of caseworker visit with parents).

Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

Additional action steps taken by OCFS to support engagement includes OCFS contracting with the Muskie School of Public Service, University of Southern Maine (USM) to create Family Engagement Specialist positions.

Family Engagement Specialists are parents with lived experience with the child welfare system. They will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs.

In addition, the Maine Judicial Branch will continue to implement strategies related to the two-year transformation zone for child protective cases involving children who have entered foster care to enhance parent and caregiver engagement at judicial reviews and permanency hearings.

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 and September of 2021, a total of 80 Court Orders, 10 per district office, were reviewed to determine if caregiver notifications were being filed with the courts prior to the hearing/review. In **95%** of the orders reviewed, Judicial Officers indicated that notice to caregivers was filed with the court.

The September study included a review of Macwis to see if the court notification for the identified Judicial activity was documented. Below you will find the results including the data that was found per district in relation to the court notifications found in Macwis.

	January 2021	September 2021	D1	D2	D3	D4	D5	D6	D7	D8
% of Judicial Orders reflecting confirming of DHHS filing of notification	90%	100%								
% of identified court notifications in Macwis	n/a	66%	100%	25%	75%	80%	100%	20%	80%	40%

Based on these

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

Due to the impact COVID-19 pandemic had in the state's ability to effectively implement its PIP strategies, OCFS requested a six-month extension of its CFSR Program Improvement Plan (PIP) implementation period which was scheduled to conclude on January 31, 2022 specific to **Goal 3** (Improve timeliness to permanency through improved engagement of, and communication with, all families, family supports, Court and community partners) and **Strategy 1** (Increase timeliness to permanency through improved engagement of and communication with parents and resource caregivers).

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 2015-2019 CFSP are provided, (2) has standards to evaluate the quality of

services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

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

State Response:

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

- Historically, OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. OCFS maintains a unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each child welfare district. 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 conduct 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.
- In the spring of 2022 OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and

the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

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 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 child welfare information 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.
- 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. In January 2022 the new child welfare information system, Katahdin, went live as the replacement of the MACWIS program.
 - 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 is 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 was initially 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 (ERSF) model in Maine. 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 supported the commitment to strengthen the CQI process through a more focused monitoring of the implementation of strategies intended to improve outcomes. This additional support allows 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

there was the need 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 to improve 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*)

In 2019, OCFS entered into a new cooperative project with the Muskie School of Public Service, University of Southern Maine. 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 in the context of a workforce development framework. 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 Muskie 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 Muskie team sought to understand the strengths and areas for improvement in the current Foundations training. To do this, Muskie 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.

All new Child Welfare Caseworkers are required to complete trainings and activities that must occur within specific timeframes before they 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
 - Report of Injury
 - Infant Safety, Abuse Prevention and Unsafe Sleep Related Death Prevention

REQUIRED REGISTRY

- National Center Sign Up & Period of Purple Crying

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

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

Complete Foundations Training: This is a five-week training Monday through Friday with field experience days in each week. The Foundations training content and design continued to be revised by Muskie throughout 2021 and presented via zoom by Muskie trainers.

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

Once Foundations training is complete the Muskie trainers schedule individual one-hour meetings with the new worker and their supervisor via zoom. The Policy and Training Specialist assigned for that district also participates in these meetings. Topics 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 Database.
- 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, you will be working with families experiencing all types of dynamics. Some examples of these circumstances are: Physical Abuse, Sexual Abuse, Neglect, Emotional Abuse, Substance Abuse, Domestic Violence, Intellectual Disabilities, Mental Illness, Poverty, Middle and Upper-Class Families, Families with Extreme Beliefs, Lesbian-Gay-Bisexual-Transgender (LGBT) Families.

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

Skills Reflections:

- In their new role at OCFS, what are they most concerned about?
 - What do they think they will *like best* about this job?
 - What do they think they will *do best* in their new job?
 - What do they think the *most difficult* aspect of this job will be?
 - In order to keep working on their own growth in this job, what do they plan to do?
- Discuss the results of their Sensory Learning Styles Inventory taken during the Foundations Training and how they learn best.
 - Review Field Observation Feedback forms from the Assessment Simulation.
 - Facilitate conversation between new worker and supervisor asking:
 - As a new worker and thinking about all that they have learned what skills do they bring to this job?

- Given that everyone has biases and that it was discussed during training, what would be some that they carry with them and how do they plan on monitoring these biases when working with children and families? What role do they see their supervisor having in monitoring these biases?
- As a new worker how would their supervisor know that they are struggling with symptoms of secondary traumatic stress? What might their supervisor see for behaviors?
- What areas of the work do they think they would need more training/job shadowing on and what plan do they/their supervisor have on meeting those needs?
- Where are they at on the new worker checklist?
- How are things going now that they are back in their office?
- Do they have investigations/cases assigned yet and how is that going?
- Prior to ending the Post Meeting trainers facilitate a discussion between new worker and supervisor asking supervisor to discuss what their individual supervision with their workers looks like/what are the expectations. What do their unit meetings look like/what are the expectations.

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

- Job shadow 2 investigations (involving child interviews) and at least one monthly face-to-face contact of a child in DHHS custody or a service case (it is recommended that documentation of the interviews be completed by the new caseworker and reviewed by the supervisor).
- Job shadow a FFTM, and document the FFTM in the narrative window, using the FTM/FFTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing, 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 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 Katahdin records they are working on, and that all computer entries can be tracked as to their usage.

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

- Legal Training
- Introduction to the Indian Child Welfare Act
- Social Work Ethics (6 hour for those with a conditional Social Work License)
- Psychosocial Assessment (only for those with a conditional Social Work License)

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

- Conduct at least two investigations
- Job Shadow a jeopardy hearing

- Job Shadow a monthly face to face contact with a youth or their parents in a case with a goal of reunification
- Job Shadow a monthly face to face contact with a youth or their resource parent in a case with a goal of adoption (post TPR)

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

- Child Welfare Trauma Training Toolkit (Prerequisites: Completed Foundations Training and have at least 6 months of on-the-job experience)
- Children's Behavioral Health in Maine Training

To be coordinated by the supervisor:

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

In 2021, there were 6 rounds of New Worker Foundations Training conducted which included 132 child welfare caseworkers (10 were Alternative Response Program staff).

A survey was sent out to staff that 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:

• **Maine OCFS Foundations Training 2021**

March 2022¹

This document contains survey data from OCFS staff who participated in the OCFS-Muskie Foundations Training for new caseworkers in 2021. The purpose of this survey was to gather feedback from OCFS staff who completed the Foundations Training between January and December 2021 in order to understand more about their experience with Foundations, the effectiveness of the training, and reflections on the transition between trainee to caseworker.

A total of 132 people completed Foundations Training in 2021 over six sessions and 31 completed responses to the survey. Three responses were removed as they referred to specific examples from the training that began in January 2022; therefore, the final number of surveys analyzed was 28.²

The data is displayed in frequency tables below with the percent of respondents. Open-ended response questions are can be found in their original format.

Survey Demographics (n=28)

Month of hire at OCFS <i>n=28</i>		
Time period	n	%
Sep-Dec 2020	5	18%
Jan – Feb 2021	5	18%

¹ Survey distributed on 3/9/2022 and closed on 3/18/2022. Two reminders were sent during that time.

² Data on number of participants trained in 2021 who are still at OCFS is not exact, but estimated at about 105 (e-mail correspondence, 3/11/2022), which means approximate response rate of 27%.

March – April 2021	5	18%
May – June 2021	4	14%
July – Aug 2021	3	11%
Sept – Oct 2021	3	11%
Nov – Dec 2021	3	11%

Foundations Training Participation		
Month <i>n=28</i>		
Month (start)	n	%
January	4	14%
March	5	18%
May	5	18%
July	2	7%
September	5	18%
November	7	25%

Role at OCFS	
<i>79% of respondents reported working in the same role as when they started</i>	
<i><i>n=28</i></i>	
Permanency	54%
Assessment	39%
Adoption	7%
Intake	0%
Other	0%

Time in Social Work	
<i><i>n=28</i></i>	
Less than one year	29%
1-5 years	39%
6-10 years	18%
More than 10 years	14%

Number of Cases (current)	
<i>Staff reported a mean average of 9.6 cases.</i>	
<i>21% have 8 cases and 21% have 11 cases.</i>	
<i><i>n=28</i></i>	
6 or fewer	18%
7-12	68%
13-20	15%

Foundations

How helpful was Foundations Training in enhancing your skills on engaging with children and families?

n=28

Not at all helpful	7%
A little helpful	25%
Somewhat helpful	43%
Helpful	25%
Very helpful	0%

Please explain.

Foundations honestly didn't really prepare me for this work whatsoever

Foundations provided just that, the foundation to learn how to build connections and relationships. However, I would say foundations lacked in actual content that would help me fully engage with children and families. More content, role playing, simulation would be a great idea.

Foundations taught us how to be empathetic and sensitive to the needs of our families but nothing really about the responsibilities of being a case worker. For example, we have to do so much more legal prep than expected, we have to serve parents, prepare subpoenas/discovery/etc. We did not learn the mechanics of the job.

I believe it would've been more beneficial to have more field days and to separate permanency/investigations workers as I spent a lot of time learning about things that were not applicable to my role. I felt the "hands on" experience that I had in the field with various caseworkers was far more beneficial in preparing me for this job.

I came with great experience of engaging with children and families.

I don't really think it helped with building skills to engage children and families as it was more of an overview.

I don't struggle with engagement, that's one of my strengths.

I feel as though it helped me be more prepared when I went out into the field.

I feel like I need more in-depth of the legal aspect of our rights as workers and what is allowed to be said.

I feel that the caseworkers that came in to talk with us should have been more honest about the amount of work the job is and the potential stress levels.

It gave a rough idea, but I found a lot of stuff I didn't use until later and had to relearn it again.

It offered insight as to how we would be interacting with families.

It was a good intro.

I've learned much more with being in the office and in the field then I did in Foundations. I learn more through hands on then through lecture.

Little was taught about how to appropriately engage and get the information that needed in a small amount of time.

Much of the training reinforced the skills that I learned during my degree program.

SDM tool training was very thorough. Good overview of legal and policy, does not teach the day to day of the job, more of an overview, supervisors don't seem to know what Foundations covered

The mechanics they teach are great but being face to face with a child is not the same as practice with an adult. That said it was a great base to start from.

There needs to be more hands-on learning. This job is NOT what foundations made it out to be.

There needs to be more insight on trainings with unpredictable events that happen. Hospital coverage with kiddos with behaviors, or how to write a petition, or what to do with Kinship placements/assessments.

How well Foundations Training prepared you...

To do my job overall n=28

Not at all prepared	14%
A little prepared	43%
Somewhat prepared	39%
Prepared	4%
Very prepared	0%

How well Foundations Training prepared you...

To take on new assignments and/or newly assigned cases n=28

Not at all prepared	29%
A little prepared	50%
Somewhat prepared	14%
Prepared	7%
Very prepared	0%

How well Foundations Training prepared you...

To work with children and families on safety n=28

Not at all prepared	7%
A little prepared	39%
Somewhat prepared	18%
Prepared	32%
Very prepared	4%

How well Foundations Training prepared you...

To work with children and families on permanency n=28

Not at all prepared	11%
A little prepared	36%
Somewhat prepared	29%
Prepared	25%
Very prepared	0%

How well Foundations Training prepared you...

To work with children and families on well-being n=28

Not at all prepared	7%
---------------------	----

A little prepared	39%
Somewhat prepared	18%
Prepared	32%
Very prepared	4%

Please explain.

Again, I think foundations was more an overview of the system.
Foundations focused a lot on assessment and interviewing. It did not focus much on reunification and engaging people in that piece. As a permanency worker, I felt very ill-prepared to do my job or having an understanding of everything my job includes.
I feel like it was a good lesson on the overall position. I don't feel like I understood any of the day-to-day tasks in permanency. Huge focus on Investigations which is great if that's your job.
I feel very overwhelmed and not prepared for my cases right after foundations and the steps on what needs to be done.
I was very confident on interviewing skills but felt completely unprepared for the actual job. Referring for services, required tasks from start to finish on a case. Job shadowing would have been so much more helpful if a person was allowed to follow a couple of difficult cases from start to finish. Including a removal and assignment of services. This would allow a person to not only learn how to do it but also to enter the required data into the computer.
It doesn't seem like anything I learned can be applied to my job.
n/a
Nothing in foundations trains you for the things you will encounter in the field. I was given 2-3 reports a week for my few months and felt so unprepared to handle the work that was given to me. I see so many caseworkers come out of foundations unprepared and overwhelmed once they begin building their caseload. I believe it would have been more beneficial for me to spend more days observing other case workers, networking with others in my office, completing paperwork, making collateral calls, etc.
The complexities of documentation and policy/procedure were not explained in enough depth in order for me to be adequately prepared for field work. The legal aspects of the job were not explained in enough depth.
The job is just too complex to teach in a few weeks.
Very little focus on permanency.

During Foundations Training how well did you learn about the impact your biases have on the work you do? *n=28*

Not well at all	4%
Slightly well	7%
Moderately well	50%
Very well	36%
Extremely well	4%

Please explain.

Discussed the importance of recognizing biases quite a bit.
Focus was made on how to check our own feelings surrounding information and how they can sway our opinions.
I did learn to be aware of biases.

I feel like this is a skill everyone needs to understand before coming into this work.
I had bias training as part of my degree program; Foundations reinforced concepts that I was already very familiar with.
I know my own bias's but don't apply them to my job as it could impact a case.
it just reinforced what I already knew
Knowing my biases is helpful when I come up against them in the field and have to overcome them.
Many assumptions about biases that were not true.
N/A.
no comment
We discussed bias quite a bit which is helpful.

How would you rate the Foundations Training handouts and PowerPoints? $n=28$	
Poor	7%
Fair	43%
Good	43%
Excellent	7%

Please explain.

Incomplete information was provided continuously.
It was informative.
Just doesn't seem applicable. It would have been much more helpful to have intensive field shadowing- but that didn't happen either.
materials were provided and were adequate
N/A.
NA
never enough detail or examples particularly when it comes to adult interviews, SDM tools, Timelines, and court proceedings.
No complaints with the handouts. All great and I still use them.
Power points were okay
Some handouts and PowerPoints were helpful; however, an important handout is incorrect. Specifically, I am one year into doing this job and have recently realized the findings definitions (green laminated paper) has an incorrect definition. The finding definition for neglect-low/moderate states this finding can be made for a child who has not completed grade 9 and should read grade 6. This should be corrected for future Foundations trainings.
The materials were good, however I have not revisited them since completing the training.
they were not very informational

Skill Development

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

Simulations
Engaging with foster parents

Field days were the most helpful for me. Being able to watch other workers in the moment or do things on my own with another experienced worker with me was vital to my learning this job.
Field work experience was most helpful.
Good overview of the child interview process, good overview of SDM tools
How to ask questions
I liked the simulations and feedback
interviewing children
Interviewing children and adults was the most relevant. I would also say the field days were most useful to see different styles.
Legal training -ICWA
n/a
N/A.
None. I was completely unprepared on how to work cases, the expectations of obtaining information and how I or where I was supposed to get the information needed.
Practice with real parents. Guided instructions on how to navigate through Macwis (Wish it had been through Katahdin instead)
Role playing for assessments. Group work on situations that come up.
taking care of foster parents
The case flow charts have been helpful and I reference those quite a bit.
The interviewing skills was most helpful and made me almost immediately comfortable to perform one.
The mock interviews were helpful
The paperwork was helpful as we do use those tools.

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?

Being in the office for a bit first would help in understanding of things discussed during foundation
Better interviewing techniques, Better court preparation and training, better timelines of when things are due. I believe foundations should have a permanency and a investigations class and be separate. I felt I learned more about investigations work than I did permanency being a permanency caseworker.
Car seat training (seems silly, but many have voiced this as a need). More specific on how to write a legal summary and TPRs. Like when and how? The legal training would have been very helpful.
Court/Legal proceedings. PPO JEOPARDY C5 To do list when transferring an assessment for permanency Mock staffings More information on FTMs and why they're useful Go through assessment check list in Katahdin More information about placement, resource homes, levels of care, IAU reports, kinship assessments
field days should be better planned in collaboration with the Department supervisor
Give more time, do a check in around week 12
Hands on
having honest, real discussions with current case workers.
How to complete paperwork, we are overloaded with paperwork. Some type of training from the AAG's regarding what is expected of the caseworker.

I noticed that the group that just completed foundations reviewed things that were not done in the foundations training I was a part of.

I would try and better train someone how to use the computer system and I would break down job functions into different groups. I did not feel prepared to do my job after leaving.

Learning more about drugs and how they affect individuals. A lot of the cases are surrounded by drug use and that is one thing that I have no idea about and I have so many questions.

line up their shadowing days with actual shadowing opportunities. make sure they go to court and watch a TPR or a Jeopardy Hearing; that they are able to see an investigation

Meeting facilitation

More field days and hand on experience.

More in-depth legal training. Training on documentation and the completion of writing samples that can be reviewed and discussed. I only had 1 week of field work prior to starting Foundations; more field work would have been very helpful.

More practical use of Katahdin. More actual practice interviewing and note taking.

More strategies for engaging parents who are difficult to work with and who do not wish to work with the department.

Need to separate assessment workers and permanency workers. There was essentially nothing for information about court, not enough about MACWIS.

The majority of the expectations of the actual job is nothing like foundations. From the very basics of setting up your own cell phone (that was hell) to computer set up, learning how to use the recorder to trying to locate where to get a vendor code for travel forms then on to the data entry aspect of the job. I am unsure if everyone just assumes those are basic knowledge or what but personally, I think the computers should have a standard setup already installed and the phone should also be pre-setup. Getting all of those things done just added more stress to the new job and new expectations.

The whole training needs to be revamped. I learned nothing about permanency, and it's the most complicated field. Assessment is straightforward. The training BARELY touched on permanency, and that's a huge disservice to the field and families we work with.

to work with more "cases"

Trauma/behaviors in kids. How to not trigger adults or children in questioning and conversations.

Videos or guest speakers of employees NOT powder coating what their day looks like, but actually document and record, the day to really fully allow an immersive experience.

We need to spend more time on permanency related things, such as effect collateral contacts, how to build a reunification plan and what sorts of things should be included in those plans. It would have been more helpful to talk a little bit about the court process to supplement while many of us waited for legal training to happen but still had to do court things.

Who to contact when you get a case? Who can you and cannot talk to about the case. More on court!!

Learning and Support

I have had opportunity to observe experienced caseworkers in multiple settings. $n=28$

Strongly disagree	7%
Somewhat disagree	21%
Neither agree nor disagree	0%
Somewhat agree	43%

Strongly agree	29%
----------------	-----

I feel supported in my learning as a new caseworker.

n=28

Strongly disagree	7%
Somewhat disagree	21%
Neither agree nor disagree	7%
Somewhat agree	32%
Strongly agree	32%

I feel connected to my peers. *n=28*

Strongly disagree	0%
Somewhat disagree	14%
Neither agree nor disagree	4%
Somewhat agree	32%
Strongly agree	50%

I feel connected to my office. *n=28*

Strongly disagree	0%
Somewhat disagree	11%
Neither agree nor disagree	21%
Somewhat agree	35%
Strongly agree	32%

I feel supported by my supervisor. *n=28*

Strongly disagree	11%
Somewhat disagree	7%
Neither agree nor disagree	4%
Somewhat agree	21%
Strongly agree	57%

I have access to supervision. *n=28*

Strongly disagree	4%
Somewhat disagree	11%
Neither agree nor disagree	7%
Somewhat agree	11%
Strongly agree	68%

I feel supported by OCFS. *n=28*

Strongly disagree	4%
Somewhat disagree	21%
Neither agree nor disagree	29%

Somewhat agree	32%
Strongly agree	14%

I feel like I have a good work-life balance. <i>n</i>=28	
Strongly disagree	14%
Somewhat disagree	43%
Neither agree nor disagree	11%
Somewhat agree	11%
Strongly agree	21%

I have the resources I need to do my job. <i>n</i>=28	
Strongly disagree	14%
Somewhat disagree	21%
Neither agree nor disagree	21%
Somewhat agree	14%
Strongly agree	29%

I expect to be working at this agency in 5 years. <i>n</i>=28	
Strongly disagree	7%
Somewhat disagree	11%
Neither agree nor disagree	29%
Somewhat agree	18%
Strongly agree	36%

Please explain.

Have decided to go back to school to further my education and then switch careers from there.
I am happy that I have a great supervisor, Jennifer Lowell. She is responsible for half of my success so far. My team is amazing, helpful and patient with me even when they are busy.
I do not feel supported, I didn't have supervision for 5 months, and now I am drowning. It's horrible to wake up anxious for work every single morning because I do not feel my supervisor wants to lead or teach me anything. I am a burden.
I feel well supported by my supervisor and the other supervisors in my office. I feel supported by the other caseworkers as well, and I feel like we have a good group of folks that is willing to jump in and help each other out and that has been very encouraging. It sometimes seems like I do not have resources, as things seem to be scattered out and there isn't one central place to go for everything I need, however I do feel like I can ask for help in finding things and that I will be supported in finding them.
I wish that I was given a list of useful handouts, examples, etc. at the start of my job. I've slowly created a file of useful documents and examples to utilize but this was something I did not have available to me for several months. Things like: Things needed for a PPO, example letters, what is the bump list/how to look at it, where things are in the office, etc.
I would like to not be here, but I don't know what else I would do
It is not uncommon to be sitting in my car for 30-45 minutes waiting for a call back from my supervisor on a new case. My whole office, as I'm sure most offices, are predominantly new. When all of us are running to just one senior person in the office, it is overwhelming for not only that senior person but also everyone that is waiting their turn to ask them a question. It is

also not uncommon to not see the supervisor in the office....it's a ghost town...so there are new, mostly untrained in so many aspects, that have nobody to turn to even for the most simple questions. Also, to get a new case in the morning and as interviews are happening, you get another case...There are too many tasks for one person to do. It would help significantly if there was an admin assistant that could do the referrals, letters and medical requests as well as upload the court docs.

Nothing else

The caseload expectation is extremely high. The deadlines we are expected to make in relation to the number of cases on the caseload are unrealistic. The constant demand for after hours work (hoteling, CES) makes healthy work-life balance impossible and impacts office morale. It often feels as though there is a disconnect between front-line workers and corporate leadership. The training that we received for Katahdin was subpar and the current lack of consistency in the documentation process has added to the burden of the job. The lack of clerks/clerical staff also adds to the burden. High turnover of caseworkers in the office impacts morale and adds caseload/ER/CES burden as well.

Very little supervision or support from supervisor. Had to essentially find coworkers to shadow all on my own, have not had enough training in the field.

We are a dime a dozen, and we are treated that way. We get snippy answers from supervisors and honestly, I do not reach out to my supervisor because s/he typically is not kind in his/her responses. My peers are cliquey and I can feel it in what they support on teams forums. We are told to figure it out more than helped and guided but at the same time we are told that no question is stupid. It's not a supportive culture. Everyone is stressed out and no one has time or patience to help anyone new.

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.*

Access to support overall from upper management has not been good. I have switched from Permanency to Adoption which has been a bit better, however the expectations put on caseworkers without support is very draining and caused burn out for lots of case workers which is why turnover is so high. I believe strongly that there would be a much higher retention rate if supervisors were more supportive and helped ease the expectations caseworkers have, but that does not happen.

Everyone learns at different paces and through different experiences. I personally hate video conferences for things that should be done in person such as legal proceedings. Expectations for us are as high or higher yet for everyone that we are working with they get to have passes for missing deadlines.

expected to still work at home during covid isolation. Separated sick time and work time.

Experienced workers are not around or working out of the office, they are often too overwhelmed to train and mentor new workers

Hasn't had an impact

Honestly outside of doing remote for Foundations, I don't feel like COVID has impacted my experience too much. Other workers are not always around when I have questions since folks are working remotely. But once I build those connections it was easy to make quick phone calls to ask little questions and such.

I like working from home better than having to go to the office, so I say It's been positive for me to have that option. At the same time, clients are using COVID as an excuse to cancel appointments which is aggravating.

I started foundations during the pandemic everything was by zoom. My supervisor is in the office 1 day a week, not all my unit members are always there. Pandemic social work is hard. If we are dispatching from home and are called into the office, we should be able to count our time to the office. I live an hour away.

It has not.

myself and my family got covid during foundations and it was tough to attend training while sick and caring for my family, so I ended up missing a solid week of the course.

n/a

Not a lot of people in the office. I feel like a lot of people work from home still with the Covid restrictions being lifted. This is a very independent job. I do wish the team was at the office more.

not much now

The supervisors are hardly ever in the office. Plus, with so few coworkers, the workload is impossible.

There are few people in the office and our area is split between 2 towns, so it is hard to just walk around and ask questions when I need a quick piece of advice or instruction on how to do something. I am nearing my year mark and I still do not know all the things I need to do my job.

When I first began in August of 2021 there were not many people working in the office which made it difficult for me to network with other caseworkers, ask questions, etc.

When I first started it was difficult to get to know my unit and coworkers because of working remotely. Luckily my unit used Teams to keep me engaged and allow me to observe their interactions with clients (especially initial contact with an alleged abuser) ...this was very helpful.

Post-Foundations Training Experiences

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

50% of respondents reported that they have not yet completed all of the trainings yet.

n=22 (number who checked they had participated in any trainings; 6 people responded that they have not yet completed all of the trainings yet and did not rate any of the trainings)

ICWA training	55%
Working within OCFS	23%
Legal training	50%
Ethics training	27%
Technology/MACWIS/Katahdin	23%
Psychosocial training	5%
Children's behavioral health in Maine	14%

Please explain.

I enjoyed the story behind the ICWA training, and I have always enjoyed ethics. The examples allow you to relate to the topic.

The legal aspect of our job is HUGE and a LOT to take in.

Learning how to locate things and complete tasks in Katahdin is crucial as it's easy to fall behind or get lost.

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

n=22 (number who checked they had participated in any trainings; 6 people responded that they have not yet completed all of the trainings yet and did not rate any of the trainings)

Technology/MACWIS/Katahdin	55%
Legal training	5%
Psychosocial training	18%
Ethics training	9%
Working within OCFS	23%
Children's behavioral health in Maine	9%
ICWA training	9%

Please explain.

feel like it's information I already understand.

For being a whole day training, I didn't feel like I took much away from it. We talked about the genograms which was new, but also, I didn't see the benefit of using what very busy time I have to actually do one for my families.

I don't feel like I learned very much information for the length of training.

I feel the roll out of Katahdin should have been done in a more phased process so bugs and identified issues could be resolved before continuing. It was and still is a significant barrier to completing the tasks at hand and require so many more screens versus the old system. It was not a good change.

I was in the first group and we didn't go over anything for a permanency caseworker it was all about intake and assessments.

Katahdin training was poorly planned and poorly executed. Much of the training was incorrect or has changed since the implementation. The trainers were not able to answer most of the questions asked during the training, and we were told that the questions would be "put in the parking lot". It appeared as though the trainers had not adequately tested the system prior to training staff. The 2-day training was a complete waste of time and put me behind on my other assessment work, thus adding to the stress and pressure of the job.

Psychosocial was just a bit silly. I do not know how to use Katahdin still, and no one seems able to answer my questions. Bring back MACWIS. Despite the learning curve, Katahdin is not meant to work with cases- it is for individuals. We work with families. Katahdin makes an extremely difficult job even harder. I will not be surprised if people start quitting out of frustration.

We had not seen Katahdin before, so we didn't know what it was going to actually feel like when we needed to physically do our work. We are still learning everyday how to better understand the new system

ICWA

Have you ever had an ICWA case? <i>n</i> =28	
Yes	14%
No	86%

Anything else to add about experience as a new caseworker

Although supervisors repeatedly say that it takes 2 years to really learn this job when it comes down to it the expectation is that you should know the job even after just finishing foundations. Supervisors have talked about assuming that new caseworker know things and I don't think that should ever be an assumption.
Being a new caseworker is hard because the experienced caseworkers have a lot going on and as much as they want to help, they don't always have the time to support you. The supervisors are also not always available. It feels like our supervisors are only available when it is a "crisis"
I am hopeful that our new PA is going to provide the leadership this office desperately needs. My coworkers are amazing and supportive.
I love my job. It's hard to find services! They are so limited with long waiting lists. I would recommend more shadowing days. I had a mentor and that was perfect for me. I had someone I could and still can go to.
I think I've said it all
I was very disappointed with the lack of training in the office for actual cases. For working for the State, I really expected more. It does not seem to be a very efficient way to run the office, the people, nor to support the families.
I wish they would have put all the mandatory trainings into foundations. I came out of foundations and immediately was carrying several cases, so it was suddenly harder to find whole days to take off while trying to get caught up on casework. Legal training was cancelled in December, and it would have been helpful to have that training before having to go to court for the first time. Adding an additional week of foundations and doing the Ethics, Psychosocial, Legal, ICWA, etc would have been much easier for me as a caseworker. More shadow time would have been helpful, too.
It's really easy for new caseworkers to become overwhelmed with caseloads and struggle to prioritize what is most important/or needing to get done first as everything seems important when you first begin this job. I really struggled with this for several months and I see a lot of others do the same. Regular unit check ins are nice as it allows you to meet others in your unit and become more familiar and comfortable asking questions and seeking advice.
Need more support from supervisors. It would be helpful to have dedicated supervisors that are able to spend sufficient time working with new caseworkers versus supervisors that also have other caseworkers they're having to supervise
The last 10 months have been disheartening. High worker turnover impacts everyone's morale.
We have too many responsibilities and need more help. High caseloads and additional responsibilities are time consuming and dangerous for child welfare. I should not have to feel like I am rushing from one house to the next. We have to get OT approved prior to going into OT but both times I have requested it my emails were ignored.

Caseworker Foundations Training Redesign

The caseworker competencies were revised in 2021 through a collaborative effort between OCFS and Muskie. The Supervisor Competencies were revised at the same time so that the two competency models would be

aligned. The redesigned Foundations curriculum underwent the final content drafting before the training pilot launched in January 2022. This redesigned Foundations Training features:

- A seven-week training program to provide joint training for CPS and Permanency caseworkers as well as CPS-specific and Permanency-specific training content and field days. Innovations in this curriculum include:
 - o Legal training content - Legal Basics; Legal Basis for Investigation; Legal Basis for Family Services Work; The Investigator in Court; Legal Testimony; Legal Writing: Assignment for Mock Court Documents; The Permanency Worker in Court; Closing Cases for Each Permanency Outcome; Prep for Mock Trial; Mock Trial.
 - o an applied learning module on *How to Read and Understand Policy*.
 - o Expansion of simulations to include Fact Finding Child Interview, Monthly Caseworker Contact, Mock Trial, in addition to the Adult Interview that has been part of the Foundations training. Additional practical application opportunities include question development, Family Team Meeting facilitation, and practice with Structured Decision Making tools using the mock case that participants work with throughout training.
 - o Inclusion of Maine's Family First approach and toolkit.
 - o Preparing for supervision with trainees providing their supervisors with Field Log and reflection assignments each week during the training.
- Development of e-learning that will provide introductory content on various topics that provide context for the role of the child welfare caseworker. Topics include the history of child welfare, family dynamics, confidentiality, introduction to domestic abuse and violence, medical indicators of child abuse and neglect, substance use disorder, and human trafficking. The Human Trafficking e-learning will be completed in early 2022. The expansion of asynchronous learning will enable classroom learning to be applied to hands-on learning of core child welfare practices.
- During 2022, Muskie and the OCFS Policy and Training Team will collaborate on the rollout of an updated Structured Job Shadow Guide to include overviews, activity guides, and observation reflections on the myriad of job functions required of Child Protection Investigators and Permanency Caseworkers. The Job Shadow Guide will be rolled out in concert with each OCFS District Office developing strategies to strengthen job shadow experiences for all new caseworkers and a brief training for all casework staff who provide job shadowing experiences to the new workers. This training session will focus on successful job shadow strategies within an adult learning framework.

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 previously contracted with the Justice Planning and Management Associates Inc. (JPMA) to use their Learning Management System (LMS) for online learning. There were optional online trainings for staff on this LMS system, as well as any new/revised policies mandatory for all staff to read and pass a quiz on with a 100%. This LMS system tracked all online trainings and policy quizzes within its system that staff had completed with their scores. As with Maine’s training data base the JPMA LMS system could pull data per training as to number of staff having completed it or could pull all online trainings/policies any one staff member has completed within its system. The contract with JPMA ended June 30, 2021. OCFS now has an OCFS Learning Portal (Learning Management System – LMS). The OCFS/Muskie LMS Administrator Workgroup successfully launched the OCFS Brightspace Learning Portal on July 6, 2021, utilizing a prepared communication plan including announcements to OCFS staff served by the Learning Portal; an online help center within the learning portal to house all of the previously developed training materials and answers to frequently asked questions; and two live training events for OCFS staff on how to access and use the Learning Portal following launch.

Since the launch in July of 2021 the Learning Portal has been utilized to provide course content for the Caseworker Foundations Training, Resource Family Introductory Training, OCFS Student Interns, learning modules on newly developed or revised child welfare policy, and OCFS Katahdin training (new CCWIS system). The ‘Ongoing Staff Trainings’ are being loaded into this new LMS beginning in 2022 as well as E-Learnings that are being developed.

Future design plans will include:

- Establishing a Manager Dashboard for supervisors and managers to track training progress
- A self-registration process for OCFS staff
- Completing an on-line Policy Manual

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 Muskie 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 entered into the OCFS training database and are now entered in the new OCFS Brightspace Learning Portal. Information contained in the Learning Portal includes date of hire, social work license number, district, job title, license renewal date and supervisor's name.

National Children's Advocacy Center (NCAC): 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. In 2021, two 2-day training sessions were conducted.

February 24-25, 2021, Evaluation Results:

Please provide comments and assess the following sessions using a scale of 1 to 5:

1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent

1. The directions sent on course enrollment were clear regarding how to access the virtual training.

Responses Received: 13

Average: 4.8

2. The training topics were effectively organized in a way that helped me learn. (# Responses: 13)

Average: 4.7

3. The Forensic Interview trainers presented content clearly and in an organized manner.

(# Responses: 13)

Average: 4.7

4. The Forensic Interview trainers encouraged questions and participation. (# Responses: 13)

Average: 5

5. The Advanced Forensic Interview topics and exercises developed my abilities and skills.

(# Responses: 13)

Average: 4.7

6. This complete training was effective in teaching me new information and how to improve my interview skills.
(# Responses: 13)

Average: 4.7

7. The live training meetings were an appropriate length of time each day. (# Responses: 13)

Average: 4.9

8. The quality of this virtual training is equal to or greater than the quality of training I have experienced through in-person training. (# Responses: 13)

Average: 4.5

9. I would recommend this training to another professional. (# Responses: 13)

Average: 4.6

10. Did you encounter any technology issues during the course? If yes, please provide details.

- There was one time during the two days where there was a lot of feedback through my headphones but closing out of the room and coming back in fixed the problem.
- No
- I was booted out at one point and needed to login again. Pretty minor issue.
- no
- The videos interviews were very difficult to hear. Can this please be fixed. Or captions would have been helpful it was very frustrating.
- N/A
- sound but was able to fix the problem myself.
- The sound quality was difficult when videos were played for us, but otherwise it was good.
- no
- I did not

11. What is your preference for professional training, in-person or virtual?

- Typically, in-person, but this format is fantastic, and I would use this again.
- both
- Virtual
- I would say in person, but this was probably the best virtual training that I have had.
- virtual
- Either works when the trainers are engaging.
- In-person
- either
- In-person.
- I personally like in-person training
- virtual
- My preference has always been in person before this particular training. That said, this was the perfect virtual training.
- Either is fine
- in-person is first choice but virtual was successful and saves time and money.

12. Additional comments and/or topic suggestions

- Fantastic training. I loved the format, I felt it was super time efficient and conducive to learning as much as possible. The trainers were phenomenal, probably the best I've ever had in my professional career.

- It was very hard to have this training all day two days in a row due to the nature of CPS work.
- They offered great resources.
- Andra and Kim were both amazing and with how they presented the material and inspired me to be a better interviewer.
- I have over the years picked up many techniques from watching CAC interviews. I will no longer be using most of them because of this training. It seems a lot of them were based on older training. That was a little disheartening as it seems there must be a disconnect between our CAC and the NCAC
- I loved these trainers! So knowledgeable, kind, and curious.
- I want everyone to know that this has been the singular most helpful and informative training that I have attended for this position. I feel strongly that it was worth my time, and it was even worth being behind on my work now. It was presented well, and I couldn't have asked for better co-facilitators. It is evident that a lot of thought and care went into this training and I greatly appreciate it. If I were to make one suggestion, it would be to shorten the time spent on children that have ADHD for the DHHS participants. We all spend a lot of time with kids that have that diagnosis and that was the only part of the entire thing that felt too long and like information that we all (or at least should all) utilize on almost a daily basis. I want to thank you all again, I got a lot out of that training!

September 15th & 16th, 2021, Evaluation Results:

Please provide comments and assess the following sessions using a scale of 1 to 5:

1 = Poor, 2 = Below Average, 3 = Average, 4 = Above Average, 5 = Excellent

1. The directions sent on course enrollment were clear regarding how to access the virtual training.

Responses Received: 3

Average: 3.33

2. The training topics were effectively organized in a way that helped me learn.

Responses: 3

Average: 4

3. The Forensic Interview trainers presented content clearly and in an organized manner.

Responses: 3

Average: 4.33

4. The Forensic Interview trainers encouraged questions and participation.

Responses: 3

Average: 4.67

5. The Advanced Forensic Interview topics and exercises developed my abilities and skills.

Responses: 3

Average: 4.7

6. This complete training was effective in teaching me new information and how to improve my interview skills.

Responses: 3

Average: 3.33

7. The live training meetings were an appropriate length of time each day.

Responses: 3

Average: 4.33

8. The quality of this virtual training is equal to or greater than the quality of training I have experienced through in-person training.

Responses: 3

Average: 4

9. I would recommend this training to another professional.

Responses: 3

Average: 3.3

10. Did you encounter any technology issues during the course? If yes, please provide details.

Responses: 2

- Just the random loss of or weak connection on my end.
- I was not able to access the link within the training portal and required a zoom link to be sent to me to get into the training. After the training, i was unable to complete the posttest without having assistance which took a few weeks.

11. What is your preference for professional training, in-person or virtual?

Responses: 2

- I prefer virtual as it is more accessible and easier to schedule. It is beneficial to have engagement with virtual that is sometimes missed. This class welcomed engagement and gave ample time for Q&A.
- Virtual

12. Additional comments and/or topic suggestions.

Responses: 2

- This is an advanced forensic training and for someone that has been through numerous prior forensic trainings, there wasn't a lot of new material.
- This training provided me with new approaches to interviewing children and served as a refresher course. I like learning from seasoned individuals and what has proven to be effective and approaches that simply fail when used.

Maine Coalition to End Domestic Violence (MCEDV): 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 full training series was redesigned in 2020 to be an interactive training presented live by MCEDV trainers via Zoom, this format continued through 2021.

TRAINING OUTLINE:

Module 1:

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

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.

Acknowledging Harm: Holding Domestic Abusers Accountable for their Choices

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.

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.

Module 3 Part:

Accountable Language: How to Write Effective DV-Competent Narratives

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.

Domestic Violence: Understanding Safety and Risk

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 series provided during 2021, evaluation results are below:

Feb/March 2021 Total # of people trained = 31

- 1. Did today's presentation increase your content knowledge, skills, and/or capacity to serve victims?**
 - a. Module 1 – 97% YES
 - b. Module 2 – 92% YES
 - c. Module 3 – 94% YES
- 2. Did today's presentation change any of your beliefs or attitudes about domestic abuse?**
 - a. Module 1 – 31% YES
 - b. Module 2 – 28% YES
 - c. Module 3 – 33% YES
- 3. IF you selected "NO" to #6, did it affirm your current beliefs & understanding?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 95% YES
 - c. Module 3 – 100% YES
- 4. Did today's presentation teach you to recognize domestic abuse?**
 - a. Module 1 – 93% YES
 - b. Module 2 – 92% YES
 - c. Module 3 – 100% YES
- 5. Did today's presentation provide information about domestic abuse resources?**
 - a. Module 1 – 90% YES
 - b. Module 2 – 85% YES
 - c. Module 3 – 100% YES
- 6. Did today's presentation prepare you to respond to people affected by abuse in your work?**
 - a. Module 1 – 97% YES
 - b. Module 2 – 96% YES
 - c. Module 3 – 100% YES
- 7. Did today's presentation provide useful and practical information?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 100% YES
 - c. Module 3 – 100% YES

- 8. Rate the presenter(s)' knowledge of content:**
 - a. Module 1 – 79% Excellent; 21% Good
 - b. Module 2 – 77% Excellent; 23% Good
 - c. Module 3 – 89% Excellent; 11% Good
- 9. Rate the presenter(s)' approach and energy:**
 - a. Module 1 – 69% Excellent; 31% Good
 - b. Module 2 – 69% Excellent; 31% Good
 - c. Module 3 – 89% Excellent; 11% Good
- 10. Rate the presenter(s)' clarity of presentation:**
 - a. Module 1 76% Excellent; 24% Good
 - b. Module 2 – 77% Excellent; 23% Good
 - c. Module 3 – 89% Excellent; 11% Good
- 11. Rate the presenter(s)' quality of response to questions:**
 - a. Module 1 – 79% Excellent; 15% Good; 3% Satisfactory
 - b. Module 2 – 77% Excellent; 23% Good
 - c. Module 3 – 83% Excellent; 17% Good

November 2021 Total # of people trained = 26

- 1. Did today's presentation increase your content knowledge, skills, and/or capacity to serve victims?**
 - a. Module 1 – 91% YES
 - b. Module 2 – 91% YES
 - c. Module 3 – 81% YES
- 2. Did today's presentation change any of your beliefs or attitudes about domestic abuse?**
 - a. Module 1 – 17% YES
 - b. Module 2 – 30% YES
 - c. Module 3 – 19% YES
- 3. IF you selected "NO" to #6, did it affirm your current beliefs & understanding?**
 - a. Module 1 – 100% YES
 - b. Module 2 – 100% YES
 - c. Module 3 – 92% YES
- 4. Did today's presentation teach you to recognize domestic abuse?**
 - a. Module 1 – 91% YES
 - b. Module 2 – 74% YES
 - c. Module 3 – 81% YES
- 5. Did today's presentation provide information about domestic abuse resources?**
 - a. Module 1 – 87% YES
 - b. Module 2 – 83% YES
 - c. Module 3 – 75% YES
- 6. Did today's presentation prepare you to respond to people affected by abuse in your work?**
 - a. Module 1 – 95% YES
 - b. Module 2 – 91% YES
 - c. Module 3 – 94% YES
- 7. Did today's presentation provide useful and practical information?**
 - a. Module 1 – 96% YES
 - b. Module 2 – 95% YES
 - c. Module 3 – 94% YES
- 8. Rate the presenter(s)' knowledge of content:**

- a. Module 1 – 74% Excellent; 26% Good
- b. Module 2 – 65% Excellent; 30% Good; 4% Satisfactory
- c. Module 3 – 56% Excellent; 31% Good; 13% Satisfactory

9. Rate the presenter(s)' approach and energy:

- a. Module 1 – 57% Excellent; 43% Good
- b. Module 2 – 48% Excellent; 38% Good; 13% Satisfactory
- c. Module 3 – 60% Excellent; 20% Good; 13% Satisfactory; 7% Fair

10. Rate the presenter(s)' clarity of presentation:

- a. Module 1 – 52% Excellent; 43% Good; 4% Satisfactory
- b. Module 2 – 52% Excellent; 43% Good; 4% Satisfactory
- c. Module 3 – 56% Excellent; 31% Good; 6% Satisfactory 6% Fair

11. Rate the presenter(s)' quality of response to questions:

- a. Module 1 – 61% Excellent; 35% Good; 4% Satisfactory
- b. Module 2 – 57% Excellent; 39% Good; 4% Satisfactory
- c. Module 3 – 60% Excellent; 33% Good; 7% Satisfactory

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 2021, 13 new Child Welfare supervisors participated in the Supervisor Academy, Administrative Supervision in person training.

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.

Leadership Academy for Supervisors (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.

Structured Decision Making (SDM) Tools: 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. All of these tools were incorporated into the new worker Foundations training where new caseworker staff are introduced to the tools and practice applying them to a mock case. A summary for each training on these tools can be found in Appendix G.

Katahdin Training: The new Katahdin information system (replaced the previous MACWIS system) went live in January of 2022. The goal of this new system is to support the Department’s vision of high-quality care for children in ways that lead to improvements in their functioning and in the functioning of their families. This Comprehensive Child Welfare Information System integrates and supports services that are child-centered, individualized, family-focused, strengths-based, community based, culturally respectful, appropriate in type and duration, and seamless within and across organizations. During the month of December 2021 there were 5 teams that consisted of Child Welfare staff and Policy and Training Team Specialists that presented 35 two-day Katahdin trainings. The learning objectives of this training were:

- to teach participants how to navigate the system

- to support OCFS staff in becoming familiar with the look and feel of Katahdin
- to assist OCFS staff in understanding the layout of the screens and fields
- to provide an opportunity for hands-on practice in the systems

*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 Muskie School of Public Services 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 24 hours of live and virtual 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, 1022 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 Muskie School of Public Policy.

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 Muskie School of Public Policy 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 ongoing 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 was delivered in April 2021 in a virtual format and the April 2022 conference will also be a virtual experience. Adoptive and Foster Families of Maine 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 2021 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 2022:

- 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, and continuing presently, 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
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 - 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 and 2021 for Resource Families that were well received and attended. These items continue to be available through 2022.

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 2022, 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. In 2022, the contracted agencies agreed to a six-month contract extension with OCFS/DHHS, extending the service through 7/2022.

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 85 professionals in 2021 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 62 actively certified SAFE nurses for adult and adolescent victims and 11 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 8 fully operational CACs throughout the state serving each district, and some with multiple locations. Four of these are accredited. 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 abuse and 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. 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 were 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 was made to extend the service through June 2021 while OCFS leadership reviewed project outcomes and determined next steps with the contracted provider agency. Funding was allocated by the legislature to expand Family Visitation Coaching in several districts across the State. A 4/1/22 contract has been initiated with Fair Shake, a visitation pilot program in the Newport area. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary. These three different visitation programs are all part of a continuum of visitation services, ranging from supervised, monitored and intensive in-home coaching visitation.
- 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.

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 implementation 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.

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 targeted to address the identified 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 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 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: motor vehicle accidents, gunshot wounds, failure to thrive, and abusive head trauma. 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. Moreover, at several points throughout the year, the Panel hosted guests from various disciplines to present on certain topics relevant to the Panel. The topics explored by the guest experts included ingestion trends, failure to thrive, OCFS practice changes and Maine's Family First Initiative. In 2021, All CDSIRP meetings were convened via a virtual platform.

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, 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.

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.

In 2021, MCWAP held all 10 of its scheduled meetings over a virtual platform, including a full-day planning retreat in September. A primary focus of MCWAP's work in 2021 centered around improving the Panel's processes for citizen engagement and feedback. Additionally, the Panel continued to clarify its role as a separate entity from OCFS.

Maine Youth Transition Collaborative (MYTC): MYTC is 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:** These learning opportunities seek to improve front-line partnerships among OCFS and community-based providers, to help front-line staff build relationships 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.

Youth Leadership Advisory Team (YLAT): Administered 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. YLAT offers low barrier youth leadership opportunities across the state through monthly YLAT meetings and the annual Teen Conference.

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.

Throughout the Pandemic, YLAT meetings and the annual teen conference occurred through a combination of virtual platforms and in-person meetings during warmer weather.

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. Increasing the length of the ICWA training for OCFS staff from 3 ½ hours to a full day training was also postponed. In 2021, 6 ICWA trainings were offered virtually with 121 people participating. 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, Muskie 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 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. More recently, members of the Executive Management Team have begun meeting with representatives of this group to discuss the current utilization of treatment foster care resources.

Alternative Response Program (ARP) Coalition: 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 reviewed 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 will be discontinuing the current contracts for these services, effective June 30, 2022 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): As part of implementing the federal Family First Prevention Services Act (FFPSA), OCFS has pivoted to supporting and implementing evidence-based prevention program services, as 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, 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 focused on one portion of the CPPC model which has received a great deal of support: *Parent Partner Program*. The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system.

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 was to provide Parent Partner support to eligible families in York and Cumberland Counties. These families were 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 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.

The Department is investing in other strategies to leverage the voices of parents with lived experience in the child welfare system. In partnership, OCFS with the Muskie School of Public Policy at the University of Southern Maine to create two Family Engagement Specialist Positions. Candidates for these positions will have lived experience with the child welfare system and will be members of the team that work at the systems level on policy development, OCFS staff and resource parent training, and assist in researching evidence-based parent mentor programs. These two positions will build a larger network of participants with lived experience and also will also participate on the Maine Child Welfare Advisory Panel.

Families First Prevention Services Act: On February 1, 2021, the Office of Child and Family Services (OCFS) [FFPSA Maine State Prevention Plan](#) was submitted to the Administration for Children and Families (ACF) with the plan being approved on September 15, 2021.

Children's Residential Care Facility (CRCF) Services:

- OCFS's Child Welfare, Children's Behavioral Health, and Children's Licensing and Investigation teams in collaboration with the Office of MaineCare Services worked diligently over the past year to incorporate all Family First Qualified Residential Treatment Program (QRTF) standards into the MaineCare and Children's Residential Care Facility Services Licensing rules. On November 1, 2021, the MaineCare rules were finalized (along with new rates for reimbursement) and on December 12, 2021, Licensing rules were finalized making these QRTF standards a requirement for all Children's Residential Care Facilities in Maine.
- In 2021, State legislation and new rules were passed to set process standards associated with the required Judicial Review of child welfare youth admissions into a CRCF.
 - A recorded webinar was provided to Judicial staff in September 2021 in preparation for rollout on October 1, 2021.
 - Court notification and court order forms were drafted and finalized.
 - A one pager fact sheet for OCFS staff was created to outline the required processes.

- Throughout the planning process, stakeholders and OCFS staff were engaged in the development of tools and resources to assist with implementation of the new rules/standards. The following resources were created and implemented:
 - An OCFS Staff Toolkit including instructional forms, flow charts, training materials, and a OCFS Children's Residential Care Facility Services Staff Guide.
 - A [CRCF Provider Guide](#) was created along with associated forms for documenting the new Aftercare requirements.
 - OCFS staff and CRCF Provider webinars were held and recorded in December 2021, at which time education was provided on the new MaineCare rules and other procedures relative to the new CRCF requirements.
- Beginning in 2020, with the help of the Family First Transition Grant, CRCF providers were given an opportunity to request reimbursement for costs associated with meeting the new fingerprint based criminal background check and accreditation requirements. In calendar year 2021, all CRCF staff underwent the fingerprinting process and 8 out of 10 CRCF's became accredited with the 9th program finalizing accreditation in early 2022.

Prevention Services:

- *Parents as Teachers Expansion:* Maine's Family First Prevention Services State Plan includes an expansion of the Parents as Teachers/Maine Families Home Visiting model to serve more families engaged in child welfare services in an effort to prevent removal from the home. The Office of Child and Family Services, the Maine Center for Disease Control and Prevention, and the Maine Children's Trust have met bi-weekly on this project. At least once per month these meetings include the Local Implementation Agencies. Over the past several months, planning and implementation activities that have occurred includes, but is not limited to contract amendments, [CradleMe referral form](#) adjustments, and a one pager information sheet for OCFS staff on how to make referrals to the PAT expansion project. Three of the five sites who will be implementing this project began the ability to take referrals in January 2022. Meetings with OCFS offices and Local Implementation Agencies led to the first referral of this project on 3/1/22. Workforce challenges are preventing other sites from hiring causing a delay for implementation in the other two sites. Training for all Maine Families Home Visiting staff on the Child Welfare process took place on 1/26/22.
- *Homebuilders:* In January 2022, Bethany Christian Services of New England (BCSNE) was selected as the provider for the implementation of the Homebuilders program in Maine through the competitive bidding process. OCFS has been meeting with BCSNE staff to work on contract development and implementation of 8 teams to serve the entire state of Maine. OCFS continued to work on implementation planning in a parallel process while waiting for the contract to be encumbered. ~~we await contract encumbrance.~~

Other Resources for Prevention:

- *Services Trainings:* In November 2021, three (3) regional trainings for OCFS child welfare staff on "Services and Supports for Maine Families" were conducted. In partnership with the OCFS training and policy team, these trainings are part of OCFS' efforts to continue to educate staff on the primary, secondary, and tertiary prevention services and supports available to Maine families going beyond what Title IV-E is funding. Local community providers as well as some statewide programs presented directly to OCFS staff and staff also received a resource sheet of all presenters/programs for their region. In the spring of 2022, OCFS plans to provide training for service providers on working with families receiving services from child welfare.
- *Family Services Resource Guide:* As indicated in the OCFS State Prevention Plan, educating staff, families, and providers about the resources that exist in Maine to support families is a priority. With the assistance of a State Agency Partnership for Prevention sub-committee, OCFS developed an online

Family Services Resource guide. This online tool has state level program information for public access including links to websites for more information, crisis contacts, as well as links to connect with the 2-1-1 Directory of Resources in Maine. This guide went live in the spring of 2022 and a webinar on how to use the guide and 2-1-1 to access supports for families will be held. (<https://www.accessmaine.org/>)

Small Scale Gap Analysis: OCFS has worked with Chapin Hall beginning in the last quarter of 2021 to initiate a small-scale gap analysis related to the needs and availability of services for families living in Maine. A report to the legislature on the status of this analysis including FFPSA program updates was developed and can be found [here](#) on the OCFS FFPSA public facing website. Casey is continuing to fund Chapin Hall to work with OCFS in 2022. Maine's State Agency Partnership for Prevention provided input and ideas on future focus areas for the gap analysis including identifying communities of need as well as substance use service availability. Existing survey and focus group data will be analyzed to assess barriers to service provision. Other data collection will be completed as needed.

Other Family First Program Updates:

- An OCFS Family First Staff Toolkit was created and went live on October 1, 2021. This is a resource for all staff to utilize to find information on processes, procedures, forms, etc. related to implementation of Family First.
- Family First Fridays are disseminated the first Friday of every month and are an opportunity for staff to receive a fact sheet with updates on Family First implementation.
- Stakeholder Workgroups continue to convene and inform practice:
 - Trauma Informed Care (TIC) Committee: An internal and external committee on Trauma Informed Care convenes to address cross systems need. Externally, a Trauma Informed Care Committee has assisted OCFS with planning for the rollout of the Trauma Informed Organizational Assessment (TIOA). This is a new requirement for CRCF Providers to meet FFPSA requirements. The group assisted OCFS with selecting the National Child Traumatic Stress Network (NCTSN) TIOA tool which will roll out in 2022 with CRCF providers.
 - Behavioral Health and Supportive Services (BH/SS) Workforce Committee: This committee has been meeting for the past year to develop recommendations to address the BH/SS workforce issues in Maine. The group completed a recommendations chart that was distributed to the DHHS Commissioner's Office. The future goals of the group are being established.
 - Family First Implementation Workgroup: This stakeholder group meets every 6 weeks and is briefed on Family First updates and provides implementation input.
- Diverse Populations: OCFS has continued to meet on a regular basis with the Immigrant/New Mainer communities to discuss needs and strategies for inclusion. There has been tribal representation on stakeholder workgroups and targeted outreach for project specific input (such as the Resource Guide.)
- Evaluation: Through the Competitive Bidding process OCFS has secured Public Consulting Group to do the evaluation of FFPSA. Bi-weekly meetings have been established for evaluation planning.

Family First Prevention Services ACT Transition Grant Funds:

What is funded	Explanation	Updates
----------------	-------------	---------

Residential Treatment Programs Readiness and Capacity Building (Summer 2020, Calendar Year 2021)	<ul style="list-style-type: none"> • Provided funding for accreditation fees to CRCF's that are not currently accredited as well as those up for re-accreditation. • Provided financial assistance to CRCF's to complete the fingerprint requirement (One time/one year) • One limited period (2 year) position (ID Specialist) to process background checks. 	<ul style="list-style-type: none"> • Accreditation reimbursement contracts executed. • Fingerprinting requirements met and final invoices are coming in. • One limited period position has been in place.
Parents as Teachers training support (October 2021)	Training for staff for the 0-5 program. One time funding.	Partial implementation. After additional hiring more funds will be used for training.
Homebuilders (March 2022)	Evidenced Based Program training for implementation staff and annual allocation to assist with implementation.	Not yet implemented. Expected late spring 2022.

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 coordinate 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 winter, 2022, 1,022 families have completed the training with more training sessions ongoing and scheduled throughout the spring, summer, and fall. At this time, all trainings are provided in an online virtual format due to Covid-19. The Resource Family Licensing Standards were revised and are again in the process of being reviewed. The latest revision reflects a commitment to provide more succinct policy guidance and incorporate new expectations, such as the requirement for resource 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. As of 12/31/2021, there were 1,768 active, licensed homes statewide.

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 24-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 Katahdin system in the Resource Parent Record that can be accessed from the Person Record. Previous records entered in the MACWIS system were also converted to the new system and MACWIS remains available in a read-only format to ensure comprehensive access to safety/licensing information. 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. In the summer of 2021, in person interviews were again conducted in person with all safety protocols implemented.

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.

As of 12/31/2021, there were 1,768 active, licensed homes statewide.

Foster Home Application & Approval Data 1/1/21-12/31/21	
Initial Applications	776
Renewal Applications	548
Approved Initial Applications	304 (39%)
Approved Renewal Applications	422 (77%)

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 2021, 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.

Beginning in 2021, the contracted recruitment service has developed and updated a diligent recruitment plan based on a nationally recognized template requiring quantitative data points to track the efficacy of recruitment efforts across a variety of targeted populations.

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, Resource Parent Care Teams and support groups.

Maine is currently recognized in the 2021 *Kids Count* data report as being “very strong” in the commitment to placing siblings together, which was an area of focus through 2021. Despite this recognition, 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 born substance exposed and are in the process of reunification with birth family; and
- Children over the age of 10 with specialized level parenting requirements.

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 through 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 to present, 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 allowed a family to seek information about becoming a Resource Family online and remotely at their convenience. A recruiter works with the family to complete an online, recorded and OCFS approved Informational Session. 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, its believe, due to the ease of application. This system of application processing shifted in April 2022, upon the launch of the OCFS/DHHS Resource Parent Portal, which offers prospective applicants and current resource parents a similar experience with direct delivery of applications and supplemental documentation to OCFS resource supervisors. It is anticipated this shift will improve the customer service experience further. The contracted agency will remain available to support prospective applicants by answering questions and assisting in the navigation of all systems.

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 another 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 2021, a total of 71 home study requests were received and assigned. This includes parent, foster care, and adoption. Of those 71 home studies completed, 61 (86%) 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 10 home studies not completed within the 60-day timeframe, 4 of them were overdue by 7 days or less.

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
2021	22

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
2021	23

Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes

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 4/1/21-3/31/22
1 Timeliness of initiating investigations of reports of maltreatment	73.1% Strength	65% 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 home resources, which are now screened similarly to all other child welfare (family) reports.

The draft intake policy was completed in Q7. OCFS implemented a new Comprehensive Child Welfare Information System on January 18, 2022. The intake policy is in the process of additional revisions to reflect the new CCWIS system.

- 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. The OCFS Training Team continues to provide ongoing refresher trainings on the SDM tools.

- 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: The call center software was implemented in the Intake Program on 6/18/19. This has led to 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: 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 leadership has collaborated with the Alternative Response Program (ARP) providers to develop a transition plan for families as the contract for the service ends June 30, 2022. As part of this process, the legislature authorized 10 additional caseworker lines effective January 2022 and an additional 5 effective July 2022 to absorb the work previously assigned to ARP. OCFS has hired on all 10 of these caseworker lines, one ARP program stopped providing services effective 2/4/22 and the other two programs are operating at a 60% combined vacancy rate.

- 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 4/1/21-3/31/22
2 Services to family to protect children in the home and prevent removal or re-entry into foster care	50% Strength	36% Strength

3 Risk and safety assessment and management	40% Strength	25% 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 continues to offer ongoing refresher trainings for all staff on SDM tools.

In addition to what has been noted above, the Permanency and Investigations Program Specialists have been reviewing the use of SDM tools in intake, investigation, and permanency cases. The purpose of this review is to ensure that the tools are utilized as outlined by policy and then consistently applied to case decision making. As part of the implementation plan for the PIP extension, these reviews will be incorporated as an ongoing part of the quality improvement analysis and debriefs will occur with both the supervisor and caseworker assigned the case as well as with the district supervisory team to address district trends.

- 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.

As part of the implementation plan for the PIP extension, the Child Welfare Permanency and Investigations Program Specialists are conducting district case reviews for the use of the SDM tools. These reviews will be incorporated as an ongoing part of the quality improvement analysis and debriefs will occur with both the supervisor and caseworker assigned the case as well as with the district supervisory team to address district trends.

- 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: As part of the implementation plan for the PIP extension, the Child Welfare Permanency and Investigations Program Specialists are conducting district case reviews for the use of the SDM tools. These reviews will be incorporated as an ongoing part of the quality improvement analysis and debriefs will occur with both the supervisor and caseworker assigned the case as well as with the district supervisory team to address district trends.

- 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 2021, the Management Report data reflects that on average Maine met the 24-hour timeframe of contact with all alleged victims in 88% of the reports received, an improvement from CY's 2020 and 2019 averages of 84% and 75% respectively. In CY 2021, the Management Report data reflects that on average Maine met the 72-hour time frame in 77% of the reports received, also an increase from CY's 2020 and 2019 averages of 71% and 63% respectively

- Revise the OCFS Permanency Policy to provide practice guidance and incorporation of SDM tools and procedures. **(PIP activity - Q3-10/2020 Q5-4/2021 Q6 7/2021)**

Status Update: OCFS requested and was granted an extension of this key activity through the PIP extension period.

This is in the final stages of review and the Policy and Training Team is developing the implementation plan in collaboration with the Regional Management Team. Given the size of the policy, it will be provided to staff in modules, with a knowledge check for each module. It is expected that the policy will be finalized by 6/30/22 and implementation will begin at that time. ~~Implementation planning for the permanency policy included the regional management team and policy/training manager. Policy will be shared with all staff with quiz components. The policy~~

~~will be broken down into smaller sections and there will be e learnings offered for each of the smaller sections.~~

Measurement table for evidence of completion for Goal 1:

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

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

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

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

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

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/21-3/31/22
4 Stability of Placement	75% Strength	80% Strength
5 Performance goal for child	80% Strength	50% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	15% Strength
12 Needs of services of child, parents, and foster parents	38% Strength	12% Strength
12A Needs assessment and services to children	69% Strength	32% Strength
12B Needs assessment and services to children	33% Strength	10% Strength

12C Needs assessment and services to foster parents	63% Strength	55% Strength
13 Child and family involvement in case planning	40% Strength	14% Strength
14 Caseworker visits with child	63% Strength	28% Strength
15 Caseworker visits with parents	35% Strength	10% 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 2022) reflects that Maine falls below the national performance standard in 2 out of the 3 measures related to timely achievement of permanency:

- Achieving permanency within 12 months: Maine's performance was 32.4% and, although statistically worse than the national performance standard of 42.7%, the data supports that Maine is showing incremental improvement on this measure.
- Achieving permanency between 12-23 months: Maine's performance was 37.9% and, although statistically worse than the national performance standard of 45.9%, there was a slight improvement from the prior reporting period.
- Maine's performance on achieving permanency for children 24+ months is 35.5% which is statistically better than the national performance standard of 31.8%.

The permanency outcomes related to 12-23 months and 24+ reflected slight improvement in AFCAR period 21A21B (10/1/20-9/30/21). In February 2021, the revised Permanency Review Team process was implemented with one of the focus being those children who have been in care for an extended period. It was anticipated that this process would have a positive impact on these measurements and the data suggested that this is the case, and the plan is to continue the Permanency Review Team process for continued progress.

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. OCFS implemented the new FTM policy on 11/30/2021. The training unit has developed a two-part FTM Training, which is required for all staff to complete. FTM Training Part 1 addressed FTM theory, the link between FTMs and our practice model, and engagement. The second part of FTM training addresses specifics in the updated policy.

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. Since 2016, OCFS has continued to contract with the 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. Two 2-day sessions were offered in 2021

Motivational Interviewing Training rolled out statewide in 2019. This training is offered at Foundations and as an additional supplemental training.

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 were held in 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, Q6 7/2021)**

Status Update: OCFS implemented the new FTM policy on 11/30/2021. The training unit has developed a two-part FTM Training, which is required for all staff to complete. FTM Training Part 1 addressed FTM theory, the link between FTMs and our practice model, and engagement. The second part of FTM training addresses specifics in the updated policy.

- **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 implemented the new FTM policy on 11/30/2021. The training unit has developed a two-part FTM Training, which is required for all staff to complete. FTM Training Part 1 addressed FTM theory, the link between FTMs and our practice model, and engagement. The second part of FTM training addresses specifics in the updated policy.

- **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 2021, a sample of 119 cases were reviewed where the children had entered foster care either through a Preliminary Protection Order (PPO) or Jeopardy Petition (C2) between 1/1/21-3/31/21. This study specifically looked at the Plans being completed within the required 10 days following the PPO or C2 hearing, however, for those children who entered foster care through a PPO, there was also a review to determine if a FTM was held prior to the PPO as is the expectation. In summary it was found that in 52% of the cases reviewed documentation supported that FTM's were held however narratives related to pre-removal FTMs being held were only found in 21% of the cases reviewed.

In the fall of 2021, a similar study was completed with 248 cases of children who entered foster care, either through a PPO or C2 between 4/1/21-6/30/21. It was again found that in 52% of the cases reviewed, FTM's were held within a month before or after the child was removed.

As part of the Implementation Plan for the PIP extension, the OCFS QA Team and the Permanency/Investigations Program specialists review a random sample of cases from each district monthly. These reviews include monthly caseworker contacts, Family Plans/Reunification Plans, SDM tools, and Family Team Meetings. Feedback from the reviews is shared in a debrief meeting which includes the supervisor and caseworker assigned the case. A larger debrief and coaching meeting occurs for all district supervisory and leadership staff to discuss themes of all cases reviewed for the district.

- 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 4/1/21 -3/31/22
13 Child and family involvement in case planning	40% Strength	14% 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 Regional Associate Directors 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.

Feedback from stakeholders (including parents, parent partners, attorneys, staff, the courts) has been positive and includes that the plan is clear and concise, a user-friendly roadmap, parents are able to understand and know what is expected of them, easy to print/carry/file. Parent voice is part of the plan development and parent partners have provided feedback that it is easily understandable. The services identified in the plan are directly related to needed behavioral changes.

As part of the Implementation Plan for the PIP extension, the OCFS QA Team and the Permanency/Investigations Program specialists review a random sample of cases from each district

monthly. These reviews include monthly caseworker contacts, Family Plans/Reunification Plans, SDM tools, and Family Team Meetings. Feedback from the reviews is shared in a debrief meeting which includes the supervisor and caseworker assigned the case. A larger debrief and coaching meeting occurs for all district supervisory and leadership staff to discuss themes of all cases reviewed for the district.

- 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 engage family more effectively 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 Children's Bureau partners 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 reflect the need more accurately 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 4/1/21-3/31/22
5 Permanency goal for child	80% Strength	50% Strength
6 Achieving Reunification, PG, ADO, OPPLA	55% Strength	15% 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. Each of the two participating courts have reached the goal of 35 cases and the cases have had at least one judicial review using this new process. The MJB Coordinator has observed a number of these initial judicial reviews. Feedback thus far is that the process is being followed with fidelity to the model.

This activity has been extended as part of the Implementation Plan for the PIP extension. The MJB is tracking cases in the quality hearing study. They are in the early contracting phase with an outside provider for data collection and analysis. MJB Coordinator has ongoing meetings with the Transformation Zone participants and updates case status on a consistent basis.

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: See below.

- 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: A March 2022 QA review of a 10% of children who entered foster care in 2020 found that initial permanency hearings occurred timely in 100% of the cases reviewed. In 95% of the cases reviewed it was found that the subsequent permanency hearings were held within 12 months of the prior permanency hearing. This was down slightly from the last two reporting periods, 99% and 95% respectively. In reviewing those cases with missed subsequent annual hearings it is likely due to documentation missing versus lack of hearing being held as Case Management Conference were listed as scheduled for dates that would have led to the timely annual permanency hearing.

A follow up QA study was completed in September 2021. A sample of 40 Judicial Review orders were reviewed (5 from each district office). Data from the study indicates that 100% of Judicial Orders reflected confirmation that DHHS filed caregiver notification with the court.

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

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

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

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

Item	State Performance CFSR 2017	State Performance ME CFSR Period 4/1/21-3/31/22
15 Caseworker visit with parent(s)	35% Strength	10% 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: In April 2021, OCFS created new positions of Investigations and Permanency Program Specialists and Child Welfare Program Supervisor. The CW Program Specialist Team has been completing reviews of open cases/investigations for each unit in the district. District themes from those reviews are compiled and shared with the district leadership team including the supervisors and PA/APA. Individual case review debriefings are completed with the worker/supervisor and next steps are developed.

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

Status Update: Included in the response to the PIP extension, OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

OCFS has also finalized updated templates for monthly caseworker contacts with children, parents, and resource parents.

- 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. 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.

On 1/27/2022, OCFS released the 2022 Child Welfare Caseload and Workload Analysis report. The workload analytic tool results for December 2021 show a need for 33 additional caseworkers. The current number of caseworkers (425) includes positions added in three separate initiatives since 2019; however, the workload analytic tool results demonstrate that those allocations of positions have not been sufficient to meet the actual need for caseworkers within Maine's child welfare system.

- 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 monthly caseworker 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. Entrance and Exit surveys are sent to all staff who join or leave the agency and the data from those surveys is compiled and shared with the Executive Management Team. 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. Entrance and Exit surveys are sent to all staff who join or leave the agency and the data from those surveys is compiled and shared with the Executive Management Team. 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 helped 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 continues 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.

Staff recruitment activities for 2021 include: presentations to colleges (University of Maine at Presque Isle, University of Maine at Augusta, University of Southern Maine, and UMaine presentations at social work classes and participation in the USM Job Market); participation in virtual job fairs (University of Connecticut, UMaine, University of New England, Thomas College, New Hampshire College, Keene State College, University of New Hampshire, St. Joseph's College and Rivier College), paid and free subscriptions on Indeed and Live and Work in Maine, as well as recruitment on the State of Maine Social Media sites (Linked In, Facebook, Instagram and Twitter).

Staff retention activities included group and individual clinical support services in each district office, new worker support groups in each district office, updated foundations training, progress on development of a field instruction unit, development of a mentoring program (in progress), and check-in emails from the recruitment and retention specialist. OCFS staff are also nominated to receive a district STAR award by peers/district leadership based on the categories of Service, Teamwork, Attitude and Respect. STAR awards are given quarterly to two staff from each district who have made outstanding contributions to our work in the four categories.

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

Status Update: Development of the Field Instruction Program (FIP) is complete and OCFS and the Muskie Institute are piloting the model with the current group of OCFS interns. Full implementation of the FIP program will begin in the fall of 2022.

1. OCFS Foundations Program

The Foundations Training is being delivered to a cohort of five 2021-22 OCFS student interns. The Muskie Team created a paced weekly training plan that delivers the Foundations Training over the academic year and a corresponding online course in the OCFS Learning Portal. The training counts toward the students' required field hours, and incorporates professional development coaching including licensing procedures, student loan management, professional dress and demeanor, and secondary trauma management. Students who successfully complete the program and are offered and accept positions at OCFS will not be required to repeat the Foundations training.

2. Communications and Support to OCFS Supervisors and Casework Mentors

The Muskie Team partnered with the QA Team to develop a structured supervision plan for participating student interns. Each student intern is paired with a caseworker mentor to shadow and help provide contextual orientation in the field. The student intern accompanies their caseworker mentor to the mentor's supervision sessions to see Structured Decision Making in real time and learn about making the most of the supervision process.

3. Field Instruction Program (FIP) Recruitment

The FIP has implemented the recruitment plan, including an online application process, informational materials, and a standardized interview and background screening process for the academic year 2022-23.

Evaluation Tools

The Muskie Team, in collaboration with the Evaluation Committee, has developed a logic model, which provides a foundation for the development of student intern evaluations.

Evaluations will be administered with students before starting the FIP, after graduation, and 6-months post-graduation to measure knowledge gains and retention in the field.

- In collaboration with the University of Southern Maine, the Muskie Institute, review and revise the pre-service training process for new caseworkers. **(PIP activity - Q6 7/2021)**

Status Update: The re-design of the Foundations training is complete, and the first round of the new training model began in January 2022. The training development team included members from OCFS leadership and field staff, AAGs, Resource Parents and the Muskie team. The new model will include 7 weeks of training (increased from 5 weeks) and both classroom and field learning. The training model includes training simulations on Fact Finding Interviewing of Children, Initial Adult Interviews, Facilitating FTMs, Meaningful Monthly Caseworker Contacts and Mock Trial. Themes of the foundations training include:

- Role Clarity
- Law, Policy, and Documentation
- Focus on Child and Family Voice
- Timely and Effective Decision Making and use of Critical Thinking Skills
- SDM Tools
- Engagement, Worker Safety, Wellness, and Self-Care

Foundations will be a two-track program (Permanency and Investigations). Each program area will have program specific training time to learn skills and tasks associated with their specific roles (and to allow time for group practice) as well as shared learning days for both tracks. Participants will engage in pre and post foundations meetings with their trainer and supervisor. Participants will also complete weekly reflections and field logs that will be shared and discussed with their supervisor. The Muskie Team and OCFS leadership are exploring how staff can transition back to in person learning when it is safe to do so, and it is anticipated that Foundations training will ultimately be a hybrid model of both in-person and online learning.

- 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: All previously mentioned trainings are ongoing and available to all staff. The OCFS Training and Policy Unit is in the process of developing additional trainings and coaching opportunities for new staff including a consistent framework for a new worker support group and legal writing. As part of the implementation plan for the PIP extension, Supervisors will resume field coaching for workers including observations of interviews with parents and children and Family Team Meetings. Caseworkers will be provided written feedback from these field observations.

- 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 Bright Space Learning Management System went live in July 2021. Currently there are several training opportunities on the site and staff are able to sign up for trainings through this platform. Most recently, staff used the Bright Space LMS to register for the two-day training on the new CCWIS system (Katahdin). Some additional training opportunities on Brightspace include Social Work Ethics and Medical Indicators of Abuse/Neglect.

For live/zoom trainings, staff attendance is captured through Brightspace. Once registered for a course, trainers use the registration list to mark a student as absent or present. Staff who were marked present during the training will earn a certificate (badge) for the training. Attendance can also be captured through an attendance tool spreadsheet. For E-learning, the system tracks who has started and completed a training. Certificates (Badges) are awarded for all policy trainings once a staff member has completed and passed the quiz. For a course that awards contact hours, a printable certificate is issued. When a mandatory course for all staff is created, Brightspace can track attendance to determine who has completed the course.

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

Status Update: The Muskie 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, Muskie 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. This new training began in January 2021 via remote platforms and was co-facilitated with Muskie staff and staff from Adoptive and Foster Families of Maine.

RFIT continues to be conducted by the Muskie School of Public Policy and is co-facilitated by staff from Adoptive and Foster Families of Maine and held remotely via zoom. This is a 24- hour training with a variety of options for participation (three 8-hour sessions, four 6-hour sessions). By December 2021, 875 individuals graduated from the program (over 500 households) through 8 sessions. Almost half (400) were kinship providers. There are currently 203 individuals registered for the winter session beginning January 2022. Participant feedback from the training indicates that caregivers have seen an increase in knowledge/skills in child development, trauma informed parenting and trauma related behaviors, grief and loss, and substance use concerns.

- 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 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: 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 2021 although in a virtual format.

Unfortunately, the annual Spring Conference in 2020 was cancelled due to COVID-19. The 2021 spring conference was delivered in April 2021 in a virtual format and the April 2022 conference will also be a virtual experience.

*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 reflect the need more accurately 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.

OCFS has worked with Chapin Hall beginning in the last quarter of 2021 to initiate a small-scale gap analysis related to the needs and availability of services for families living in Maine. A report to the legislature on the status of this analysis including FFPSA program updates was developed and can be found [here](#) on the OCFS FFPSA public facing website. Casey is continuing to fund Chapin Hall to work with OCFS in 2022. Maine's State Agency Partnership for Prevention provided input and ideas on future focus areas for the gap analysis including identifying communities of need as well as substance use service availability. Existing survey and focus group data will be analyzed to assess barriers to service provision. Other data collection will be completed as needed.

- 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 On February 1, 2021, the Office of Child and Family Services (OCFS) [FFPSA Maine State Prevention Plan](#) was submitted to the Administration for Children and Families (ACF) with the plan being approved on September 15, 2021.

Children's Residential Care Facility (CRCF) Services:

- OCFS's Child Welfare, Children's Behavioral Health, and Children's Licensing and Investigation teams in collaboration with the Office of Mainecare Services worked diligently over the past year to incorporate all Family First Qualified Residential Treatment Program (QRTP) standards into the Mainecare and Children's Residential Care Facility Services Licensing rules. On November 1, 2021, the Mainecare rules were finalized (along with new rates for reimbursement) and on December 12, 2021, Licensing rules were finalized making these QRTP standards a requirement for all Children's Residential Care Facilities in Maine.
- In 2021, State legislation and new rules were passed to set process standards associated with the required Judicial Review of child welfare youth admissions into a CRCF.
 - A recorded webinar was provided to Judicial staff in September 2021 in preparation for rollout October 1, 2021.
 - Court notification and court order forms were drafted and finalized.
 - A one pager fact sheet for OCFS staff was created to outline the required processes.
- Throughout the planning process, stakeholders and OCFS staff were engaged in the development of tools and resources to assist with implementation of the new rules/standards. The following resources were created and implemented:
 - An OCFS Staff Toolkit including instructional forms, flow charts, training materials, and a OCFS Children's Residential Care Facility Services Staff Guide.
 - A [CRCF Provider Guide](#) was created along with associated forms for documenting the new Aftercare requirements.
 - OCFS staff and CRCF Provider webinars were held and recorded in December 2021, at which time education was provided on the new MaineCare rules and other procedures relative to the new CRCF requirements.
- Beginning in 2020, with the help of the Family First Transition Grant, CRCF providers were given an opportunity to request reimbursement for costs associated with meeting the new fingerprint based criminal background check and accreditation requirements. In calendar year 2021, all CRCF staff underwent the fingerprinting process and 8 out of 10 CRCF's became accredited with the 9th program finalizing accreditation in early 2022.

Prevention Services:

- *Parents as Teachers Expansion:* Maine's Family First Prevention Services State Plan includes an expansion of the Parents as Teachers/Maine Families Home Visiting model to serve more families engaged in child welfare services in an effort to prevent removal from the home. The Office of Child and Family Services, the Maine Center for Disease Control and Prevention, and the Maine Children's Trust have met bi-weekly on this project. At least once per month these meetings include the Local Implementation Agencies. Over the past several months, planning and implementation activities that have occurred includes, but is not limited to contract amendments, [CradleMe referral form](#) adjustments, and a one pager information sheet for OCFS staff on how to make referrals to the PAT expansion project. Three of the five sites who will be implementing this project began the ability to take referrals in January 2022. Meetings with OCFS offices and Local Implementation Agencies led to the first referral of this project on 3/1/22. Workforce challenges are preventing other sites from hiring causing a delay for implementation in the other two sites. Training for all Maine Families Home Visiting staff on the Child Welfare process took place on 1/26/22.
- *Homebuilders:* In January 2022, Bethany Christian Services of New England (BCSNE) was selected as the provider for the implementation of the Homebuilders program in Maine through the competitive bidding process. OCFS has been meeting with BCSNE staff to work on contract development and implementation of 8 teams to serve the entire state of Maine.

OCFS continued to work on implementation planning in a parallel process while waiting for the contract to be encumbered. .

Other Resources for Prevention:

- **Services Trainings:** In November 2021, three (3) regional trainings for OCFS child welfare staff on “Services and Supports for Maine Families” were conducted. In partnership with the OCFS training and policy team, these trainings are part of OCFS’ efforts to continue to educate staff on the primary, secondary, and tertiary prevention services and supports available to Maine families going beyond what Title IV-E is funding. Local community providers as well as some statewide programs presented directly to OCFS staff and staff also received a resource sheet of all presenters/programs for their region. In the spring of 2022, OCFS plans to provide training for service providers on working with families receiving services from child welfare.
- **Family Services Resource Guide:** As indicated in the OCFS State Prevention Plan, educating staff, families, and providers about the resources that exist in Maine to support families is a priority. With the assistance of a State Agency Partnership for Prevention sub-committee, OCFS developed an online Family Services Resource guide. This online tool has state level program information for public access including links to websites for more information, crisis contacts, as well as links to connect with the 2-1-1 Directory of Resources in Maine. This guide went live in the spring of 2022 and a webinar on how to use the guide and 2-1-1 to access supports for families will be held. (Access Maine: <https://www.accessmaine.org/>)

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

Throughout the COVID-19 pandemic service availability and access has been a challenge. OCFS has supported the use of telehealth services when possible and has reinvested contract dollars that would have lapsed to support service providers in adapting to the current workforce/service delivery challenges, for example to support recruitment and retention activities. Specifically, OCFS has informed providers that they can utilize OCFS contract funds for sign on and recruitment bonuses for their staff.

As noted in other sections, OCFS is in process of implementing several services for children and families including Homebuilders (both prevention and reunification services), Hi-Fidelity Wraparound, Child Care and Early Child Care services, Parents Are Teachers Too, as well as Family Visit Coaching to expand the continuum of visitation services.

With regards to visitation, OCFS has contracts with visitation providers in all 8 districts throughout the state, however visitation services are minimally available statewide. This is due primarily to staffing shortages as a result of the pandemic. In February 2022, the Governor released a

supplemental budget proposal, which, if approved by the Legislature would provide funding to expand the Family Visitation Coaching Program statewide. OCFS is also entering into a visitation pilot with the Fair Shake Visitation Program. This program offers monitored visitation through the use of video technology at a facility. The program can monitor up to 5 visits at a time for families that do not require eyes on/ears on supervision.

With regards to transportation, OCFS continues to have quarterly meetings with the contracted transportation providers. The Division of Contract Management, the DHHS Commissioner's Office DHHS and Child Welfare Leadership continue to participate in ongoing meetings to discuss and develop plans for a statewide transportation system.

- 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.

OCFS, CBH and the FFPSA program manager have developed a Family First Prevention Services Tool kit, which identifies resources statewide. Through implementation of the Family First initiative, work has been done to improve the quality of Residential Care Facility (RCRF) services in the state by collaborating internally with Child Welfare, CBHS, and Children's Investigation and Licensing Unit as well as the Office of MaineCare Services. Qualified Residential Treatment Program standards required within the Family First Prevention Services Act have been embedded into MaineCare rule (and pending Licensing rule) so that all RCRF programs in Maine must meet these QRTP standards in order to be licensed in Maine and receive funding from MaineCare for treatment.

- 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: The Family Visit Coaching Pilot has been completed. Results from the pilot: 54 families were reviewed; 24 completed the full 16-week program and 30 did not complete the program. Of the 30 who did not complete the program, 8 of the families ended early due to trial home placement and the remaining 22 ended early due to a variety of reasons including safety concerns, violation of policies/rules, termination of parental rights, change in placement, etc.

OCFS has contracts with visitation providers in all 8 districts throughout the state, however visitation services are minimally available statewide. This is due primarily to staffing shortages as a result of the pandemic. In February 2022, the Governor released a supplemental budget proposal, which, if approved by the Legislature would provide funding to expand the Family Visitation Coaching Program statewide. OCFS is also entering into a visitation pilot with the Fair Shake Visitation Program. This program offers monitored visitation through the use of video technology at a facility. The program can monitor up to 5 visits at a time for families that do not require eyes on/ears on supervision.

- 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 4/1/21-3/31/21
12A Needs Assessment of Children	69% Strength	32 % Strength
13 Child and family involvement in case planning	55% Strength	14 % Strength
14 Caseworker visit with child	63% Strength	28 % Strength
17 Physical health of child	64% Strength	39 % Strength

18 Mental/behavioral health of child	67% Strength	14 % 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: In April 2021, OCFS created new positions of Investigations and Permanency Program Specialists and Child Welfare Program Supervisor. The CW Program Specialist Team has been completing reviews of open cases/ investigations for each unit in the district. District themes from those reviews are compiled and shared with the district leadership team including the supervisors and PA/APA. Individual case review debriefings are completed with the worker/supervisor and next steps are developed.
- Analyze feedback and implement solutions to improve the quality and documentation of contacts with children. **(PIP activity - Q3 10/2020 and ongoing)**
Status Update: OCFS created District CQI Teams that include the OCFS QA Program Specialists, the OCFS Child Welfare Program Specialists, the OCFS Policy & Training Program Specialists and the District Senior Management Child Welfare Teams. The four teams participate in quarterly

district practice feedback sessions related to reviews conducted by the QA Program Specialist Teams. These reviews are focused on Family Team Meetings, Family Plans and caseworker contacts with children and parents; and the reviews conducted by the CW Program Specialists are focused on investigation and permanency practices. It is anticipated that developing a CQI process that provides feedback in real time will provide child welfare staff the opportunity to receive critical feedback, related to both strengths of practice and opportunities to grow their practice, to ensure child and family's needs are being met and outcomes are improved.

- 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 monthly caseworker 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. These services are being discontinued June 30, 2022.

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 and currently in Katahdin, the new child welfare information system. 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 had their first Judicial Reviews using this model in March 2021. The Transformation Zone pilot project will continue through the PIP extension period to allow for additional data collection and assessment of outcomes.

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 12 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. This support can be provided up until the age of 23 years effective this legislative session.

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. Since implementation of the updated permanency review teams, OCFS staff have completed 1276 reviews, including 729 reviews for youth who have been in care 24 months or more.

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). “Resource family” means a person or persons who provide care to a child in the child welfare system and who are foster parents, permanency guardians, adoptive parents, or members of the child’s extended birth family.”

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, 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 were 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. In 2020, the first year of the Family Visitation Coaching Pilot was completed. The service was extended through June 2021 while OCFS leadership reviewed project outcomes and determined next steps with the contracted provider agency. Funding was allocated by the legislature to expand Family Visitation Coaching in several districts across the State. OCFS is exploring additional services for the visitation continuum, including initiating a contract with Fair Shake, a visitation pilot program in northern Maine. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary.

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 district.

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).

The Family Team Meeting policy was revised effective November 30, 2021.

- The goals of the team meetings are to address the needs related to the safety and risk identified to 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 incorporate a strengths-based perspective, drawing on the family's protective capacities to promote change. FTMs emphasize teamwork, engagement with families, and the importance of forming relationships among team members to provide support to the family and continuity for the child.
- Family Team Meetings will be convened at the following critical decision points:
 - ✓ Pre-Removal- the purpose is to address safety threats, promote engagement with the family and explore relatives and other information supports.
 - Outcomes may result in a Safety Plan for children to remain in the care and custody of their parents or
 - A Preliminary Protection Order filed.
 - ✓ When opening a Prevention Service Case within the first 30 days, every 60 days thereafter and prior to case closure.
 - ✓ Child Custody cases based on identified needs of the family and at least every 3 months.
 - At the request of the family, child, or other team members
 - Prior to filing a jeopardy petition
 - To inform the development of the preliminary reunification and rehabilitation and reunification plan
 - To inform the development of the child plan and youth transition plan
 - Prior to recommending residential placement
 - Prior to changing the case goal
 - Prior to a trial home placement
 - Prior to case closure.
- OCFS Staff will ensure that all required team members are invited to attend Family Team Meetings. These participants include: the parents/caregivers, child if developmentally appropriate, resource parents, Tribal Partners, Guardian Ad Litem, parents' attorneys, and visit supervisors. The caseworker and parents will identify other team members together.
- Family Team Meeting preparation and engagement is incorporated into ongoing work with team members and includes ensuring team members know what to expect, so they may be fully engaged in the process.
- SDM tools are incorporated into the Family Team Meeting process to help identify safety threats, family and child strengths and priority needs.
- Family Team Meetings are documenting using the FTM summary sheet, which is being incorporated into Katahdin.

Trainings on the new policy began in December 2021 and will continue through early 2022.

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 February 1, 2021, the Office of Child and Family Services (OCFS) [FFPSA Maine State Prevention Plan](#) was submitted to the Administration for Children and Families (ACF) with the plan being approved on September 15, 2021.

Children's Residential Care Facility (CRCF) Services:

- OCFS's Child Welfare, Children's Behavioral Health, and Children's Licensing and Investigation teams in collaboration with the Office of Mainecare Services worked diligently over the past year to incorporate all Family First Qualified Residential Treatment Program (QRTP) standards into the Mainecare and Children's Residential Care Facility Services Licensing rules. On November 1, 2021, the Mainecare rules were finalized (along with new rates for reimbursement) and on December 12, 2021, Licensing rules were finalized making these QRTP standards a requirement for all Children's Residential Care Facilities in Maine.
- In 2021, State legislation and new rules were passed to set process standards associated with the required Judicial Review of child welfare youth admissions into a CRCF.
 - A recorded webinar was provided to Judicial staff in September 2021 in preparation for rollout October 1, 2021.
 - Court notification and court order forms were drafted and finalized.
 - A one pager fact sheet for OCFS staff was created to outline the required processes.
- Throughout the planning process, stakeholders and OCFS staff were engaged in the development of tools and resources to assist with implementation of the new rules/standards. The following resources were created and implemented:
 - An OCFS Staff Toolkit including instructional forms, flow charts, training materials, and a OCFS Children's Residential Care Facility Services Staff Guide.
 - A [CRCF Provider Guide](#) was created along with associated forms for documenting the new Aftercare requirements.
 - OCFS staff and CRCF Provider webinars were held and recorded in December 2021, at which time education was provided on the new MaineCare rules and other procedures relative to the new CRCF requirements.
- Beginning in 2020, with the help of the Family First Transition Grant, CRCF providers were given an opportunity to request reimbursement for costs associated with meeting the new fingerprint based criminal background check and accreditation requirements. In calendar year 2021, all CRCF staff underwent the fingerprinting process and 8 out of 10 CRCF's became accredited with the 9th program finalizing accreditation in early 2022.

Prevention Services:

- *Parents as Teachers Expansion:* Maine’s Family First Prevention Services State Plan includes an expansion of the Parents as Teachers/Maine Families Home Visiting model to serve more families engaged in child welfare services in an effort to prevent removal from the home. The Office of Child and Family Services, the Maine Center for Disease Control and Prevention, and the Maine Children’s Trust have met bi-weekly on this project. At least once per month these meetings include the Local Implementation Agencies. Over the past several months, planning and implementation activities that have occurred includes, but is not limited to contract amendments, [CradleMe referral form](#) adjustments, and a one pager information sheet for OCFS staff on how to make referrals to the PAT expansion project. Three of the five sites who will be implementing this project began the ability to take referrals in January 2022. Meetings with OCFS offices and Local Implementation Agencies led to the first referral of this project on 3/1/22. Workforce challenges are preventing other sites from hiring causing a delay for implementation in the other two sites. Training for all Maine Families Home Visiting staff on the Child Welfare process took place on 1/26/22.
- *Homebuilders:* In January 2022, Bethany Christian Services of New England (BCSNE) was selected as the provider for the implementation of the Homebuilders program in Maine through the competitive bidding process. OCFS has been meeting with BCSNE staff to work on contract development and implementation of 8 teams to serve the entire state of Maine. OCFS continued to work on implementation planning in a parallel process while waiting for the contract to be encumbered.

Other Resources for Prevention:

- *Services Trainings:* In November 2021, three (3) regional trainings for OCFS child welfare staff on “Services and Supports for Maine Families” were conducted. In partnership with the OCFS training and policy team, these trainings are part of OCFS’ efforts to continue to educate staff on the primary, secondary, and tertiary prevention services and supports available to Maine families going beyond what Title IV-E is funding. Local community providers as well as some statewide programs presented directly to OCFS staff and staff also received a resource sheet of all presenters/programs for their region. In the spring of 2022, OCFS plans to provide training for service providers on working with families receiving services from child welfare.
- *Family Services Resource Guide:* As indicated in the OCFS State Prevention Plan, educating staff, families, and providers about the resources that do existing in Maine to support families is a priority. With the assistance of a State Agency Partnership for Prevention sub-committee, OCFS developed an online Family Services Resource guide. This online tool has state level program information for public access including links to websites for more information, crisis contacts, as well as links to connect with the 2-1-1 Directory of Resources in Maine. This guide went live in the spring of 2022 and a webinar on how to use the guide and 2-1-1 to access supports for families will be held. (add link to accessmaine)

Small Scale Gap Analysis: OCFS has worked with Chapin Hall beginning in the last quarter of 2021 to initiate a small-scale gap analysis related to the needs and availability of services for families living in Maine. A report to the legislature on the status of this analysis including FFPSA program updates was developed and can be found [here](#) on the OCFS FFPSA public facing website. Casey is continuing to fund Chapin Hall to work with OCFS in 2022. Maine’s State Agency Partnership for Prevention provided input and ideas on future focus areas for the gap analysis including identifying communities of need as well as substance use service availability. Existing survey and focus group data will be analyzed to assess barriers to service provision. Other data collection will be completed as needed.

Other Family First Program Updates:

- An OCFS Family First Staff Toolkit was created and went live on October 1, 2021. This is a resource for all staff to utilize to find information on processes, procedures, forms, etc. related to implementation of Family First.

- Family First Fridays are disseminated the first Friday of every month and are an opportunity for staff to receive a fact sheet with updates on Family First implementation.
- Stakeholder Workgroups continue to convene and inform practice:
 - Trauma Informed Care (TIC) Committee: An internal and external committee on Trauma Informed Care convenes to address cross systems need. Externally a Trauma Informed Care Committee has assisted OCFS with planning for the rollout of the Trauma Informed Organizational Assessment (TIOA). This is a new requirement for CRCF Providers to meet FFPSA requirements. The group assisted OCFS with selecting the National Child Traumatic Stress Network (NCTSN) TIOA tool which will roll out in 2022 with CRCF providers.
 - Behavioral Health and Supportive Services (BH/SS) Workforce Committee: This committee has been meeting for the past year to develop recommendations to address the BH/SS workforce issues in Maine. The group completed a recommendations chart that was distributed to the DHHS Commissioner's Office. The future goals of the group are being established.
 - Family First Implementation Workgroup: This stakeholder group meets every 6 weeks and is briefed on Family First updates and provides implementation input.
- Diverse Populations: OCFS has continued to meet on a regular basis with the Immigrant/New Mainer communities to discuss needs and strategies for inclusion. There has been tribal representation on stakeholder workgroups and targeted outreach for project specific input (such as the Resource Guide.)
- Evaluation: Through the Competitive Bidding process OCFS has secured Public Consulting Group to do the evaluation of FFPSA. Bi-weekly meetings have been established for evaluation planning.

Family First Prevention Services ACT Transition Grant Funds:

What is funded	Explanation	Updates
Residential Treatment Programs Readiness and Capacity Building (Summer 2020, Calendar Year 2021)	<ul style="list-style-type: none"> • Provided funding for accreditation fees to CRCF's that are not currently accredited as well as those up for re-accreditation. • Provided financial assistance to CRCF's to complete the fingerprint requirement (One time/one year) • One limited period (2 year) position (ID Specialist) to process background checks. 	<ul style="list-style-type: none"> • Accreditation reimbursement contracts executed. • Fingerprinting requirements met and final invoices are coming in. • One limited period position has been in place.
Parents as Teachers training support (October 2021)	Training for staff for the 0-5 program. One time funding.	Partial implementation. After additional hiring more funds will be used for training.
Homebuilders (March 2022)	Evidenced Based Program training for implementation staff and annual allocation to assist with implementation.	Not yet implemented. Expected late spring 2022.

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 12/31/21, 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. In 2021, AFFM reviewed proposals and contracted 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. For the second consecutive year, AFFM was underspent in the kinship program budget. The underspent funding is primarily due the ongoing impact COVID-19 pandemic in 2020 and 2021. AFFM was unable to have materials printed during the first few months of the funding in 2020 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.

OCFS continues to fund kinship services through a contract with Adoptive and Foster Families of Maine (AFFM) through a federal grant. AFFM has an established [Kinship Program](#) that provides direct support to grandparents and other relatives who are caring for relative children. The program is staffed by 4 kinship specialists.

AFFM and OCFS continue to participate in a Kinship Navigator Collaborative with Casey Family Programs and colleagues in other states, including Montana, Vermont, and Wyoming, to develop an evidence-based kinship navigator program for submission to the Federal Family First Clearinghouse. This group has developed a model, agreed upon data points to collect, surveyed families, and gathered basic demographics. Maine began implementing the pilot model in select counties in February of 2022 and will collect data through December 2024. The pilot service is based on a case management model and the outcomes in the pilot counties will be compared to those in counties where kinship families receive the current kinship support services.

There is currently only one kinship navigator program that has been established as eligible for funding through the Family First Prevention Services Act. At this time the rating for this program is "promising." OCFS is hopeful that its efforts in collaboration with AFFM, Casey Family Programs, and other states will result in the establishment of an additional program that is considered "well supported,". Per the Title IV-E Prevention Services Clearinghouse, "promising" services have at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome. "Well-supported" services have at least two contrasts with non-overlapping samples that achieve a rating of moderate or high design and execution and these studies demonstrate favorable effects in a target outcome domain with at least one of the target outcomes showing sustained favorable effect for at least 12 months following the end of the service.

AFFM's Board of Directors is serving as the oversight committee for the collaborative project. AFFM has a diverse Board of Directors that includes former youth in care, a member of a tribal community, a current tribal judge, an attorney, kinship families, foster/resource parents, adoptive parents, and community members. There is also a small group working directly on pilot implementation, which includes one staff person from AFFM, OCFS' Regional Associate Director who oversees resource parent services, and two researchers from the University of Maine at Orono who are assisting with data collection and analysis.

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): Effective January 2022 the Office of Child and Family Services ended its contract with the University of Kansas for the use of the Results Oriented Management Reporting System effective when the Katahdin system was implemented. Through Katahdin, OCFS will have the capacity to generate reports regarding Permanency, Re-Entry, Placement Stability, and Safety while in Care.

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.

Due to the ongoing pandemic DV-CPS Advocates across the state have pivoted between working remotely, within the districts and hybrid models. In December of 2021, MCEDV onboarded a new Program Coordinator for the DV-CPS Advocate program. The Program Coordinator will engage with OCFS on a monthly basis and also attend quarterly district manager team meetings, while also engaging with the overall child welfare systems response, including training for OCFS, the judiciary, attorney’s, and GAL/CASA’s. The PC will also be sitting at Statewide oversight committee tables, such as MCWAP and CDSIRP.

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 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 reviewed 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 June 30, 2022 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 was 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. The service was extended through June 2021 while OCFS leadership reviewed project outcomes and determined next steps with the contracted provider agency. Funding has been allocated by the legislature to expand Family Visitation Coaching in several districts across the State. A 4/1/22 contract has been initiated with Fair Shake, a visitation pilot program in the Newport area. This program monitors 4 to 5 visits at a time using video cameras at their facility. Staff are available to intervene if necessary. These three different visitation programs are all part of a continuum of visitation services, ranging from supervised, to monitored to intensive in-home coaching visitation.

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 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 childcare 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. These features were included in the Katahdin system, which was implemented statewide on January 18, 2022. OCFS also has an internal case review process for child fatalities 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 the fall of 2021 OCFS partnered with Casey Family Programs and Collaborative Safety to support the application of safety science principles to critical incident reviews. As of April 2022, OCFS has hired 2.5 Safety Science Analysts and created a Maine Safety Science Model Multidisciplinary Team. The Safety Science Analysts conduct a technical review of all reports where there is a child fatality, serious injury, or ingestion with

allegations of abuse or neglect. Cases which involve a child fatality or near fatality and have child welfare history within the past three years are summarized and presented to the MDT, who then selects cases to undergo a full systems review based on the Safety Science Model.

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. In 2021 OCFS collaborated with Casey Family Services and Collaborative Safety LLC to conduct a systemic overview after a series of child fatalities. OCFS has partnered with Collaborative Safety to implement the Safety Science Model into OCFS' case review process. 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.
- 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.
- Implementation of the Homebuilders 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
- OCFS plans to implement Homebuilders Program for families working toward reunification.
- 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 has implemented a service to match youth without an identified adoptive placement to a family through a contract with a community provider.

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. This same functionality has been built into Katahdin.

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 2021 was 95% with at least 50% of the visits occurring in the child's residence. Maine exceeded the requirement with **96%** seen and **93%** 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

- For 2020, Grant year 2019, Maine received \$527,500 for the Adoption and Legal Guardianship Incentive Grant to cover the period through September 2022 when this grant will end. Effective October 1, 2022 no grant was awarded meaning funds for supports to individual post adoptive families will have to come from other resources or be unavailable.
- OCFS provided \$15,225.25 from the grant to our AFFM contract during 2021 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 2020, OCFS allotted \$34,431.75 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 third year of implementation. OCFS will spend 430,168.00 of this grant in the third 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 the 2018 Grant \$0.00

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 2021 was 27.

During the calendar year 2021, 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 FY23 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); Mi'kmaq Nation (formerly known as the Aroostook Band of Micmac Indians located in 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, 93 staff members attended the ICWA training as well as 1 domestic abuse and violence advocate and 4 parent partners. The first 2 trainings were in person then they were adapted for virtual presentation due to COVID-19. In addition, the ICWA Workgroup continued to meet with the first meeting being held in-person and the other 5 moving to virtual format due to COVID-19. Due to COVID-19, OCFS and tribes also partnered to ensure that all involved were aware of 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. QEW training was adapted to be presented virtually so recruitment and training could continue.

In addition, in 2020 the Structured Decision Making (SDM) Tools regarding Permanency were implemented and tribal child welfare staff were given the materials, which were reviewed in an ICWA Workgroup meeting. The Family First Prevention Services Program Manager also met with tribal child welfare staff to engage them regarding the Family First Protection Services Act.

In 2021 the following events occurred:

1. In 2021, 6 ICWA trainings were offered virtually with 121 people participating in the trainings: 103 OCFS staff members, 2 interns from the Field Instruction Unit (FIU), 1 FIU Coordinator, 1 member of the Commissioner’s Office, 1 member of the Judicial Branch, and 13 staff members from Wabanaki Public Health and Wellness. Of the 121 participants, 95 responded to the training evaluation (78.5% of participants). 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 95% of participants gave a rating of 4 or 5 stating they had a better understanding of why ICWA was enacted, 94% that they had an enhanced understanding of historical trauma, 89% that they understood how to co-case management an ICWA investigation/case, and 92% 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’, some examples of what participants stated are:

- a. This training has made me more aware of the impact of not taking the appropriate steps and how they negatively impact a Native American child. I will ensure that when I have a case that consist of this, I will ensure to take every step to ensure this is in place.
 - b. Great tie in with the historical information which helps explain why this law was enacted as well as the practical day to day steps OCFS/Caseworkers must follow in order to meet the law and the spirit of the work with families/children who fall under ICWA.
 - c. Information regarding policy such as contacting tribe and working with a QEW are concrete ways this will impact my practice and were very helpful to learn about. Additionally, I think the training generally did a good job of providing background and context that can help provide more culturally competent practice from caseworkers.
 - d. It brings to light the emotional impact that members of the tribes have experienced and are still experiencing today. This will result in an awareness being present when I work with these families and team with ICWA on cases.
 - e. I will be a better caseworker knowing how important ICWA is, not only legally, but also to children and their tribal heritage.
2. The Qualified Expert Witness (QEW) training in tribal communities was delivered virtually on 3 separate dates in 2021: January 27th, September 20th, and December 13th. The training is done by an Assistant Attorney General, a tribal partner, and a member of the OCFS child welfare staff. The purpose of the training is twofold: 1. to continue to educate tribal communities on child welfare so they will be comfortable taking on the role of a QEW and 2. recruiting QEWs. OCFS partners with each tribe to ensure that the tribe approves the choice of QEWs for ICWA cases involving their tribe.
 3. The ICWA Workgroup met 7 times during 2021 with one of those meetings, 4/29/21, being a joint meeting with the OCFS District Management Team. The workgroup continues to work on the ICWA Brochure for approval, a universal inquiry letter to streamline the process for both state and tribal child welfare, as well continuing to discuss co-case management and any issues that arising for tribal child welfare.

In addition to those activities cited above, the following practices continued in 2021:

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 Mi'kmaq Nation 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. OCFS also partners 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 2022. This includes regular meetings of the ICWA Workgroup to ensure compliance with ICWA policy and law, as well as to allow any strengths and challenges to be discussed and addressed.

Tribal Contacts	
Tribal Affiliation	Contact Name

**Targeted
Child
Treatment**

**John H.
Program
Transition
Appendix B**

Houlton Band of Maliseet	Lori Jewell, ICWA Program Director
Mi'kmaq Nation (formerly known as the Aroostook Band of Micmac Indians)	Norma Saulis, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	Julie Mitchell, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Tene Downing, Social Services Director
Penobscot Nation	Michael Augustine, Child Welfare Director

Plans:

Abuse Prevention & Act- See Appendix A

Chafee Foster Care for Successful to Adulthood – See

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 childcare, 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 childcare, 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 2020 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 2020 for purposes of Title IV-B, subpart 2, is \$27,316,210. 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 allocated these funds related to Title IV-B (child welfare) 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 was disbursed directly to the Maine Children's Trust. 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 allocating these funds 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 the 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

The CBCAP award was disbursed directly to the Maine Children's Trust which oversees the 16 Maine Child Abuse and Neglect Prevention Councils. The funding is being utilized for 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 teamwork within our communities. This work is supported by federal, state, and private resources, including parent partners and community members.

Legislative Updates

During 2021, the first session of the 130th Maine Legislature was convened. During this session the Legislature took up several bills related to child welfare. Following are the bills related to child welfare that that were passed:

- LD 58, An Act To Improve Information Sharing by Criminal Justice Agencies with Government Agencies Responsible for Investigating Child or Adult Abuse – This bill allows criminal justice agencies to share confidential intelligence and investigative record information with government agencies responsible for the investigation of abuse, neglect, or exploitation of children or incapacitated or dependent adults if the individual who is the subject of those records engaged in conduct that was considered criminal under certain chapters of Maine’s criminal code.
- LD 335, An Act To Clarify Requirements for Criminal History Record Checks Pursuant to the Federal Family First Prevention Services Act – The federal Family First Prevention Services Act requires fingerprint-based background checks of staff in certain congregate care settings. This bill made a correction to Maine law to conform to ensure conformity to this federal requirement.
- LD 497, An Act to Strengthen Supports for Families and Children Through a Child Abuse and Neglect Prevention and Early Intervention Program – Required the Department to report back to the Health and Human Services Committee on its child abuse prevention work undertaken as part of the implementation of the federal Family First Prevention Services Act.
- LD 606, An Act Regarding the Child Protection System – This bill amended the Department’s authorizations under the Child and Family Services and Child Protection Act to clarify that staff should cooperate and coordinate with other agencies providing services to families throughout the period of time the Department is involved with the family and child, as well as requiring the Department to establish and maintain a policy regarding caseworker’s access to information to coordinate adequate services and informing an ongoing analysis of safety and risk. In addition, the bill required OCFS to provide the Health

and Human Services Committee with a copy of the policy developed in response to this legislation once finalized.

- LD 765, An Act To Provide for Judicial Review in Compliance with the Federal Family First Prevention Services Act – This bill revised the requirements for judicial review of placements for children in qualified residential treatment programs to ensure such reviews are conducted in compliance with the federal Family First Prevention Services Act.
- LD 766, An Act To Ensure the Safety of Certain State Employees by Allowing Disclosure of Certain Confidential Information in Limited Circumstances – This bill amended the confidentiality statute in the Child and Family Services and Child Protection Act to include authorization and procedures for the release of limited information to a social media service in order to report, investigate, or remove a threat or serious intimidation attempt directed at Department staff, an employee of the Attorney General’s Office, a Guardian ad Litem, or a court officer that was conveyed via the social media service.
- LD 778, An Act To Enable Electronic Reporting of Suspected Child Abuse and Neglect for Certain Mandated Reporters – This bill modified the Child and Family Services and Child Protection Act to amend language regarding electronic submission of reports of suspected abuse or neglect to the Department and extended the categories of individuals who may report electronically to include school personnel.
- LD 837, An Act To Ensure That Definitions in the Child and Family Services and Child Protection Act Comply with State and Federal Law – This bill combined several bills requested by the Department and made the following changes:
 - Amended the definition of “abuse or neglect” in statute and enacted a definition of “child sex trafficking” in statute to ensure the Department has the authority to become involved with a child who may be the victim of child sex trafficking regardless of the alleged perpetrator’s relationship to the child.
 - Amended the definitions in the Child and Family Services and Child Protection Act to update cross-references to Maine’s education laws regarding truancy and clarify that the Department may intervene in situations involving truancy when the truancy is the result of neglect.
 - Clarified language in the Child and Family Services and Child Protection act regarding what may be considered a child protective record for the purposes of disclosure. Specifically, this change allows the Department to determine that documents in child protective records that were not originated by the Department are not child protective records for the purposes of disclosure.

During 2022, the second session of the 130th 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 and several new bills related to child welfare were proposed. Although none of these bills have been enacted the following bills have been voted out of the Health and Human Services Committee with a majority of Committee members voting ought to pass or ought to pass as amended.

- LD 393, An Act To Amend the Laws Regarding Health and Human Services – This proposal would enact a number of initiatives including, providing \$1 million each per year for two services (Homebuilders and Parents as Teachers), increasing funding for the Department’s contract for kinship services by \$420,000 a year, requiring the Department to study the ability of a parent whose child has been removed by OCFS to retain services and supports they were eligible for prior to the removal of their child, providing \$200,000 per year in contingency funding to the Department to assist families involved with child protective services in meeting immediate needs and requiring an annual report on the use of that funding, and establishing a Special Projects Manager position within the Department to

coordinate the services and supports available to families throughout the State that may serve to help prevent child abuse and/or neglect.

- LD 1721, An Act Regarding Dignity for Women in Correctional Facilities – This bill would require the Department to report annually on the number of children in the Department’s care and custody who are known to have one or more incarcerated parent and the number of those children for whom the case goal is reunification. OCFS would also be tasked with working to coordinate with county sheriffs in Maine to establish a system to regularly receive publicly available data on individuals incarcerated in county jails in order to inform OCFS’ child protective work.
- LD 1769, An Act To Align the Child and Family Services and Child Protection Act with Federal Law – This bill was proposed by OCFS and makes a minor change to the statute governing Maine’s extended care program. It replaces the word “State” with the word “department” to clarify who a youth must be in the custody of in order to qualify for the extended care program.
- LD 1824, Resolve, To Establish the Commission to Develop a Pilot Program to Provide Legal Representation to Families in the Child Protection System – This proposal would establish a Commission of various child welfare stakeholders to craft a pilot project wherein parents would be provided with legal counsel when the Department opens an investigation into a report of alleged abuse and/or neglect.
- LD 1825, An Act To Establish Limits on the Number of Hours Worked by and Workloads of Child Protective Services Caseworkers in the Department of Health and Human Services – This bill would enact statutory limits on the amount of hours an OCFS caseworker could work or drive in a given period of time. The language of the bill would allow for exceptions to these requirements if there is an immediate risk of abuse or neglect, but the exception must be approved by the Commissioner of the Department of Health and Human Services or their designee.
- LD 1850, An Act To Provide Funding for the Intensive Care Coordination Using High Fidelity Wraparound Services – This bill would provide \$3.1 million in funding for an intensive care coordination service that would utilize a system of wraparound care to provide services to families who are involved with child protective investigations.
- LD 1853, An Act To Increase Oversight Over the Child Welfare System – This bill would require two of Maine’s Citizen Review Panels, the Maine Child Welfare Advisory Panel (MCWAP) and the Child Death and Serious Injury Review Panel (CDSIRP), to submit quarterly reports to the Legislature’s Health and Human Services Committee on the child protective system and the collaboration between the citizen review panels. The bill would also require OCFS to submit quarterly reports to the Health and Human Services Committee on the progress of implementing the recommendations of an October 2021 report completed in conjunction with Casey Family Programs and Collaborative Safety, implementing recommendations made by MCWAP, and efforts described in OCFS’ annual report on child welfare.
- LD 1960, An Act To Make Changes to the Laws Governing the Child Welfare Services Ombudsman Program – This bill was proposed by Governor Mills to provide additional resources and information to the Maine Child Welfare Ombudsman Program. Changes include placing program staffing decisions under the purview of the Ombudsman; providing funding for the Ombudsman’s office to provide health insurance to staff; clarifying that the Ombudsman may provide opinions and recommendations on current and proposed programs, rules, policies, and laws; making the Ombudsman a statutorily required member of Maine’s Child Death and Serious Injury Review Panel; clarifying the Ombudsman’s role with the Legislature; codifying OCFS’ practice of providing the Ombudsman with notice of certain child

fatalities; and requiring the Department to notify the ombudsman of statewide policy changes impacting child welfare before the change takes effect.

To date none of these bills have been enacted but OCFS will provide an update on the final disposition of these bills in next year's report.

Changes to the CAPTA Plan

There were no significant changes during 2021 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 with 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, 2021 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, 2021 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 2021, 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. Additionally, CAPTA funding will be utilized to support the development of a web-based portal for Maine's Plan of Safe Care (POSC). This online system will allow providers to create an online, secure, and printable version of the PSOC. OCFS is also creating a data collection system which will collect and collate demographic information from the POSC portal. CAPTA funding will be used to support the State of Maine's Sexual Assault Forensic Examiner Program, which provides education to medical providers and services to youth and adult victims of sexual violence.

OCFS Employee Statistics

The Maine Department of Health and Human Services/OCFS continues to track hiring and turnover of caseworker, supervisor, Child Welfare and OCFS staff. This tracking started in 2020 as a result of Workforce Analytics Workgroup. Tracking includes 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 2021 with a caseworker turnover rate of 32%. The chart below shows how this compares to prior years:

Year	Turnover Rate
2021	32%
2020	22%
2019	29%
2018	37%
2017	28%
2016	22%
2015	23%
2014	24%
2013	28%

The turnover rate for supervisors in 2021 was a total of 12 staff. This is significantly higher 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. The Recruitment and Retention stipend has been helpful in the recruitment of staff but has not been as significant in the retention of qualified staff. Effects of the Covid 19 pandemic proved to be a stressor to the families OCFS serves, as well as the front-line staff and supervisors. Child Welfare staff were balancing the needs of their own

families via the pandemic, including loss of childcare facilities, closing of schools, illness of family members while simultaneously balancing similar issues and stressors in the larger community. Other agencies that support the work of the Child Welfare community, such as agencies that support supervised visitation, provide therapeutic/in home services, and support children in emergency room settings were also struggling to find and retain qualified staff. This lack of staff and resources in community agencies often required these job functions to end up as the responsibility of Maine OCFS Child Protective Caseworkers resulting in a higher workload, longer hours, and greater stress in balancing the additional work. After hours coverage, coupled with the stressors of the pandemic have stretched Caseworkers and Supervisors and have impacted the ability to retain experienced staff. Many stopped working to meet the needs of their own families or their own health needs. Others have moved into positions, via demotions or promotions that provide more stability in terms of start and end times, allowing predictability and stability for family/work life balance.

These rates of turnover are within 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; out of state candidates cited an interest in living in a state where the pandemic was well controlled and allowed them opportunities to be socially distant and without congestion of larger communities and states. 2021 initially started out with a similar interest from out of state candidates but as the Covid 19 pandemic improved across the nation, and housing in Maine became more expensive and harder to find, applications and interest from out of state candidates started to drop. In 2020 there were 153 out of state applicants that expressed interest in working within Maine's Child Welfare system. That number normalized to 96 out of state applicants in 2021. In May 2021 it became clear that applications were continuing to drop and job opportunities within Maine were plentiful. In the interest of decreasing the time from application to interview the Recruitment and Retention Specialist took over reviewing applications for the Child Protective Caseworker position. HR reviewed those applications on a weekly basis. In May 2021 the Recruitment and Retention Specialist started reviewing those applications on a daily basis reaching out to applicants often within less than 24 hours of their application being received. Screening interviews were offered quickly to applicants who would meet the criteria for, at a minimum, a conditional Social Work license. These screening interviews continued to be completed by the Recruitment and Retention Specialist via Zoom due to the pandemic. This process helped to provide candidates to District offices throughout the summer. The high rate of resignations in 2021 resulted in a rise in turnover in the late summer and fall of 2021 while applications continued to drop. Recruitment in more remote offices continued to be challenging, and previously popular areas like Portland and Biddeford struggled to find applicants and had high turnover. In addition to daily review and contact with new applicants, OCFS pivoted quickly to Rapid Recruitment, allowing applicants names to be sent directly to the District Offices to complete the Screening Interview while wrapping a 2nd interview into the screening if an applicant appeared to be a good fit for the challenging, fast paced, and complex work of Child Welfare. This allowed job offers to be made more quickly to qualified candidates, increasing the likelihood they could start as quickly as possible. OCFS continues to advertise open positions on Indeed which is the platform most applicants report using for job searches. Additionally, the State of Maine, Bureau of Human Resources

maintains job postings on LinkedIn, Instagram, Facebook, and Twitter and utilizes these social media platforms for additional outreach to prospective candidates.

In 2021 the Recruitment and Retention Specialist has focused on providing an efficient, personal, informative, 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. 2021 has continued with most job fairs remaining virtual particularly as the Omicron variant made transmission much faster in the fall.

The Recruitment and Retention Specialist with the OCFS Training team, in collaboration with the Muskie School of Public Service, finalized the development of and is piloting the Field Instruction Program to be located at all District Offices in the state. With the advice, support and recommendations of Social Work and Mental Health Professors at the University of Maine; University of Southern Maine; University of Maine-Presque Isle, and University of Maine-Augusta an application, interview questions, Child Welfare course, and Field Instruction Program Training schedule have been developed. The Field Instruction Unit will require accepted interns to work two 8 hours day in their assigned District office and complete an additional 4 hours of training with the training cohort each week. These trainings will follow the same schedule of the Foundations Calendar for new Caseworkers. Once Interns complete their Internship with OCFS, and graduate from college, they will be expected to apply to and interview with OCFS and accept a position within the State of Maine-OCFS if a position is offered. In acknowledgement of the extra requirements and time expectation, a \$7000.00 stipend will be provided to accepted students with half provided in the fall and spring semesters. If a student does not accept a position with the State of Maine OCFS upon graduation, the expectation is that the student would pay back the stipend. The Field Instruction Program will continue to be evaluated by the Muskie School of Public Policy to determine outcomes for both the intern and the Office of Child and Family Services with interest in how the FIP both aids in the recruitment and the retention of qualified staff.

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. Clinical Supports have been provided to each District Office. These clinicians, managed through Spurwink, provide individual and group consultation. They are available to process traumatic events,

difficult cases, and secondary trauma staff may experience as a result of their caseload and the cumulative effect of the work.

6. Entrance surveys are conducted and reviewed to evaluate the recruitment process.
7. Exit surveys are conducted and reviewed to identify concerns and themes to determine the reasons staff leave state service and how to best retain staff.
8. OCFS has increased the number of support staff and reviewed the type of tasks assigned to them in an effort to decrease caseworker administrative workload.
9. Supervisory training and coaching were provided to all supervisors to increase awareness regarding the supervisory role in recruitment and retention, as well as to increase overall supervisory skills.

Data regarding investigatory and supervisory caseloads decreased from FFY20. Using a point-in-time position count (150), divided by the annual reports assigned for child protective assessment (10,438), the investigation workload in FFY21 was 70 cases per position per year. When factoring the 22% turnover, the practical assessment load was 89 per worker. This is a slight decrease from the previous year and equivalent to an assignment of 7.4 investigations per caseworker/month.

Eighty percent of investigations in FFY21 were completed within 35 days. This remained the same from FFY20.

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 Child Protective 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 the Recruitment and Retention Specialist, or, 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. Through August 2021, all supervisors had access to the Results Oriented Management (ROM) data system that provided information on performance related to meeting federal outcomes. OCFS discontinued the use of this system in August 2021. 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 107(c).

In 2021, MCWAP held all 10 of its scheduled meetings over a virtual platform, including a full-day planning retreat in September. A primary focus of MCWAP's work in 2021 centered around improving the Panel's

processes for citizen engagement and feedback. Additionally, the Panel continued to clarify its role as a separate entity from OCFS.

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.

In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: motor vehicle accidents, gunshot wounds, failure to thrive, and abusive head trauma. 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. Moreover, at several points throughout the year, the Panel hosted guests from various disciplines to present on certain topics relevant to the Panel. The topics explored by the guest experts included ingestion trends, failure to thrive, OCFS practice changes and Maine's Family First Initiative. In 2021, All CDSIRP meetings were convened via a virtual platform.

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.

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

Bobbi L. Johnson, LMSW
Associate Director of Child Welfare Services
Office of Child and Family Services
2 Anthony Avenue, Augusta, Me 04330
Telephone: (207) 624-7989
Email: Bobbi.Johnson@maine.gov

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



ANNUAL REPORT 2021

Maine Child Welfare Advisory Panel

Citizen Review Panel

Issued January 2022

CONTENTS

<u>FOREWORD</u>	206
<u>Citizen Review Panels</u>	206
<u>Who We Are</u>	206
<u>What We Do</u>	206
<u>EXECUTIVE SUMMARY</u>	208
<u>Overview</u>	208
<u>Panel Development</u>	208
<u>Citizen Engagement</u>	209
<u>Parent Experience</u>	209
<u>Policy Review</u>	210
<u>Family Centered Practice Trainings</u>	210
<u>Effective Communication and Coordination</u>	211
<u>Father Engagement</u>	211
<u>Looking Ahead</u>	212
<u>POLICY AND PRACTICE RECOMMENDATIONS</u>	214
<u>Family Team Meetings</u>	214
<u>Parent and Youth Engagement</u>	214
<u>Domestic Abuse and Violence Response</u>	215
<u>Discretionary Funds</u>	216
<u>Legal Representation</u>	217
<u>Guardians ad Litem</u>	217
<u>DEPARTMENT RESPONSE</u>	218
<u>SUMMARY OF PANEL ACTIVITIES 2021</u>	221
<u>PANEL MEMBERS 2021</u>	223
<u>ACKNOWLEDGEMENTS</u>	225

● FOREWORD

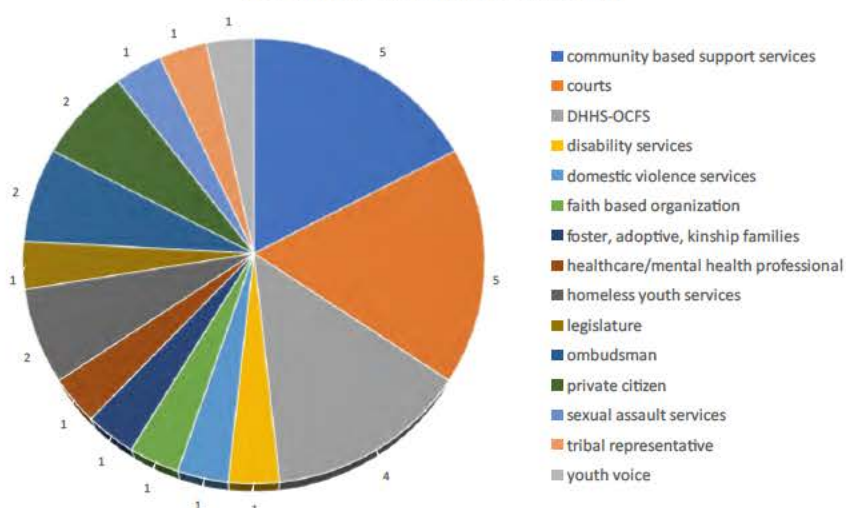
Citizen Review Panels

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 professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities and making recommendations for system improvement. 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 representative of the community, including private citizens and professionals who have expertise in the prevention and treatment of child abuse and neglect, and those who have personal experience with the child welfare system. The Panel works to maintain a broad and diverse representation of the community including, but not limited to, parents who have experienced child protective services; former youth in care; foster, adoptive and kinship parents; domestic violence professionals; law

MCWAP Membership Profile December 2021



enforcement; mental health therapists; courts; faith based organizations; Court Appointed Special Advocates and Guardians ad Litem; disabilities specialists; teachers; legislators; community based support services; medical professionals; sexual assault services; substance use treatment; tribal representatives; and members of the community at large.³ The Department of Health and Human Services - Office of Child and Family Services (DHHS-OCFS) Associate Director of Child Welfare attends all Panel meetings as a non-voting member. DHHS-OCFS also provides support for the Panel with a Coordinator position that provides coordination and task management assistance to all three citizen review panels. All MCWAP meetings are co-chaired by two citizen members of the Panel.

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 fulfills requirements from both mandates that instruct the panel to:

³ The Panel had parent representatives with personal experience of child protective services in the first two quarters of 2021, but they were unable to continue participating after the Parents as Partners program ended in June. The Panel is continuing to work to fill this essential role, as well as the roles for law enforcement, substance use treatment and recovery, and teachers, which were not represented during 2021.

- 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
- Prepare an annual report complete with a summary of activities and recommendations for the improvement of the child protective services system

Contact Information

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, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth, and families.

Kathryn Brice, MSc, LSW
CAPTA/CJA Panel Coordinator
kathryn.brice@maine.gov
www.mecitizenreviewpanels.com

● EXECUTIVE SUMMARY

Overview

Citizen Review Panels work to ensure the people who are most impacted by the child welfare system are part of assessing system efficacy and making recommendations for improvement. Those who have direct experience as a parent, caregiver, youth, or professional working with families in the broad child welfare system often have the perspective and insight to create the most innovative solutions when systems need to be improved.

The Maine Child Welfare Advisory Panel (MCWAP) schedules ten meetings per year, from September through June. In 2021, the Panel held all ten meetings over a virtual platform, including a full-day planning retreat in September. The Panel's primary focus areas in 2021 were continued clarification of the Panel as a separate entity from the Office of Child and Family Services and improving processes for citizen engagement and feedback.

Panel Development

The Panel has continued to receive technical assistance from Blake Jones, Ph.D., a resource for National Citizen Review Panels through the Capacity Building Center for States (CBCS). In 2021, CBCS provided information about citizen review panel leadership practices that informed a restructure of the Panel's Executive Committee. This restructure established two citizen co-chairs, shifting the OCFS Associate Director of Child Welfare from a former co-chair position into a more consistent non-voting liaison role. CBCS also provided technical assistance that helped clarify the Panel's role and process in response to legislative and media requests during a year of heightened public interest in Maine's child welfare system. A citizen co-chair represented the Panel during interviews with the Legislative Government Oversight Committee, the Office of Program Evaluation and Government Accountability (OPEGA), and on a Maine Public Radio program about the child welfare system. The [final report](#) from OPEGA to the Government Oversight Committee was released in January 2022. The Panel also worked to improve coordination with Maine's other two citizen review panels, the Child Death and Serious Injury Review Panel, and the Justice for Children Task Force. Quarterly collaboration meetings were established for the chairs of all three citizen review panels to work together to ensure understanding and coordination of high-level focus areas and recommendations for systems improvements. In 2021, the Panel also expanded its membership to add two critical perspectives: a representative from the legislature, and an attorney who primarily represents parents in protective custody cases.

CITIZEN REVIEW

"We all have a role to play in improving Maine's child welfare system, and I'm grateful that MCWAP has made a commitment to evaluate and expand its methods for gathering citizen feedback and improve the diversity of its membership."

I look forward to a future when those most impacted by child abuse and neglect and child welfare practices—youth, parents, resource families, kin—take the lead in shaping how our community supports strong, healthy families."

- Panel Member

Citizen Engagement

The focus of the Panel's third annual full-day planning retreat in September was citizen engagement. Leaders from the [Maine Wabanaki Truth and Reconciliation Commission](#) joined the Panel for a presentation and dialogue where Panel members deeply considered how to engage people who are most affected by the child welfare system. Panel members identified the need to elevate this priority for several reasons. The Panel lost two parent representatives in June when state funding ended for the Parents as Partners child welfare peer support program, and at the end of the summer the remaining family representative on the Panel formally resigned. Increased public awareness of the Panel during the summer months also brought feedback from parents through the Panel website, with three different parents reaching out directly to the Panel before the retreat about their experiences with the child welfare system.

Parent Experience

As the Panel began to receive more direct feedback from parents through the updated website, the Executive Committee developed a new process to ensure the feedback is delivered to the Panel in a manner that respects both the importance and confidentiality of individual feedback. When feedback was received through the website, the OCFS Panel Coordinator received the notification and forwarded it to the Panel Co-Chairs. Panel Co-Chairs reviewed the feedback and identified the citizen Co-Chair to follow up and further understand their concerns and experiences. The Co-Chair made initial contact via email and communicated further via email or phone according to citizen preference. The Co-Chair also asked the citizen permission to share de-identified feedback with the full Panel, and if permission was granted, shared a summary with members of the Panel using a newly developed Citizen Feedback Summary Template. Panel members discussed the feedback at the following meeting and identified themes. Upon request by the Panel, the Associate Director of Child Welfare Services or a representative designee with decision-making authority reviewed the case internally and reported a de-identified summary of findings back to Panel by the next meeting. This request was made and fulfilled for one case in 2021. This process has been adopted for all future feedback received through the website. All feedback received during the year was captured in a new Compiled Citizen Feedback Template, and this form will be reviewed annually at the Panel retreat to inform formal recommendations.

“CPS investigations (should) be thorough, especially in domestic violence relationships. I am thankful to be away from my abuse physically, but...the back and forth (was) emotional...”

- Parent Feedback

An additional source of parent feedback has come in the form of parent surveys that were developed in 2018 and are currently distributed every three years. Survey results are collected by the Panel and analyzed to identify themes that show strengths and opportunities in the child welfare system. The parent survey was distributed, and the results were analyzed in the fall of 2021. One major, consistent theme that was identified was a lack of understanding of the child welfare process. This included not understanding the roles of different stakeholders, as well as the court process. As a result, members of the Family Centered Policy and Practice Group, in collaboration with the Maine Justice for Children Task Force, developed a one-year pilot project for the implementation of information sessions for parents involved in the child welfare system entitled *Child Protection 101: For Parents, By Parents*. The focus of these optional information sessions is understanding child welfare agency process and court procedures. Additionally, the sessions will provide

parents with best practices to implement in order to be successful throughout the life of the child welfare case. The curriculum includes pre-recorded video segments from system stakeholders as well as live facilitation by parents with lived child welfare experience or experience navigating multiple systems. This pilot project is launching in January 2022. Extensive data collection will occur for both participants and non-participants. The data collected will include a pre- and post- parent survey, an evaluation on time to permanency, participation in family visitation, participation and engagement in reunification services, and attendance at court proceedings. Data will be de-identified and analyzed to determine if participation in the class had an effect on the parent's knowledge of the process and case closing outcomes, and a report will be shared with the Panel and the Justice for Children Task Force.

Policy Review

In January 2021, the Panel welcomed OCFS Policy and Training leaders, who provided an update on the Department's efforts to update and improve many of its OCFS policies. During this meeting, Panel members and OCFS leadership agreed to work together to develop a process for Panel members to review some of the proposed policies and provide feedback to the Department prior to implementation. MCWAP members were offered the opportunity to self-select which policies they would like to review to provide feedback. A new procedure was developed for the Panel Coordinator to forward draft policies to Panel members, who would then have the opportunity to edit and provide feedback directly into the document before sending it back to the Panel Coordinator. The Panel Coordinator compiled all of the feedback and edits received and submitted it to the OCFS Policy Coordinator for consideration. Throughout the year, this new process provided MCWAP Panel members with the opportunity to review and comment on the following draft policies: Child Protective Services Investigations Policy; Family Team Meeting Policy; Permanency Policy; Placement with DHHS Employees Policy; Substance Exposed Infants Policy; Youth Transition Services Policy; and Human Trafficking and Commercial Sexual Exploitation of Children Policy.

Family Centered Practice Trainings

In September 2020, a subcommittee was created to focus on family centered policies and practices, with particular emphasis on examining ways to enhance planning for case endings, facilitate co-parenting, and respond to cases with domestic violence issues. The subcommittee identified two major areas of need: training for all professionals connected to the child welfare system on the complex dynamics present in cases involving domestic abuse and violence and addressing the unique challenges and intricacies that are involved when a protective custody case intersects with or is resolved through a family matters case. In March, this subcommittee presented to the Panel several recommendations which were ultimately adopted by the full Panel. These recommendations were:

- Working with relevant stakeholders to host a series of trainings in certain areas⁴ for all professionals involved with the child welfare response with the goal of supporting appropriate case endings for families involved with child protective services.

⁴ Content areas for the training series includes: working with domestic violence survivors, establishing realistic expectations for throughout a family's involvement to set families up for success, when and how protection from abuse orders are an effective tool, demystifying family matters paperwork, drafting a parental rights order as a resolution to a protective custody case, factors that promote resiliency in children, after-care and what support is available for families post-child protection involvement, and cultural responsiveness (including child safety and implicit bias).

- Continuing to explore ways the child welfare system can support sustained, coordinated, and systemic training for all child welfare stakeholders on the intersection between family law cases and domestic abuse and violence.
- Exploring how best to support and promote appropriate training and trauma-informed practice of PC attorneys representing the family in the family court process and increase recognition that a trauma informed practice is more likely to enhance case endings and reduce families returning to the child welfare system.

The Family Centered Policy and Practice subcommittee held the first training in the training series, *"When Protection from Abuse Orders are an Effective Safety Planning Tool (and When They are Not)"* in October 2021. More than 70 guardians ad litem and Maine attorneys attended. All participants were asked to provide feedback on the utility of the training. 97% of attendees reported that the training provided useful and practical information and 91% reported that it better prepared them to respond to people affected by abuse. The second training in the series is scheduled for late January 2022.

"I now have a new appreciation of all the possible unintended or intended consequences of the (Protection from Abuse Order) and what a survivor has to deal with."

- Training Participant

"Parents need better access to resources (childcare, transportation, rental assistance, job training) earlier in their interactions with OCFS to mitigate concerns and avoid greater/more negative involvement."

Effective Communication and Coordination

- Provider Survey

Effective communication and coordination for children in care surfaced as a priority at a strategic planning process with the panel in September 2020. A subcommittee has been focused on identifying strategies that can increase sharing of needed pertinent health, developmental, and educational information for children and youth in care with their providers and caregivers. The group started the process with researching what other states have in place for an electronic system for information sharing between child protective services, families, and resource parents. The timing has aligned well as the Department was at the very beginning of developing the new Child Welfare Information System (CCWIS) which is scheduled to launch in January 2022. The CCWIS project is broken up into development phases, starting with the functions that caseworkers need. In 2022 as the system is live and being implemented, the subcommittee and OCFS will continue to explore how to include functions in the system that provide updated information for caregivers, providers, parents, and older youth who may be navigating their own health care providers.

Father Engagement

Beginning in 2020, the Panel began examining family engagement within the child welfare system, particularly with fathers. That year the Panel recommended that OCFS engage in a concerted and sustained effort to improve the Department's ability to effectively engage the fathers of children involved in child welfare by partnering with the Panel to

hold annual listening sessions with fathers, make engaging fathers a core value in training, professional development, and contract expectations for staff and external stakeholders, and investing resources in addressing statewide father engagement practice (see FY2020 report for full recommendation text).

In 2021, Panel members began planning the first set of listening and learning sessions with fathers in partnership with OCFS, engaging professional facilitators to lead four sessions to reach approximately 30 fathers in winter of 2022, and securing philanthropic funds to reimburse fathers who participate. Results of the sessions will be compiled in a report presented to the Panel in Spring of 2022. The Panel will use the findings to inform future recommendations to OCFS regarding father engagement, as well as its own work to collect feedback from fathers and other caregivers and stakeholders within the child welfare system. OCFS will use the results of the listening sessions to identify strategies to improve outcomes in this area that will be integrated into child welfare policy, practice, training, and contracts.



Looking Ahead

During the November 2021 Panel meeting, members identified three priority areas for continued development of the Panel in 2022: improving citizen feedback practices; exploring the ways information is provided to caregivers; and establishing practices to review progress on Panel recommendations.

Improving Citizen Feedback Practices

A primary role of the Panel is to gather and utilize citizen feedback, and use this data to identify priorities and make system improvement recommendations. In 2021, Panel members identified the need for a presentation that outlines the data already gathered to inform panel members and ensure the Panel is not asking citizens to provide input that has already been gathered. The Panel plans to invite OCFS, The Muskie School of Public Service and Muskie Institute, Adoptive and Foster Families of Maine, and other involved parties to a panel presentation and

discussion about the frequency and methods of feedback that is being gathered from parents, youth, and families to inform child welfare practice and system improvements. This will include any feedback that is being collected from resource families and kinship placements. The Panel is planning this discussion for the March 2022 agenda.

As described above, the Panel has previously developed two surveys to receive input from community service providers and parents who are impacted by the child welfare system. These surveys are administered every three years to meet Panel requirements under the Children's Justice Act. The origin of the Provider Survey is unknown but may have been developed by a former OCFS CAPTA Coordinator position, and the Parent Survey was developed in 2018 by Panel members. The Panel will work with the other two citizen review panels to engage the services of an outside evaluator by December 2022 to bolster the content and process of the Parent and Provider Surveys. The Panel will add youth and resource parent surveys as part of the scope of work with the evaluator and will also take steps to increase the diversity of parent feedback by working collaboratively with Maine's Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations and other community partners that represent or support Maine's underserved populations.

Particular attention will be given to supporting the engagement of parents with lived experience in the child welfare system who identify as persons of color or as members of indigenous populations in Maine.

Exploring Caregiver Information Practices

The Panel has received survey responses and direct feedback from parents with open child protective cases who have indicated they did not have a full and clear understanding of their rights at removal, or how to fully participate in the ongoing case process. The Panel recognizes this may be the result of parents not receiving complete information and/or challenges with retaining the information due to high levels of stress. This lack of understanding may impact a parent's relationship and engagement with OCFS, and their ability to respond to the requirements of their reunification plan. OCFS is statutorily required to provide parents with information about their responsibilities for completing services; how to contact the assigned caseworker; a supervised visit schedule; and a way to measure the extent to which parents have made progress in the reunification plan. The Panel has invited OCFS to provide a report on the manner and content of this information as it is currently being provided to parents, to better understand what the Department provides, how, and when. The Panel will use this information to explore with OCFS more effective ways to inform, communicate with, and engage parents. This discussion is planned for the February 2022 meeting.

Reviewing Panel and Recommendations Progress

Each year, the Panel identifies strategic goals and also makes recommendations to OCFS and the broader child welfare system. There is currently no formal practice for monitoring or assessing progress on strategic goals or child welfare system recommendations. Since 2018, the Panel has been taking actions to strengthening the internal structure of the Panel and improve effectiveness and accountability to the communities served. Members have identified the need to be able to tell families and new citizen members what happens as a result of their input and recommendations.

Beginning in June 2022, the Panel will establish an annual schedule to review progress on recommendations made by the Panel to OCFS and the broader child welfare system, and to assess progress on all Panel tasks. During this first year of review, the Panel will review recommendations and process task commitments since January 2018 and the outcomes of those tasks and recommendations. The Panel will also look for opportunities to include progress updates in future annual reports.



● **POLICY AND PRACTICE RECOMMENDATIONS**

The following recommendations were approved by the Panel in November 2021. They reflect system improvements across the broader child welfare system that include executive, legislative, and judicial branch actions.

Family Team Meetings

Recommendation: OCFS should invest in Family Team Meetings as a framework for coordination and communication between child welfare and community providers. This should include designated staff to provide skilled meeting facilitation, investing in ongoing training and coaching for all OCFS caseworkers and supervisors, and providing training to educate and engage community providers in the Family Team Meeting model and promote best practices in team decision making.

The Panel has focused for several years on ways to improve effective communication and coordination among community providers and child welfare. Many evaluations, including the [OPEGA Brief](#) in 2018, MCWAP Provider Survey results in 2018 and 2021, and the report that was issued in 2021 by [Casey Family Programs](#) have emphasized the need to improve communication and coordination between child welfare and the community providers who serve the same families. Family Team Meetings are a nationally recognized and proven framework to support these practices, and Maine was an early leader in this practice. However, parent and provider feedback continue to indicate inconsistent practice of Family Team Meetings in the field. In 2021, the Department updated their Family Team Meeting Policy. The new policy outlines a uniform and consistent practice for caseworkers and supervisors on best practices for conducting Family Team Meetings. Sustained, focused investment in statewide training for all caseworkers and supervisors and providing dedicated staff to facilitate pre-removal meetings will improve uniformity and consistency across cases and regions. Investing in full implementation of the Family Team Meeting model will support improved coordination and communication across the many providers who make up the broader child welfare system, improve ongoing communication between caseworkers and families, and promote shared responsibility for the child protective process.

"Communication between providers to providers and providers with families (needs to be improved)."

- Provider Survey

Parent and Youth Engagement

Recommendation: OCFS should identify and invest in programs that support parent and youth engagement in the child welfare process and in quality improvement efforts, including membership on citizen review panels, by June 30, 2022, and provide the Panel with status updates at least every six months.

National best practice standards and federal legislation⁵ require family and youth centered engagement in creating system change. Since 1998, Maine DHHS has provided support and partnership to the Youth Leadership Advisory Team (YLAT), a nationally recognized program that brings young people and adult partners together to improve outcomes for all youth in care. Maine had been a national leader by investing in the Parents as Partners approach for over eleven years, but discontinued funding in June 2021. Parent Partners supported parents to engage with the child welfare system, trained all new child protective caseworkers, and served on numerous state advisory panels, including the Maine Child Welfare Advisory Panel and the Justice for Children Taskforce. From June to December 2021, OCFS was not investing in any initiatives to engage parents with lived experience in child welfare service delivery and improvement. The 2021 child welfare system review [report](#) by Casey Family Programs and Collaborative Safety recommended “OCFS explore ways to support engagement between parents and the child welfare system, such as parent partner/parent mentor programs.” Renewed investment in programs that provide the necessary support for parents with lived experience to participate in child welfare systems improvements should be a priority for OCFS in 2022.

“Peer relationships from others who have gone through the system are more than helpful for those in the system currently.”

- Provider Survey

“If people are made to feel like asking for help or calling the police is going to result in getting in trouble, then they aren't going to call for help when they are in physical danger.”

- Parent Survey

Domestic Abuse and Violence Response

Recommendation: By December 31, 2022, OCFS should update its domestic abuse and violence response policies and practices to prioritize efforts to decrease children from being removed, or threatened to be removed, from non-offending parents for “failure to protect” the child from exposure to domestic violence committed against the non-offending parent by the offending parent.

This recommendation seeks to ensure that non-offending parents are not held responsible for the abuse committed against them. While recognizing that decisions need to be balanced against child safety, the Panel notes these policy and practice standards have been recommended by experts in the field of child welfare for more than twenty years. In addition to this recommendation, the Panel is requesting a report by December 31, 2024, from the Department regarding the percentage of families experiencing domestic abuse and violence in which a parent was referred to a domestic violence intervention program, the gender identity of the parent referred, and if there are regional disparities in referral practice. This request reflects the Panel’s interest in exploring mechanisms and broad systems of accountability for perpetrators of domestic violence. Responses to the Panel’s 2021 Provider Feedback survey identified holding perpetrators of domestic

⁵ The [Child and Family Services Review](#) process that provides oversight of national standards for child welfare includes parent, caregiver, and youth interviews in this process. The [Family First Prevention Services Act](#) requires involvement of parents and youth who have lived experience with child welfare as part of the development of child welfare prevention plans.

violence accountable for their own behavior as either a problem that continues to hinder the system's response to maltreated children, or the most important change to make to improve the response. As noted in the [April 2021 report](#) from Maine's Domestic Abuse Homicide Review Panel, Maine law recognizes certified domestic violence intervention programs as the appropriate effective community intervention in domestic violence related cases. Requiring parents who use abuse and violence toward the other parent to participate in community-based certified intervention programming is a nationally recognized best practice recommendation.⁶ These interventions exist in Maine, and the Panel is interested in understanding how they are being utilized by the child welfare system.

Discretionary Funds

Recommendation: By December 2022, the Maine Legislature should provide funding to OCFS to implement a pilot process whereby assessment caseworkers and/or designated external community partners have discretion to authorize up to \$1,000 per family to help cover expenses identified as necessary to help the family meet the needs of their child(ren) and/or the expectations of the Department. This flexible cash assistance should be provided to families at risk of having their children removed (any family for whom OCFS has an open assessment).

A majority of narrative responses from the 2021 Provider Survey the Panel sent to community service providers across the state identified a critical need for better access to practical resources for families. Many providers specifically cited the need for more services to be available (such as mental health services and substance use services). However, many providers also cited a need for increased access to things like childcare, transportation, food, rental assistance, and job training, and the need for resources that are accessible in a timely way with few to no administrative barriers. Many providers noted that current structures for connecting families in crisis to resources are too slow or insufficient to meet needs. For many families, the stress of trying to meet basic needs interferes with their ability to attend to other concerns that may be driving their involvement with child welfare. Access to resources during the assessment phase of department engagement can help create timelier stability for families in crisis. These pilot discretionary funds should be highly flexible, with the only criteria being that they are used to help cover expenses that are necessary to help the family meet the needs of their child(ren). There should be minimal eligibility or application criteria for a caseworker or designated community partner to expend the funds to meet a family's needs. The State should consider external partners for the distribution of these funds to families at risk of having their children removed, such as the existing [Regional Care Teams](#) that currently provide similar support for justice involved youth, or statewide non-profit agencies that provide support and advocacy for families experiencing poverty.

⁶ Schecter, S. & Edelson, J.L. (1999), National Council of Juvenile and Family Court Judges, Family Violence Department, "Effective Intervention In Domestic Violence Cases: Guidelines for Policy and Practice," available at: <https://www.ncjfcj.org/publications/effective-intervention-in-domestic-violence-child-maltreatment-cases-guidelines-for-policy-and-practice/>

"Child Protective Services should do more work to address the family as a whole instead of separating parents from children."

- Parent Survey

Legal Representation

By December 2022, Maine should provide adequate funding to the Maine Commission on Indigent Legal Services (MCILS) to create a pilot program in a selected region to provide legal advice and representation to all families as soon as the Office of Child and Family Services opens an assessment.

Under the current system, a low-income family is only provided with counsel after a child has been removed. During the assessment period of child protective cases, families are reliant on individual caseworkers for information on what to expect and what their rights are, and for information on the State's obligations and limitations. In the Panel's 2021 parent survey, only 15.5% of respondents answered "Yes" to the question of whether caseworkers helped them understand what to expect in the child protective process. Providing legal representation during the assessment phase of child protection will ensure families receive useful and understandable information about their rights and the State's obligations at this critical point in the case process.

Guardians ad Litem

By December 2022, in partnership with interested community stakeholders, the Guardian ad Litem review board and the Maine Judicial Branch should bring forward a proposal to better support guardians ad litem in developing their skills and expertise, and to bring a higher level of substantive oversight of their work. This process should include recommended mechanisms and metrics for identifying appropriate mentors within Maine's guardian ad litem community, opportunity for case consultation by guardians ad litem with their peers, and a process for periodic case review.

In July 2006, OPEGA issued a report to the Maine Legislature's Government Oversight Committee that concluded judges could not be confident that they were receiving complete and accurate information from GALs, and GALs were not reliably providing well considered recommendations. Though some reforms have been enacted since that time, this topic was also raised during community stakeholder listening session that OCFS hosted in 2020. The Panel has reviewed and discussed information over the last year that indicates this continues to be a problem that is negatively impacting families. The legislature should fund this work and the resulting process, including any needed statute or rules changes. The Maine Child Welfare Advisory Panel is committed to engaging in this conversation.

● DEPARTMENT RESPONSES

The Office of Child and Family Services responds to all formal recommendations by MCWAP. Following are the responses to the Panel's 2021 Policy and Practice Recommendations.

OCFS would like to thank the Maine Child Welfare Advisory Panel for its work to improve the system of care for children and families in Maine and is committed to further collaboration on the recommendations outlined in the 2021 Annual Report.

Family Team Meetings

Recommendation: OCFS should invest in Family Team Meetings as a framework for coordination and communication between child welfare and community providers. This should include designated staff to provide skilled meeting facilitation, investing in ongoing training and coaching for all OCFS caseworkers and supervisors, and providing training to educate and engage community providers in the Family Team Meeting model and promote best practices in team decision making.

Response: OCFS first implemented Family Team Meeting (FTM) practice in 2002, recognizing the importance of including the voices of parents, children/youth, providers, and family supports in the case process. Since this time, there have been revisions to policy and practice expectations to incorporate best practice standards. OCFS recognizes that due to implementation challenges and the increase in new staff, Family Team Meeting practice has been inconsistent throughout the state. In response to this, in November 2021, OCFS finalized an updated FTM policy grounded in the principles of the original model and is in the process of training staff statewide. In addition, a training webinar will be available for community partners in February and further training will be provided to staff in facilitation and conflict management.

Parent and Youth Engagement

Recommendation: OCFS should identify and invest in programs that support parent and youth engagement in the child welfare process and in quality improvement efforts, including membership on citizen review panels, by June 30, 2022, and provide the Panel with status updates at least every six months.

Response: While OCFS discontinued the Parent as Partners program in June 2021 based on evaluation of the service, this did not diminish the agency's commitment to leveraging the voices of parents and involving them in system improvement efforts. OCFS has been actively involved in planning father listening sessions with the Maine Child Welfare Advisory Panel Family Engagement sub-committee which are scheduled to be held in February 2022 and has recently joined with a parent partner to participate in the Pathways to Partnership work convened through the New England Association of Child Welfare Commissioners and Directors. OCFS has also invested in Family Engagement Specialist positions through the Cooperative Agreement with USM to hire two parents with lived experience in the child welfare system to engage in system improvement activities, provide training to caseworkers, supervisors and resource parents, and research evidence-based parent mentor programs. OCFS has a model for parent engagement activities through its youth leadership efforts which have been recognized both regionally and nationally and support the participation of parents and youth on citizen review panel. OCFS commits to providing an update to the Maine Child Welfare Advisory Panel every 6 months related to family engagement activities.

Domestic Abuse and Violence Response

Recommendation: By December 31, 2022, OCFS should update its domestic abuse and violence response policies and practices to prioritize efforts to decrease children from being removed, or threatened to be removed, from non-offending parents for “failure to protect” the child from exposure to domestic violence committed against the non-offending parent by the offending parent.

Response: Through the cooperative agreement, OCFS is working the Muskie Institute of Public Policy at USM to review and revise all child welfare policies, including the Domestic Violence and Child Abuse and Neglect policy. Workgroup members include staff from the Maine Coalition to End Domestic Violence (MCEDV) and the Domestic Violence Resource Centers. The policy specifically addresses the concerns outlined in this recommendation related to partnering with non-offending parents to provide safety for their children and not holding them accountable for the actions of the offending parent. This work will include updating best practices, researching evidence-based treatment and consultation with providers of certified domestic violence intervention programs. OCFS is committed to being responsive to Panel concerns and as part of this work will develop a report in collaboration with MCEDV to track outcomes related to domestic abuse and violence by December 31, 2024. Some of the elements being requested by the Panel are not available within the OCFS data system, although may be tracked by MCEDV through the DV-CPS Liaison Program. It is important to note that other components of the child welfare system impact the provision of services to offending parents, including parents’ attorneys, the courts, and the availability of these services statewide.

Discretionary Funds

Recommendation: By December 2022, the Maine Legislature should provide funding to OCFS to implement a pilot process whereby assessment caseworkers and/or designated external community partners have discretion to authorize up to \$1,000 per family to help cover expenses identified as necessary to help the family meet the needs of their child(ren) and/or the expectations of the Department. This flexible cash assistance should be provided to families at risk of having their children removed (any family for whom OCFS has an open assessment).

Response: This recommendation is directed to the Maine Legislature.

Legal Representation

Recommendation: By December 2022, Maine should provide adequate funding to the Maine Commission on Indigent Legal Services (MCILS) to create a pilot program in a selected region to provide legal advice and representation to all families as soon as the Office of Child and Family Services opens an assessment.

Response: This recommendation is directed to the Maine State Legislature and the Maine Commission on Indigent Legal Services (MCILS).

Guardians ad Litem

Recommendation: By December 2022, in partnership with interested community stakeholders, the

Guardian ad litem Review Board and the Maine Judicial Branch should bring forward a proposal to better support Guardians ad Litem in developing their skills and expertise, and to bring a higher level of substantive oversight of their work. This process should include recommended mechanism and metrics for identifying appropriate mentors within the Maine Guardian ad litem community, opportunity for case consultations by Guardians ad litem with their peers, and a process for periodic case review.

Response: This recommendation is directed to the Maine State Legislature, Guardian ad Litem Review Board and the Maine Judicial Branch.

● SUMMARY OF PANEL ACTIVITIES 2021

Given the status of the COVID-19 Pandemic in 2021, monthly MCWAP meetings continued to be held virtually. At each meeting, OCFS provided an update and Panel business was discussed. At most meetings, Panel members broke out into subcommittees to work on their selected topics. After each breakout session, the subcommittees reported back to the full Panel about the status of their work.

JANUARY

In January, the Panel welcomed guest Gina Googins, OCFS Regional Associate Director for Policy and Training, who provided an update on the Department's efforts to update the OCFS policies. The Panel and Ms. Googins developed a procedure that would allow MCWAP members the opportunity to provide feedback on revised, draft OCFS Policies for consideration prior to implementation.

APRIL

In April, the Panel was joined by representatives from the Department's federal partners at the Administration for Children and Families, Children's Bureau. The representatives and MCWAP discussed stakeholders' experiences with OCFS and the services in Maine that support the mission of the Department. Members were notified that quorum had been reached in support

FEBRUARY

Various housekeeping items were addressed in February's meeting, including a debrief on the procedure of providing feedback on draft OCFS policies, a discussion of a proposed change to MCWAP's Mission Statement and an update on the recently disseminated Ombudsman Report and MCWAP's Annual Report (2020). Members were reminded that one of the recommendations that came out of

MAY

Members Libby McCullum, Assistant Attorney General (AAG), and Betsy Boardman, Child Protective and Juvenile Process Specialist, provided the Panel with a presentation on the court process in Maine. Citizen engagement on the Panel was discussed, with a recommendation for the Citizen Engagement subcommittee to reconvene to further this important effort. The Panel also

MARCH

Members heard from Christine Alberi, Executive Director, Maine Child Welfare Ombudsman, regarding the recently released 2020 Ombudsman Report. Ms. Alberi provided the Panel with an overview of the charge of the Ombudsman's office, as well as the procedures that are in place when a complaint is received. Ms. Alberi summarized the 2020 report and its findings, questions. OCFS provided an update regarding the de discussed its federal Program Improvement Plan (PIP). formalize a policy around immunizations for children in c Staff Training subcommittee decided to merge into the furthering the initiatives discussed in February.



SEPTEMBER

MCWAP hosted its 2021 Annual Retreat in September which centered around the theme of citizen engagement. While the group had hoped to meet in person, the pandemic led to the Panel meeting for a full day conference over Zoom. Prior to the retreat, members were provided access to [*Dawnland*](#) and encouraged to view the film ahead of September's meeting.

The retreat started with updates from MCWAP and OCFS. Participants were then joined by members of Wabanaki Reach who hosted a panel discussion of the film *Dawnland* along with a question and answer period. Members also viewed *Answer to Prayer: Creating a Truth Commission Process* before participating in a group discussion around citizen engagement lived experience. Breakout groups then worked on their topics, and provided the Panel with an update of the work they accomplished over the summer.

OCTOBER

Members discussed proposed language edits to the bylaws regarding the structure of the Executive Committee. The retreat was debriefed, and topics raised during the retreat- citizen/father engagement, convening meetings- were further discussed.

NOVEMBER

Prior to the November meeting, subcommittees were tasked with submitting proposed recommendations to OCFS and/or external stakeholders, as well as proposals for Panel improvements, to the Executive Committee to compile. In November, these proposed recommendations were discussed as a group. Subcommittees were given the opportunity to consider the feedback and make edits to their recommendations before they were compiled and sent out for a formal electronic vote.

DECEMBER

In December, members voted in support of electing a new co-chair, in line with the proposal discussed in October. A discussion was had around November's recommendation process, and suggestions were made to clarify the process in coming years. Members were presented with the findings of MCWAP's three-year parent and provider surveys (distributed in September), and themes that appeared amongst the survey results were identified. OCFS provided its monthly update to the Panel, focusing on the key findings identified in the recent report issued by Casey Family Programs and Collaborative Safety.

● PANEL MEMBERS 2021

Panel Co-Chair:

Debra Dunlap

Citizen

Independent Consultant

Panel Co-Chair (ending December 2021):

Bobbi Johnson, LMSW

Associate Director, Child Welfare Services

Office of Child and Family Services

Dept. of Health and Human Services

Panel Co-Chair (beginning December 2021)

Ahmen Belanger Cabral, LMSW

Senior Policy Associate

Youth and Community Engagement Team

Muskie School of Public Service, USM

Panel Coordinator:

Kathryn Brice, MSC, LSW

Office of Child and Family Services

Dept. of Health and Human Services

Christine Alberi, Esq.

Executive Director

Maine Child Welfare Ombudsman

Esther Anne

Policy Associate II

University of Southern Maine

Senator Donna Bailey

Member of Maine Legislature

Senate District 31

Chris Bicknell

Executive Director

New Beginnings

Betsy Boardman

Child Protection and Juvenile Process Specialist

Maine Judicial Branch

Marie Briggs

Executive Director

BeLoved

Ashley McAllister, LMSW

Travis Bryant

Executive Director

Adoptive and Foster Families of Maine

Adrienne W. Carmack, MD

Medical Director

Office of Child and Family Services

Dept. of Health and Human Services

Susan Clardy

Research Assistant

Maine Attorney General's Office

Susan Denoncourt

Family Services Director

Community Concepts

Kelly Dell'Aquila

Parents as Partners Program Coordinator/Citizen

The Opportunity Alliance

Lanelle Freeman

Social Services Director

Kennebec Valley Community Action Program

Brie Gutierrez

Communication and Compliance Director

Office of Child and Family Services

Dept. of Health and Human Services

James Jacobs, Ph.D.

Psychologist, Edmund Ervin

Maine General Medical Center

Annette Macaluso

Children's Advocacy Center Network Coordinator

Maine Coalition Against Sexual Assault (MECASA)

Andrea Mancuso

Maine Coalition to End Domestic Violence

Public Policy Director

Tammy Roy

Associate Ombudsman
Maine Child Welfare Ombudsman

Libby McCullum

Assistant Attorney General
Child Protection Division
Office of the Maine Attorney General

Sarah Minzy

Family Services Director
Home Counselors, Inc.

Debra McSweeney

Licensed Physical Therapist
Maine General Medical Center

Julian Richter

Parent Attorney
Richter Law

Child Welfare Project Manager
Office of Child and Family Services
Dept. of Health and Human Services

Cindy Seekins

Director
GEAR Parent Network

Nora Sosnoff

Chief, Child Protection Division
Office of the Maine Attorney General

Erin Whitham

Performance Management Coordinator
Maine Children's Trust

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

Jamie Brooks

Parent Partner
The Opportunity Alliance

Lyn Carter

Rural Grant Program Coordinator
Maine Coalition to End Domestic Violence

Debbie Dembski, LCSW

Citizen and Grandparent

Christine Hufnagel

Director of Family Services
Community Concepts, Inc.

Alana Jones

Supervised Visitation Program Manager
Home Counselors Inc.

Brittany Raven

Parent Partner
The Opportunity Alliance

Kelly West

Family Support Program Manager
Community Concepts

Jean Youde

Programs Coordinator
Maine General Medical Center

● ACKNOWLEDGEMENTS

The Panel is grateful to all of the Maine parents, caregivers, and youth who shared their experiences and observations about the impact of the child welfare system on their families during the course of this year. Members would also like to express deep gratitude to the former Parent Partners and family representatives for their many contributions over the years. Their words continue to inform and guide the work of the Panel.

The Panel would like to thank the Maine Legislature's Joint Standing Committees on Health and Human Services and Government Oversight, the Office of Program Evaluation and Government Accountability, and Maine Public Radio for their interest and research on the work of this and Maine's other citizen review panels this past year. Members would also like to acknowledge the other two citizen review panels, the Justice for Children Taskforce and the Child Death and Serious Injury Review Panel, for collaborative efforts in 2021, and commitment to continuing to work more effectively together.

Panel members are grateful to Wabanaki REACH for their thoughtful and inspiring contributions to the annual retreat. The insight and wisdom they provided has continued to influence Panel conversations and activities.

The Panel would like to acknowledge the Office of Child and Family Services for their continued collaboration and dedication to ensuring the success, strength, and independence of the Maine Child Welfare Advisory Panel. Members are especially grateful to Kathryn Brice, CAPTA/CJA Coordinator, for her outstanding technical support of Panel activities. The Panel would also like to thank Bobbi Johnson, Associate Director of Child Welfare, for her ongoing service and thoughtful partnership as Child Welfare liaison to the Panel, and Dr. Todd Landry, Director of the Office of Child and Family Services, for his regular participation in meetings and comprehensive reports to the Panel.

Finally, the Panel would like to acknowledge all the caseworkers and supervisors of Maine's Office of Child and Family Services, Child Welfare Department, whose dedication to child and family safety and well-being has remained steady during the past two years of turbulence and challenge. The Panel expresses deep gratitude to all child welfare staff and community support providers in the broader child welfare system for the service, care, and attention they provide each and every day to Maine's children, youth, and families.

Photo Credits

Cover: Portland Head Light, Cape Elizabeth ME. Caleb Dunlap <https://www.goodeyemaine.com/>

Page 10: Marshall Point Lighthouse, Port Clyde ME. Sarah Penney <https://unsplash.com/@pennywithaney>

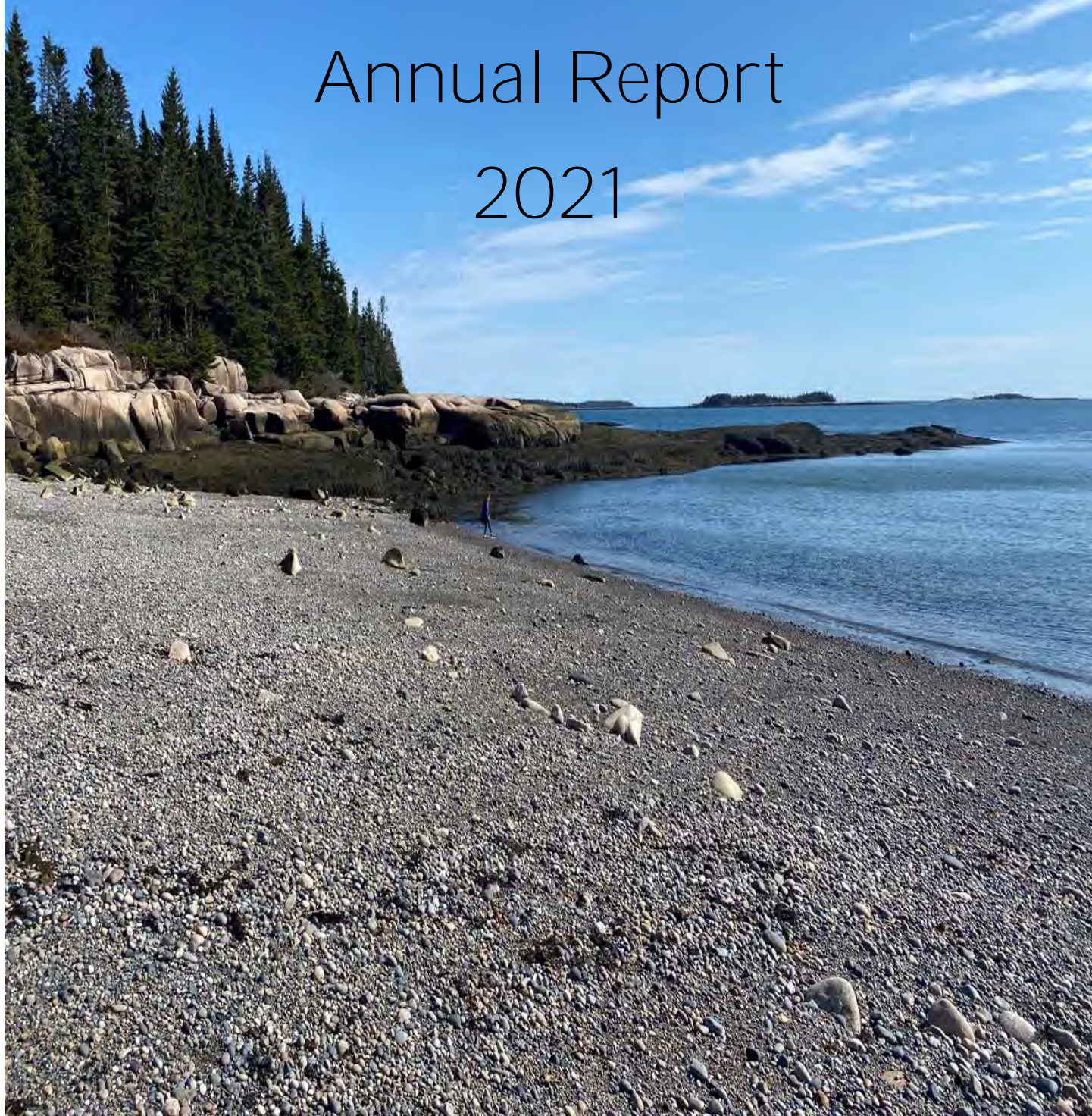
Page 11: Nubble Lighthouse, York ME. Stephen Walker <https://unsplash.com/@stphnwlkr>

Page 19: Portland Head Light, Cape Elizabeth ME. [Mercedes Mehling](#) on [Unsplash](#)

Maine's Citizen Review Panels examine the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which the state and local child protection system agencies are effectively discharging their child protection responsibilities.

The Maine Child Welfare Panel is mandated through the CAPTA Reauthorization Act of 2010 (P.L. 111-320).

Maine Child Death and Serious Injury Review Panel Annual Report 2021



The Child Death and Serious Injury Panel would like to thank all providers, DHHS staff and law enforcement that attended the reviews. Their participation enriches the work of the Panel. Without them, this report would not be possible.

All data analysis and writing for this report was completed by:

Mark Moran, LCSW

On behalf of

Maine Child Death and Serious Injury Review Panel

With support from Kathryn Brice, MSc, LSW

Cover Photo Credit: Mark Moran

Published 2022

For information about this report or to request copies, please call the

Maine Department of Health and Human Services

Office of Child and Family Services

207-624-7900

TABLE OF CONTENTS

Introduction from the Chair and Vice Chair.....	4
The National Perspective	6
Panel Function, Review Protocols and Additional Activities	7
CDSIRP Review Data	9
Injury Specific Observations and Recommendations	11
Bruising in pre-mobile infants	11
Abusive Head Trauma	12
Failure to Thrive	14
Gun Shot Wounds and Firearm Fatalities	16
Ingestions	18
Unsafe Sleep Related Deaths	19
Systemic Observations and Recommendations	20
Failure to consult with Child Abuse Pediatrics subspecialty services	20
OCFS staff- workforce	22
OCFS staff- practice	24
Multidisciplinary child welfare system	26
COVID-19 impact	28
Conclusion	29
Appendix A: 2021 Panel Membership	30
Appendix B: Panel testimony on marijuana regulation	33
Appendix C: Panel presentation on structure and function of CDSIRP	35

INTRODUCTION FROM THE CHAIR AND VICE CHAIR

The Maine Child Death and Serious Injury Review Panel (“CDSIRP” or “the Panel”) is a multidisciplinary team established by [statute](#) in 1992 to review child deaths and serious injuries. The statutory purpose of the Panel is “to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures.”⁷ The Panel’s mission is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments and public and private entities are developed.

The Panel’s membership is also established by [statute](#). The CDSIRP leadership has historically viewed that list as a minimum, rather than complete list of members. Recognizing that multidisciplinary perspective is crucial for comprehensive review and analysis of child deaths and serious injuries, the 2021 Panel was comprised of 31 professionals,⁸ representing both public and private entities with an interest in the welfare of Maine’s children. These members generously volunteer their time and expertise to examine the most tragic cases encountered by the child welfare system. Additionally, members may be accompanied by students from their discipline. The proceedings and records of the Panel are [confidential](#)⁹ by statute, therefore all members and guests are required to sign a confidentiality agreement prior to participation in any Panel meeting. In 2021, as in past years, the group met monthly in 10 of 12 months to conduct its work. The Panel receives administrative support from the Office of Child and Family Services.

Traditionally, the Panel has met annually with the other Child Fatality Review Teams from New England and nearby Canada to share experience and information and review cases that involve systems from multiple states or that represent challenges faced by multiple states. This regional meeting has not occurred during the Covid-19 pandemic. Finally, the Panel has also historically partnered with Maine’s Domestic Abuse Homicide Review Panel when appropriate, to cooperatively review cases in which children are killed in the context of adult domestic abuse dynamics. No joint reviews were completed in 2021.

The format of this report will differ somewhat from prior Panel reports, in part because of efforts undertaken by the Panel to examine and evaluate how we conduct our work and restructure to better meet our purpose and mission. Though no specific reporting interval is specified in Maine statute as of the writing of this report, the Panel’s intent moving forward is to issue annual reports. The Panel is interested in maximizing the accessibility, digestibility, and usability of its report, with the ultimate goal of optimizing the impact of its work. Therefore, the Panel aims to produce an annual report that is more succinct than past reports. To this end, the annual report will no longer contain duplicative Child Protective Services data that is readily available in other reports produced by the Office of Child and Family Services (OCFS). It will also no longer contain

⁷ <https://www.mainelegislature.org/legis/statutes/22/title22sec4004.html>

⁸ This includes any Panel member who was part of the Panel for any length of time in CY2021. See Appendix A.

⁹ <https://www.mainelegislature.org/legis/statutes/22/title22sec4008.html>

the full text of related statutory content and instead will include links and references to the appropriate statutes. The Panel also recognizes that this annual report is being published in close proximity to a larger report covering the Panel's work from 2017-2020. Since larger systemic issues tend to be very complex, become evident over longer periods of time, and take longer periods of time to improve, the Panel anticipates there will be some repetition of content themes between not just the 2017-2020 report and the 2021 report, but also between annual reports in the future.

Finally, it is worth noting that the observations and recommendations contained in this report and future reports are not necessarily reflective of the totality of the Panel's discussions, observations, and recommendations. Aside from generating formal recommendations for system improvement, there is great value in specific-case-driven multidisciplinary conversation among those with expertise in children's welfare, particularly when such conversations include policy makers, practice influencers, and those who otherwise can create system change in less obvious or public ways. As a result, and even prior to the publishing of this report, we are confident that our work has already contributed to case specific influence, broader policy considerations, and real-time education and alterations to practice, both within OCFS and outside it.

In recognition of the commitment and dedication of the members of the Panel and in the hope that our recommendations continue to support and improve the welfare of Maine's children, we present the 2021 Child Death and Serious Injury Review Panel Report.

Mark Moran, LCSW
Chair

Amanda Brownell, MD
Vice Chair

The National Perspective

Every US state has at least one Child Fatality Review Team (CFRT). Some states, like Maine, have one team that reviews cases statewide, while other states have several local teams (for example, county-based). All CFRTs have technical assistance available to them via the [National Center for Fatality Review and Prevention](#).¹⁰ The National Center also maintains the National Fatality Review-Case Reporting System. This web-based tool allows local and state teams “to enter case data, summarize findings, review team recommendations, access and download data, and create standardized reports.”¹¹ Maine does not currently contribute data to this system, but has in the past¹².

Each year, the Children’s Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services publishes a [report](#)¹³ reflecting data contributed from every state on a number of child maltreatment related measures. For FFY2020, the estimated national rate of child maltreatment related fatalities (CMRF) was 2.38 per 100,000 children, or approximately 1,730 children. Sixty-eight percent of these fatalities are in children younger than 3 years of age and 46% are in children who have not yet reached their first birthday. The CMRF rate in children under 1 year (23.03/100,000) is 3.6 times that of 1 year old children (6.49/100,000). Generally, the rate of CMRF decreases with age.¹⁴

In FFY2020, there were approximately [248,000 children in Maine](#).¹⁵ The aforementioned report shows Maine reported the following CMRF in the past 3 years: 3 in 2018, 3 in 2019, and 1 in 2020. While there are undoubtedly intricacies involving data definitions, reporting processes, and the validity of these numbers as an accurate reflection of the true incidence, Maine is generally believed to have a lower CMRF rate than the national average. Given the relatively low number of child maltreatment fatalities in Maine, CDSIRP reviews include not only child deaths, but also serious injuries and ingestions (both of which may easily lead to a fatality) that are reported to OCFS.

¹⁰ <https://ncfrp.org/cdr/our-role/>

¹¹ <https://ncfrp.org/data/nfr-crs/>

¹² Personal communication with Abby Collier, MPH, Director of NCFRP on 1/22/22

¹³ <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf>

¹⁴ U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2022). Child Maltreatment 2020. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

¹⁵ <https://datacenter.kidscount.org/data#ME/2/0/char/0>

Panel Function, Review Protocols and Additional Activities

Maine's CDSIRP is one of three [Citizen Review Panels](#)¹⁶, authorized under the Child Abuse Prevention and Treatment Act ([CAPTA](#))¹⁷ and Children's Justice Act ([CJA](#))¹⁸. In 2021, leadership from CDSIRP, the Maine Child Welfare Advisory Panel ([MCWAP](#))¹⁹ and the Justice for Children Taskforce ([JCT](#))²⁰ began meeting quarterly to enhance the working relationship among the three groups. Additional information about each of these panels can be found at <https://www.mecitizenreviewpanels.com/>. The CDSIRP is also one of three fatality review panels in Maine: the [Domestic Abuse Homicide Review Panel](#)²¹ and the [Maternal, Fetal and Infant Mortality Review Panel](#)²² share some overlapping members, though the panels differ in their focus. When appropriate, the panels may conduct joint case reviews or refer case reviews to one another to optimize their collective efficiency.

Over the past year, CDSIRP has continued its efforts to formalize how it is structured and how it operates through the creation of by-laws. This work has been done through sub-committees and the work has happened concurrently with the Panel's primary case review activities. The first three work products of those subcommittees are nearing completion and final approval by the Panel. Areas being addressed initially include the Panel's authority and reporting protocols, how the Panel selects the content it reviews, and how those reviews are structured and conducted. The Panel has previously adopted a three-level review process, in which these newly defined protocols are beginning to be implemented²³. Those three levels and activities under each are:

- **Level 1 Reviews:** The Panel reviews brief, summary reports of every child death, serious injury, and ingestion²⁴ that is reported to OCFS. The timeframe in which these reports are received by OCFS is >30 days prior to the start of the month in which the review by the Panel is taking place²⁵. This delay is designed to allow OCFS an opportunity to complete its initial response to such a report, thus allowing more information to be available on individual cases when requested by the Panel. OCFS staff provide limited additional case details during Level 1 reviews on an as needed basis. The Panel's goal is to complete Level

¹⁶ <https://www.childwelfare.gov/topics/management/administration/partnerships/oversight/citizen/>

¹⁷ <https://www.childwelfare.gov/pubPDFs/about.pdf>

¹⁸ <https://www.childwelfare.gov/topics/systemwide/courts/reform/cja/>

¹⁹ <https://www.mainelegislature.org/legis/statutes/22/title22sec4010-D.html>

²⁰ <https://www.courts.maine.gov/about/committees/justice-children.html>

²¹ <https://legislature.maine.gov/legis/statutes/19-A/title19-Asec4013.html> at 4

²² <https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/maternal-infant/>

²³ The Panel anticipates including final versions of completed sections of its by-laws in the appendices of future reports.

²⁴ Given the comparatively low number of ingestions reported each month, the Panel will be reviewing summary ingestion reports on an annual basis in 2022.

²⁵ For example, reports reviewed in the Panel's January meeting would have been received by the OCFS between November 1 and November 30 of the preceding year.

1 reviews at each of its 10 monthly meetings, to maintain a current perspective of the types and circumstances of deaths, injuries, and ingestions reported.

- Level 2 Reviews: If/when the Panel identifies themes or common threads among the Level 1 reviews, the Panel will select a small number of cases involving the theme for a more in-depth Level 2 review and discussion. The records provided to and examined by the Panel in such a review are generally limited to OCFS records, though selected, additional records may be included based on the individual cases or themes.
- Level 3 Reviews: If/when the Panel identifies an individual case that is particularly noteworthy, its most in-depth review is conducted. A specific case may be noteworthy for several reasons, including but not limited to a large number of child welfare system components being involved with a family, a high-profile case that has garnered the attention of the public or government officials, a case in which the family has a lengthy history with OCFS, or a case in which there is an obvious challenge that requires more extensive root cause analysis.

The Panel does not conduct Level 2 or Level 3 reviews on cases where there is a criminal prosecution pending to preserve the integrity of the important role the judicial process plays in protecting children.²⁶ Given the length of time criminal prosecutions can take, the Panel generally cannot review such a case until 18-24 months after a child's death, serious injury, or ingestion.

Panel meetings in 2021 have been conducted exclusively using secure video conferencing, as has been the case since the COVID-19 pandemic began. The use of this technology has been beneficial to the Panel's work, in that it has allowed for improved attendance at meetings, eliminated the additional time commitment to travel from various parts of the state to Augusta, and limited the need to cancel meetings due to inclement weather. Use of remote conferencing, however, has also adversely impacted the Panel and its members by removing some of the elements of a meeting that allow members to continue to do this important work in a healthy manner. Several known strategies to mitigate the adverse impacts of repeated exposure to traumatic content are not currently available to members because of the need to meet remotely, resulting, at times, in a sense of interpersonal disconnection, loss of informal support structures, and reduced ability to process the challenges associated with this work.

In addition to its primary case review activities, the Panel also receives education on a variety of topics throughout the year to help inform its understanding of evolving policy, best practices, and new initiatives. In 2021, the Panel heard presentations relating to pediatric ingestions and

²⁶ <https://www.mainelegislature.org/legis/statutes/22/title22sec4004.html> at "F".

poisonings, failure to thrive, policy and practice changes at OCFS, Maine's [implementation](#)²⁷ of the Family First Prevention Services Act, the [work](#)²⁸ of Casey Family Services and Collaborative Safety, clinical consultation and support available to OCFS staff to address the ongoing vicarious trauma inherent to OCFS' work, and secondary traumatic stress among those conducting child fatality reviews.

The Panel provided input on two different legislative matters in 2021. In April, the Chair of the Panel submitted written testimony related to the management and regulation of Maine's marijuana programs and its potential impact on Maine's children (Appendix B). In September, the Chair also presented to the Government Oversight Committee related to the structure, function, and role of the Panel (Appendix C).

CDSIRP REVIEW DATA

The figures below reflect the total numbers of child death (CD), serious injury (SI) and ingestion (I) reports reviewed by the Panel in 2021, including those reported through OCFS' Intake unit and those that OCFS and the Panel learned about from the Office of the Chief Medical Examiner.²⁹ These values may differ from data presented elsewhere, such as on the OCFS website, for a variety of reasons that include, but are not necessarily limited to, the following:

- Some reports to OCFS are screened out³⁰ while others meeting intake criteria are investigated.
- Investigations by OCFS may or may not have resulted in findings of abuse or neglect.
- Investigations by OCFS may have resulted in a determination that a SI or I, while suspected at the time of report, did not, in fact, occur.
- Investigations by law enforcement may have led to criminal prosecutions that may still be ongoing.³¹
- In some cases, the OCFS website may reflect deaths that were not referred to CDSIRP because they had been reported earlier to CDSIRP as serious injuries.
- Data reported is based on the manner in which the data point is defined. Fatality data published on the OCFS website reflects all fatalities reported to OCFS during a given year if the family had previous involvement with child protective services, regardless of the

²⁷ <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/families-first-prevention-act>

²⁸ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Review%20Summary%20Report%20and%20Recommendations.pdf>

²⁹ Not all CD/SI/I are reported to OCFS

³⁰ All reports are screened by Intake using a Structured Decision Making (SDM) tool and a determination is made regarding whether the report is appropriate for assessment. Not all CD/SI/I reports result in an investigation.

³¹ Normally, data related to ongoing or pending prosecution would be withheld. It is included here in aggregate because no case specific or otherwise identifying information is included.

cause of the fatality and regardless of the level of involvement the family had with child protective services or how long ago that involvement occurred.

2021 CHILD DEATH, SERIOUS INJURY AND INGESTION REPORTS

	Serious Injuries	Ingestions	Child Fatalities	Child Fatalities Initially Reported to OCFS as a Serious Injury or Ingestion	Total
January	18	4	2	0	24
February	15	11	6	0	32
March	17	7	1	0	25
April	13	3	2	1	19
May	16	3	5	0	24
June	12	5	5	2	24
July	11	2	5	0	18
August	7	0	4	0	11
September	19	1	3	1	24
October	10	2	4	1	17
November	11	4	9	1	25
December	16	0	2	0	18
Total	165	42	48	6	261

These 2021 totals, as compared to 2019 data (pre-pandemic), represent increases of 4% in serious injury reports and 31.3% in ingestion reports. Annual serious injury reports to OCFS had been trending upward (131, 160, 158, and 191 per year) from 2017 to 2020. Ingestion reports to OCFS had been trending downward (51, 49, 32, and 31) over the same period.

Beginning with 2021 data, the Panel will be reporting total deaths of children under the age of 18 years that were reported to either or both OCFS and OCME. Child death numbers previously reported by the Panel had demonstrated relative stability from 2017-2020 (17, 20, 17, and 22 per year). However, these data included some, but not all child deaths reported to the OCME. By including all child deaths reported to the OCME in its reviews moving forward, the Panel hopes to gain a broader view of the causes of and contributing factors to child deaths. Because of this change, the Panel is unable to reliably compare this data point over time.

Injury Specific Observations and Recommendations

Over the course of 2021, primarily through Level 1 reviews, the Panel has noted some types of injuries or incidents that were reported with more frequency than others. This is not an exhaustive list of the injuries reported or reviewed, but rather some of those that garnered the attention of the Panel for their repetition.

Bruising in pre-mobile infants

In 2013, Maine's child abuse and neglect reporting statutes were amended, with the Panel's support, to include a new [section](#)³² that required the reporting of several specific injuries (a fractured bone, substantial or multiple bruises, subdural hematoma, burns, poisoning, or any injury resulting in substantial bleeding, soft tissue swelling, or impairment of an organ) when present in an infant who is less than 6 months of age or otherwise non-ambulatory. This new section was noteworthy in that it did not require, for those injuries in that age range, that the mandated reporter have reasonable cause to suspect that a child has been or is likely to be abused or neglected. In a predictable and desired fashion, the numbers of these types of reports have increased since that time.

Much attention has been given to the concept of prevention and early identification of risk in the child maltreatment field. In a 2013 paper³³, Sheets et al coined the term "sentinel injuries" to describe relatively minor, yet suspicious, injuries sustained prior to more substantial and perhaps life-threatening abusive injury. The researchers retrospectively examined the records of 401 infants who had been referred to a hospital-based child protection team for evaluation of abuse. Of the 200 infants who were deemed to have a definite concern for abuse, 27.5 % had record of a prior sentinel injury. Of the 100 infants who had an intermediate concern for abuse, 8 % had a prior sentinel injury. Finally, of the 101 infants who had no concern for abuse after evaluation, none had a prior sentinel injury. The presence of a sentinel injury is not just an indicator of a potentially unsafe environment for a child, it an uncommon finding in non-abused children.

Other researchers have examined the intricacies of which injuries, in which locations, and in which children should be of greatest concern. Perhaps most noteworthy among them in recent years is the work that has produced the easily remembered mnemonic "TEN-4." Peirce et al³⁴ developed the TEN-4 bruising clinical decision rule to help identify which injured children should have more thorough evaluation for child abuse concerns. They found that bruising on the (T)orso, (E)ar or (N)eck in a child 4 years of age or younger or any bruising in a child less than 4 months of age was a sufficiently strong predictor of abuse to warrant more detailed examination. Pierce et

³² <https://www.mainelegislature.org/legis/statutes/22/title22sec4011-A.html> at "7."

³³ Sheets, L. K., Leach, M. E., Koszewski, I. J., Lessmeier, A. M., Nugent, M., & Simpson, P. (2013). Sentinel injuries in infants evaluated for child physical abuse. *Pediatrics*, 131(4), 701–707. <https://doi.org/10.1542/peds.2012-2780>

³⁴ Pierce, M. C., Kaczor, K., Aldridge, S., O'Flynn, J., & Lorenz, D. J. (2010). Bruising Characteristics Discriminating Physical Child Abuse From Accidental Trauma. *PEDIATRICS*, 125(1), 67–74. <https://doi.org/10.1542/peds.2008-3632>

al further validated this decision rule and expanded it in 2021³⁵ when they added “FACES-P” to the mnemonic- representing bruising to the (F)renulum, (A)ngle of the jaw, (C)heek, (E)yelid, and (S)ubconjunctivae, as well as (P)atterned bruises, in the same age range. Further support and validation of the TEN-4 rule resulted from Kemp et al in 2021, who concluded that such a simple decision rule to identify children at risk for abuse “has the potential to save lives.”³⁶

The Panel is pleased that OCFS is receiving more reports of this type- not for the injuries sustained by these children, but for the identification of opportunities for multidisciplinary intervention before maltreatment becomes fatal; however, work remains to be done on this front. Despite more reports of sentinel injuries being made at initial presentation, the Panel has continued to see reports in which sentinel injuries are not reported by medical providers and children subsequently remain in potentially unsafe environments where they can sustain more serious injuries. This has been a point of education among members of the Maine chapter of the American Academy of Pediatrics as recently as October 2021, and the Panel strongly supports ongoing education of all professionals who have the opportunity to pro-actively identify at-risk children.

Recommendation:

1. Ongoing efforts to educate professionals who interact with young children about sentinel injuries and their significance should continue.

Abusive Head Trauma

Maine continues to see many cases of abusive head trauma (AHT), formerly known as Shaken Baby Syndrome, each year, most of which fail to reach the threshold of widespread public awareness. AHT occurs most frequently in children under 6 months of age and is fatal in approximately 25% of cases, making AHT the most lethal form of child maltreatment.³⁷ Among the survivors, nearly 70% “have some degree of lasting neurologic impairment.”³⁸ In a large review of AHT-related confessions, more than 80% of cases involved shaking or shaking plus impact.³⁹ Over the last several years, the validity of the diagnosis of AHT has been challenged in legal settings by defense experts, despite the overwhelming medical evidence, supported by the

³⁵ Pierce, M. C., et al. (2021). Validation of a Clinical Decision Rule to Predict Abuse in Young Children Based on Bruising Characteristics. *JAMA Network Open*, 4(4), e215832. <https://doi.org/10.1001/jamanetworkopen.2021.5832>

³⁶ Kemp, A. M., Maguire, S. A., Nuttall, D. E., Collins, P., Dunstan, F. D., & Farewell, D. (2021). Can TEN4 distinguish bruises from abuse, inherited bleeding disorders or accidents? *Archives of Disease in Childhood*, archdischild-2020-320491. <https://doi.org/10.1136/archdischild-2020-320491>

³⁷ <https://www.dontshake.org/learn-more/itemlist/category/13-facts-info>

³⁸ Narang, S. K., Fingarson, A., Lukefahr, J., & COUNCIL ON CHILD ABUSE AND NEGLECT. (2020). Abusive Head Trauma in Infants and Children. *Pediatrics*, 145(4), e20200203. <https://doi.org/10.1542/peds.2020-0203>

³⁹ Edwards, G. A., Maguire, S. A., Gaither, J. R., & Leventhal, J. M. (2020). What Do Confessions Reveal about Abusive Head Trauma? A Systematic Review. *Child Abuse Review*, 29(3), 253–268. <https://doi.org/10.1002/car.2627>

professional literature, endorsing its existence.⁴⁰ Maine has begun to see this defense being put forth, which jeopardizes the health and safety of abused children.

Several years ago, Maine embarked on an effort to implement the Period of PURPLE Crying⁴¹ programming in every birthing hospital in the state. Expert educators traveled the state to introduce and explain the program, which has been and continues to be supported by prevention-focused entities such as the [Maine Children's Trust](#).⁴² However, research that has examined the effectiveness of parent education programs at reducing hospital admissions for AHT has shown inconsistent results.⁴³ Additionally, concerns have arisen regarding whether Maine birthing hospitals continue to implement the PURPLE Crying program with fidelity. The Panel is not aware of any systematic evaluation or monitoring of this program's implementation or effectiveness in Maine. It does not appear to be part of any integrated injury prevention strategy within the state. To their credit, OCFS does have a [policy](#)⁴⁴ requiring staff, when evaluating the safety of children under 12 months old, to inquire about whether the caregiver has already received PURPLE Crying education and to provide that education if the caregiver has not. The degree to which this policy is both followed and effective as a prevention strategy is unclear.

Related to this, the Panel's efforts to locate information about a unifying strategy to address AHT in Maine have been disappointing. A review of the Maine Center for Disease Control and Prevention's Maine Injury Prevention Program (MIPP) primary [webpage](#)⁴⁵ contains no injury-related reports dated more recently than 2011. Other MIPP sub-pages reveal areas of absent information and additional, significantly outdated material (for example, one of three reports listed on one page, "Young Children in Motor Vehicle Crashes," reflects data from 1996-2001). Most notably, the two specific resource links listed related to AHT ("The Shaken Baby Alliance" and "Shaken Baby Syndrome Prevention Program") both direct the reader to web domains that are no longer active. The Panel readily, and gratefully, acknowledges the reality and focus of the pandemic-related work that has been conducted by the Maine CDC over the past 2 years; however, the lack of data available through the MIPP site stands in stark contrast to what has become available through the OCFS site⁴⁶ in recent years.

The Panel has learned that the MIPP lost its state and federal funding several years ago. Between the impact of the loss of state funds and the loss of federal grant funds, which are awarded through a competitive process, Maine no longer has the resources to support staff time or

⁴⁰ Choudhary, A. K., et al. (2018). Consensus statement on abusive head trauma in infants and young children. *Pediatric Radiology*, 48(8), 1048–1065. <https://doi.org/10.1007/s00247-018-4149-1>

⁴¹ <https://www.dontshake.org/purple-crying>

⁴² <http://www.mechildrenstrust.org/purple-crying.asp>

⁴³ Roygardner, D., Hughes, K. N., & Palusci, V. J. (2021). A Structured Review of the Literature on Abusive Head Trauma Prevention. *Child Abuse Review*, 30(5), 385–399. <https://doi.org/10.1002/car.2717>

⁴⁴ https://www.maine.gov/dhhs/ocfs/cw/policy/iv_-d-8-safe-sleep-checklist-a.html

⁴⁵ <https://www.maine.gov/dhhs/mecdc/population-health/inj/index.html> (Accessed 1/23/22)

⁴⁶ <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives>

infrastructure dedicated to the prevention of injuries other than those associated with suicide. The Maine CDC has applied for renewed federal funding, but without the ability to demonstrate an existing infrastructure, their applications fail to reach a competitive level. This has implications for not only AHT prevention, but also for programming related to gunshot injuries and ingestions. The mission of the MIPP is to “provide leadership and coordination to assure a statewide, comprehensive and integrated injury prevention program that serves as a resource for professionals, communities, agencies, and professional organizations in both the public and private sectors.”⁴⁷ Without adequate funding, the Maine CDC, through the MIPP, will continue to fail to meet this mission.

Recommendations:

2. Abusive Head Trauma prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine’s children. This strategy should include evaluation of all current efforts and consideration of any emerging strategies to reduce the incidence of AHT.
3. The Maine Legislature should appropriate adequate funding to the Maine CDC for the express purpose of re-establishing the MIPP, thus allowing pursuit of its mission.
4. If funded by the Legislature, the Maine CDC should dedicate at least one full time employee to begin the process of rebuilding the MIPP.
5. MIPP staff should convene a multidisciplinary stakeholder group to develop a workplan consistent with Recommendation 2.

Failure to Thrive

Failure to thrive (FTT), which is increasingly being called “growth faltering” in the literature⁴⁸, is “an abnormal pattern of weight gain defined by the lack of sufficient usable nutrition and documented by inadequate weight gain over time.”⁴⁹ FTT is not a final diagnosis but a symptom of medical disorders, developmental/behavioral concerns, nutritional neglect, and/or psychosocial difficulties. Frequently, these factors can be addressed through routine interventions and by providing support services, such as parent education, breastfeeding support, or connecting a family with [WIC](#) resources.⁵⁰

One excellent resource to assist and support families whose child is failing to thrive is Public Health Nursing (PHN). During the prior administration, the ranks of Public Health Nurses in Maine were cut substantially. State Senator Brownie Carson subsequently led an effort in 2017 ([LD](#)

⁴⁷ <https://www.maine.gov/dhhs/mecdc/population-health/inj/index.html>

⁴⁸ This report will use the term “failure to thrive” since it is the more familiar term at this point.

⁴⁹ Homan, G. J. (2016). Failure to Thrive: A Practical Guide. American Family Physician, 94(4), 295–299. <https://www.aafp.org/afp/2016/0815/p295.html>

⁵⁰ <https://www.maine.gov/dhhs/mecdc/population-health/wic/>

[1108](#))⁵¹ to require the Executive Branch to fill many vacant PHN positions. Under the current administration, progress has been made toward that goal, and the Panel strongly supports the maintenance of a robust PHN staff. PHN involvement should be considered in most FTT cases. PHNs can partner with families in their natural environments and in a non-threatening manner to maximize the likelihood of a child's successful recovery from a FTT diagnosis.

In some cases, the behavioral or psychosocial factors contributing to FTT cannot be adequately managed with routine interventions and supports, allowing a child to continue to fail to thrive. Concerns for a child with FTT, such as parental refusal to accept the diagnosis, significant parental impairment, or refusal to meaningfully participate in a treatment plan, may rise to the level of requiring OCFS involvement. Additionally, subspecialty medical care with a Child Abuse Pediatrician⁵², who is trained to navigate the complex features of such cases and works with a multidisciplinary team, may be necessary. Sub-specialist involvement can lead to more consistent evaluation and management of FTT, which may benefit not only the child, but also the family. The Panel has reviewed multiple cases in which there has been a failure to recognize the need for enhanced levels of intervention by OCFS and/or a Child Abuse Pediatrician by other professionals involved with a child or family. Indeed, there have been times that the need to involve a Child Abuse Pediatrician has been missed by OCFS staff as well.

Failing to recognize the need for enhanced intervention, as well as failing to be aware of the relevant resources and how to access them, allows FTT to persist. Left untreated, or inadequately treated, FTT can lead to long term growth deficits, cognitive impairments, behavioral problems, and developmental delays.⁵³ The Panel considers such an outcome to constitute an avoidable serious injury.

Recommendations:

6. The provider of Child Abuse Pediatrics services in Maine should conduct outreach efforts to the pediatric medical community to ensure their awareness of the availability of FTT specific consultation and multidisciplinary co-management.
7. OCFS leadership should communicate to frontline staff and supervisors regarding the value of Child Abuse Pediatrics consultation in FTT cases and frontline OCFS staff should refer children they are evaluating who have FTT for that consultation.
8. The Maine CDC should maintain a robust PHN workforce to ensure adequate availability of services to families who are among those most in need of their support.

Gun Shot Wounds and Firearm Fatalities

⁵¹ http://www.mainelegislature.org/legis/bills/display_ps.asp?id=1108&PID=1456&snum=128

⁵² This subspecialty is further described on page 19.

⁵³ <https://www.stanfordchildrens.org/en/topic/default?id=failure-to-thrive-90-P02297> (Accessed 3/11/22)

The Panel continues to see reports of cases involving children sustaining serious injuries or being killed by unintentional firearm discharge. The Everytown “#NotAnAccident” [data tracker](https://everytownresearch.org/maps/notanaccident/#ns) ⁵⁴ reflects media accounts of at least 12 unintentional firearm discharges by children in Maine since 2015, resulting in 6 deaths and 7 injuries. Thirty-three percent of those came in 2021 alone (1 death, 3 injuries). From their national database, Everytown reports that handguns account for 85% of incidents in which a firearm is unintentionally discharged by a child, and that number climbs to 93% when the child is 9 years old or younger.⁵⁵ The recent context for these incidents includes US gun sales in 2021 that were down 12.5% to 19.9 million, compared to 2020’s record setting 22.8 million. The previous record high was in 2016, when 16.7 million guns were sold.⁵⁶ Research examining rates of childhood firearms injuries during the first 6 months of the COVID-19 pandemic, as compared to the same 6-month period in 2016-2019, showed an increase both in the rate of firearms injuries in children (with younger children having a higher risk) and firearms injuries inflicted by children. Both findings correlated with the increase in new firearm purchases during the same time periods of study.⁵⁷

The Panel has observed that in cases where children are injured or killed by unintentional firearm discharges, a caregiver often mistakenly believes that the child either doesn’t know where the gun is in the home or knows not to touch it. When parents and children have been surveyed about these topics, 40% of parents who reported that their child did not know where guns were stored in the home and 20% who reported that their child had never handled a firearm were contradicted by the child’s own report.⁵⁸

Separate from, but equally important to, unintentional firearm discharges are intentional discharges- that is, youth firearm suicides. The rate of teenage firearm suicides increased nearly 60% between 2010 and 2019 and 20 years of research has shown that access to highly lethal means makes a substantial difference in outcome, with a 90% mortality rate when a firearm is used in a suicide attempt.⁵⁹ A 2014 metanalysis found an over 3 times greater likelihood of suicide among persons with firearm access compared to those without access⁶⁰ and a separate

⁵⁴ <https://everytownresearch.org/maps/notanaccident/#ns>

⁵⁵ <https://everytownresearch.org/report/notanaccident/>

⁵⁶ <https://www.forbes.com/sites/joewalsh/2022/01/05/us-bought-almost-20-million-guns-last-year---second-highest-year-on-record/?sh=76f30e2a13bb>

⁵⁷ Cohen, J. S., Donnelly, K., Patel, S. J., Badolato, G. M., Boyle, M. D., McCarter, R., & Goyal, M. K. (2021). Firearms Injuries Involving Young Children in the United States During the COVID-19 Pandemic. *Pediatrics*, 148(1), e2020042697. <https://doi.org/10.1542/peds.2020-042697>

⁵⁸ Baxley, F., & Miller, M. (2006). Parental misperceptions about children and firearms. *Archives of Pediatrics & Adolescent Medicine*, 160(5), 542–547. <https://doi.org/10.1001/archpedi.160.5.542>

⁵⁹ Fleegler, E. W. (2021). Our Limited Knowledge of Youth Suicide Risk and Firearm Access. *JAMA Network Open*, 4(10), e2127965. <https://doi.org/10.1001/jamanetworkopen.2021.27965>

⁶⁰ Anglemyer, A., Horvath, T., & Rutherford, G. (2014). The Accessibility of Firearms and Risk for Suicide and Homicide Victimization Among Household Members: A Systematic Review and Meta-analysis. *Annals of Internal Medicine*, 160(2), 101–110. <https://doi.org/10.7326/M13-1301>

study found that parental decisions related to safe firearm storage were not impacted by the presence or absence of self-harm risk factors for their children.⁶¹ The American Academy of Pediatrics (AAP) issued clear recommendations in 2012 that pediatricians “incorporate questions about the presence and availability of firearms into their patient history taking and urge parents who possess guns to prevent access to these guns by children.”⁶² Unfortunately, not all pediatricians are comfortable addressing firearm injury prevention with parents and a minority sampled in one study felt adequately trained in firearm safety.⁶³

The best public health interventions to address this problem should be evidence based. When guns are present in a home with a young child, there is good evidence that gun storage practices that prevent child access have a direct impact on unintentional injury risk for children.⁶⁴ For that reason, the Panel applauds the Maine Legislature for passing LD [759](#)⁶⁵ in 2021. Such negligence-based laws are the most likely to reduce unintentional injury. Further, the Panel also supports the Legislature’s having passed LD [1392](#).⁶⁶

Recommendations:

9. Unintentional firearm discharge and suicide by firearm prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine’s children. This strategy should include evaluation of all current efforts and consideration of any emerging strategies to reduce the incidence of unintentional firearm discharges and deaths.
10. When provided with adequate staff and funding, MIPP staff should convene a multidisciplinary group of stakeholders and subject matter experts to develop a workplan consistent with Recommendation 9.
11. Pediatric healthcare providers, including family medicine providers in any setting should continue to follow AAP [recommendations](#)⁶⁷ related to firearm safety inquiries and safe storage guidance and solicit training opportunities to address their own comfort with and

⁶¹ Scott, J., Azrael, D., & Miller, M. (2018). Firearm Storage in Homes With Children With Self-Harm Risk Factors. *Pediatrics*, 141(3), e20172600. <https://doi.org/10.1542/peds.2017-2600>

⁶² COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION EXECUTIVE COMMITTEE, Dowd, M. D., Sege, R. D., Gardner, H. G., Quinlan, K. P., Ewald, M. B., Ebel, B. E., Lichenstein, R., Melzer-Lange, M. D., O’Neil, J., Pomerantz, W. J., Powell, E. C., Scholer, S. J., & Smith, G. A. (2012). Firearm-Related Injuries Affecting the Pediatric Population. *Pediatrics*, 130(5), e1416–e1423. <https://doi.org/10.1542/peds.2012-2481>

⁶³ Cabrera, K. I., Fort, V. K., Bentson, B. H., Feldman, E. S., Guttadauria, B. C., Hartman, C. E., ... & Barone, S. R. (2021). Pediatrician Firearm Safety Screening and Counseling Practices in New York. *Pediatrics*, 147(3_MeetingAbstract), 108-110.

⁶⁴ Krass P et al. *Preventing Unintentional Injury & Death Among Youth: Examining the Evidence*. PolicyLab at Children’s Hospital of Philadelphia; 2020. Retrieved from <http://bitly.com/Preventing-Unintentional-Firearm-Injury>

⁶⁵ https://legislature.maine.gov/legis/bills/display_ps.asp?PID=1456&snum=130&paper=&paperId=l&ld=759

⁶⁶ https://legislature.maine.gov/legis/bills/display_ps.asp?PID=1456&snum=130&paper=&paperId=l&ld=1392

⁶⁷ <https://www.aap.org/en/patient-care/gun-safety-and-injury-prevention/>

knowledge of this topic. Further, pediatric healthcare settings should have safe storage resources available to provide to families when a need for these resources is identified.

Ingestions

The Panel has expressed concern in 2021 regarding the frequency with which it sees reports of children ingesting various substances, including marijuana, and this concern is reflected in the data highlighted earlier in this report. While the increase in ingestion reports is not solely related to marijuana, the Panel Chair submitted testimony in April 2021 to the Joint Standing Committee on Veterans and Legal Affairs regarding marijuana ingestions in children, and the reader is referred to Appendix B. The Panel intends to examine the recent rise in ingestion reports to OCFS during 2022.

Recommendations:

12. Pediatric ingestion/poisoning prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine's children. This strategy should include evaluation of any current efforts and consideration of any emerging strategies to reduce the incidence of ingestions/poisonings in children.
13. When provided with adequate funding, MIPP staff should convene a multidisciplinary group of stakeholders and subject matter experts to develop a workplan consistent with Recommendation 12.
14. The Maine Legislature and/or the Maine Office of Marijuana Policy should prohibit the sale, marketing, or labeling of marijuana containing products in packaging that is attractive or appealing to children.
15. The Maine Legislature and/or the Maine Office of Marijuana Policy should require that marijuana containing products be sold in child-proof packaging.
16. The Maine Legislature should consider an additional amendment (see footnote 47) to 17-A MRS 23, [§554](#),⁶⁸ establishing that endangering the welfare of a child also includes failure to properly secure or otherwise prohibit a child's access to marijuana containing products.

Unsafe Sleep Related Deaths

The Panel has, for many years, been aware of the reality in Maine that an average of 1 infant dies per month in circumstances that involve some manner of an unsafe sleep environment. The

⁶⁸ <https://legislature.maine.gov/statutes/17-A/title17-Asec554.html>

American Academy of Pediatrics has offered clear [guidance](#)⁶⁹ on what constitutes a safe infant sleep environment and has made this information accessible to [parents](#).⁷⁰ Specific efforts by the Maine CDC's Maternal and Child Health (MCH) Program in recent years have included a public awareness and education [campaign](#).⁷¹ Additionally, the DHHS Commissioner asked all Maine [birthing hospitals](#)⁷² to become [Safe Sleep Certified](#)⁷³ in 2019. This was accomplished by April 2021. The MCH Program and Perinatal Quality Collaborative for ME (PQC4ME) also supported hospitals doing a quality improvement project to educate on safe sleep environments in the hospital and support families when they get discharged home. Based on data reviewed by the Panel, these activities correlated with a 50% reduction in unsafe infant sleep related deaths in 2020. Data and cases for 2021 are still being reviewed and investigated, but provisional numbers suggest that 50 % reduction was maintained during 2021. The MCH Program intends to continue its public awareness and education activities on this topic. The Panel supports these ongoing efforts to intervene by the MCH Program as well as the efforts of all Maine birthing hospitals to continue to meet Safe Sleep Certification standards. Additionally, the Panel supports ongoing efforts by OCFS staff to educate families with whom they are involved about infant safe sleep and encourages all care/service providers in all settings to do the same.

Recommendations:

17. The Maine CDC Maternal and Child Health Program should continue its focus on unsafe infant sleep related deaths, including public awareness and education messaging.
18. All service providers (medical, social services, childcare, etc.) in all settings should reinforce infant safe sleep messaging when working with caregivers of children under 1 year of age.

Systemic Observations and Recommendations

Beyond specific injury types, over the course of its 2021 reviews, the Panel has also noted several larger systemic challenges that highlight opportunities for improvement. These opportunities exist not just among Maine's OCFS, but also among the broader child welfare system. It is worth noting the issues mentioned below are rarely, if ever, able to be isolated as the single factor leading to a child's death or serious injury.

⁶⁹ Moon, R. Y. & TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. (2016). SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*, 138(5), e20162940. <https://doi.org/10.1542/peds.2016-2940>

⁷⁰ <https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

⁷¹ <https://safesleepforme.org/>

⁷² <https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/documents/Maine-Birthing-Hospitals-Map-2018.pdf>

⁷³ <https://cribsforkids.org/hospitalcertification/>

Failure to consult with Child Abuse Pediatrics subspecialty services

In 2006, the American Board of Pediatrics granted formal subspecialty status in Child Abuse Pediatrics (previously known informally as “Forensic Pediatrics”) in 2006, offering their first board certification exam in 2009.⁷⁴ One hundred ninety-one physicians passed that initial exam and 394 Child Abuse Pediatricians (CAPs) are board certified in the US as of December 2021.⁷⁵ While the total number of CAPs has increased, the number of certifications granted with each exam offering has fallen consistently since 2009.⁷⁶ In 2018, Child Abuse Pediatrics had the fewest number of first year fellows among all the pediatric subspecialties, filling just 67% of available first year fellowship openings,⁷⁷ and the average age of CAPs is the sixth oldest among 21 pediatric subspecialties which portends a serious shortage of practicing CAPs.⁷⁸ Most CAPs practice through affiliation with academic teaching hospitals, while Maine’s CAP presence is housed in and supported entirely by [Spurwink Services](#), a non-profit organization that provides behavioral health and education services to children, adults and families.⁷⁹ Maine has been fortunate to have had the [services](#)⁸⁰ of a CAP without interruption for 35 years and the availability of this subspecialty care has been a crucial component of the broad child welfare system. Most recently, the staffing realities of these services have proven inconsistent with a sustainable model of practice; one physician cannot reasonably be available to an entire state, around the clock, every day of the year, even with existing nurse practitioner support.

In its 2021 reviews, the Panel has found several examples of cases in which the involvement of and consultation with a CAP was not sought by either OCFS or medical staff⁸¹ or was sought but then had a case disposition while that consultation was still pending. Such examples include:

- cases in which Failure to Thrive was a concern and there were notable psychosocial factors impacting the case trajectory
- cases in which young children in Emergency Departments had inappropriate [screening criteria](#)⁸² for head imaging studies applied, resulting in a lack of appropriate imaging studies being performed, and thus potentially missing clinically minor but forensically significant injuries

⁷⁴ Jenny, C. (2008). Medicine Discovers Child Abuse. JAMA, 300(23), 2796. <https://doi.org/10.1001/jama.2008.842>

⁷⁵ Angelo P. Giardino, Nancy Hanson, Karen Seaver Hill, John M. Leventhal; Child Abuse Pediatrics: New Specialty, Renewed Mission. Pediatrics July 2011; 128 (1): 156–159. 10.1542/peds.2011-0363

⁷⁶ <https://www.abp.org/content/pediatric-subspecialists-ever-certified>

⁷⁷ Macy, M. L., Leslie, L. K., Turner, A., & Freed, G. L. (2021). Growth and changes in the pediatric medical subspecialty workforce pipeline. Pediatric Research, 89(5), 1297–1303. <https://doi.org/10.1038/s41390-020-01311-7>

⁷⁸ <https://www.abp.org/content/age-comparison-pediatric-subspecialists>

⁷⁹ <https://spurwink.org/about/#mission>

⁸⁰ <https://spurwink.org/youth-and-family/youthbehavioralhealth/spurwink-center-for-safe-healthy-families/>

⁸¹ “Medical staff” as used in this report refers to physicians, physician assistants, nurses, nurse practitioners or any other professional in any medical setting.

⁸² <https://californiaacep.org/page/PECARN>

- cases in which sentinel injuries were not properly identified by medical providers and therefore not reported, resulting in children being left in potentially unsafe circumstances
- cases in which a forensic opinion⁸³ is offered by a non-forensic medical provider, resulting in inappropriate case management decisions by OCFS staff
- cases in which non-CAP medical providers report subjective case information⁸⁴ to OCFS, potentially influencing the objectivity of a related assessment
- cases in which OCFS staff referred a child/family for CAP evaluation but then closed an investigation while that evaluation was still pending
- cases in which medical staff referred a child/family for CAP consultation but then discharged a patient from their care prior to the evaluation being completed
- cases in which medical staff completed a report to OCFS, followed by OCFS requesting a CAP evaluation, but the medical staff discharge a patient from their care while that evaluation is pending

The importance of CAP evaluation or consultation in cases that are psychosocially complex or in which there is (or should be) doubt about the cause or origin of an apparent injury cannot be overstated. While it would be easy to assume that CAPs would be most likely to diagnose abuse in most of the cases referred to them, the Panel has found that CAP consultation often results in a non-abuse diagnosis, thus preventing inappropriate OCFS, law enforcement, or even medical intervention. The value of CAP consultation, as well as the degree to which that consultation results in an opinion different from that of a primary medical or Child Protective Services staff member, has been noted in the relevant literature.^{85, 86} Like other subspecialties, CAP services should ideally be available to the medical, child protective, and law enforcement professionals in Maine at any time of the day or night.

Recommendations:

⁸³ "Forensic" as used in this report means "relating to or dealing with the application of scientific knowledge to legal problems." <https://www.merriam-webster.com/dictionary/forensic>

⁸⁴ "Subjective case information" refers to observations by medical staff or other professionals such as whether a caregiver is "appropriately concerned" about their child or is "loving and attentive." Such information may be accurate but has no diagnostic relevance in the assessment of a concerning injury.

⁸⁵ McGuire, L., Martin, K. D., & Leventhal, J. M. (2011). Child Abuse Consultations Initiated by Child Protective Services: The Role of Expert Opinions. *Academic Pediatrics*, 11(6), 467–473. <https://doi.org/10.1016/j.acap.2011.06.005>

⁸⁶ Anderst, J., Kellogg, N., & Jung, I. (2009). Is the diagnosis of physical abuse changed when Child Protective Services consults a Child Abuse Pediatrics subspecialty group as a second opinion? *Child Abuse & Neglect*, 33(8), 481–489. <https://doi.org/10.1016/j.chiabu.2009.05.001>

19. The provider of Child Abuse Pediatrics sub-specialty services in Maine should maintain its efforts to provide appropriate training to the medical and social services community.
20. The provider of Child Abuse Pediatrics sub-specialty services in Maine should maintain its efforts to recruit and retain at least two board-eligible or board-certified Child Abuse Pediatricians.
21. The major healthcare organizations who provide pediatric care in Maine, as well as OCFS, should collaborate with Spurwink Services to support at least two Child Abuse Pediatricians as well as the sustainability of their services.
22. OCFS staff who request Child Abuse Pediatrics evaluation as part of a child protection investigation should not end their investigation until the results of the CAP evaluation are available to be incorporated into the OCFS case analysis.

OCFS staff- workforce

The Panel has long noted the complexity and difficulty of child welfare work conducted by OCFS staff. Recent [efforts](#)⁸⁷ by OCFS administrators, spurred in part by legislative [directive](#),⁸⁸ to properly evaluate the various dimensions of workload should be commended. The Panel recognizes that achieving optimal outcomes for children and families requires a strong, well-trained, supported, and resilient workforce. While workload analysis and management is certainly one aspect of creating and maintaining that workforce, another component that must be considered is the impact the nature of child welfare work has on the workforce. Issues of primary and secondary trauma, post-traumatic stress, burnout, and turnover are critically important.⁸⁹ To its credit, OCFS has engaged Spurwink Services to provide clinical support for its staff to mitigate the [adverse impact](#)⁹⁰ of child welfare work. Unfortunately, the services available through this support program do not include any evaluation of its effectiveness in meeting its goals. The Panel reasonably hopes that such services could have significant positive influence on not only individual well-being, but also workforce metrics, such as decreased rate of turnover, lower number of vacancies, decreased absenteeism, increased length of service, and increased productivity. The absence of an evaluation component may make it difficult to justify the continuation of what is likely a very valuable service being provided to OCFS staff, particularly if/when funding priorities change.

After-hours or “standby” coverage is another workforce management topic that has received [attention](#)⁹¹ over the past year and one that the Panel has noted as a challenge. OCFS has tried

⁸⁷ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/2021%20OCFS%20Workload%20Report.pdf>

⁸⁸ <https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0595&item=3&snum=129>

⁸⁹ <https://www.childwelfare.gov/topics/management/workforce/workforcewellbeing/burnout/secondary/>

⁹⁰ <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>

⁹¹ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Review%20Summary%20Report%20and%20Recommendations.pdf> at p17-18

various methods of providing coverage outside the standard workday over the course of many years. Such coverage is necessary in one form or another, since OCFS staff are as much first responders as law enforcement, firefighters, and EMS professionals and child maltreatment neither begins at 8 AM nor ends at 5 PM. The Panel is aware that OCFS is actively considering alternatives for after-hours coverage, including the Governor's proposal/request to fund 16 new caseworker and 3 new supervisor positions to cover night and weekend shifts.⁹² The Panel welcomes these efforts as a method of both enhancing the quality of after-hours services and enhancing the well-being of OCFS staff.

Recommendations:

23. OCFS administrators should continue their regular analysis of workload metrics to ensure Maine's workforce management practices are consistent with accepted standards for best practice in child welfare.
24. OCFS administrators should continue to contract for services that provide for the clinical support of OCFS staff and those contracts should include an evaluation component for the services being provided.
25. OCFS administrators should continue their evaluation of best practice standards for the provision of after-hours coverage and request any necessary funding or support to meet those standards.
26. The Maine Legislature should appropriate adequate funding to support OCFS' provision of after-hours coverage.

OCFS staff- practice

As stated earlier, the Panel has long recognized the complexity of child welfare casework and supervision. During its 2021 reviews, the Panel noted several persistent themes related to child welfare casework and supervision. Those include:

- Proper identification and use of child maltreatment risk factors for case planning, service referral, and evaluation of adequacy of services, including both failure to recognize known risk factors and failure to solicit information from collateral sources related to those risk factors
- Inability or unwillingness to challenge or otherwise address instances of parents and caregivers being found to not be truthful in their communication with OCFS staff, adversely impacting OCFS ability to accurately determine a child's level of risk

⁹² <https://www.maine.gov/governor/mills/news/governor-mills-unveils-bipartisan-legislation-budget-initiatives-strengthen-child-welfare>

- The potential to view moderate severity cases as lower risk than they may truly be, because of more frequent exposure to higher severity cases
- Failure to acknowledge and appropriately attend to the totality and complexity of factors or dynamics involved in a case, including past incidents and involvements with OCFS, instead focusing a limited scope of inquiry on just the specific incident reported, particularly in cases involving failure to thrive and firearm injuries
- The consideration of complex domestic violence dynamics when developing plans for safety, such as allowing one parent to supervise the other despite a history of domestic violence concerns
- Characterization of a firearm related injury or fatality as an “accidental” firing of a weapon, rather than focusing on the caregiver action, inaction or behaviors that created the conditions in which the injury or fatality occurred
- The inefficiency and increased workload of documentation requirements including duplication of identical notes when more than one case member is part of a single conversation, as well as the need to manually enter e-mail or text message exchanges with a case member into the MACWIS⁹³ system
- The value of Family Team Meetings being convened at points of critical case decisions and resulting deficiency in practice when those meetings are not held
- Inconsistent findings of child maltreatment in fatality cases with similar circumstances due to a focus on avoiding compounding of a tragic event for the caregivers
- Involvement of Regional Associate Directors (RADs) in the management of and decision making for serious injury and death cases during the initial OCFS response, but not at the conclusion of the response, perhaps contributing to inconsistent findings and decision making
- Reliance upon opinions of professionals to guide case decisions, even when those professionals lack subject matter expertise
- The importance of providing high quality supervision to assist caseworkers with adequate case analysis, identification of risk and protective factors, consideration of relevant history a family has with OCFS, and appropriate case planning
- The reality that newer caseworkers require substantially more supervisory attention, support, and education than longer serving workers and that the workload associated with supervising a unit of several experienced workers is substantially different than that of a unit with several relatively new workers.

⁹³ Maine Automated Child Welfare Information System

These complex issues reflect just some of the reasons why child welfare work is so challenging. Recognizing that sole focus on OCFS caseworker and supervisor practice will not solve the problem of child maltreatment, the Panel makes the following recommendations.

Recommendations:

27. OCFS should continue to look for ways to increase the efficiency of its staff and reduce the need for duplicative work, while maintaining an appropriate focus on safety, permanency, and well-being for children and families.
28. OCFS should, in addition to its continued attention to caseworker workload, consider the complexity of the supervisory role and include analysis of supervisor level metrics in its ongoing workload analysis.
29. OCFS should continue to make use of the resources available through the Maine Coalition to End Domestic Violence Child Protective Services [initiative](#)⁹⁴ and ensure that caseworkers and supervisors have access to the co-located DV/CPS liaisons provided through that initiative.
30. OCFS should include RADs in decisions related to investigation outcomes, findings of child maltreatment, and case closure when those cases include child deaths and serious injuries.
31. OCFS should review both its initial training and continuing education curriculum at regular intervals, to ensure that OCFS staff have the most up to date information in the field to optimize their casework and decision making.
32. OCFS should ensure that its staff have awareness of and access to the services of professionals with subject matter expertise in areas including, but not necessarily limited to, Child Abuse Pediatrics and adult and child psychopathology.

Multidisciplinary child welfare system

When a child is injured or killed, particularly if child abuse and/or neglect is involved, there are often understandable calls for accountability, program review, and the need for change. Too often, these calls are focused solely on the state agency whose charge is to protect children from such abuse or neglect. The deaths and injuries of children related to child maltreatment reflect a much broader systemic failure in our society. The label “child welfare system” in Maine is frequently understood to apply only to OCFS; however, the Panel has long recognized that OCFS is merely one piece of a larger system. Accordingly, and in addition to observations and

⁹⁴ <https://www.mcedv.org/initiatives/>

recommendations noted earlier in this report, the Panel has identified several elements of and examples in the child welfare system that warrant attention and improvement. These include:

- The frequent lack of existing or accessible mental health services for families, particularly in more rural areas of Maine
- When services do exist, the providers of those services are infrequently trained in the complexities of working with maltreating families who are referred for intervention by OCFS staff
- The absence of such specialized, forensic training results in an inability to adequately assess and communicate a caregiver's progress in necessary services, as that progress specifically relates to the safety, permanency, and well-being of the child/ren in question
- The tendency of a parent's or family's service provider to align themselves with the interests of the parent or to focus their clinical work on issues identified by the parent, rather than focusing on factors that prioritize the child or would ultimately allow the parent to safely care for the child
- The provision of long-term case management or clinical services to families with no apparent change in baseline functioning of the family or its members and thus no change in baseline safety for children
- The lack of service provider understanding of risk and safety factors in a family that may have prompted OCFS involvement, resulting in a deficient approach to the provision of services
- The absence of a well-coordinated, public health focused, injury prevention program
- The inadequacy of the existing Court Ordered Diagnostic Evaluation (CODE) system to meet the ongoing need for clinical, child maltreatment focused evaluation of parents and caregivers in all areas of the state

Ultimately, it is the duty of a society's child welfare system, defined broadly and beyond the systems identified in this Panel report, to ensure children's safety and well-being. The Panel supports efforts to enhance that system, such as ongoing work among hospitals, law enforcement and OCFS to enhance their collaboration in child maltreatment cases, efforts to expand the pool of [TF-CBT](https://tfcbt.org/)⁹⁵ clinicians available in the state,⁹⁶ and implementation of the [Family First Prevention Services Act](https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/families-first-prevention-act).⁹⁷ As was noted in the Panel's 2017-2020 report, the Panel also continues to recognize that universal approaches to enhancing family wellbeing and functioning, or even somewhat more targeted interventions (such as in the aftermath of trauma), may be

⁹⁵ <https://tfcbt.org/>

⁹⁶ <https://content.govdelivery.com/accounts/MEHHS/bulletins/28f16dd>

⁹⁷ <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/system-improvements-initiatives/families-first-prevention-act>

helpful to most families, but they will continue to be inadequate to meet the needs of those families with the highest levels of complexity.

Recommendations:

33. OCFS and Office of Behavioral Health (OBH) administrators and providers of community based behavioral health services should continue to collaborate to build the capacity and skill set of the behavioral health workforce in Maine, as it relates to child and family health and wellness.
34. OCFS, OBH (including but not limited to the [State Forensic Service](#)⁹⁸), and the Office of the Attorney General (OAG) should convene a workgroup whose purpose is to develop recommendations, including legislative funding requests, for the creation of a functional system of evaluators with expertise in complex child maltreatment cases who are available in all areas of the state.
35. The Legislature should strongly consider any funding requests for program development consistent with recommendation 34.

COVID-19 impact

There have been myriad ways in which the impact of the COVID-19 pandemic has been experienced in Maine and the child welfare system has not been immune. During its 2021 reviews, the panel has noted several concerns related to the pandemic's influence.

- Child and family service systems that traditionally relied on in-person contact were forced to either pivot to virtual services or cease operation, at least temporarily
- Telehealth services became the norm, however the lack of reliable broadband internet access in many areas in rural Maine adversely impacted the ability of children and families to access those services
- Despite the proliferation of telehealth service availability, there was also an increase in children and families in need of behavioral health care services concurrent with significant workforce shortages, leading to long waiting lists and help not being available to families when it was needed
- Families became reluctant to bring their children to medical providers for recommended well-child visits in their primary care offices, a setting in which many needs can be addressed proactively, and acute problems can be identified
- Families were resistant to allowing the few remaining community-based service providers offering in-home services into their homes, for fear that they would bring coronavirus with them

⁹⁸ <https://legislature.maine.gov/statutes/34-B/title34-Bsec1212.html>

- Public health nursing staff, a critical component of the support and intervention system for not just families at risk, but all families, were nearly all assigned to contact tracing or other public health duties, again leaving gaps akin to the primary care setting
- Court ordered or OCFS recommended service availability changed, undoubtedly influencing the timeliness of progress to permanency for children whose cases were subject to judicial oversight
- Housing shortages resulted in some families allowing unsafe individuals, who had nowhere else to go, back into their homes, creating significant adverse impacts to children's safety
- Truancy and other school-based reporting of abuse and/or neglect decreased as children transitioned to remote schooling alternatives
- Primary caregivers were unable to care for their children while ill, leaving them instead in the unsafe care of other overwhelmed and ill-equipped substitutes

Certainly, Maine is not unique in its experience. An Associated Press (AP) [analysis](#) of child welfare data from 36 states published in March 2021 found double digit decreases in the total number of child maltreatment reports and investigations early in the pandemic, yet also found evidence of increased case severity, complexity, and urgency to respond, as well as increased numbers of child maltreatment fatalities and near fatalities in the states whose data was reviewed.⁹⁹ Some in the field have attempted to strike a more positive, hopeful tone related to the decreased number of maltreatment reports, including the Colorado Office of Children, Youth and Families Director, who told the AP when interviewed for the same article, "It's possible that families and communities came together and weathered this storm together." This view has been shared by others in the child welfare field since, including Drs. Sege and Stephens from Tufts Children's Hospital. An [article](#) they published in December 2021 acknowledged that while some medical centers around the country had seen an increase in child abuse related admissions, there remained a "missing epidemic of child abuse" in the pandemic context at the population level. They hypothesize various reasons, including the possibility that government assistance to families in financial distress may be protective, that increased parental presence at home may improve attachment, that parent/child collaboration on schoolwork may build stronger relationships, and that survey data reflecting widespread positive parenting practices reduces corporal punishment- a substantial physical abuse risk factor.¹⁰⁰

The true role of the pandemic in child abuse and neglect trends likely won't be fully understood for some time. The Panel's ability to evaluate pandemic influence in specific cases in which Maine

⁹⁹ <https://apnews.com/article/coronavirus-children-safety-welfare-checks-decline-62877b94ec68d47bfe285d4f9aa962e6>

¹⁰⁰ Sege R, Stephens A. Child Physical Abuse Did Not Increase During the Pandemic. JAMA Pediatr. Published online December 20, 2021. doi:10.1001/jamapediatrics.2021.5476

children have died or been seriously injured will also be delayed, given limitations on the Panel's ability to conduct timely case reviews.

Conclusion

The underlying causes of and contributing factors to the deaths and serious injuries of Maine's children in recent years, as they are whenever such events take place, are complex. Simple solutions and kneejerk reactions are rarely, if ever, effective, and Maine's children deserve the protection and advocacy of their entire communities. There are things that can be done and steps that can be taken to improve current systems. The Panel is committed to continuing its work as one of Maine's Citizen Review Panels to examine these most challenging cases with the goal of identifying additional opportunities for improvement. We do so with the hope and belief that whatever lessons may be learned from one child or family's tragic outcome can inform improvements to the broad child welfare system that will prevent similar tragedy for others. We do so with gratitude to those who choose to work to improve the lives of Maine's children and families, both within the Maine OCFS and outside of it. And we do so to honor those whose lives could not be adequately impacted in time to prevent their serious injury or death.

Appendix A: 2021 Panel Membership

Mark Moran, LCSW, Chair

Social Services Coordinator, Northern Light Eastern Maine Medical Center

CASA Guardian ad Litem, Maine CASA

Amanda Brownell, MD, Vice Chair

Medical Director, Spurwink Center for Safe and Health Families

Kathryn Brice, MSc, LSW, Panel Coordinator

Panel Coordinator, Maine Office of Child and Family Services

Elsie-Kay Banks

Medicolegal Death Investigator, Office of Chief Medical Examiner

Amy Belisle, MD, MBA, MPH

Chief Child Health Officer, Maine Department of Health and Human Services

Betsy Boardman, Esq.

Child Protective and Juvenile Process Specialist, State of Maine Judicial Branch

Adrienne Carmack, MD

Medical Director, Maine Office of Child and Family Services

Lyn Carter

Rural Grant Program Coordinator, Maine Coalition to End Domestic Violence

Lauren Edstrom

Detective, Maine State Police, Major Crimes Unit- South

Matthew Foster, Esq.

District Attorney, Hancock and Washington Counties

Brieanna Gutierrez

Communications and Compliance Manager, Maine Office of Child and Family Services

Julie Hardacker, BSN

Public Health Nurse II, Maine Center for Disease Control and Prevention

Sandi Hodge

Retired child welfare professional

Tracy Jacques, Esq.

Director of Licensing, Maine Office of Marijuana Policy

Bobbi Johnson, LMSW

Associate Director of Child Welfare Services, Maine Office of Child and Family Services

Todd Landry, Ed.D.

Director, Maine Office of Child and Family Services

Jeffrey Love

Lieutenant, Maine State Police, Major Crimes Unit- North

Marianne Lynch, Esq.

District Attorney, Penobscot and Piscataquis Counties

Sarah Miller, PhD, ABPP

Director, Maine State Forensic Service

Tessa Mosher

Director of Victim Services, Maine Department of Corrections

Karen Mosher, PhD

Retired community mental health professional

Sheila Nelson, MSW, MPH

Suicide Prevention Program Manager, Maine Centers for Disease Control and Prevention

Geoff Parkin, Esq.

Assistant Attorney General, Child Protection Division Office of the Attorney General

Hannah Pressler, DNP

Pediatric Nurse Practitioner

Lawrence Ricci, MD

Child Abuse Pediatrician

Tammy Roy, LSW

Child Welfare Project Manager, Maine Office of Child and Family Services

Kaela Scott, Esq.

GAL Services Coordinator, State of Maine Judicial Branch

Nora Sosnoff, Esq.

Chief, Child Protection Division, Maine Office of the Attorney General

Christine Theriault, LMSW

Family First Prevention Services Manager, Maine Office of Child and Family Services

Briana White, Esq.

Assistant Attorney General, Child Protection Division, Maine Office of the Attorney General

Leane Zainea, Esq.

Assistant Attorney General, Criminal Division, Maine Office of the Attorney General

Testimony of
Mark W. Moran, LCSW
Chair, Maine Child Death and Serious Injury Review Panel
Before the Joint Standing Committee on Veterans and Legal Affairs

LD 1319- An Act Regarding Registered Dispensaries and Rules under the Maine Medical Use of Marijuana Act and the Definition of "Resident" in the Marijuana Legalization Act

LD 1242- An Act to Ensure Appropriate Oversight of Maine's Medical Marijuana Program

Hearing Date: April 23, 2021

Senator Luchini, Representative Caiazzo, and members of the Joint Standing Committee on Veterans and Legal Affairs:

My name is Mark Moran. I am a Licensed Clinical Social Worker and the Chair of Maine's Child Death and Serious Injury Review Panel (CDSIRP)* and I am submitting this testimony relative to your work on the above referenced legislation. The mission of the Panel is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children in order to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments, as well as public and private entities, are developed. As you consider these bills and any other related matters, I, as Chair of the Panel, ask that you consider the implications for Maine's children of how Maine's marijuana programs are managed and regulated.

As medicinal and recreational marijuana laws have evolved across the United States over the past several years, the incidence of reports to poison control centers and encounters with medical services related to unintended pediatric ingestions of marijuana have increased significantly. The unintentional ingestion of cannabis by children is a serious public health concern and is well-documented in the medical literature.¹ While much of the published research on this topic originates in the western half of the country, this problem has also been noted closer to home. A study conducted in Massachusetts in 2019 revealed a 137% increase in the number of cases of pediatric cannabis ingestions and unintended cannabis-related consequences called to the Regional Center for Poison Control and Prevention during the four years following medical marijuana legalization, as compared to the four years preceding legalization. The same study also showed a significant increase in ingestions of edible cannabis products by children 0-4 years of age during the same time periods.² In Maine, calls to the Northern New England Poison Control Center for pediatric marijuana exposures rose from 2014 to 2020 among children of all ages. The largest increase was seen in children 0-5 years of age, from 4 to 23 calls in 2014 and 2020, respectively, reaching a peak of 28 calls in 2019. Nearly all these exposures involved ingestions. In that same age group, 40% of the children experienced moderate or greater clinical effect from the exposure, while the overall rate of moderate or greater clinical effect in this age group for all substance exposures is only 1%.³ Maine's children, like others around the country, have experienced cannabis ingestions from a variety of sources, including (but not limited to) baked goods, hard candy, gummies, oil, and beverages.

Young children who have ingested marijuana or marijuana containing products can present with a variety of symptoms, though the overwhelming majority are neurological in nature. Those symptoms can include tremors, difficulty walking, extreme lethargy, or coma. Some children may experience respiratory depression and require a breathing tube and a ventilator to support their recovery. Others may experience symptoms such as decreased heart rate, low blood pressure, electrolyte abnormalities, agitation, and, rarely, seizures.⁴ Medical care may include outpatient, emergency department, or inpatient management, including transfer or admission to a Pediatric Intensive Care Unit, with length of stay ranging from hours to days.

In October 2020, the American Public Health Association (APHA) published an updated policy statement advocating for a public health approach to regulating commercially legalized cannabis.⁵ In that statement, they call for policy actions that protect children, by careful regulation of the availability and access to cannabis products. Such protections would include advertising restrictions, regulations governing characteristics of cannabis products that may appeal to children (flavors, shapes, forms, names, imagery, etc), and regulations governing packaging (plain, opaque, child resistant, use of a universal symbol, etc). Additionally, the APHA recommends the monitoring of related public health and safety outcomes. Certainly, pediatric ingestions are an important safety outcome to monitor.

The Medical Marijuana Program Rule currently being proposed by the Maine Office of Marijuana Policy contains several of the APHA recommended protections. The existing professional literature suggests the problem of pediatric ingestions is only going to continue to increase. I encourage both the Committee and the OMP to be attentive to the downstream impact of the rules governing Maine's marijuana programs on Maine's children and to the opportunities that exist to help protect and enhance safety for Maine's children. Thank you for your consideration and for the opportunity to provide this testimony.

References

1. Richards, J. S. (2017). Unintentional Cannabis Ingestion in Children: A Systematic Review. *The Journal of Pediatrics*, 142-152.
2. Whitehill, J. e. (2019). Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Before and After Medical Marijuana Legalization in Massachusetts. *JAMA Network Open*, 1-10.
3. Northern New England Poison Control Center (2021, April 21). Personal Communication.
4. Wong, K. (2019). Acute Cannabis Toxicity. *Pediatric Emergency Care*, 799-804.
5. American Public Health Association (2020, October 24). A Public Health Approach to Regulating Commercially Legalized Cannabis.

**While the CDSIRP includes representatives from Maine's Office of Child and Family Services, this testimony does not necessarily reflect the official opinion of OCFS.*

Appendix C:

Presentation of
Mark W. Moran, LCSW
Chair, Maine Child Death and Serious Injury Review Panel
Before the Government Oversight Committee
September 8, 2021

Senator Libby, Representative McDonald, and members of the Government Oversight Committee:

My name is Mark Moran and I am the Chair of the Maine Child Death and Serious Injury Review Panel. I have served in this role since 2014 and I have been a panel member since 2008. I was a Child Protective Services Caseworker in Bangor for 5 years and I have been a hospital-based Women's and Children's Services social worker since 2006. Additionally, I have been a volunteer Guardian ad Litem in child protection cases for the Maine Court Appointed Special Advocate program since 2009. I'm here today to provide you with an overview of the structure and function of the Panel, after which I would be happy to try to answer any questions you may have.

Multidisciplinary child abuse and neglect fatality reviews in Maine began in the early to mid-1980's under former Department of Human Services Commissioner Michael Petit, who I believe you heard from at your August 11 meeting. The review panel was re-activated in the early 1990's under former DHS Commissioner Jane Sheehan and eventually codified in Maine statutes in 1993. To the best of my knowledge, these statutes, as they relate to our Panel, have not been substantively amended since their adoption.

The current Panel's mission is to promote child health and well-being, improve child protective systems, and educate the public and professionals who work with children to prevent child deaths and serious injuries. The Panel accomplishes this mission through collaborative, multidisciplinary, comprehensive case reviews, from which recommendations to state and local governments and public and private entities are developed.

Maine's Panel is authorized specifically in Title 22, section 4004. Under this statute, our purpose is "to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies, and procedures." The Panel's membership is established in this same section, and the Panel has historically viewed the members or disciplines specifically referenced in the statute as the minimum membership, rather than an exhaustive list. Accordingly, our Panel currently has 29 members, including multiple OCFS senior administrators and representing a variety of disciplines.

The Panel typically meets for 3 hours on the first Friday afternoon of the month, 10 months per year. Under Title 22 section 4008, "the proceedings and records of the Panel created in accordance with section 4004 subsection 1 paragraph E are confidential and not subject to subpoena, discovery, or introduction into evidence in a civil or criminal action." The statute further states "The Commissioner shall disclose conclusions of the review panel upon request but may not disclose data that is otherwise classified as confidential." Pursuant to Title 22 section 4021, the Department may issue subpoenas for information relevant to the Panel's work.

The Panel reviews cases in one of three ways. First, the panel periodically reviews and discusses brief summary reports of all child deaths and serious injuries that are reported to OCFS. We refer to these as Level 1 reviews, and our intention here is to take a broad view of the kinds of cases, injuries, and deaths being reported, looking for themes or commonalities that would provide good opportunity for further

review and for the generation of recommendations. Second, if a theme is identified, the Panel may conduct what we call Level 2 reviews, or cluster reviews. The Panel would select 2-4 cases that involve some common thread and over the course of a meeting, dig deeper into those specific cases. The Panel is provided with OCFS records of all the selected cases to inform our review. Third, if an individual case is particularly noteworthy, the Panel may decide to conduct a Level 3 review, our most in depth review. In addition to being provided OCFS records for the specific case under review, we also are provided with other related records, such as law enforcement reports, mental health records, medical records, or educational records. Some of these may already be contained within the OCFS file for a given case or may need to be obtained via subpoena. Additionally, in a Level 3 review, the Panel invites selected professionals who have been involved in a case to attend a portion of the review meeting. Such professionals might include the OCFS caseworker and supervisor, a detective, school personnel, a Public Health Nurse, a child's pediatrician, or others. This gives the Panel an opportunity to ask questions directly to those who were most closely involved with the family or child. It is worth noting that quality case review requires a substantial time commitment of Panel members not only to attend meetings, but also to review the hundreds of pages of records and documentation associated with these cases prior to the Panel's monthly meeting. Additionally, some Panel members jointly review cases with Maine's Domestic Abuse Homicide Review Panel as standing members of that Panel or at the case specific invitation of that Panel's Chair, Ms. Marchese.

Beyond the inclusion of a case in a summary report of all child deaths and serious injuries, the Panel is prohibited from reviewing a case in depth if there is a pending prosecution. This is based on guidance from the Office of the Attorney General pursuant to Title 22 sections 4004 and 4008. The effect of this restriction, well-reasoned though it may be, is ultimately to delay the Panel's review of most child death and serious injury cases for months or years, thus limiting our ability to help influence change in a timely fashion.

In addition to our case review work, the Panel periodically participates in multiple other activities to inform our primary role. For example, the Panel might request a presentation by a subject matter expert on a specific topic related to a recent or upcoming review or might be educated about a new OCFS policy or practice change. The Panel also participates in annual meetings with other similar review teams from the New England states and New Brunswick. Such regional meetings usually involve an educational topic, updates from each state, updates from the National Center for Fatality Review and Prevention, networking opportunities, and sometimes case reviews that involve multiple states' jurisdictions.

Regarding the Panel's reporting, Maine's relevant statutes do not explicitly require the Panel to report at any particular interval or to any particular entity. Historically, the Panel has submitted its periodic reports through OCFS to the office of the Commissioner of Health and Human Services. The Panel's influence, however, is quite minimally tied to its formal reporting. Given the multidisciplinary nature of our membership, the recommendations generated by the Panel directly and indirectly influence real-time policy and practice decisions in several arenas, including, but not limited to, OCFS. Some additional examples of more recent ways the Panel has attempted to influence children's welfare in Maine include sending a letter from the Panel to the Board of Licensure in Medicine about mandatory reporting requirements, submitting legislative testimony on behalf of the Panel, and working with the Maine Chapter of the American Academy of Pediatrics to further educate medical providers about recognition of child abuse and neglect. The Panel is currently in the process of finalizing a report summarizing its work over the past five years and has developed a process and timeline to support the publication of annual reports moving forward.

In closing, I would like to impress upon you a few key points related to the Panel's work. First, the welfare of Maine's children is everyone's job, not just that of OCFS. The child welfare system is far more broad than OCFS caseworkers, supervisors, and administrators. It includes not just professionals who have direct contact with children and families, such as law enforcement, educators, the medical community, counselor types, and judicial system members (among many others), but also every other citizen in our communities- including our elected officials- who directly or indirectly help create, sustain, or alter the environments in which children are being raised.

Second, these now 5 publicly reported child homicides since June 1, 2021 may be the current focus of the media, the legislature, and our communities, but please understand that these recent high-profile cases are but a small fraction of the bad outcomes and experiences children have at the hands of their caregivers. It is easy, perhaps even natural, to want to place blame on a person or a group or an agency when something bad happens to a child. Finding a target for our emotion may make us feel better, but it ultimately does little or nothing to improve the next child's chances. Where did and where do we, the broad child welfare system, fail not only these deceased children, but also the many others you won't hear about? What needs to change systemically to prevent such failures in the future? These are incredibly complex cases that warrant very complex considerations. None of us is smart enough to do this work alone. Timely case reviews conducted by broadly experienced, multidisciplinary groups are critical.

Third, and finally, the current attention garnered by these recent cases creates an opportunity to examine and improve not just the factors that contributed to bad outcomes for children and families, but also to examine and improve the ways in which the system responds to such events. I, on behalf of my fellow Panel members, appreciate the opportunity to address the Committee today, and I look forward to being able to provide whatever assistance I can as we all work together to improve our broad child welfare system.

Thank you for your time and attention. I'm happy to try to answer any questions you may have.

MEMORANDUM

TO: Maine Child Death and Serious Injury Review Panel
FROM: Maine Department of Health and Human Services
DATE: April 29, 2022
SUBJECT: Comments on Maine Child Death and Serious Injury Review Panel 2021 Report

The Maine Department of Health and Human Services, particularly the Offices of Child and Family Services (OCFS), Behavioral Health (OBH), and Maine Center for Disease Control and Prevention (Maine CDC) would like to thank the Maine Child Death and Serious Injury Review Panel for its review of cases and development of recommendations to inform strategic priorities for system improvement to increase child safety and the success of families in Maine. DHHS is committed to continued efforts to implement the recommendations outlined in the 2021 Annual Report in collaboration with the Panel and other stakeholders. This response seeks to provide additional context and information on the recommendations directed toward OCFS and Maine CDC.

Additionally, OBH is committed to continuing collaboration with OCFS and community-based behavioral health providers to expand access to appropriate services for parents involved in the child welfare system.

Injury-Specific Observations and Recommendations

Bruising in Pre-mobile Infants

Recommendation (1): Ongoing efforts to educate professionals who interact with young children about sentinel injuries and their significance should continue.

OCFS Response: In 2021, the OCFS Medical Director, in partnership with Maine's Board-Certified Child Abuse Pediatrician, engaged in outreach and education efforts to child welfare staff and medical provider organizations, such as the American Academy of Pediatrics Foster Care Committee, regarding sentinel injuries. Information about the significance of sentinel injuries to child abuse and neglect is also included in the OCFS Mandated Reporter Training that all mandated reporters are required to take every 4 years. OCFS will continue to work with providers to emphasize the significance of sentinel injuries.

Abusive Head Trauma

Recommendation (3): The Maine Legislature should appropriate adequate funding to the Maine CDC for the express purpose of re-establishing the MIPP, thus allowing pursuit of its mission.

Recommendation (4): If funded by the Legislature, the Maine CDC should dedicate at least one full time employee to begin the process of rebuilding the MIPP.

Recommendation (5): MIPP staff should convene a multidisciplinary stakeholder group to develop a workplan consistent with Recommendation 2.

Maine CDC Response: The Maine CDC Adolescent Health and Injury Prevention Program (AHIP) does not currently receive any state or federal funding to support injury prevention activities except those related to suicide prevention. To the extent possible, AHIP works collaboratively with other injury prevention stakeholders to promote effective interventions and conduct surveillance activities. Without additional infrastructure, however AHIP is unable to take a coordinating role in the prevention of unintentional injury such as abusive head trauma.

Failure to Thrive

Recommendation (7): OCFS Leadership should communicate to frontline staff and supervisors regarding the value of Child Abuse Pediatrics consultation in FTT cases and frontline OCFS staff should refer children they are evaluating who have FTT for that consultation.

OCFS Response: OCFS has incorporated expectations regarding consultation with Maine's Board-Certified Child Abuse Pediatrician in both the Child Protection Investigation policy and the When to Use Expert Consultation in Assessing Child Abuse and Neglect policy. While the specific condition known as Failure to Thrive (FTT) is not identified in this policy, it would fall within the guidelines for consultation as these cases are generally identified as serious injury cases. Based on this recommendation, OCFS will undertake additional efforts including collaboration between the OCFS Medical Director and the Maine Board-Certified Child Abuse Pediatrician to educate staff, medical providers, and other stakeholders on FTT.

Recommendation (8): The Maine CDC should maintain a robust PHN workforce to ensure adequate availability of services to families who are among those most in need of their support.

Maine CDC Response: Maine CDC is committed to having a robust Public Health Nurse (PHN) workforce. Utilizing comprehensive pediatric health assessments, PHNs serve families by assessing all infants for Failure to Thrive (FTT). In addition, as Certified Lactation Counselors, PHNs are positioned to provide resources for infants whose FTT diagnosis is related to inadequate caloric intake. By meeting in their homes, PHNs form trusting relationships with families which increases successful desired outcomes.

Gun Shot Wounds and Firearm Fatalities

Recommendation (9): Unintentional firearm discharge and suicide by firearm prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine's children. This strategy should include evaluation of all current efforts and consideration of any emerging strategies to reduce the incidence of unintentional firearm discharges and deaths.

Recommendation (10): MIPP staff should convene a multidisciplinary group of stakeholders and subject matter experts to develop a workplan consistent with Recommendation 9.

Maine CDC Response: The Maine CDC Adolescent Health and Injury Prevention Program (AHIP) currently engages in significant efforts to prevent firearm suicide deaths and attempts among youth. These include training medical and behavioral health providers in strategies for counseling youth and families on reducing access to firearms in the home; creating and disseminating resources related to lethal means safety, such as those available through the Maine Prevention Store (<https://www.maine preventionstore.com/products/suicide-safety-planning-card>); and

distributing firearm locks to community providers to offer to families receiving services. AHIP does not currently have sufficient staff or funding to conduct extensive efforts related to the prevention of accidental firearm injuries or deaths.

Ingestions

Recommendation (12): Pediatric ingestion/poisoning prevention should be part of a comprehensive injury prevention program and strategy focused on the health and safety of Maine's children. This strategy should include evaluation of any current efforts and consideration of any emerging strategies to reduce the incidence of ingestions/poisonings in children.

Recommendation (13): MIPP staff should convene a multidisciplinary group of stakeholders and subject matter experts to develop a workplan consistent with Recommendation 12.

Maine CDC Response: The Maine CDC Substance Use Prevention Program works with State and community stakeholders to prevent accidental ingestions. Maine CDC has distributed 526 medication lock-boxes through community partners to support safe storage of medications and other substances, and Maine CDC-funded local substance use prevention partners actively promote drug take-back days to ensure appropriate disposal of potentially dangerous medications. Maine CDC Adolescent Health and Injury Prevention Program continues to provide financial support to the Northern New England Poison Center (NNEPC). NNEPC is a critical resource for families and medical providers in the event of an accidental ingestion or poisoning. Without funding or staffing for unintentional injury prevention, Maine CDC AHIP is unable to engage in additional accidental ingestion prevention activities.

Unsafe Sleep Related Deaths

Recommendation (17): The Maine CDC Maternal and Child Health Program should continue its focus on unsafe infant sleep related deaths, including public awareness and education messaging.

Maine CDC Response: The Maine CDC Maternal and Child Health (MCH) Program intends to maintain a focus on preventing unsafe infant sleep related deaths. The MCH Program currently collaborates with sister offices across DHHS, including the Office of Children and Family Services and Office of MaineCare Services, as well as with programs within Maine CDC, including WIC and PHN. The MCH Program also collaborates with all 25 Safe Sleep Certified Birthing Hospitals. In addition to providing awareness and educational messaging related to safe sleep, the MCH Program and its partners also support the distribution of cribettes at no cost to families to reduce barriers to providing safe sleeping environments for infants.

Systemic Observations and Recommendations

Failure to Consult with Child Abuse Pediatrics Subspecialty Services

Recommendation (20): The major healthcare organizations who provide pediatric care in Maine, as well as OCFS, should collaborate with Spurwink Services to support at least two Child Abuse Pediatricians as well as the sustainability of their services.

OCFS Response: Through a contract with Spurwink Services and by leveraging MaineCare resources, OCFS has supported the employment of one Board-Certified Child Abuse Pediatrician,

as well as other staff to support the efficacy of the program. The contract includes funding to support an additional pediatrician with this sub-specialty should this resource become available.

OCFS Staff - Workforce

Recommendation (21): OCFS administrators should continue their regular analysis of workload metrics to ensure Maine's workforce management practices are consistent with accepted standards for best practice in child welfare.

OCFS Response: In 2019, OCFS partnered with Public Consulting Group (PCG) to develop child welfare's Workload Analytic Tool. The tool has served as the basis for the OCFS Workload Report, which was first published in 2019 and annually since 2020. Currently, OCFS is in the process of developing a reporting structure for the Workload Analytic Tool data to be available to PCG and the OCFS Data Team within Katahdin, the new OCFS Child Welfare Information System. Measures of workload currently include a wide variety of factors such as policy and procedure expectations for staff, length of tenure of staff, weighting for custody cases vs. services cases, the average number of critical case members in an investigation or case assigned to a caseworker and other relevant factors. OCFS continues to evaluate other factors for inclusion, as well as strategies to utilize the tool to distribute workload at the district level.

Recommendation (22): OCFS administrators should continue to contract for services that provide for the clinical support of OCFS staff and those contracts should include an evaluation component for the services being provided.

OCFS Response: OCFS agrees that clinical support for OCFS is vitally important and continues to contract for clinical support services, including the consultation these clinicians provide on child death, serious injury, or other complex cases. In response to this recommendation OCFS will consider methods for evaluating the effectiveness of the contracted service.

Recommendation (23): OCFS administrators should continue their evaluation of best practice standards for the provision of after-hours coverage and request any necessary funding or support to meet those standards.

OCFS Response: In partnership with frontline staff, OCFS continues to explore best practices for after-hours emergency coverage and has engaged the services of Casey Family Programs and the Capacity Building Center for States (which works with public child welfare organizations to build the capacity necessary to strengthen child welfare practice) to research models utilized by other states nationally. As noted in the 2021 Annual Report, Governor Mills has included in her proposed supplemental budget, 16 CPS caseworker and 3 CPS supervisor positions to provide resources to implement a new structure for these services.

OCFS Staff - Practice

Recommendation (25): OCFS should continue to look for ways to increase the efficiency of its staff and reduce the need for duplicative work, while maintaining an appropriate focus on safety, permanency, and well-being for children and families.

OCFS Response: As OCFS continues to review and revise policies in collaboration under the Collaborative Agreement with the Muskie School at the University of Southern Maine. In part,

this work is focused on reducing redundancy and increasing efficiency while ensuring quality service delivery to children and their families. These same goals were also incorporated into the development of the new child welfare information system, Katahdin. In addition, OCFS has convened a workgroup that includes frontline staff to review the Child Protection Investigation policy for redundancy and to determine best practices regarding timeframes for completion of investigation activities while also achieving goals related to child safety, permanency, and well-being.

Recommendation (26): OCFS should, in addition to its continued attention to caseworker workload, consider the complexity of the supervisory role and include analysis of supervisor level metrics in its ongoing workload analysis.

OCFS Response: OCFS agrees that the role of the supervisor is of critical importance to the quality and efficacy of child welfare services. As part of the Cooperative Agreement, a Supervision Framework is being developed that includes supervisor competencies, policy and practice guidance, the Supervisory Academy Training, and other tools, including those related to coaching. Evaluation of supervision skills is a component of this structure. OCFS is also examining staff to supervisor workload ratios.

Recommendation (27): OCFS should continue to make use of the resources available through the Maine Coalition to End Domestic Violence Child Protective Services initiative and ensure that caseworkers and supervisors have access to the co-located DV/CPS liaisons provided through that initiative.

OCFS Response: Through the Rural Child Welfare Grant, the Maine Coalition to End Domestic Violence (MCEDV), has co-located Domestic Violence Advocates in the child welfare district offices. These staff serve as a resource to caseworkers and supervisors in cases involving domestic violence and abuse. OCFS values the expertise that staff from MCEDV bring to case consultations related to situations in which domestic violence and abuse is a factor. In addition, through the Cooperative Agreement, OCFS is working to review and revise all child welfare policies, including the Domestic Violence and Child Abuse and Neglect policy. Workgroup members include staff from MCEDV and the Domestic Violence Resource Centers who are assisting and ensuring the policy incorporates current best practices, researching evidence-based treatment methodologies, and ensuring that consultation with providers of certified domestic violence intervention programs is included as part of the expectations when an investigation or case involves concerns of domestic violence.

Recommendation (28): OCFS should include RADs in decisions related to investigation outcomes, findings of child maltreatment, and case closure when those cases include child deaths and serious injuries.

OCFS Response: As outlined in the OCFS Team Decision Making process, district staff are expected to consult with the Regional Associate Directors for initial decision-making, as well as at the conclusion of a Child Protection Investigation in cases involving child deaths and/or serious injuries.

Recommendation (29): OCFS should continually review its training curriculum, for both initial training and continuing education, to ensure that OCFS staff have the most up to date information in the field to optimize their casework and decision making.

OCFS Response: This is part of ongoing efforts outlined in the Cooperative Agreement.

Recommendation (30): OCFS should ensure that its staff have awareness of and access to the services of professionals with subject matter expertise in areas including, but not necessarily limited to, Child Abuse Pediatrics and adult and child psychopathology.

OCFS Response: OCFS has convened a workgroup with the Office of Behavioral Health (OBH) to support effective coordination between child welfare staff and adult behavioral and mental health providers and address any barriers. Initial efforts include the development of a guidance document that was recently disseminated to behavioral and mental health providers working with families involved with child welfare. OCFS anticipates that additional work will include engaging community partners to identify strategies to strengthen these partnerships in support of families. In addition, OCFS continues to work in collaboration with other stakeholders, including the State Forensic Service, Office of the Attorney General, and the Maine Judicial Branch, to explore strategies to increase expert consultation services given the challenge of access to Court Ordered Diagnostic and Evaluation Services in Maine. This work will continue, and OCFS is committed to helping build and support a sufficient cadre of evaluators statewide who have the experience and expertise to conduct these evaluations.

Subject matter expertise in child abuse pediatrics is made available to staff through OCFS' contract with Spurwink Services which provides a significant portion of the funding for Maine's board-certified Certified Child Abuse Pediatrician and staff who support the work of the Pediatrician.

Multidisciplinary Child Welfare System

Recommendation (31): OCFS administrators and providers of community based behavioral health services should continue to collaborate to build the capacity and skill set of the behavioral health workforce in Maine, as it relates to child and family health and wellness.

OCFS Response: In addition to the efforts outlined above, OCFS has provided funding to increase the availability of evidence-based services, including trauma-focused cognitive behavioral therapy (TF-CBT) through investing in training and ongoing support to increase the availability of and ensure fidelity to the treatment models.

Within OCFS, the Family First Program Manager has undertaken the role of researching and identifying best practices utilizing the IV-E Clearinghouse, California Clearinghouse, and other resources to inform current efforts to improve service delivery to families in Maine as well as future program development. This is a new role in the last few years and has been beneficial for both OCFS and the Department as a whole.

OCFS publishes an [annual report](#) on the Children's Behavioral Health Services system of care that provides data and insight into evidence-based services available throughout the State and ongoing efforts to improve children's behavioral health services.

MAINE JUSTICE FOR CHILDREN TASK FORCE 2021 REPORT TO THE SUPREME JUDICIAL COURT

*Submitted by the Maine Justice for Children Task Force
January 15, 2022*

Table of Contents

Introduction

.....	1
I. Meetings	1
II. Strategic Plan	3
A. Information Sharing	3
B. Development and Implementation of Curriculum for Parents Involved in the Child Welfare System	4
C. Race and Equity Interagency Data Assessment	5
III. Continuing Education Subcommittee	6
Conclusion	8

1

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 members of the Task Force include representatives of the legislative, judicial, and executive branches, advocates for children and parents, foster parents, and other individuals involved in the child welfare system.

The Task Force is charged with identifying opportunities for systemic improvement within the child welfare system that could improve outcomes for 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, 2021 to December 31, 2021.

I. Meetings

The Task Force met regularly throughout 2021 with an average member and guest attendance rate of 33. The Task Force met in March, June, September, and December. All meetings were held virtually. Most Task Force meetings featured updates by its members, including leaders from the Maine 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 updates focused, in part, on creating information sharing among systems in order to develop and enhance the Task Force strategic plan (discussed further in section II of this report).

In addition to updates, Task Force meeting attendees received updates on action steps taken on strategic plan initiatives and provided recommendations for follow up as needed.

In addition, the meetings included various presentations on pertinent child welfare topics identified by Task Force members. Presentations in 2021 included:

- A review of the Maine Homicide Report and statewide resources presented by the Maine Coalition to End Domestic Violence (MCEDV);
- An introduction to the Youth Leadership Advisory Team (YLAT) and strategies to support authentic youth engagement; and
- A presentation by Public Consulting Group (PCG) on the Race and Equity Interagency Data Assessment (discussed further in section II(C) of this report).

The effect of the pandemic on individuals involved in the child welfare system, system processes, and agency communication continued to be a major focus of plenary Task Force discussions. The District Court and various agencies reported on specific challenges and provided insight into practice changes and necessary adaptations. The Task Force collaborated to address any of those issues that required a systemic solution.

Additional topics discussed at the Task Force meetings throughout 2021 included: (1) collaboration and coordination needed for Maine to comply with the Family First Prevention Services Act; (2) data sharing with a focus on the number of children in care as well as new child welfare court filings; and (3) discussion of various training opportunities. With the exception of the Family First Services Act, these discussions are ongoing and will continue to be a focus of the Task Force in 2022.

II. Strategic Plan

The Task Force's 2021 strategic plan focused on three projects: (1) completion of the website for the three citizen review panels under the Child Abuse Prevention and Treatment Act (CAPTA); (2) research and implementation of a virtual child welfare parent curriculum; and (3) a race and equity data assessment. A workgroup for each project was formed and convened approximately monthly throughout the year. All workgroups 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 under CAPTA. The other two panels are the Maine Child Welfare Advisory Panel (MCWAP) and the Child Death and Serious Injury Panel. The three panels aim 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 then-MCWAP website into a landing page for all three panels. The content and design were completed in October 2020 and the website went live in February 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. Visitors to the website are able to leave feedback or submit questions for specific panels. Website analytics are shared with the various panels on a monthly basis. Though the website is complete, maintaining current and relevant information will be a continued focus of the Task Force. Throughout the next year, the Task Force in collaboration with the other CAPTA/CJA panels, will explore the possibility of having parent and provider surveys available on the website to collect and analyze system feedback on a continuous basis.

B. Development and Implementation of Curriculum for Parents Involved in the Child Welfare System

In August 2020, the Task Force added the development of information sessions for parents involved in the child welfare system to the Task Force's strategic plan. The goal of the curriculum is to offer optional classes focused on understanding child welfare agency processes, court procedures, and suggested practices for parents to implement in order to be successful throughout a child welfare case. A workgroup was created and began meeting in December 2020.

Since December 2020, the workgroup has secured funding for The Opportunity Alliance (TOA) to implement a one-year pilot project for information sessions entitled *Child Protection 101: For Parents, By Parents*. The workgroup, in collaboration with TOA, developed a work plan, created a curriculum outline, and engaged stakeholders for participation in pre-recorded video segments to be used at all sessions. The sessions will be led by parents with lived experience in the child welfare system or parents who have navigated multiple systems. Each two-hour information session will be held twice a month.

Data collection for this pilot project has also been an important focus of the workgroup. Data collection focuses will include: (1) pre- and post- parent surveys; (2) time to permanency; (3) participation in family visitation; (4) participation and engagement in reunification services; and (5) attendance at court proceeding. All of the above data points will be collected on those individuals who participate in the information sessions as well as a random sampling of case information for parents who did not participate. All data will be deidentified and analyzed to determine if participation in the class had an effect on overall case participation, reunification rates, and timeliness to permanency.

C. Race and Equity Data Assessment

In March of 2021, the Task Force identified the need to assess systemic data collection with regard to race and other important markers of equity. As a result, the Task Force formed the Race and Equity Data Collection Subcommittee (R&E Subcommittee). Members of the R&E Subcommittee include representatives from partners including the Maine Judicial Branch, the Department of Health and Human Services, Department of Corrections, Department of Public Safety, and Department of Education (collectively referred to as “Project Partners”), the Maine State Legislature, and various other community stakeholders.

The goal of the R&E Subcommittee is to better understand what systems are in place for the collection and sharing of aggregated data on various data points in order to inform policy decisions, measure fairness and equity, and provide the courts and agencies with data about the people and populations they serve. The data point set that is the subject of the assessment includes: race, ethnicity, connection with tribe/band/nation, enrollment, or eligibility for enrollment with federally recognized tribe(s), sexual orientation, income, location, gender, gender identity, and disability (“data point set”).

The first action step of the R&E Subcommittee was for each Project Partner to conduct a self-assessment to inventory which data are collected, how they are collected, and how those data are coded in the various systems. The preliminary self-assessment showed that each agency collected different data and coded the data collected differently, making even superficial evaluation very challenging. Therefore, the R&E Subcommittee voted to contract with a consultant to conduct a more in-depth assessment and develop recommendations on improvements to cross system collection and sharing of data. In October, Public Consulting Group (PCG), was hired through the competitive request for proposal (RFP) process to create a data mapping inventory and produce a final report with findings and recommendations.

The data mapping inventory is designed to provide an overview of the current systems and processes for the collection of the data point set by Project Partners. The data mapping inventory will include: (1) when the Project Partners interface with the child welfare system; (2) the key decision points in the child welfare process made by Project Partners; (3) which data from the data point set are currently collected by the Project Partners; (4) opportunities for data collection; (5) when data from the data point set are currently collected; (6) how the data from the data point set are collected; and (7) availability of data on the total number of cases and individuals served. The final report will include: (1) barriers, if any, identified for collection of data from the data point set; (2) best practices for the collection of data; (3) opportunities, advantages, and disadvantages for interagency aggregated data sharing; and (4) a proposed evaluation plan for the collection and possible sharing of aggregated data pertaining to the data point set by the Project Partners. The final report is due to the Task Force by September 30, 2022.

III. Continuing Education Subcommittee

In addition to pursuing the three 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 protective conference through its Continuing Education Subcommittee (CES). The CES meets to help plan the annual child protective conference every year. This year, with the continuation of the COVID- 19 pandemic, the CES decided to alter the format of the conference. Rather than

offering a two-day plenary session to all stakeholders, the CES broke the training up into two parts: small interactive skills-based sessions and a one-day plenary session. Consistent feedback from previous conferences emphasized the need for attorneys to have skills-based training. Therefore, the Maine Judicial Branch contracted with the National Institute for Trial Advocacy (NITA) to host six virtual, skills-based training sessions for child welfare attorneys and guardians ad litem. Two different topics were offered once a month for three months: (1) direct and cross examination, and (2) exhibits and impeachment. Each session was limited to 50 participants with a faculty to participant ratio of no more than 7:1. The four-hour sessions utilized fictitious fact patterns and case files and provided each participant an opportunity to “learn by doing” in a simulated virtual courtroom setting with constructive and collegial faculty critique of the participants’ performance. The feedback from the NITA sessions was overwhelmingly positive. Participants had the opportunity to earn four continuing legal education/continuing professional education credits for each session.

In addition to the NITA sessions, the Maine Judicial Branch, with input from the CES, hosted a one-day plenary child welfare conference for all stakeholders on October 26, 2021. The theme of the conference was *Effective Assistance: How to Advocate for Maine Families Both In and Out of the Courtroom*. Sessions throughout the day focused on strategies for all stakeholders, at all stages of a child welfare case, to effectively support the families and children with whom they work to promote successful child welfare case outcomes. The conference offered participants the opportunity to earn 5.5 continuing legal education credits, three continuing professional education credits, and one ethics credit. For both the NITA sessions and the one-day plenary session, attorney participants reported approximately 1,398 hours of continuing legal education credit hours, 160 hours of ethics credits, and 425 continuing professional education credit hours for guardians ad litem.

Conclusion

Throughout 2021, the Task Force focused on systemic education for both child welfare professionals and families involved in the child welfare system, and initiated a statewide, multisystem data analysis that aims to provide the tools and resources necessary to be able to gauge fairness and equity for system-involved families and children. As the COVID-19 pandemic continued, intersystem and stakeholder communication and coordination remained of paramount importance to families and children to ensure meaningful and efficient interactions and experiences.

Appendix B

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS—The 2022 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 2022. 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, 2021 to present, as well as those activities planned for FFY 2023. 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 (including legal reinstatement of parental rights after the youth's 18th birthday) when OCFS oversight and support is needed to ensure youth safety and permanency.
- A youth who was in custody of DHHS (foster care) for at least one day after the youth's 14th birthday but was incarcerated on their 18th birthday. The V9 Agreement may be offered later, up to age 21, when the youth is being released.
- A youth who was adopted or in permanency guardianship after their 16th birthday, and who experienced permanency disruption but did not re-enter foster care, if approved by OCFS and the Adoption/PG subsidy is ended.
- 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 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: Youth aged 14-21, in care on 10/22/21:

AGES	TOTAL
Age 14	82
Age 15	83
Age 16	54
Age 17	51
Age 18	38
Age 19	22
Age 20	17
TOTAL	347

Estimated Eligible Population for 2022 (as of 1/22/22- youth currently in care):

AGES	TOTAL
Age 14	92
Age 15	84
Age 16	63
Age 17	43
Age 18	43
Age 19	18
Age 20	15
TOTAL	358

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 of Public Policy; a contract with Jobs for Maine Graduates; contracts with Maine's Tribes and Bands; placements and services to meet youth's individualized 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 needed transition supports and to carry out youth transition plans designed to support youth to successfully transition to adulthood. 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. Through recent legislative action, the age of eligibility for a V9 was expanded to up to 23 years of age.

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 Education and Training Voucher (ETV) program, Maine continued to provide post-secondary education support 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 contracted with Jobs for Maine's Graduates (JMG)

to offer a scholarship for two-year college and postsecondary training programs. And seven (7) 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.

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 Muskie 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 and young adults who are currently or formerly in care utilize their expertise to educate community and system partners. Youth partner with YLAT to create panel presentations and training content for adult providers to help influence best practices on engaging and supporting youth in care, and to increase their knowledge and skills on how to best support youth in care.

From October 1, 2021, through March 1, 2022, 9 youth and young adults, participated in over 8 speaking engagements. 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. Both live

presentations and pre-recorded panels were provided to be more accommodating of young people's schedules and create tools that can be a resource for future training when young people are not available. These events include creating a video for Court Appointed Special Advocates (CASA) panels, a recording around permanency for the new caseworker training and 4 live panels for new caseworkers, 2 panels for new resource parents and presenting to a Youth Caucus with over 41 youth and 29 adult partners who include legislators and system leadership.

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 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).
- 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.

Maine's Driving Workgroup. Established in October 2018, currently comprised of Alumni of Foster Care, the Office of Child and Family Services, the Youth Leadership Advisory Team, and Adoptive and Foster Families of Maine. The workgroup has reviewed current OCFS policy, made policy recommendations, surveyed stakeholders, discovered best practices from other states, and drafted a Pilot Program in 2021. Workgroup Co-leads met with lead staff in Maine's Secretary of State Office and Maine's Bureau of Motor Vehicles. Staff from these offices plan to join the workgroup in 2022.

Maine's LD 924 Task Force. Beginning in 2021, this is a cross-agency workgroup tasked by Maine's Legislature to study the coordination of services and the expansion of educational and vocational programs for young adults with intellectual or developmental disabilities or acquired brain injury and to implement federal legislation for Transition and Extended Secondary Education.

Homeless Youth Provider Committee. 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: 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 will continue working to expand resources across Maine.

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, 2021, through March 1, 2022, 131 unduplicated youth and 72 adult partners participated in 24 YLAT activities, which may include in-person YLAT meetings, pop-up groups, focus groups, skills training, advisory meetings or speaking engagements. To continue to respond adequately to the COVID-19 Pandemic, YLAT offered hybrid options for youth to join in on activities. Local district meetings were held in-person while statewide opportunities were offered virtually. A 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 Youth Apprenticeships and Healthy Relationships. YLAT staff compiled and provided young people across the state with over 90 swag bags containing meeting materials and thoughtful gifts in January as a ‘New Year Survival Kit’.

Leadership trainings are scheduled in partnership with OCFS and based on the best date and time for young people to attend. Training opportunities are promoted in YLAT meetings and on our social media platforms. From October through March, YLAT offered 3 pieces of training where 23 unduplicated youth and 8 adult partners participated. Topic areas of focus included Workforce Development, Healthy Relationships and LGBTQ+ allyship, myth busting, and terminology. Trainings offered young people tools to communicate, resources to become more deeply connected to programming, and connection with their peers.

Since the fall of 2020, YLAT has sought to develop more youth leaders through a targeted training series called Rising Leaders. This series moved away from a formalized alumni co-facilitation model, with the intention to build YLAT’s base.

This year, YLAT partnered with Muskie’s Justice Policy Program (JPP) to engage young people from their Opportunity Scholars program to join the Rising Leaders series; Muskie staff also recruited youth members involved with the Young People’s Caucus. Another addition to the Rising Leaders training was a collaboration with The Telling Room to provide reflective writing sessions in between the formalized training curriculum. YLAT facilitators and Youth Transition Specialists partnered to identify young people exhibiting leadership skills either within or outside of the YLAT space and invited them to the six-part virtual training module which will run monthly between October 2021 and April 2022. Individuals who complete all six sessions will receive 1 college credit through the University of Southern Maine. A total of 32 youth participated in the pilot so far. The goal of this pilot is for the course to be accepted for credit at all Maine System Campuses.

Alumni continue to be 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, their expertise and model skills they've learned through YLAT. Since October 1st, 2021, there has been a total of 7 alumni who have co-facilitated YLAT trainings and Rising Leader training. YLAT has continued to include Alumni in panel presentations, focus groups, and training to help support current youth in care and use their wisdom to continue to create change within the larger child welfare system.

In alignment with OCFS's focus on permanency for older youth in care YLAT centers the belief that all young people in foster care experience lifelong permanent connections. In November 2021, 6 young people participated in a conversation about how to improve conversations between young people and adults when talking about permanency, family, and lifelong connections.

To that end, YLAT is partnering with young people and other providers to develop tools and resources to support youth-engaged and youth-driven permanency planning. Learning from key stakeholders is an important part of making sure these tools and resources meet the needs of both youth and adults who are working together.

YLAT staff will continue to provide training opportunities, in-person YLAT meetings, and work to lift youth voice in policy and system reform during the remainder of FY2022. The next six months will focus on completion of the Rising Leaders pilot, workgroup involvement, training new caseworkers and resource parents, presenting at Adoptive and Foster Families of Maine annual conference, and hosting the 32nd Annual Teen Conference. We will continue to ask youth in care what types of training and skill building they would like to receive and identify the platform(s) that works best to ensure that activities are accessible and are meeting their learning needs.

YLAT Continued Response to COVID-19:

Due to the evolving Pandemic, YLAT committed to providing a hybrid youth engagement program. This consisted of CDC compliant in-person statewide meetings through December 2021, and virtual meetings during January and February 2022 when Omicron cases were on the rise and when weather becomes more problematic. Incorporating lessons learned in 2020 regarding accessibility to services, YLAT also offered monthly virtual training programs for Rising Leaders beginning in October 2021, and three virtual statewide trainings for all YLAT participants. The YLAT team continued to partner 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, FosterStrong app and social media pages to share updates.

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: Maine continued the Permanency Review Teaming Model implemented in 2020 to promote a consistent administrative process across the State aimed at increasing permanency for older youth.

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 implemented a 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. Young People provided valuable feedback to help program development.

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.

OCFS revised its new caseworker training by increasing the information provided directly by youth in care with presentations at the beginning and end of trainings so that youth voice is the first and last thing new caseworkers hear. OCFS staff report this is an essential part of their training.

In 2021 Youth Transition Specialists continued to provide staff training and support regarding Youth Transition Policy and NYTD requirements.

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 continued to contract with JMG to provide Drop-Out Prevention programs across the State and served thirty-one (31) youth in foster care and formerly in foster care during 2021. This service will continue in 2022.

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 was given to eligible youth in the

denomination of \$1000. For 2021, a total of 19 gift certificates were awarded and in 2022, Jordan's Furniture is providing another 20 gift cards to continue this program for another year. Through this partnership, Jordan's Furniture also provided financial gifts and congratulations to youth who graduated from high school or college, and participated in the Virtual Graduation Ceremony.

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-two (32) young people in or formerly in 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.

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 Policy to continue to improve the *My Best Bets* platform.

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 2021:

- Youth in Care on a JMG Middle School Roster: 37
- Youth in Care on JMG High School Roster: 82

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: 108 (ever enrolled: 668)
 - Virtual OP trainings offered: Part 1: 14/Part 2: 19
- Number of Youth who have completed training (Parts 1 and 2): 61
- Number of unduplicated Youth who completed purchases: 73
 - Total number assets purchased: 158
 - 54 - Transportation
 - 18 - vehicle purchases
 - 25 - auto insurance premiums
 - 11 - vehicle parts and/or repairs
 - 31 - Housing

- 31 - Participant specific (utilities, phones/phone bills, home furnishings/appliances, etc.)
- 16 - Credit building/credit repair
- 15 - Education and training (including laptops)
- 8 - Microenterprise
- 3 - Health related expenses
- Total value of purchases: \$157,973
 - Youth contribution: \$93,617
 - Matching funds: \$64,356

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: OCFS continued to work on meeting the goals of our NYTD Program Improvement Plan (PIP), approved by the Children’s Bureau.

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 2022 to organize various initiatives aimed at improving the outcomes of youth in care.

Strategy 3: YLAT’s social media and internet presence have continued to be a focal point for disseminating information, connecting with participants, and sharing resources, particularly in a hybrid model. 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, the Maine Youth Transitioning Collaborative, and the Teen Conference Planning Committee. The *FosterStrong* app has been another source of timely information and updated YLAT resources; this is another way to ensure there is access to information for youth, resource parents, and staff who may not be on social media. YLAT staff update the app with each internal virtual meeting offered and with resources available in the community at large.

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 852 likes as of March 1, 2022.
- The YLAT Mobile App, *Foster Strong*, has had over 90 unique sessions.
- YLAT's Instagram page has continued to grow and currently has 124 followers.
- 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 with **677 unique** visitors (an increase from last year).

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 2021, OCFS continued its *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 2021, OCFS used the federal allotment through the *Consolidated Appropriations Act "Supporting Youth and Families Through Pandemic Act" (P.L. 116-260), 2021* to implement Maine's temporary *Voluntary Extended Support Pandemic Program Agreement (VESPPA)*.

Young people supported VESPPA development through a formal survey and other informal opportunities to provide feedback, such as young person testimony for OCFS' Alumni Transition Grant Program (ATGP). This program was made available to eligible young people beginning at age 21 through age 26, from 4/1/21 until 9/30/21, or their 27th birthday, whichever came first.

Procedures:

- Youth Transition Specialist (YTS), where the young person resides, served as the young person's assigned Navigator.
- A *Voluntary Extended Support Pandemic Relief Agreement* was created (modeled after Maine's ATGP program and the transition section of the V9 Agreement)
- YTS partnered with the young person to develop and sign a *Voluntary Extended Support Pandemic Relief Agreement*
- YTS worked with young person to develop, review, and revise a transition plan, to the extent the young person wished

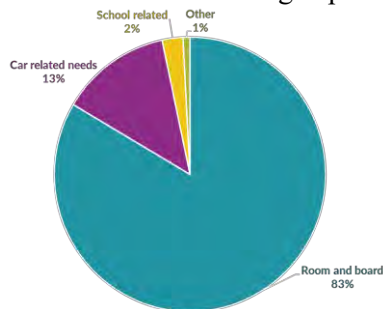
- YTS made quarterly face-to-face contacts either in person or via video platforms to provide support to meet the needs of the young person
- YTS documented information required for NYTD reporting

Financial Assistance to be Provided (see chart below for funding breakdown):

- OCFS provided unrestricted monthly direct financial Chafee payments (**Room and Board payments**) to eligible young people (up to \$1000/month) to assist them in meeting their daily living needs during the pandemic.
- OCFS also provided unrestricted 1-time or monthly direct financial Chafee payments, up to \$3000 (*with receipt*) for:
 - **Car Related needs:**
 - 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
 - **School related:**
 - 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
 - **Other:**
 - Work-related needs (tools, uniforms, PPE, etc.)
 - Remote learning needs (equipment, office furniture, internet, etc.)
 - Medical/dental/vision/medication needs not covered by MaineCare and medical debt
 - Childcare expenses

VESPPA data from 2021:

- Number of eligible young people served: 119 youth
- Funds provided: \$733,000
- Breakdown of Funding expenditures:



Public Awareness Campaign:

- Young Person Notification and Program Recruitment:
 - List of eligible young people obtained from MACWIS was provided to Youth Transition Specialists for notification and recruitment.
 - Program Flyer was developed and distributed widely to various agencies to ensure young people were made aware of this resource.

OCFS Administration:

- OCFS will report use of these funds separately
- OCFS made 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.

In June 2020, Maine's NYTD Program Improvement Plan (PIP) was approved. OCFS continued to provide NYTD PIP Updates to the Children's Bureau on a quarterly basis.

OCFS continued outreach 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 also reviewed data collected through NYTD to help improve OCFS transition services.

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	22	22	44
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. OCFS encouraged youth to pursue their aspirations, even if this means attending a post-secondary program that cannot be supported by ETV funds. OCFS supported these 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:

Again in 2021, OCFS staff ensured that every student under our care and responsibility had alternative safe housing in the event of College campus closures due to COVID-19. As part of our standard practice moving forward, for any student residing on campus, an alternative plan for young people on Voluntary Extended Care Agreements, ages 18-21, and those on our Alumni Transition Grant Program, age 21-27) will be developed with students to ensure they have a realistic immediate 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.

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 continue to distribute these supplemental funds as allowed:

- Funds will be made available to eligible 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 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
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
2021-2022 School Year* (July 1, 2021 to June 30, 2022)	44	22

*This is 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 continued until 7/2021, at which time a contract was signed that supports service delivery through 9/2022. 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 need more foster homes:

- Babies who are born substance exposed, 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 2019 and 2020, 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, community-based electronic displays, shared training opportunities 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 substance exposed.
 - 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 as well as multi-tiered supports to assist them in parenting. In collaboration with the contracted recruitment agency provider, OCFS is actively meeting with community members, businesses, 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 collaborates with the contracted recruitment agency to develop specialized homes for children and youth who have special emotional, behavioral and/or medical needs beyond the average scope.
 - 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 and de-identified information is provided to selected members of the resource parent community in an effort to seek the most appropriate placement options. Concurrent planning is considered for all applicable youth. OCFS seeks placement with relatives in other states when no in-state resources are

identified by actively employing “reverse searches” for out of state inquiries that are well-matched to specific children in care.

- 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 and implementing strategies to recruit resource families specific to these populations.
 - General recruitment is conducted through media and educational programming in the community.
 - OCFS staff have developed ongoing relationships with cultural brokers and respected members of a variety of New Mainer communities for the purpose of inviting New Mainer families to apply for resource parent licensure and explore placement opportunities.
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.
 - On April 11, 2022 OCFS/DHHS launched a Resource Parent Portal which allows resource parents to apply to OCFS/DHHS directly and renew their foster care license, as well as providing low barrier access to supplemental forms required to complete licensure. This service can be accessed 24/7.
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.
 - In 2020, OCFS and the contracted recruitment agency provided training and information specific to navigating New Mainer communities by better understanding the cultural context and practices that relate to providing foster care and adoption.
 - OCFS recognizes the importance of continuing to develop and implement culturally competent training that will be delivered to all staff. The intention is to continue 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 and translation services are available for those requesting it during the licensing and recruitment process.
 - OCFS understands the need to expand services to our deaf and hearing-impaired resource families, and to increase usage of interpreter/translation 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, social media 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 in both print and digital formats 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 as well as cultural competency content.
- 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:
 - Districts 1 and 2 (York, Cumberland, Lincoln and Sagadahoc Counties).
 - Districts 3 and 5 (Androscoggin, Franklin, Oxford, Kennebec and Somerset Counties).

- Districts 4 and 7 (Knox, Waldo, Hancock and Washington Counties).
 - Districts 6 and 8 (Penobscot, Piscataquis and Aroostook Counties).
- The provider has developed a work plan in collaboration with OCFS. The work plan includes at least three projects in each of the five identified marketing domains (business, school, community, church, and media) and the documentation of three specific contact persons to facilitate the work performed each quarter.
 - The provider has developed seasonal recruitment events (apple picking, truck pulls, snowmobile races, holiday events, etc.) to ensure variety in the promotion of the message that there are children in every community in Maine in need of resource families.
 - Messaging materials include, but are not limited to: sticky notes, information about the option of a speaking engagements, family first aid kits, book marks, posters, golf tees, pens and pencils, etc.
- The provider meets at least quarterly with the OCFS/Community Recruitment Team, or as requested by OCFS.
- The provider meets at least twice a year with the Youth Leadership Advisory Team (YLAT) and collaborates with YLAT leadership on the development of training and recruitment opportunities based on youth-directed strategies.
- The provider management and recruitment staff are trained by OCFS on ICWA.
- The provider has developed quarterly, statewide, virtual resource parent recruitment events as requested by OCFS and will re-incorporate in person events when COVID 19 protocols allow. Electronic Heart Gallery displays occur quarterly as well and accommodate attendees from all 8 districts. This virtual live Heart Gallery event is used for approved families to learn more about children needing adoptive homes and replaces in person Meet and Greet events until such time it is deemed safe to host in person events.

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.

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.

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.

The OCFS Medical Director also participated in regularly scheduled town halls with the statewide organization that supports adoptive and foster parents, AFFM. At these meetings, the Medical Director spoke about the importance of regular well-child care and immunizations, as well as updates about the COVID-19 Pandemic, reinforcing information about mitigation strategies, testing and vaccines.

A COVID-19 Response webpage was added to the OCFS website, with updates for resource parents throughout the pandemic. The OCFS Associate Director and Medical Director provided frequent updates with letters to resource parents to keep them informed. As COVID-19 vaccines became available, information was provided to staff and resource parents about where to access vaccines and the process involved.

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 and address concerns. Once the State of Emergency was ended, the Executive Order to extend time for the ten-day medical appointment was no longer in place.

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 Bs are reassessed annually. The placement (versus the home) must be therapeutic to have the LOC review completed every 6 months.

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.

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 (BHPCs) and child welfare district staff as there are 9 BHPCs 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. BHPCs 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.

Health Care Oversight and Coordination Plan Initial Standard Medical Care for Children in Custody:

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 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. The initial ten day visit establishes the child with the medical home 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.
 - 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. Comprehensive Health Assessments

a. For children entering DHHS custody, there are three programs in the state that offer Comprehensive Health Assessments which aim to occur within thirty days of children coming into care. More than 80% of youth coming into care receive an assessment. This assessment includes review of the child's past medical records and addresses medical, developmental, behavioral, and dental needs with in-depth evaluations. The assessment team includes a medical provider (Pediatrician or Pediatric Nurse Practitioner), and a mental health clinician (psychologist, LCSW or LCPC). 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. 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 and recommendations for their care. OCFS is working on strategies to ensure this service is available statewide.

b. OCFS 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. Several meetings have occurred over the last year with the professionals from the three sites that provide Comprehensive Health Assessments. These sites are Maine General Medical Center Pediatric Rapid Evaluation Program, Spurwink Center for Safe and Thriving Families, and the Penobscot Community Health Care Key Clinic.

c. Staff from OCFS and MaineCare, as well as staff from these sites are involved with a quality improvement Affinity Group offered through CMS to increase the number of children attending the Comprehensive Health Assessment.

3. Health needs identified through screenings and assessments 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. For those children who have behavioral health 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.

d. 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.

4. 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.

5. Development and implementation of an electronic health record.

a. Current health information and family health history is tracked in the new CCWIS system, Katahdin. 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.

6. 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.

7. 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. 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.

d. OCFS developed a strategic plan to monitor the use of psychotropic medication in children in foster care, since nationwide data suggest that foster children are being prescribed psychotropic medication at a higher rate than the general population of children/youth.

e. For calendar year 2015, 23% of foster youth were on one or more psychotropic medications. 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.

f. Currently, Nurse Consultants review quarterly data received from MaineCare, as well as case records. The data for foster youth on psychotropic medication(s) was 21.3% from the 4th quarter of 2020 (Oct, Nov, Dec), and most recently was 21% in the 4th quarter of 2021. Looking at the annual averages, data show all MaineCare youth receiving one or more psychotropic medications was 12.1% with foster youth averaging 20.6% (2020 – all MaineCare youth 9.7% and foster youth 21.3%). ADHD medication claims for MaineCare youth totaled 7.4% with foster youth claim totaling 14.8% (2020 total claims for all MaineCare youth were 7.8% with foster youth claims 15.9). Antidepressant claims for 2021 were reported at 6% for all MaineCare youth and 9.3% for all foster youth (2020 claims were 5.6% for all MaineCare youth and 9.9% for all foster youth). Finally, Antipsychotic medications claims for 2021 were reported as 1.4% for all MaineCare youth and 5.4% for all foster youth (2020 data reports 1.5% for all MaineCare youth and 5.5% of all foster youth).

g. 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. This step will be updated as a new position is being filled by a child and adolescent psychiatrist who will be available to Child Welfare staff for consultation.

h. OCFS is currently in process of updating the policy for the use of psychotropic medication in foster youth. The nurse position that was within CBHS has been reassigned to a new role within the Child Welfare Well Being team which works closely with the OCFS Medical Director to collaborate on systems improvement of the health and well-being of youth in care.

Youth Transition: 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.

Youth Needing Residential Treatment Services: All youth who may require residential treatment services go through a multi-part process of authorization and validation. If a youth is exhibiting behaviors that may be unsafe or difficult to manage in the home environment, the youth's team consults with an OCFS Behavioral Health Program Coordinator. If appropriate, an application for Children's Residential Care Facility (CRCF) Services is completed by the youth's case manager

and submitted to KEPRO. At that time, a Service Intensity Assessment is completed by KEPRO using the CALOCUS/CASII level of care assessment tool. The assessment process includes an initial meeting with the youth, family members, service providers and OCFS staff, when appropriate, as well as implementation of the tool, and a read-out meeting to discuss the results of the Service Intensity Assessment with the youth and their team. If it is determined after this assessment that the youth is in need of services, then referrals are made for Children's Residential Care Facility Services. If a youth is determined to not need CRCF services after the Service Intensity Assessment, then community-based referrals will be made to address the needs of the youth and family. For youth admitted into a CRCF, KEPRO monitors and manages the residential services of youth and reviews each youth's behavioral needs every 90 days to ensure the residential placement is clinically necessary to meet the youth's level of treatment needs. If the youth is in foster care, then a Judicial Review is held within 60 days to review the Service Intensity Assessment and supporting documentation for the need for the youth's admittance into the CRCF. OCFS district staff also review the youth's case during a monthly Residential Review to ensure that the treatment placement continues to be appropriate, and that the youth is not remaining in CRCF services for longer than necessary.

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. 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 adaptations 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 Manager
- 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 and Compliance Manager, 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 maintaining 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, and 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 into 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 Katahdin (The Maine Child Welfare Information System) 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 that OCFS works 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 will ensure 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 Katahdin (The Maine Child Welfare Information System). 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 24 or 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 families 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 to a hotel or 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, make/model of their vehicle, license plate number and both emergency contact numbers in Katahdin (The Maine Child Welfare Information System).
- 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 plan with the children in their home and keep emergency supplies on hand.

Placements for Children in Care

Katahdin (The Maine Child Welfare Information System) 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 Katahdin (The Maine Child Welfare Information System).

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:

- Kids in care with placement details
- Foster home listing
- Staff listings by district

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
- Children in Care Report
- List of Foster Homes
- 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
 - Children in Care Report
 - List of Foster homes
 - 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: 57

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	Zoom
Delivered By	National Child Advocacy Center
Hours	2 Day (offered 2x)
Audience	Child Welfare Assessment & Permanency Workers & Supervisors (Pre-requisite must have 18 months of in field experience)

ADVANCED MEDICAL INDICATORS:

Number of Staff Trained Live Via Zoom: 354

Training recorded and loaded on OCFS Brightspace Learning Portal Number viewed: 35

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 (75%)
Venue	Zoom provided per district
Delivered By	Dr. Amanda Brownell, Medical Expert on CA/N
Hours	1 hour
Audience	Child Welfare Staff

Advanced Topics in Domestic Abuse: In Her Shoes Experience:

Number of Staff Trained: 57

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	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEDEV)
Hours	1 day Offered 2x
Audience	Child Welfare Staff (Pre-requisite: must have 6 months with OCFS)

Advanced Topics in Domestic Abuse: The Choice to Be Violent: Mendel's Mapping of Perpetrator Patterns:

Number of Staff Trained: 57

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	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEVDV)
Hours	1 day offered 2x
Audience	Child Welfare Staff

Advanced Topics in Domestic Abuse: The Importance of Effective DV Related Narratives:

Number of Staff Trained: 57

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	Zoom
Delivered By	Maine Coalition to End Domestic Violence (MCEVDV)
Hours	1 day (offered 2x)
Audience	Child Welfare Staff

Advocating for LGBTQ+ Youth:

Number of Staff Trained: 12

Do you know what rights LGBTQ+ students have in school and in the community? Has anyone ever been unsupportive of LGBTQ+ people in your church, family, or community? In this training participants will identify and practice how to advocate for and support LGBTQ+ youth in their home, school, foster care setting, and community. Learning Objectives: Describe two advocacy strategies for supporting LGBTQ+ youth. Describe two challenges a LGBTQ+ youth might face in their family, school, or community and identify advocacy strategies. Identify local and national resources for supporting LGBTQ+ youth and their families. This training is pertaining to the requirements under Chafee with costs allocated appropriately.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Maine Family Planning, OUT Maine, Policy & Training Team Specialist
Hours	1 hour (offered 1x)
Audience	OCFS Staff and Resource Parents

Awareness of Cultural Diversity:

Number of Staff Trained: 27

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	Jan-June 2021 JPMA (Newly created E-Learning to be launched 2022)
Hours	1-hour E-Learning
Audience	Child Welfare Staff

Awareness of Human Trafficking:**Number of Staff Trained: 24**

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	Jan-June 2021 JPMA (Newly created HTCSEC E-Learning will be launched Spring 2022)
Hours	2 hour E-Learning
Audience	Child Welfare Staff

Child Safety Seat Training:**Number of Staff Trained: 40**

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 Person North, Central & South Locations
Delivered By	Policy and Training Team Specialists
Hours	3 hours (offered 11x)
Audience	Child Welfare Staff & Resource Parents

Children's Behavioral Health Treatment in Maine:

The Office of Child and Family Services' Children's Behavioral Health Services (CBHS) division collaborates with community providers to provide Behavioral Health Services to Maine youth aged 0-21. CBHS supports providers by providing training to enhance the skills of staff in accessing the most appropriate services for the youth of Maine. Previously an in-person training, now is offered as online trainings located on the CBHS webpage <https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training>. Trainings on this page are designed to assist providers in improving their awareness and understanding of the behavioral health services available to youth in Maine. Web based trainings focusing on services offered to youth with behavioral health needs can be found on this page.

Child Welfare Trauma Training Tool Kit:**Number of Staff Trained: 30**

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

Ethical Decision Making:**Number of Staff Trained (live via ZOOM): 41**

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 3x)
Audience	Child Welfare Staff with LSW's (Training needed every 2 years for license renewal)

Ethical Decision Making: E-Learning

Number of Staff Trained: 72

Developed by the Policy and Training Team and approved by the State Board of Social Work Licensure. This E-Learning is a 4-hour online training that was launched on the Justice Planning and Management Associates (JPMA) LMS during 2021 and then moved to the OCFS Brightspace Learning Portal June of 2021 when the OCFS Brightspace LMS went live. There are 4 modules; Ethics Overview, Values & Principles, Ethical Standards and Technology, that staff can access at their own convenience and move through at their own pace. There is a final test at the end that staff must pass in order to receive credit for completing the training.

IV-E Eligible	YES (50%)
Venue	E-Learning on OCFS Brightspace Learning Portal
Delivered By	OCFS Brightspace Learning Portal
Hours	4 hours
Audience	Child Welfare Staff with LSW's (Training needed every 2 years for license renewal)

Family First Implementation Training

Number of Staff Trained: 280

This mandatory training provides OCFS staff with information on the Family First Prevention Services Act (FFPSA) as well as specific practice changes in relationship to prevention and residential treatment services that go into effect October 1, 2021. Staff will also learn about tools and resources that will be available to assist them with implementation of Family First and their work in supporting families.

IV-E Eligible	75%
Venue	ZOOM
Delivered By	Christine Theriault, FFPSA Manager
Hours	3 hours
Audience	Child Welfare Staff

Family Team Meetings- Getting Back to the Basics

Number Staff Trained: 200

This one-day training for OCFS staff will promote a broader understanding of the core values, purposes, and strategies when planning with families and facilitating their Family Team Meetings. Participants will focus on engaging with families during the critical planning activities before a meeting, explore their role as facilitator of the meeting, and practice using the information elicited from the Structured Decision-Making Tools in creating useful and relevant Family Plans as a guide for families during the Department's involvement. Throughout the training, learners will have the opportunity to consider potentially difficult situations that could arise during Family Team Meetings and brainstorm strategies to manage them and ensure the best possible outcome of the meeting for families that promotes safety, permanency, and well-being.

IV-E Eligible	75%
Venue	ZOOM
Delivered By	Policy & Training Team Specialist
Hours	1 day (offered 12x)
Audience	Child Welfare Staff

Family Team Meetings- Part 2 Policy & Practice

Number of Staff Trained: 25 (First 2 trainings rolled out end of December and will continue through 2022)

This training will focus on the newly revised FTM policy and will emphasize the important points in this policy, changes made and the impact of these changes on practice. This training will also review main points from the FTM Training- Part 1 Back to Basics in regard to Family Engagement, Prepping for the FTM, Difficult Conversations, and Facilitation Skills.

IV-E Eligible	75%
Venue	ZOOM
Delivered By	Policy & Training Team Specialist
Hours	3 hours (offered 2x)
Audience	Child Welfare Staff

Foundations Training:

Number of OCFS Staff Trained: 132

Number of ARP: 10

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	Zoom
Delivered By	Muskie Institute
Hours	7 weeks (offered 6x)
Audience	New Child Welfare Caseworkers

Goals and Action Steps Training

Number of OCFS Staff Trained: 16

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 3x
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: 90

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	Zoom
Delivered By	Tribal Child Welfare Staff & OCFS Tribal Liaison (Policy and Training Specialist)
Hours	3 1/2 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: 85 (Live zoom presentation)

- **Link to recorded version ([Infant Safe Sleep & Preventing Injury or Death](#)) is on new worker checklist for all new Child Welfare workers in the New Worker Foundations training to complete.**

Dr. Jennifer Hayman, MD, FAAP & Kelley Bowden, MS, RN present 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. Topics covered include, Drivers of infant mortality, What is infant safe sleep, American Academy of Pediatrics Recommendations, What's happening in Maine, Family education and debunking myths, Safe sleep and breast feeding, and discuss resources.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Barbara Bush Children's Hospital at Maine Medical Center; Dr. Jennifer Hayman, MD, FAAP & Kelley Bowden, MS, RN
Hours	1.5 hours
Audience	New Child Welfare Staff

Katahdin End to End User Training:**Number of OCFS Staff Trained: 448**

The goal of Katahdin is to support the Department's vision of high-quality care for children in ways that lead to improvements in their functioning and in the functioning of their families. This Comprehensive Child Welfare Information System integrates and supports services that are child-centered, individualized, family-focused, strengths-based, community based, culturally respectful, appropriate in type and duration, and seamless within and across organizations.

Learning Objectives of this training:

to teach participants how to navigate the system
to support OCFS staff in becoming familiar with the look and feel of Katahdin
to assist OCFS staff in understanding the layout of the screens and fields
to provide an opportunity for hands-on practice in the systems

IV-E Eligible	50%
Venue	Zoom
Delivered By	Child Welfare Katahdin Training Team (Team of 10 consisting of 8 Child Welfare Staff and 2 Policy & Training Team Specialist)
Hours	2 days (offered 35x by 5 Teams)
Audience	Child Welfare Staff, other OCFS Staff as needed, AAG's & Community Partners as needed

Legal Training:**Number of OCFS Staff Trained: 47**

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	ZOOM
Delivered By	David Hathaway, Assistant Attorney General & Policy and Training Team Specialist
Hours	6 hours (offered 3x)
Audience	Child Welfare Staff

Mandated Reporter Training for Mandated Reporters (in person via ZOOM):**Community Number Trained: 832**

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 Community MR Reporters Trained: 15,090

This training developed by the Policy and Training Team was originally on the JPMA LMS but was moved to <https://mainemandatedreporter.org> which was created in partnership with the Muskie Institute and launched in 2021 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	https://mainemandatedreporter.org
Hours	1-2 hours depending on the learner
Audience	Mandated Reporters Throughout the State

Methamphetamine Awareness:

Number of Staff Trained: 38

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	Jan-June 2021 JPMA (Newly created E-Learning to be launched 2022)
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Michael Sanders: SECOND TO NONE:

Number of Staff Trained: 152+ Modules 2 & 3 (many more staff watched the recorded modules after the live zoom presentation) (Module 1 was in 2020)

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: 42

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	ZOOM
Delivered By	Policy and Training Specialists
Hours	2 days (4x)
Audience	Child Welfare Caseworkers, Supervisors, Program Administrators/Assistant Program Administrators

NTI Professional Caseworker Course:

Number of OCFS Staff Trained: 108

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	E-Learning
Delivered By	Jan-June 2021 JPMA Platform (NTI is now loaded on the OCFS Brightspace Learning Portal)
Hours	20 hours
Audience	Child Welfare Staff

Period of Purple Crying (online):

Number of Staff Trained: 85

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 1 and 2 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: 65

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

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Policy and Training Team Specialist

Hours	6 hours (5x)	
Audience	Child Welfare Caseworker	

Responding to Human Trafficking:

Number of OCFS Trained: 20

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	Jan-June 2021 JPMA (Newly created HTCSEC E-Learning will be launched Spring 2022)
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Responding to Methamphetamine Labs:

Number of OCFS Staff 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	Jan-June 2021 JPMA (Newly created E-Learning to be launched 2022)
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment and Educational Rights of Children with Disabilities:

Number of OCFS Staff Trained: 47

The Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment and the Educational Rights of Children with Disabilities training was developed in partnership with Disability Rights Maine (DRM). This training will review the Rights of Recipients of Mental Health Services Who are Children in Need of Treatment with participants, and review obligations of providers to honor children's rights, and ensure children are aware and understand their rights. Each session will also provide an overview of the rights of students with disabilities in schools. Specific topics will be discussed in more detail, including addressing the impacts of the COVID-19 educational disruptions; exclusionary discipline; restraint and seclusion, and transition. Questions and discussion will be encouraged.

IV-E Eligible	YES
Venue	ZOOM
Delivered By	Katrina Ringrose, Disability Rights Maine and Policy & Training Team Specialist
Hours	3 hours (offered 3x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Services and Supports Available to Maine Families

Number of OCFS Staff Trained: 208

This training will provide OCFS staff with information about services and supports available to families in Maine on the continuum of Primary, Secondary, and Tertiary Prevention Services. This includes but is not limited to parenting supports, substance use and mental health recovery and treatment services, and other supportive services. This training will assist participants in determining where, when and how to access these services for families in Maine. The trainings will be held in the South, Central and Northern geographic areas in order to include providers from those specific areas. It will include round robin breakouts where participants will have opportunities to learn, discuss and ask questions of area providers. Participants will leave with the knowledge of current and upcoming resources and services they will be able to assist families in accessing.

IV-E Eligible	75%
Venue	ZOOM
Delivered By	Christine Theriault, FFPSA Program Manager and Policy & Training Program Specialist
Hours	1 day (offered 5x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Staff Safety:**Number of Staff Trained: 315**

This training that covers a refresher regarding staff safety as well as informs participants of the procedures of the Staff Safety and High-Risk Situations Policy that went into effect on March 19, 2021. This training also discusses when and how the 'DHHS Threat and Unusual Incident Reporting Form' is created and when a 'Personal Safety Plan' should be developed and implemented.

IV-E Eligible	50%
Venue	ZOOM
Delivered By	Martha Proulx, Policy Specialist
Hours	2 hours (offered 11x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Social Work Ethics:**Number of Staff Trained: 51**

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 offered (7x)
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Structured Decision-Making Case Plan Tool:**Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training**

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	Foundations	
Hours	6 Rounds of Foundations Trainings	
Audience	New Child Welfare workers in Foundations Training	

Structured Decision-Making Reunification Tool:

Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training

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 (75%)
Venue	Zoom
Delivered By	Foundations
Hours	6 Rounds of Foundations Trainings
Audience	New Child Welfare workers in Foundations Training

Structured Decision-Making Risk Reassessment Tool:

Number of Staff Trained: After initial roll out this was incorporated into New Worker Foundations Training

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	Foundations
Hours	6 Rounds of Foundations Trainings
Audience	New Child Welfare workers in Foundations Training

Structured Decision-Making Investigations Booster:

Number of Staff Trained: 5

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 1x)
Audience	New Child Welfare Caseworkers and any staff that want a refresher on these tools.

Structured Decision-Making Permanency Booster:

Number of Staff Trained: 11

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 3x)
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: 62

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
Delivered By	Jan-June 2021 JPMA (Newly created E-Learning to be launched 2022)
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

Supervisory Academy-Putting the Pieces Together:

Number of Staff Trained: 13

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: 24

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	Jan-June 2021 JPMA (Newly created HTCSEC E-Learning will be launched Spring 2022)
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	Jan-June 2021 JPMA (E-Learning will be launched 2022)
Hours	1 hour
Audience	Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators

OCFS TRAINING PLAN

Projected (not finalized) Trainings for 2022:

- Substance Use (all Child Welfare Staff)- Dr. Judith Josiah-Martin
- Substance Use Focused Topics (Child Welfare PA/APA & Supervisors)- Dr. Judith Josiah-Martin
- Supervisory Framework
 - Revised Supervisory Academy- Putting the Pieces Together
 - Revised Supervisor Competencies
 - Child Welfare Supervisor Policy & Training
 - Supervisor Field Guide
- New Worker Foundations Redesign
- Structured Job Shadow Training for Child Welfare caseworkers and supervisors
- New Worker Support Groups in districts 1x a month (various topics/presenters/trainings)
- Cops & Caseworkers Conference
- CDSI – Deb McSweeney, Edmond Irving Center