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STATE OF MAINE

Department of Human Services

NOV - 8 2002

BUREAU OF CHILD AND FAMILY SERVICES

FY ' 2000-2004

STATE PLAN

and

Annual Progress Review

JUNE 1999

Non-Discrimination Notice

In accordance with Title IV of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), and Title IX of the Education Amendments of 1972, the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, handicap or age in admission or access to or treatment or employment in its programs or activities. Ann Twombly, Affirmative Action Officer, has been designated to coordinate our efforts to comply within the U.S. Department of Health and Human Services regulations (45 C.F.R. parts 80, 84, and 91) and the U.S. Department of Education (34 C.F.R. Part 106) implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Station #11, Augusta, Maine 04333, telephone number: (207) 287-3488 (Voice) or 1-800-332-1003 (TTY), or to the Assistant Secretary of the Office of Civil Rights, Washington, D.C.

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APPROVAL
AND
SUBMISSION

APPROVAL AND SUBMISSION OF STATE CHILD WELFARE SERVICES PLAN

I hereby approve and submit the State Child and Family Services Plan, which includes the required Assurances, operational strategy and the State budget requests for the time period beginning October 1, 1999 and ending September 30, 2004.

The Maine Department of Human Services
(Designated Single State Agency)

has the authority to prepare the State Plan; is the sole State agency responsible for administering the State Plan; and is primarily responsible for administering the Child Welfare Services Program within the State.

9/21/99
Date

Kevin W. Concannon, Commissioner
Department of Human Services

9/21/99
Date

Margaret Semple, Director
Bureau of Child & Family Services

ASSURANCES

STATE CHIEF EXECUTIVE OFFICER'S
ASSURANCE STATEMENT
for the
CHILD ABUSE AND NEGLECT STATE PLAN

As Chief Executive Officer of the State of Maine, I certify that the State: (1) has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect in the following areas; or (2) will implement such changes as necessary to assure that such laws or programs are in place as soon as possible, but no later than June 30, 1999, or the date mandated by CAPTA as noted on the assurance. These areas are **(please check each item, as appropriate):**

(1) Provisions or procedures for reporting known or suspected instances of child abuse and neglect (Section 106(b)(2)(A)(i));

This requirement is currently in place: X

(2) Procedures for the immediate screening, safety assessment, and prompt investigation of such reports (Section 106(b) (2) (A) (II));

This requirement is currently in place: X

(3) Procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (Section 106(b)(2)(A)(iii));

This requirement is currently in place: X

(4) Provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (Section 106(b)(2)(A)(iv));

This requirement is currently in place: X

(5) Methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--

(a) individuals who are the subject of the report (Section 106(b)(2)(v)(I));
(b) Federal, State, or local government entities, or any agent of such entities, having a need for such information in order to carry out its responsibilities under law to protect children (Section 106(b)(2)(v)(II));

(c) child abuse citizen review panels (Section 106(b)(2)(v)(III));

(d) child fatality review panels (Section 106(b)(2)(v)(IV));

(e) a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury (Section 106(b)(2)(v)(V)); and

(f) other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (Section 106(b)(2)(v)(VI));

This requirement is currently in place: X

(6) Provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (Section 106(b)(2)(vi));

This requirement is currently in place: X

(7) The cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (Section 106(b)(2)(vii));

This requirement is currently in place: X

(8) Provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (Section 106(b)(2)(viii));

This requirement is currently in place: X

(9) Provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who may be an attorney or a court appointed special advocate (or both), shall be appointed to represent the child in such proceedings--

(a) to obtain first-hand, a clear understanding of the situation and needs of the child (Section 106(b)(2)(ix)(I)); and

(b) to make recommendations to the court concerning the best interests of the child (Section 106(b)(2)(ix)(II));

This requirement is currently in place: X

(10) The establishment of citizen review panels in accordance with Subsection 106(c) (Section 106(b)(2)(x));

This requirement is currently in place: X

(11) Provisions, procedures, and mechanisms to be effective not later than two years after the date of the enactment of this section (10/3/98)--

(a) for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law (Section 106(b)(2)(xi)(I)); and

(b) by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (Section 106(b)(2)(xi)(II));

This requirement is currently in place: X

(12) Provisions, procedures, and mechanisms to be effective not later than two years after the date of the enactment of this section (by 10/3/98) that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--

(a) to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child or such parent (Section 106(b)(2)(xii)(I));

(b) to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the Unites States) or another child or such parent (Section 106(b)(2)(xii)(II));

(c) to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter (Section 106(b)(2)(xii)(III)); or

(d) to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (Section 106(b)(2)(xii)(IV));

This requirement is currently in place: X

(13) an assurance that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 12 above, conviction of any one of the felonies listed in number 12 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (although case-by-case determinations of whether or not to seek termination of parental rights shall be within the sole discretion of the State) (Section 106(b)(2)(xiii)); and

This requirement is currently in place: X

(14) An assurance that the State has in place procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--

(a) coordination and consultation with individuals designated by and within appropriate health care facilities (Section 106(b)(2)(B)(i));

(b) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions) (Section 106(b)(2)(B)(ii)); and

(c) authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (Section 106(b)(2)(B)(iii));

This requirement is currently in place: X

(15) An assurance or certification that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements set forth in paragraph (b)(1) of section 106 and this paragraph (Section 106(b)(2)(D); and

This requirement is currently in place: X

(16) An assurance that the State has in place authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (Section 113).

This requirement is currently in place: X

Signature of Chief Executive Officer:

Date: 9/21/99

Angus A. King, Jr. 9/21/99

ASSURANCES

The State assures that:

1. Title IV-E, Section 477 Independent Living 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 which may be available for Independent Living programs, activities, and services;

2. The Department will operate the Independent Living 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 Independent Living 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 which 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 to assist the youth to make the successful transition from foster care to interdependent living;

8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations;

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

A-133) and Nondiscrimination (45 CFR, Part 80) and;

10. Grant funds will not be used for the provision of room and board.

CERTIFICATIONS

Appended to this application and plan are the following certifications:

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).

Kevin W Concannon

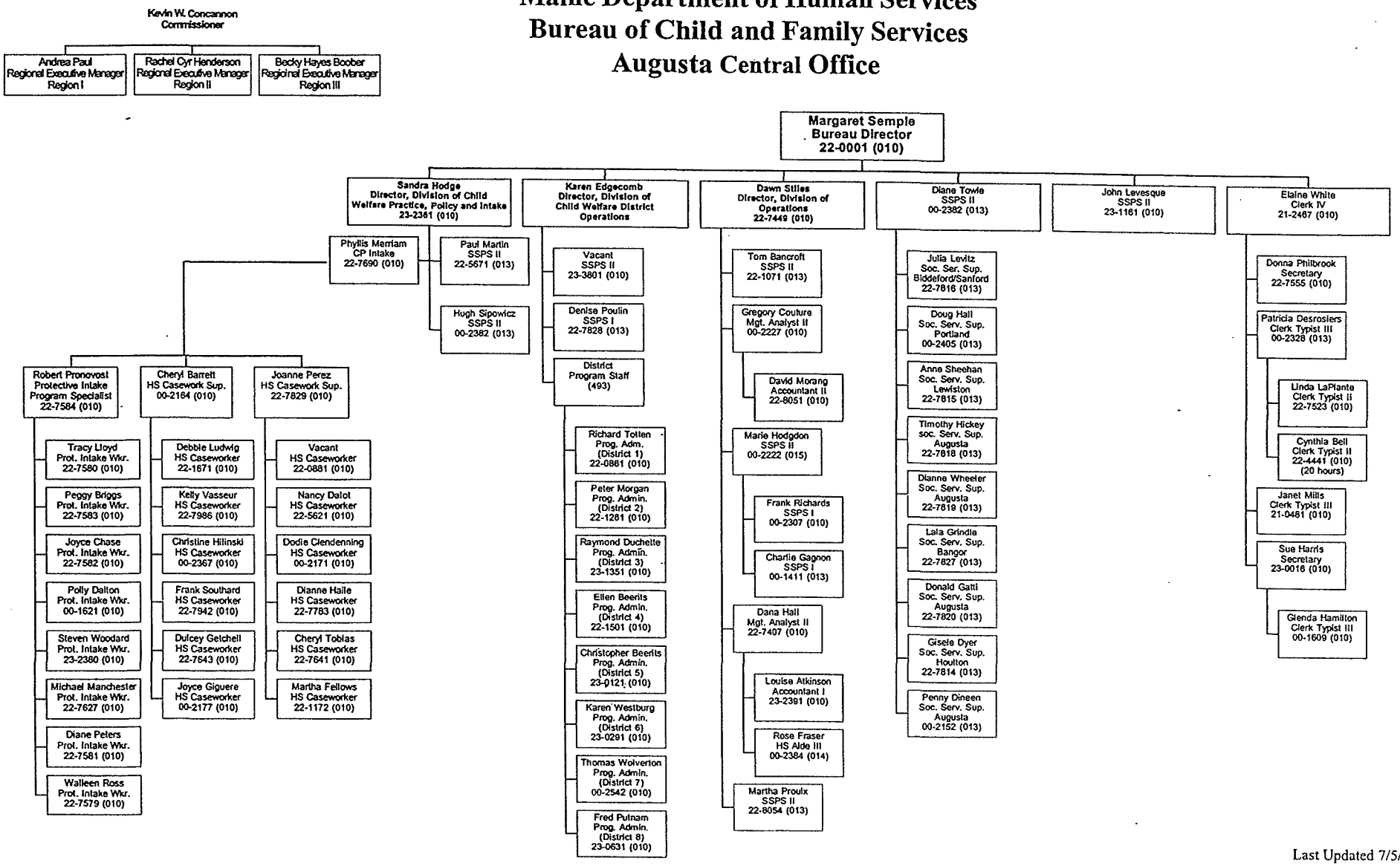
Kevin W. Concannon, Commissioner
Maine Department of Human Services

9/21/99

Date

ADMINISTRATION OF THE PLAN

Maine Department of Human Services
Bureau of Child and Family Services
Augusta Central Office



Last Updated 7/5/99

Administration of the Plan

As the state agency in Maine that administers the federal Title IV-B of the Social Security Act, Subpart 1 and Subpart 2, the Bureau of Child and Family Services, Department of Human Services, through its Commissioner, is charged with the responsibility for the operation and administration of the State's Child and Family Services Plan.

The Department of Human Services directs a wide-ranging system of programs in income maintenance, public health, social and medical services and provides services established by Federal and State laws to protect and preserve the health and welfare of Maine citizens. The Department of Human Services is under the direction and supervision of a Commissioner of Human Services who is appointed by the Governor and confirmed by the Legislature. The services provided by the six Bureaus of the Department cover a broad range from prevention services for all Maine's citizens to highly specialized services for its most vulnerable population.

The Bureau of Child and Family Services, within the Department of Human Services is responsible for promoting the safety and well-being of children and families through the provision of social, regulatory and purchased services on a continuum from prevention to protection. It is authorized to establish the overall planning, policy, objectives and priorities for all functions and activities relating to social services.

The Director of the Bureau of Child and Family Services is responsible for developing and maintaining an effective administrative infrastructure which assists the Bureau in promoting its collective mission and that of its individual organizational units.

The major programs the Bureau oversees are Child Protective Services, Children's Services, Adoption and Foster Care Licensing. The mission of the Child Welfare Program is to protect children who are abused, neglected and exploited, to rehabilitate and reunify families when children have been separated from them, to secure durable family relationships for children who cannot return to their own families and to provide for the acquisition of skills and abilities for productive adulthood. The mission of Licensing is to promote quality out-of-home care for Maine children through equitable licensing practice, through effective resource and policy development and through advocacy for providers and children.

While daycare facilities and residential programs for children in the custody of the Department of Human Services are licensed by the Community Services Center, all foster homes in the State are licensed by the Bureau of Child and Family Services.

FINAL REPORT
FOR FISCAL YEARS 1995-1999

FINAL REPORT FOR CFSP 1995-1999

For many years, the Bureau of Child and Family Services developed State Child Welfare Plans to address goals for improving its programs and services to children and families. In 1995, the Bureau submitted its first five year plan in response to P.L. 103-66, the "Family Preservation and Support Services" legislation which amended Title IV-B of the Social Security Act "for the purpose of encouraging and enabling each state to develop and establish, or expand, and to operate a program of family preservation services and community-based family support services". This legislation was in response to a growing nationwide concern for the number of children who entered and remained in foster care for years, and to a number of high profile cases of abuse and neglect of children in out-of-home care.

In response to legislation that passed in 1993 establishing the Family Preservation and Support Services Program, (P.L. 103-66) the Bureau of Child and Family Services, Department of Human Services developed a 5 Year Plan for the provision of services to Maine's children and families. That plan set forth goals and objectives for the broader child welfare system as well as specific objectives for the provision of family preservation and family support services.

There were several issues facing the Bureau which led to the development of the goals as originally presented the FY"95-99 State Plan.

1. There was insufficient staff to investigate reports and to provide services to children suspected of having been abused and neglected and their families, or to provide services to children in the state's custody.

2. Many families who have been referred to the Department of Human Services have increasingly complex problems where the prognosis for improvement is quite limited. The children in those families have severe emotional and behavioral problems and, as a result of the seriousness of the needs of those children, more intensive and more costly treatment resources are required. Coupled with our inability to respond earlier in the abuse cycle, children have more severe problems and complex treatment needs when intervention occurs.

3. There was a lack of placement resources available for children, particularly those with the most severe needs. Traditional foster parents are not equipped to meet the needs of many of the children now requiring care. A move toward more professional foster parents with particular training and performance requirements was indicated.

4. More families needed concentrated, in-home services in order to prevent the need for placement. There were insufficient resources to meet the needs of the families served. There was a significant need for resources for supervised visitation between children and families.

5. Delays in hiring exacerbated an already serious problem in filling new and vacated positions.

6. Due to lack of automation, caseworkers' jobs were more difficult. A reduction in paperwork requirements was imperative.

7. Casework staff was burdened by non-professional tasks which could have been carried out by paraprofessionals. Authorization of paraprofessional staff to do these tasks would facilitate the Bureau's ability to meet its responsibilities to children and families.

The outcomes for the FY'95-99 State Plan included:

PROGRAM AND ADMINISTRATIVE GOALS OF THE BUREAU

Program Goal I.	Improved access to appropriate services for families whose children are reported to be at risk of abuse/neglect.
Program Goal II.	Adequate and appropriate placement resources for children and youth who come into the care and custody of the Department.
Program Goal III.	Expanded, integrated and improved services for older youth in the care and custody of the Department.
Program Goal IV.	Reduced barriers to permanency planning.
Administrative Goal I.	Improved personnel practices to enable the Bureau to meet its commitments with limited resources.
Administrative Goal II.	Implementation of an information system to meet management needs and improve staff ability to access information.

Specific objectives for Family Preservation were developed in response to the first Program Goal of the Plan. The desired outcomes of the Family Preservation Program, set forth in the FY'95-99 State Plan were to:

- produce measurable positive changes in well-being for participating families

- achieve reductions in number of children coming into foster care
- achieve higher well-being outcomes for targeted families in participating communities
- establish community service networks for coordinating services
- reduce service costs in target communities

Passage of the Adoption and Safe Families Act in 1997 brought focused attention to five basic principles set forth in the Act.

- *health and safety of children is paramount*
- *foster care is temporary*
- *permanency planning begins when children enter care*
- *the system must focus on results and accountability*
- *innovations in the system are needed*

ASFA underscores issues of safety and permanency and provides support for innovative approaches to shorten the length of time children remain in out-of-home care and achieve permanency in time frames to met each child's needs. The passage of ASFA greatly influenced the priorities set by the Bureau during the past year and that shift is reflected to some degree in the most recent work done in relation to the goals and objectives presented in the last 5 Year Plan.

ANNUAL PROGRESS AND SERVICES REPORT - JUNE 1999

The State of Maine submits this Annual Progress Report to fulfill the requirements of the Title 1V-B, Subpart 2 of the Social Security Act. This information pertains to the progress made during the final year of the implementation of the Family Preservation and Support Services Initiative: Federal Fiscal Year, October 1, I998 through September 30, I999. Because the Bureau of Child and Family Services began during the fifth year of the FY95-99 State Plan, to make necessary changes to reflect the ideology of the Adoption and Safe Families Act, we are incorporating this final progress report into the new Fiscal Year 2000-2004 Child and Family Services Plan which also includes the Annual Budget Request and Annual Summary of Child and Family Services, the Child Abuse and Neglect State Plan and a copy of the application for the Independent Living program.

Following is the summation of the Activities achieved in relation to the Four Program Goals and two Administrative Goals presented in the FY'95 Plan.

PROGRAM AND ADMINISTRATIVE GOALS OF THE BUREAU

PROGRAM GOAL I. **Improved access to appropriate services for families whose children are reported to be at risk of abuse/neglect.**

Objective 1 - Develop a plan for implementation to serve families who meet the criteria for Child Protective Services.

In year one of the plan, centralized intake was instituted, thereby freeing eight caseworkers to assess referrals of abuse and neglect; 17 caseworkers were hired to complete assessments and assessment units were established. Plans were underway to develop and provide an array of services to familles eligible for but unable to receive child protective services because of resource needs. Based on a review and recommendations by the Administration for Children and Families, the Bureau agreed to work with ACF on development of a plan to meet this goal.

In year two of the plan, the Bureau contracted family preservation and family support services to be provided in a three county area and began work on implementation of a risk assessment instrument to assure that the safety needs of children are met through the use of a consistent and thorough assessment methodology. The following year, an evaluation of the Three County Project was completed and the decision

was made to expand services to the remaining counties in the State to assure that children and families who meet the criteria for Child Protective Services are, in fact, able to access such services. A safety assessment tool was developed for use with the risk assessment and both were in use in some areas of the state on a voluntary basis. A consultant was hired to assist in developing options to respond to more referrals.

Funds were allocated by the last legislature to contract with the private sector to assist with CPS reports that the agency continued to be unable to assign due to lack of staff. An RFP process was used and contract agencies were selected for all but one geographic area where the contract award remains under appeal. The agencies awarded contracts are: Community Concepts serving Androscoggin, Franklin and Oxford Counties; Community Health and Counseling Services serving Aroostook County; Families United of Washington County serving Penobscot, Piscataquis, Hancock and Washington Counties; Waldo County Preschool & Family Services serving Waldo County; Youth Alternatives serving Cumberland and York Counties, Youth and Family Services serving Somerset County, and Home Counselors for Kennebec, Sagadahoc, Knox and Lincoln Counties.

These agencies are receiving CPS reports that are considered low and moderate risk. A very close working relationship between the private agencies and BCFS District staff who make the decisions as to which reports will be sent to the Programs have been planned for and are in effect. The contract agencies refer back to BCFS families they determine to be at higher risk.

The goal is to reduce the number of reports that are not assigned due to lack of staff to less than 5% by the end of State fiscal year 2000. In May of 1999, the number of reports unassigned was reduced by 50%.

The Bureau has committed to the implementation of a Safety Assessment, the purpose of which is to provide a focused assessment of safety for all children reported to CPSA. The safety assessment will be done for all assessments assigned. It is likely that assessments where children are determined to be immediately safe and there is a reasonable belief that the risk is low to moderate, will result in a referral to a community

Intervention Program. The current plan calls for the new assessment to be ready for implementation by the fall of 1999. A big portion of this effort will be modification to MACWIS to make this happen.

Draft Outcomes, Indicators and Evaluation Issues have been developed and once finalized, will be used to assure that the Community Intervention Programs do meet the response criteria and needs of children and families as planned.

Objective 2 - Develop an enhanced capability to target appropriate services to children, youth and families based on evaluation of parental capacity and to care for and nurture their children.

In year one of the plan, a planning advisory board was establish, a literature search conducted, three training sessions delivered to mental health and CPSA staff and a research proposal developed. The following year protocol development began, training was provided and standardized evaluation protocols were finalized. In year three, forensic evaluation protocols were put to use and the risk assessment tool was revised and updated. Training was provided by Dr. Richard Gelles and the Baylor College of Medicine. A contract was then developed for Maine General Hospital to provide rapid evaluation of cognitive damage due to abuse and neglect. Evaluation of parental capacity is now an available resource utilizing the Forensic protocol.

Objective 3 - Continue efforts to enhance funding resources to provide services for families, youth and children who meet the criteria for Child Protective Services.

Funds were sought from the legislature and in year two of the plan, $600,000 was granted for the purchase of community based services. Regional offices identified their needs and the following year several projects were underway including a tracking/monitoring program for youth in the joint custody of the Department of Human Services and the Department of corrections who have substance abuse problems or to purchase mental health services for children and families. Substance abuse counseling has been a primary need and this has been better met through the additional funds. Federal resources identified by MAXIMUS were distributed to

the local regional offices to purchase contracted community services. The Maine State Housing Authority was awarded a family unification program grant for 100 certificates and vouchers to be used by the Bureau of Child and Family Services for families where a child is at risk of being removed from the family or is being reunified with its family.

Objective 4 - Through provision of intensive home-based services, enhance family member's ability to utilize community and other supports.

The Families Together Program, an in-home intensive family preservation services program offered services to birth families with the intent to strengthen the family unit and prevent removal of children from their home.

The desired outcomes for the program were clearly stated at the onset.

- *To produce measurable positive changes in the well-being of participating families:* An evaluation tool was created by the Child Welfare Training Institute that showed some significant changes in the families in the program.

- *To achieve a reduction in the number of children entering foster care:* The number of children entering foster care was reduced in the targeted families.

- *To achieve higher well-being outcomes for targeted families in participating communities:* The workers were able to develop relationships with clients and then transfer them to other service providers. Families who participated have a better understanding of the services available and it is believed they are now more likely to reach out to the Department or access services on their own if needed in the future.

- *To establish community service networks for coordinating services:* This goal was met through the Nurturing Program by incorporating many service agencies in its development and implementation. The networking that was done has continued and expanded beyond this program.

- *To reduce service costs in targeted communities:* Although costs were reduced in the targeted families by reducing risk so the children could remain at home, other service needs were identified for communities and overall service costs were not reduced.

The Community Intervention Program referenced earlier, assists families in accessing community services to prevent dissolution of the family unit and to improve family functioning.

PROGRAM GOAL II. **Adequate and appropriate placement resources for children and youth who come into the care and custody of the Department.**

Objective 1 - Assess and evaluate feasibility of developing an in-house therapeutic foster home system.

In year one, a model was developed and five positions funded by the legislature for the operation of an in-house therapeutic foster home program. At this point in time, there had been a tremendous increase in the number of treatment level foster homes associated with child placing agencies, all of which were contracted services purchased by the Department. Standardized rates were set for private operating of therapeutic foster home programs. In July of 1997, the Maine Caring Families in-house foster care program pilot was completed. A report on the programs success was distributed and RFP for private service provider bids received. Maine Caring Families provides a statewide system of therapeutic foster homes where children in the Department of Human Services (DHS) custody may achieve emotional and physical well being. MCF provides support and training to therapeutic foster parents who are key members of a multi-disciplinary team that develops and implements treatment and services. The treatment plan is tailored to the individual child, based on his/her strengths and needs.

MCF is a public/private partnership designed to provide regionally based therapeutic foster care. Regional Coordinators, employed by DHS, are responsible for the implementation and management of the program in their geographical areas. Support Workers, employed by the contracted private agency, are responsible for support and coordination of services. MCF foster parents are licensed at

the Specialized Foster Parent level by DHS and are responsible for providing therapeutic foster care.

The MCF therapeutic board rate is tracked and payment is ensured by the MACWIS as well as respite providers, following data entry by caseworkers.

MACWIS provides demographic information for MCF, including information on individual foster parents, e.g., license status, allegations pending, etc. It is expected that MACWIS will generate program reports as needed.

MCF began as a Pilot Project in November '96, with 6 homes and 10 children. It was expanded to encompass the State in October '97. The projections at that time were that after a year of operation, MCF would have 50-60 homes statewide. In October '98, the actual total was 110 homes with close to 100 children in care. At the present time, MCF has 122 homes, with the Cumberland-York, Augusta-Rockland, and Aroostook County Regions operating at, or near, capacity.

Objective 2 - Develop less costly alternatives for crisis stabilization.

The four child serving Departments proposed legislation allowing for the development of a locked treatment facility for children and youth. A staff secure facility for older latency aged children was developed in one region. Short term crisis bed programs were developed in two areas of the state and emergency shelter services for children/adolescents were developed in the northern part of the state. In March of 1988, a memorandum of Agreement was signed between the Department of Mental Health's Bureau of children with Special needs and the Department of Human Services to establish a single gate keeping authority for both outpatient and residential mental health services of children.

A Resource Development Plan has been completed and because the need for locked treatment remains the number one reason children need to go out of state, DHS has made four contract awards providing 32 new secure treatment beds to come on line within the next 12 months. NFI of Northern New England will be doing bed homes in Bangor, Augusta

and Portland. A fourth award was given to Spurwink for a second home in the Portland area.

Objective 3 - Develop performance-based contracts with out-of-home care providers.

In year two, a work group of providers and DHS program staff developed client-based goals and indicators for children's residential services. Within the past year, Quality Improvement Standards for program review have been developed for all treatment level foster care agencies. The Quality Improvement Unit will use the standards as a basis for annual or semiannual review of each child placing agency providing treatment level care.

Objective 4 - Reduce barriers to placements in residential facilities when warranted by the severity of the child's behavior and emotional problems.

The commissioners for the Departments of Human Services and Education met with the Governors counsel to amend the interagency agreement. The development of out-of-home living arrangements for children and adolescents were developed in areas where local schools can accommodate the educational needs of the students, thereby eliminating the need for PET recommendation. In February of l998, an Interagency agreement was completed to facilitate conflict resolution in the pupil evaluation team process. Consultants were secured to work with caseworkers and Medicaid staff to develop easier processes for placement in our-of-home care and an Interdepartmental/public-private work group was formed to review and revise mental health, residential and crisis shelter licensing rules.

Objective 5 - Expand regional initiatives to retain and recruit appropriate foster care resources.

A full time recruitment/retention worker was hired through a contract with the Maine Foster Parents Association, a press conference was held to stress the need for foster homes in Maine and three regional recruitment initiatives began. A

statewide media campaign was developed and increase in foster home boards payments was approved and foster home licensing rules were revised. By the end of 1998, the Maine Foster Parents Association not only provided recruitment and retention activities to the Bureau, but also was sending referrals of prospective foster parents to the Regional Foster Care Licensing Offices. A mentor program began in Lewiston where experienced foster parents were recruited to serve as mentors. The Maine Foster Parents Association conducted monthly training.

A contract was developed to recruit hire and train TANF recipients for the ASPIRE program to become DHS foster parents. Two years ago, a pilot program was begun in Androscoggin County to identify and recruit ASPIRE recipients to become foster parents. BCFS contracted with Spurwink and worked with BFI staff to identify some of their recipients who they thought could meet licensing requirements. The Bureau then targeted a recruitment effort at those identified. Those interested received more information and eventually there was a 12 week training program paid for by BFI. They attended the Foster Parent Pre service training conducted by the Child Welfare Training Institute. Those who completed the training were paired with a current foster parent mentor and received a minimum payment through Spurwink that was enough to remove them from the TANF rolls but not enough to lose Medicaid benefits. This was a two year program and the homes were used as respite homes. The district has been pleased with the program and expansion statewide will begin soon.

The Department's in-house treatment foster care program, Maine Caring Families recruits and screens foster parents through its Regional Coordinators who are responsible for oversight of the Program in the assigned geographic areas.

The agency has rewritten its policy to comply with the legislation of the Multiethnic Placement Act and Interethnic Adoption Provision. Staff have been trained and ongoing training will be incorporated into the pre-services training for all new staff.

Recruitment efforts are diversifying and informational literature such as Foster Home Rules are available in several

languages. There has been an effort to provide for greater flexibility in non-safety issues.

Objective 6 - Develop out-of-home residential services placements in Maine that meet the needs of children coming into custody of the Department.

A series of statewide meetings were held in the first year to continue the planning and development of a continuum of residential treatment resources. The interdepartmental Committee was formed to develop a comprehensive children's mental health system and private agencies statewide developed "Bridge Homes to complete assessments for longer term placement.

Objective 7 - Explore feasibility of expanded Kinship Care/Relative Placement.

A review of Kinship Care policies was begun early on in the Plan but little activity occurred until this year when guidelines and proposed policy were developed. The Bureau is working with a private agency which would locate and perform an assessment/homestudy on possible kinship homes of children new in care. The district office would refer to the agency and within a specified time frame, the agency would locate and study the relatives, thus enabling BCFS to make a reasonable decision whether or not a relative placement is in the child's best interest. The goal is to have this service available before fall, l999.

PROGRAM GOAL III. Expanded, integrated and improved services for older youth in the care and custody of the Department.

Objective 1 - Support Community-based efforts to develop services for families of children and youth in the care/custody of the Department.

During the first year of the Plan, Medicaid retroactive dollars were identified which were used to purchase in-house community based services, a Mid-Coast Coalition for Domestic Violence was started and a project was developed with the Department of Mental Health to provide mental health service to families. The Families Together Projects in Augusta and Portland began intensive

rehabilitation/reunification services to move children out of foster care back into their own home or into adoptive placements. Contracts were developed with private agencies to conduct adoptive home studies and to clarify permanency plans for children who were free for adoption and whose foster parents were uncertain about proceeding with adoption plans.

Objective 2 - Integrate preparation for adulthood activities into the practice of all DHS staff working with older youth.

During the past two years, service provider agency staff have participated in two independent living statewide training on independent living statewide training on program planning and life skills assessment and tracking. The I.L. Program staff focus their work on educational achievement and aspirations.

A community and work site mentor program component was recently established and a Youth Leadership Advisory Team was formed and has had a number of opportunities to speak in public forums which have been very well received. Draft standards, outcomes and objectives for life skills training for youth in Group homes and other residential settings were recently developed and will soon be distributed for comment. Once finalized, they will be used by QI Review for annual review by the Bureau.

PROGRAM GOAL IV. Reduced barriers to permanency planning.

Objective 1 - Develop strategies to assure that children in the custody of the Department who are moving toward termination of parental rights are given priority.

A study of young children in custody for more than two years was completed to identify barriers to permanency; Medicaid retroactive money was used to increase the number of judges handling cases and the number of Assistant Attorneys General prosecuting cases and to reduce the caseload size of Children's Services caseloads.

With the implementation of ASFA and the changes in State Law the Bureau took all necessary steps to determine the current status of children in the custody of the Department

and to prioritize those who had been in custody in excess of 15 months. In June of 1998 steps were taken to create a report to identify when three types of court hearings (permanency hearings, periodic judicial review and TPR) must be held for all children currently in care. The report was available by office site and organized by unit and caseworker. The same information was also sorted by court jurisdiction. Since that time, District offices have been tracking timeframes for court activities on all children in care and continue to submit monthly status reports to Bureau Management.

Maine's request for a IV-E waiver was granted and the Demonstration Project allows flexibility of spending in the area of post-legalization adoption services. The "Adoption Support and Preservation" training is being offered statewide.

The Quality Improvement Case Review staff recently completed a review of cases in which parental rights had been terminated and adoption was the permanency goal, to look at practice issues in relation to critical decision points in each case and to identify positive indicators for permanency planning.

Training on the Adoption and Safe Families Act was provided for staff and this has been followed by additional training on specific components of such as permanency planning, concurrent case planning, etc.

In some district offices, case aides have been providing paralegal support to facilitate legal clearances for adoption. At recent forums for caseworkers and supervisors, this was identified as a critical need.

A draft single study for foster home and adoptive homes has been circulated for comment and input.

Objective 2 - Utilize intensive home-based services to strengthen rehabilitation and reunification efforts.

A contract was developed with Community Care Systems for time limited reunification services for families referred by DHS in York, Cumberland and Kennebec Counties. The Bureau purchases in-home support services for cases of family reunification, family preservation and post adoption. Due to

the shortened time frames for families to resolve the issues that brought them into the child welfare system the Bureau is increasing services that are delivered in families' homes. This model appears to be successful in providing on-site training and modeling for families and helps rural isolated families keep or reunify more quickly and with better results. These services are not available in all areas of the State but the merger with an agency in Northern Maine is allowing this previously Southern Maine Agency to expand.

ADMINISTRATIVE GOAL I.

Improved personnel practices to enable the Bureau to meet its commitments with limited resources.

Objective 1 - Reduce barriers to fully staffed Regional Offices.

During year I of the plan, steps were taken to develop and implement a more expeditious system of interviewing and hiring caseworkers. By year three of the plan, continuous recruitment and establishment of an open register were in place. A study and resultant report was done to discern reasons for departure of caseworker staff. With the emphasis on down-sizing state government and privatization, there has been a proliferation of private agencies which perform many of the functions that provide the sense of success and competency staff strive for. While the Bureau identified steps that could result in greater staff retention, many of these changes can not be made outside of legislative approval and further steps need to be taken to address this issue.

Objective 2 - Explore feasibility of using paraprofessional staff for some tasks now being performed by professional staff. In year one the Bureau published a Request for Proposal for case aides for each regional office. By 2998, contracts were in place for case aides to be hired by private agencies and located in BCFS district offices to perform tasks designated as critical to each office's needs.

Since that time, case aides have performed a variety of tasks in their respective offices. Recently, steps were taken to make these individuals state employees to simplify the administrative and supervisory issues that had arisen. Additionally, staff were asked to identify ways to more

effectively utilize case aide time and function. Training needs and clearer role identification were noted.

ADMINISTRATIVE GOAL II.

Implementation of an information system to meet management needs and improve staff ability to access information.

Objective 1 - Design training efforts to assure staff preparation to fully utilize MACWIS

In year one, design teams were set up with lead staff identified. By 1998, MACWIS design development and testing was completed and role-out occurred in April. Since that time, staff have received ongoing training, there has been an opportunity to learn more about the strengths and weaknesses of the system and the potential for fuller unitization of the system is being realized. Staff have recognized advantages to the system for purposes of information retrieval but have experienced a frustrating drop in productivity resulting from the time necessarily spent learning a new system and struggling with complex and sometimes inconsistent data input as well as loss of information.

The agency has contracted with NSI to provide critical enhancements needed because of the new State and Federal Child Welfare laws.

TRAINING AND TECHNICAL ASSISTANCE

Training delivered under the Child Welfare Training Institute for the Bureau of Child and Family Services from October 1, 1998 through March 31, 1999 included:

- Caseworker Pre-Service
- BCFS Staff In-Service Training

  Anne Graffam Walker Interviewing Training
  Preliminary Assessment
  Substance Abuse
  Working with Mentally Ill & Mentally Retarded Parents
  Working with Threatening / Aggressive Clients

- BCFS Staff Professional Development Support

  3rd Annual Northern NE Conference on Child Maltreatment
  Disorders of Childhood and Adolescence
  5th Annual New England Resiliency Conference
  Building Bridges: Community Solutions to Domestic Violence
  Adoption Support and Preservation Services
  Sexual Abuse: How to Help Adult and Child Survivors
  How to Organize Your Life and Get Rid of Clutter
  Tangled Web of Abuse
  Safe Interviews with Clients Who Use Violence
  Opportunities for Working with Refugee and Immigrant Parents
  AFFM Conference: Pebbles in the Pond-Coping with the Ripple Effect
  Practical Child and Adolescent Psychopharmacology
  The Development of Secure Attachments
  Mindfulness and the Practice of Self-Acceptance in the Treatment of Chemical Dependency and Child Abuse
  Autism: Neuroscientific Advances and Effective Behavioral Strategies
  FFTA Conference: Embracing Opportunities
  Devastating Losses and Unspeakable Crimes
  Interventions in Infant Mental Health
  MFPA Conference: Meeting the Challenge
  Conflict Resolution Skills for Mental Health Providers
  Self-Assured, Relaxed and In Control
  Leadership and Management Skills for Women
  Compassion Fatigue and the Art of Chronic Self Care
  Loretta LaRoche
  National Association of Regulatory Agencies: Licensing Conference
  Indian Child Welfare Act
  1998 National Adoption Conference

- BCFS Staff Professional Development Support (continued)

  San Diego Conference on Responding to Child Maltreatment
  Compassion Fatigue and the Art of Chronic Self Care
  Applied Behavior Analysis
  Maltreatment of Children
  Beyond Normal Grief
  High Impact Communication Skills for Women
  Demystified: The Adoption and Safe Families Act
  Domestic Abuse: Are we part of the Problem?
  The Exceptional Assistant
  Herbs, Vitamins and Nutraceuticals
  Understanding and Treating Attachment Disorders
  MFPA Conference
  Restoring Peace in a Violent World
  The Conduct Disordered & Oppositional Defiant Child
  Working more Effectively with the Conduct Disordered Child
  Gatekeeper Training

- BCFS Regional On-Site Training

  Adoption Training
  Reflective Practice
  Sexual Abuse Treatment Program: Assessment and Treatment
  Caseworker Support Group
  Licensing Staff Training
  MBTI/Team Building
  Working with Threatening/Aggressive Clients
  Risk Assessment
  Theraplay Institute
  Adoption Training and Staff Meeting
  Families Together Update
  Team Building/Training
  Chris Lyng Legal Training
  Preliminary Risk Assessment
  Adoption and Families Together
  Preliminary Assessment
  Policy/Practice/Quality Assurance in a Changing Organization
  MEPA and ASFA for Adoption Staff
  Case Review/QA

- MACWIS Supervisory and Superuser Training

  Individual Supervisory MACWIS Tutorials

Increasing MACWIS Skills for Supervisors

- Adoptive and Foster Parent Introductory Training

  Adoptive and Foster Parent Introductory Training

- Adoptive and Foster Parent In-Service Training

  Helping Children Transition
  Alternative Discipline
  Children with Difficult to Severe Bahaviors
  Piloting the Sexually Abused Team Through Adolescence
  Transition Issues Affecting Families Who Adopt
  Special Education PET Advocacy

- Support for Adoptive and Foster Parent Professional Development

  Informal Discussion for Foster Parents - Machias
  Informal Discussion for Foster Parents - Ellsworth
  Understanding and Treating Attachment Disorder
  Beyond Ritalin: Mega Answers to ADHD
  MFPA Conference: Meeting the Challenge
  11th Annual Family Support Conference
  Autism: Neuroscientific Advances and Effective Behavioral Strategies
  AFFM Conference: Pebbles in the Pond-Coping with the Ripple Effect

- Cross Disciplinary Training

  Caring for the Abuse Affected Child - Daycare Providers
  Training for Trainers

- Children's Transportation Training

  Train the Trainer
  Children's Transportation Provider Training - 10 Sessions

- Group Home Training

  Adolescent Behavioral & Emotional Disorders
  Adolescent Children of Chemical Dependent Parents
  Child Sexual Abuse
  Psychotropic Medication
  Adolescent Dual Diagnosis
  Adventure-Based Learning

Boundary Issues in Residential Care
Conscience Development and Lack of Attachment
Preparing Adolescents for Independent Living

Technical assistance to the Bureau included a review of Central Intake by the National Resource Center for Child Maltreatment, presentations on ASFA and the Indian Child Welfare Act at the 4th Judicial Symposium, development of goals and objectives for Quality Improvement Review in Child Welfare and planning for Treatment Foster Care review.

CAPTA

STATE GRANT PROGRESS AND SERVICE REPORT

CAPTA

The overall purpose of the CAPTA State Grant program is to improve the states Child Protective Services program. As part of that improvement, states must make certain assurances to the Department of Health & Human Services, Administration and Youth and Families.

The new compliance issues of citizen review, expungement of records, review of substantiation decisions, disclosure of information in child fatality cases, and aggravating circumstances are discussed below.

Citizen Review

Maine's Child Death and Serious Injury Review panel will serve as the citizen review panel. The multidisciplinary Child Death and Serious Injury Review panel has always reviewed both criminal and civil law and will now include a systematic review of legislation. The panel is staffed by a Program Specialist from the Bureau's Division of Child Welfare who has been trained on the CAPTA requirements and will oversee preparation of the annual report.

Expungement of Records

Maine has had an expungement system for many years and has had to build in their capacity in our MACWIS (Maine Automated Child Welfare Information System). We believe this is operating correctly at this time.

Review of Substantiated Decisions

Maine has developed an internal review process which fulfills the requirements set forth in the Act including the right of a person who has been found to have abused and/or neglected a child to request a review of that finding and that notice of the right to request a review and the method by which that request may be instituted be given to the identified party at the time they are informed of the substantiation.

(See Appendix C)

Disclosure of Information in Child Fatality or Near Fatality Cases

Two years ago Maine revised its disclosure provisions in Title 22 MRSA Chapter 1071 to allow for disclosure of information in child fatality or near fatality. (Title 22 MRSA § 4008-A, Subsections 1 & 2).

Not Requiring Reunification

In 1998 Maine revised its child protection statutes to comply with ASFA. Included in that revision was the fact that reunification did not have to commence or proceed if a parent or guardian had committed certain felonies and other crimes. The changes further clarify that the commission of such crimes constitute grounds for termination of parental rights on the child victim and its siblings.

The Child Maltreatment Project

The Child Maltreatment Project is in its final year of development. This project has begun to fundamentally change the process, focus and content of how parents who abuse and neglect their children are evaluated and what interventions are recommended. This change has come about through a comprehensive literature search that informed the development of an evaluation protocol that is research based and has been validated on the population it was designed to serve. The literature search also led to providing relevant training to providers by nationally recognized experts in the field of child maltreatment. Some providers agreed to submit their work for peer review for quality assurance and protocol improvements. While the number of providers formally associated with the Forensic Service numbers between 35 and 40 the protocol is used by many more providers as caseworkers and supervisors have become informed consumers and insist on the protocol being followed particularly in complicated cases. Department staff attend the specialized training and learn the same state of the art information so that they are much better at framing effective referral questions for evaluators.

When the change in Federal and State statutes occurred the protocol was revised to include a section on readiness and willingness to change on the part of parents which was designed to assist in more rapid permanency decisions being made. Child safety has always been the primary focus of the evaluation process.

While evaluation has been the focus of this project work one unanticipated outcome has been the development of a relevant measurable case planning process and format. This development came as a result of an identified need arising from both the volume and content of the evaluations. Specifically there was a great deal of information related to family chaos and to behaviors directly related to those things that cause risk to children (i.e. substance abuse, domestic violence, poor attachment, inability to put the need of children first) which did not lend itself to traditional treatment planning. So we now have a much more relevant focused set of recommendations coming out of the evaluations which include ways to measure if goals have been achieved and gives the order in which the goals must be met to assure child safety and well being.

The synergy of this type of innovative creative project has been considerable. The project director and the six major consultants have influenced their colleagues practice and thinking related to child abuse and neglect. In addition the project director and some of those consultants have contributed their invaluable specialized expertise and

clinical experience to other important child abuse and neglect related activities such as the Child Abuse Action Network and the Child Death and Serious Injury Review Panel. The project director, the consultants and clinicians associated with this project have provided many hours of brief case consultations, evaluations of treatment and resource proposals and input into state agency policies at no cost. A concrete example of how this project has impacted the role and functions of mental health providers may help illustrate this phenomena.

The research done for the annotated bibliography identified areas where additional training is needed. The project director, consultants and clinicians have participated in those programs to help operationalize the new material within Maine (again, at no cost). These training programs then makes clear the need to expand the pool of providers available to conduct the Child Maltreatment Evaluations and to provide treatment to victims and their families. To accomplish this an 11 part mental health provider training program is set to begin this fall with the project director, the consultants and some clinicians involved in the planning of the program and in delivering the specialized training (at no additional cost). This represents many hours of investment in improving services to victims of child abuse and neglect and their families.

In the very beginning of the project it was clear that there was no comprehensive resource guide for caseworkers and others that listed and described mental health services for sexually abused and neglected children and their families. A Treatment Directory was put together as a result of an exhaustive survey of Maine's mental health community. The next year will be spent with updating and expanding the Directory to include a specialized services for all types of abuse and neglect.

The next year's activities are therefore aimed at:

- Developing, strengthening and facilitating training opportunities requirements for individuals overseeing and providing services to children and families through the child protection system.

- Developing and facilitating training protocols for individuals mandated to report child abuse and neglect.

- Developing, strengthening and supporting child abuse and neglect treatment in the public and private sector.

The specific activities are:

1. Finalize the Child Maltreatment evaluation manual.

2. Continue evaluation quality assurance of the evaluation protocol.

3. Continue consultation with Department staff, private clinician, providers developing programs to serve abused and neglected children and their families.

4. Update Treatment Directory.

    - Design survey
    - Compile responses

5. Consultation to C.W.T.I.

6. Develop/deliver two professional training programs.

Juvenile Sex Offender Project

The juvenile sex offender project is beginning to yield some preliminary data. Providing for community safety as well as effective services for juveniles who offend or have sexually problematic behaviors is a complex problem for both the Department of Corrections and the Department of Human Services which is what prompted this joint effort.

The comprehensive literature search that serves as the underpinning of this project has resulted in the recognition that our treatment approaches need updating and expansion in new ways. Also identified was the need to provide training tot he staff in both Departments. The risk assessment protocol is being implemented by juvenile services caseworkers now as a result of the literature search, protocol development and training. The next step is to develop a continuum of interventions that will be jointly done by the two Departments (with the Department of Mental Health, Mental Retardation and Substance Abuse Services, if possible) and utilized by all children and youth with sexually problematic behaviors. The project director will provide consultation to all resource development activities.

Specifically the project director will:

1. Continue data gathering and analysis, write final reports.

2. Train juvenile services caseworkers and child welfare staff in risk factors associated with this population.

3. Provide training on the new research on classification of children and youth with problematic sexual behaviors and how that impacts on our practice.

4. Continue consultation with the Child Welfare Training Institute's committee on training foster parents to effectively mange and parent children with problematic sexual behaviors.

5. Develop a continuum of interventions for this population ranging from out-patient community based services to secure correctional services.

The project is geared to:

- Developing, strengthening and facilitating training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system.

- Developing and facilitating training protocols for individuals mandated to report child abuse and neglect.

- Developing, strengthening and supporting child abuse and neglect treatment and research programs in the public and private sectors.

CHILD WELFARE DEMONSTRATION PROJECT

CHILD WELFARE DEMONSTRATION PROJECT
(Title IV-E Waiver Project)

The program will focus specifically on the implementation of specialized adoption support and preservation training for public and private providers of adoption related services.

The content of the training will include a comprehensive range of adoption related subjects. The design will be aimed at increasing the awareness, knowledge, skills and application of those skills, of mental health and other service providers, as they relate to adoption issues.

The educational sessions are to be delivered statewide by a training team which will include:

1) An adoptive parent
2) An adoption sensitive clinician
3) An adoption caseworker

The selection of the training teams will be based on a equitable cross-section of the private and public sector. We intend this training process to allow for the formation and continuation of solid working partnerships between adoptive families and public/private sectors of the DHS districts/communities. We believe that the better informed the community is about adoption related issues, the more the adoptive family will be supported and strengthened.

Our design is to form a training team for each of the 8 districts that DHS services in Maine. This could also allow for the formation of a "consultation/advocacy group" that could provide leadership to the communities/districts in their overall provision of post legalization adoption services to children/families.

The training teams will be developed by a qualified trainer, Lauren Frey. She has been trained and certified by Spaulding, who hold the present contract as the National Resource Center for Special Needs Adoptions. The initial "Train the Trainer/Curriculum" is scheduled to take place April 7, 8 and 9th, 1999.

All members of the team will be provided a curriculum and a trainers manual. The curriculum is the "Adoption Support and Preservation" training which has been developed by Spaulding and has been in use since 1996. [We could add more specific information about the curriculum here if that is needed] We had a staff observe and participate in the training in October 1998 for quality assurance purposes.

The first priority group(s) to be trained are clinical social workers, case managers, psychologist and psychiatrists. These providers may be connected with private or

public agencies, or may be in private practice. This training will take place between May 1, 1999 and September 31, 1999.

These trained service providers would in-turn provide services to adoptive families in need of these services. The training is intended to increase the adoption related - awareness, knowledge/skills and application of skills of this target group.

The adoptive family is expected to benefit from this "training of adoption related competencies" by receiving a more informed and comprehensive delivery of services.

The second and ongoing states of this training plan would be tailored to fit the particular needs of the population that was attending that particular session. The targeted groups could include additional therapists, school staff, respite providers, etc. The sessions will focus on a range of topics that families who adopt children with special needs would normally encounter. That would be delivered from October 1, 1999 through March 31, 1999.

The intent is to educate the community of the needs of adopting families, in order to provide support to stabilize and strengthen adoptive families during their normal and expected crisis.

Description of Service Delivery

The principles of this program are; adoption is different. The dynamics of a family created by adoption are different from the dynamics of a family created by birth. Adoption is lifelong and it's impact creates unique opportunities and challenges for families and communities. Adoption is mutually beneficial to parent, child and society. Society is responsible for supporting and aiding integration and preservation of adoptive families.

The CWDP will be randomly selecting children/families into 2 groups to be evaluated, for the purpose of this project. This program description will focus on the services to the experimental group. The control group will get the same level of post legalization adoption services that are presently in place, either through DHS or generally available in the community.

The selection of the two experimental and control groups will randomly selected by a established coding system. We will in addition, also screen for:

1) Ratio of foster/adopt to traditional adoptions (2 to 1, which parallels the 66% rate of foster parent adoptions that we presently have)

2) Geographical distribution equity

The experimental group will have access to the following services:

1) An initial assessment meeting with the adoptive family, Casey Family Services staff, and DHS (or private agency) staff. This session will focus on completing a "Family Permanency Assessment" that will identify the following needs:

    a) The child's history or maltreatment and present functioning
    b) The parent(s) family strengths and challenges and
    c) The present and predicted future needs of the entire adoptive family system (the framework being the developmental needs of the individual family members in the context of the normative crisis expected in the adoption process of families).

2) The adoptive family, CFS and DHS (or private agency) would come to an agreement of the potential range of services the family would agree and support to have in place. This would be based on "The Family Permanency Assessment" in the individual family system.

If the family agrees, then the minimum contact would be a 6 month check-in session. The complete range of services could include:

- Case management (from an least intrusive "adoption guide" to a more intensive traditional case manager)
- Information and referral services
- Support groups
- Respite care
- Family and individual therapy relating to adoption issues
- Rehabilitative support
- Residential treatment
- Recreational services
- Advocacy services
- Research/search assistance with respect to birth family issues

The design of this plan is to provide:

- A comprehensive permanency assessment of the entire family system
- A mutually supported and individualized family service plan
- An established partnership with the family and the agency, prior to any normative crisis
- A framework of service delivery that predicts and supports the normal developmental crisis in the life of an adoptive family

Demographics

We will be selecting the participants, from the overall population of families adopting children with special needs, out of the foster care system of DHS. The families will be selected at the time they are approved for adoption assistance.

There are presently 641 children legally available for adoption in the care and custody of the adoption units of DHS/BCFS. We project another 600 children requiring adoption services in the year 1999.

We will be covering the entire State of Maine, which includes all 8 districts of the BCFS. This services delivery will be provided by a partnership of DHS/BCFS and Casey Family Services. It may also include subcontracting with other service providers to meet the wide geographic area that we will cover.

Families assigned to the control group will not be eligible for the enhanced level of post legalization adoption services. They should benefit from the increased knowledge of the service providers, provided through the demonstration project. No family will receive any less services than are presently provided. The long term plan, based on the positive outcomes of this study, is that these same services could expand to the general population of adopting families.

Duration and Scope of the Project

The life of the project is set up for 5 years. The implementation date is scheduled for April 1, 1999.

The first year consists of the training being implemented statewide. The second year consists of randomly selecting 60 children in each of the two groups. An additional 60 children per group would be added for years 3 to 5. The total numbers would be 240 children in the experimental group and 240 children in the control group.

Given our projected numbers for the adoption 2002 Presidential initiative, these numbers are quite realistic. As children are selected for the groups, siblings in the family system on the Maine DHS/Adoption assistance program, are also eligible for the same level of services.

This is a community-based delivery of services program designed to be child-centered and family focused. The adoptive parent(s) is viewed as the expert on their child. The adoption staff is a guide that consults with the family through the expected and normal crisis in the life of an adoptive family.

The Project is on target. The curriculum was selected and the trainer identified District teams have been developed and are currently selecting the first priority groups to be trained.

INDIAN CHILD WELFARE ACT

INDIAN CHILD WELFARE ACT

This past year has been a time of substantial activity related to the relationship between the Federally recognized Indian Tribes of Maine and the Department of Human Services. Both statewide and local meetings have been held to facilitate information sharing, improved working relationships and needs identification with all four Tribes.

The Maine Indian Tribal/State Commission facilitated the drafting of two pieces of legislation which were passed by the State Legislature. These bills put Maine licensing statutes in line with ICWA requirements and make it possible for the Penobscot Nation and the Passamaquoddy Tribe to begin developing a written agreement that would allow IV-E to be used to pay for the board and care costs of Indian children (as defined by ICWA) under the jurisdiction of the Tribal Court, being cared for in Indian licensed or approved foster homes. In addition, the Department is providing access to community-based services paid for by contracts using Federal and State funds for this same group of children.

Training for Tribal social service/child welfare staff is available through the Child Welfare Training Institute at no cost to the Tribes. There is a disagreement about who is responsible for the cost of room and board for Tribal staff when attending the five weeks of training. This issue will be resolved in the coming year.

There are forty Indian children in State custody with 33 of those children residing in the most northern part of the state.

The following goals will be pursued in the coming year:

1. A Tribal/State training collaborative process will be set up to plan for and implement training related to diversity and caring for Indian children in out of home care. The Child Welfare Training Institute is providing support to this effort.

2. In Penobscot, Washington and Aroostook counties meetings will be held between Departmental and Tribal representatives to:

    - Identify areas that need improvement in how the State and Tribes work together in the area of child welfare.

    - Develop and implement written agreements/protocols that outline how the Tribes and State will work together on child welfare issues.

3. Using the Maine Indian Tribal State Commission (MITSC) as a facilitator to explore what is required for the Penobscot Nation and the Passamaquoddy Tribe to become IV-E eligible.

- Provide any technical assistance/support required to facilitate eligibility.

- If possible, develop the required Tribal/State IV-E agreement.

4. As MITSC has identified child welfare as a priority for the coming year, Department staff will use this vehicle to identify issues of conflict and to develop resolution of those conflicts.

The four Federally recognized Tribes in Maine have identified MITSC as the organization to improve Tribal/State relationships in the child welfare arena. The Department will honor that decision and work within the MITSC structure.

CHILD AND FAMILY SERVICES PLAN

FISCAL YEAR 2000-2004

PLANNING AND REVIEW PROCESS

PLANNING AND REVIEW PROCESS

In spite of progress made on the Goals of the FY 95-99 CFSP Plan, the Bureau faces many of the same issues and resource needs as it did in 1994. Staff recruitment and retention remains a challenge, and the agency's ability to operationalize its mission and to improve practice and meet the needs of children and families with given resources continues to be a primary focus of the ongoing work of the Bureau.

The Bureau has not had agreed upon standards against which to measure success in practice, nor until recently an effective process for monitoring and tracking programs, practice and service intervention to gather information which would provide guidance in relation to utilization and success. Therefore, even though we show progress on the objectives stated in the last plan, there is much that remains to be achieved.

The focus of the development of goals and objectives for the next five years attempts response to a purposeful assessment on where we, as public child welfare practitioners are in terms of our ability to serve our most vulnerable population.

The Agency is fortunate to be able to participate in a pilot Federal Review and the Self-Assessment portion of that process laid the foundation for much of the planning for the tasks ahead. Focus groups for Caseworkers, Supervisors and Program Administrators as well as unit, division and management group meetings addressed the full array of questions/issues from assessment of our own practice to services for children and families, information systems, training needs and the extent of our ability to impact the system. While the Agency's self-assessment provided valuable guidance for the planning process, it was by no means the extent of input.

The Child Welfare Advisory Committee representing substance abuse services, juvenile justice, mental health services, time limited home-based and family preservation services, parents, group homes, treatment level foster care agencies and parents advocacy, did a great deal of work last year on identifying the critical needs, statewide, as well as providing recommendations for concentration of effort by the Bureau. Additionally, the needs assessment done by the Court Improvement Project Committee has provided guidance. The Agency works collaboratively and has linkages with many professional and advocacy groups, organizations and agencies which provide information and feedback to the Bureau regarding programs and services for children and families including Bureau of Health, Maine State Housing Authority, Mental Health, Department of Education, family violence prevention, Department of Corrections and the Child Abuse and Neglect Councils, the Therapeutic Treatment Network, Maine Foster Parent's Association, Child Abuse Action Network, Community Treatment Care Providers Group, Central Case Review Committee, School Based Mental Health Committee, Residential Treatment Center Group, the Department of Corrections and of Mental Health, Mental Retardation and Substance Abuse Services Treatment Committee, Judicial Symposium and the Children's Policy Committee which reports to the Children's Cabinet. Data from the Maine Kids Count

Data Book, Reports from the Child Death, Serious Injury Review Team, reports from contract agencies providing home-based and other critical services and special studies done by the Bureau's Case Review Unit add to the array of information upon which decisions are made. Technical assistance and opportunities for training through the Administration for Children and Families, Boston Regional office have enhanced the Bureau's ability to plan for change.

In spite of efforts and some successes in developing a process for ongoing review of the Bureau's goals and past achievements in relation to the CFSP, consistent and purposeful activities have been limited. To improve on this, the Bureau will provide for scheduled, focused opportunities for review of the Plan's goals and objectives with the Child Welfare Advisory Committee, continued focus groups/forums with staff to discuss progress on issues raised through the self-assessment process, periodic review of progress by the management group, and ongoing discussions of shared goals, strengths and needs with providers, agencies and others with whom the Bureau has regularly scheduled opportunities for exchange of information such as foster parents, mental health services providers and others.

Quarterly, Bureau Management will review input from all these sources to measure progress toward meeting its goals/objectives and to update these as needed.

THE ROLE OF THE COURTS

The Adoption and Safe Families Act and revisions to Title 22 MRSA in response to ASFA have had far reaching implications for Maine's Child Welfare System. Fortunately, the Court Improvement Project which was authorized by Family Preservation and Support Services legislation helped lay the foundation upon which recent legislative changes can build.

Collaborative efforts to provide safety and permanency for children are an important piece of the work that has been going on for several years in Maine. In addition to P.L. 103-66, the 1993 Family Preservation and Support Services legislation which included funding for Court Improvement, Maine's Department of Human Services has sponsored four Judicial Symposiums to educate and improve child welfare work.

The funding made available to states through P.L. 103-66 was to help states better child protective and adoption proceedings. The Maine Court Improvement Project began in 1995 and the resultant effort and its impact on the Bureau has been considerable.

The first year of the Project was devoted to assessing current laws and practices and to developing a plan of improvement; the following three years, to implementation of that plan.

The number of stakeholders involved in child protection cases and the geographical profile of the state presented a considerable challenge for data collection and the National Child Welfare Resource Center for Organizational Improvement collected and analyzed the information.

In 1996, the Muskie Institute presented its final report to the Committee to Study the Role of the Courts in Protecting Children. The recommendations from that report are as follows:

Recommendation 1: Judges should actively oversee child protection cases.

Recommendation 2: The parties in each case, including uncontested matters, should appear in person before the judge.

Recommendation 3: Judges should, to the extent possible, be responsible for individual cases for the life of those cases.

Recommendation 4: The court should develop a bench book and court rules to make practice in the various courts more uniform.

Recommendation 5: The court should consider adopting an optional alternative dispute resolution model to resolve child protection matters.

Recommendation 6: Judges in each region should convene key participants, including AAGs, parents' attorneys, Guardians *ad Litem*, DHS workers, court clerks, etc., on a regular basis to identify barriers to efficient case flow and to plan solutions for more effective case management.

Recommendation 7: The Chief Judge of the District Court should assign protective custody cases to those judges who have a preference for hearing these matters, as well as all other matters.

Recommendation 8: The court should develop procedures that enable a judge handling a child protection matter to determine whether there are other cases involving the same family, either in Maine or elsewhere, that may have a bearing on the child protection proceeding.

Recommendation 9: The District Court should monitor Termination of Parental Rights cases more closely, and should periodically review the status of children awaiting adoption.

Recommendation 10: The court should require the Department of Human Services to submit to the parties a written case summary prior to a final hearing and prior to a judicial review in every case.

Recommendation 11: In child protection cases, the court should inquire about the need for evaluations, tests and other services.

Recommendation 12: In each court order, the court should be clear and specific about the services to be provided and about the expectations the court has of each party to the action.

Recommendation 13: The court should be fully informed by the Department of Human Services concerning availability of services statewide.

Recommendation 14: The Chief Judge of the District Court should designate a judge to develop and coordinate a protective custody scheduling system statewide, and to implement other recommended changes.

Recommendation 15: The scheduling system should be designed so that contested hearings are begun and finished with minimum interruption.

Recommendation 16: The scheduling system should be designed to minimize waiting time at the courthouse for the parties.

Recommendation 17: Scheduling of protective custody cases should be done by the clerks' offices in consultation with the AAGs.

Recommendation 18: The clerks should receive training on case flow management matters.

Recommendation 19: The District Court should establish minimum time standards for the progress of cases and adopt a policy on continuances.

Recommendation 20: The Chief Judge of the District Court and the Chief Justice of the Superior Court should develop a protocol that recognizes the priority of child protection matters.

Recommendation 21: The Law Court should adopt a policy on requests for extension of time for the filing of briefs in child protection cases.

Recommendation 22: The Superior Court and the Law Court should adopt an expedited calendaring process for child protection appeals.

Recommendation 23: The automated case management tracking system currently being developed should contain elements that permit Child Protection cases to be evaluated.

Recommendation 24: The court should consider a mentoring program to be completed by new attorneys before they are assigned a child protection cases. The court should permit new attorneys to observe child protection trials before being assigned to represent parents or serve as Guardians *ad Litem*.

Recommendation 25: Judges should provide feedback to all individuals representing parties in a child protection proceeding.

Recommendation 26: The court should provide training opportunities for parents' attorneys, AAGs and Guardians *ad Litem*, which would include information on minimum expectations of the court.

Recommendation 27: The Department of Attorney General should take steps to make trial practice among the AAGs more uniform, including establishing consistency regarding substantive presentation or cases, length of time required, direct and cross-examination of witnesses, etc. Additionally, the Attorney General's Office and DHS should provide cross-training on the roles and responsibilities of each agency.

Recommendation 28: The Department of Attorney General should examine its caseload assignments and total staff resources and, to the extent possible, reduce the caseloads of the AAGs handling child protection matters.

Recommendation 29: The court should consider a pilot project in which a group of attorneys working under contract handle child protection cases.

Recommendation 30: The court should examine a different structure for the administration of the CASA program. Possibilities include a program separate from the court as a private, non-profit organization or a program administered by a judicial employee/

Recommendation 31: The current CASA administration should provide more effective oversight, communication and consultation with CASA volunteers.

Recommendation 32: The Board of the CASA program should be expanded to include others, such as attorneys for parents, children and DHS, a representative of the Department of Human Services, a foster parent, a service provider, etc.

Recommendation 33: Judges should submit CASA evaluation forms on an ongoing basis.

Recommendation 34: The CASA program should increase pre-service training and provide continuing education and support for CASA volunteers.

Recommendation 35: The court should consider one or more pilot programs exploring different ways to represent children. For example, the court might consider appointing non-lawyer Guardians *ad Litem* in areas where no CASA volunteers are available.

Recommendation 36: A child protection practice manual for use by attorneys and CASA volunteers should be developed.

Recommendation 37: The child protection statutes and court rules should be reviewed to determine what sections should be amended to conform with the committee's recommendations.

Recommendation 38: The court should explore statutory options to handle cases where a non-abusive parent is available to protect a child from abuse.

Recommendation 39: District Court facilities should be upgraded technologically.

Recommendation 40: The court should explore the use of foster parents in child protection proceedings, especially as witnesses in Judicial Review.

Recommendation 41: More cross-disciplinary training opportunities should be developed for judges, attorneys, DHS workers, foster parents, child development specialists, evaluators, psychologists, physicians, and other professional participants.

Recommendation 42: Judges, AAGs and GALs should receive specific training as DHS' adoption process.

Recommendation 43: The court should examine the handling of cases of children who have come into DHS custody through the juvenile process.

Recommendation 44: In all child protection proceedings, paternity should be established at the earliest opportunity.

Recommendation 45: A data base or library of significant District and Superior Court opinions should be developed so that on questions of law both judges and advocates have access to how those questions are being resolved across the state, and to promote uniform interpretation of the statute.

With the passage of ASFA in 1997, the national commitment to provide permanency for children was strengthened and the need for our child welfare and legal systems to work together emphasized. Changes in Maine Law furthered the need for collaboration as case review responsibilities of the Department were shifted to the Courts. Maine, since the early 1980's, had an Administrative Case Review System for the review of cases of all children in foster care. Under that system, the Courts held a Judicial Review of each case annually, and the Bureau's Case Review staff conducted a six month review of each case between Judicial reviews. With the change in State Law, the courts assumed responsibility for not only the Permanency Hearings, but the Periodic Review of cases of all children in custody of the Department. The District Court in Skowhegan is planning to have older youth serve as mentors to other youth entering the child welfare system. In Skowhegan, Lewiston, and other locales District Court Judges have agreed to chair multidisciplinary task forces to improve the State's ability to protect children and move them to permanency in a timely fashion.

DESCRIPTION OF SERVICES AND NEEDS

CHILD WELFARE SERVICES

An array of services are available to children and families who come to the attention of the Department including prevention and support services, protective services, family preservation, time-limited family reunification services, adoption promotion and support services and foster care maintenance.

CHILD PROTECTIVE SERVICES

Child Protective Services bears responsibility for providing services to families who come to the attention of the Department to enable them to care for and protect their children in their own homes. When it is not possible for children to be safely maintained in their own home, Child Protective Services will petition the Court for removal of these children. The children and their families then move through the Children's Services out-of-home care process.

Maine's Child Protective Services staff have always focused on and made diligent efforts to provide services to prevent removal of children from their homes. This has become increasingly challenging as the number of referrals investigated and open for services has increased, while agencies struggle to meet these demands with insufficient resources.

The Child Protective Services program area had many goals outlined in the last five year plan which were met. The most significant of these were the development of a central intake, family preservation services, a standardized evaluation format and training.

In April of 1996, the Bureau of Child and Family Services moved from a district office Intake system to Centralized Intake. When intake was regional, other office staff were utilized for back-up. When the shift to Centralized Intake was made, the need for back-up was underestimated, resulting in a system that has been consistently understaffed. An evaluation/assessment of central intake was recently conducted by the National Resource Center on Child Maltreatment to address some of the challenges facing the Bureau. The final report has not yet been received. There is ongoing discussion about the merits and deficiencies of a centralized Intake system.

Among the challenges facing Intake is the expectation of the mandated reporter that their reports will be assigned for assessment. At the same time, there is a lack of knowledge by many mandated reporters, of the CA/N criteria and 22 MRSA Chapter 1071. There have not been sufficient resources to devote to educating these entities. Too often, reporters assume that CPS intervention will improve a child's situation. That, coupled with an unclear standard of what constitutes adequate care often lead to misunderstandings and frustrations. The Child Abuse/Neglect Councils public relations regarding preventative care has led to a blurring of the lines between poor parenting and child abuse/neglect.

On the other hand, central Intake has meant that referents need call only one number for reports of C/AN and has provided more consistent information in reports. Staff turnover is less of an issue and there is shared responsibility by Supervisors for unit activities and decision-making.

While having a central intake program has resulted in some increased consistency of information, and an ability to develop a broader view of child welfare through an expanded, centralized data base, challenges remain in terms of staffing, communication between intake and other programs and a need for clarity regarding roles and responsibilities related to information gathering for intake and assessment. The evaluation done by NRCCM should result in recommendations which offer some guidance as to how the system's productivity can be maximized.

Family preservation services are designed to help families alleviate crises that could lead to out-of-home placement of their children; maintain the safety of children in their own homes; support families with rehabilitation and reunification and those preparing to adopt; and assist families in obtaining the services and supports necessary to address their needs.

An outcome of the federal Family Preservation and Support Act in 1993 was the development of an in-house Family Preservation Program known as Families Together. Services initially targeted families that were at risk, but due to the level of referrals, intensity of cases and number of caseworkers, were unable to be assigned. There were two pilot family preservation models. One consisted of six Department of Human Services Caseworker and the other consisted of three Department Caseworkers and three MSW's from a private agency. All staff worked in pairs and worked intensively with three to five families for twelve weeks. The work was intensive, hands on and focused on children's safety, empowering families in the ability to seek services, improve communication and make healthy, safe choices for themselves and their children. Initially the program focused on birth families with the intent of strengthening the family unit and keeping children in their birth home and out of foster care. During the second year the program expanded to include foster children with the intent on facilitating family reunification.

The Families Together Program focused on developing better safety plans for children and improved communication skills between family members. The Nurturing Program, which grew as a result of Families Together, targets families with children of different ages. There are programs geared toward families with preschool children, families with children ages four through twelve, families with adolescents and a teen parenting program. These preadolescent and adolescent programs include discussions on sexuality which is hoped will reduce teen pregnancies. The teen parenting program is given for high school credit and enables several of the participants to remain in school and graduate. The ability of the Families Together Program to access other service

dollars has helped reduce the barriers and gaps in services and increase parent involvement in decision making.

The Adoption and Safe Families Act has refocused the Families Together program. It now works with families in the reunification and pre-adoptive stages with knowledge of the need for concurrent planning. Permanency is now a major focus as well as children's safety issues. The emphasis in one of the programs has shifted from hands on intensive work to assessment, therapy, and work with families in couples work, group work, clinical evaluations and referrals. The second program is reevaluating the needs of the community and how it will fill those needs to make the best impact in a short time period (time limited reunification). There is also an after care component and involvement with families has increased from three to six months with the possibility of working with a family up to one year.

ASFA has had a considerable impact on the work staff do with families. Child Protective staff have always focused on safety but now are stressing the need for parents to engage in services immediately when court action is initiated. It is necessary for staff to identify cases where aggravating circumstances exist and to seek orders of no further reunification when necessary. Information on relatives is being sought more quickly to assure thorough assessments of their suitability to provide care. Additionally, staff are beginning to expedite planning, especially for children who can move directly from CPS units to Adoption when there is no need for rehabilitation services.

Changes in Maine law have impacted Child Protective Services' practice. In 1995, revisions in state law required final custody hearings to occur within twelve months of the filing of a Petition. In 1997 the law changed to require the hearing to occur within nine months and in 1998 the law changed to require the jeopardy hearing to occur within 120 days of the Petition being filed. The law outlining aggravating factors also changed the role of Child Protective Services as the court can now order cease reunification at the jeopardy hearing so CPS Caseworkers are now filing Termination of Parental Rights Petitions, an area they had to be training in as it was not part of their former duties. The Maine Automated Child Welfare Information System changed casework practice to a one worker-one case caseload. This means that children placed in Department custody are not assigned a Children's Services Caseworker until the final jeopardy hearing has occurred. Therefore, CPS Caseworkers have had to be trained on how to do children's case plans, their responsibilities to foster parents, and on the facilities available for child placement.

The Bureau has developed, in collaboration with private agencies and providers, a Rapid Evaluation Program which provides assessment evaluations for children entering custody. This allows identification of the appropriate services to be secured for children. Additional funding is now needed for specific treatment that is not available as well as to fund non-Medicaid clients.

One District, encompassing three Counties, was selected for a child protective pilot project to test a methodology for completing all the necessary work to make a determination regarding a child's safe return home or removal from home with shortened timeframes set forth in ASFA. The Steering Committee for the Project is composed of lawyers, mental health professionals, DHS caseworkers, a Court Appointed Special Advocate (CASA) and court personnel. The Committee has instituted scheduling procedures to reduce the amount of time service professionals have to wait before testifying as well as selecting these providers by consensus. Two proposed protocols for psychological and substance abuse evaluations were developed and distributed to those professionals who work with families who are involved in child protection proceedings for review and comment.

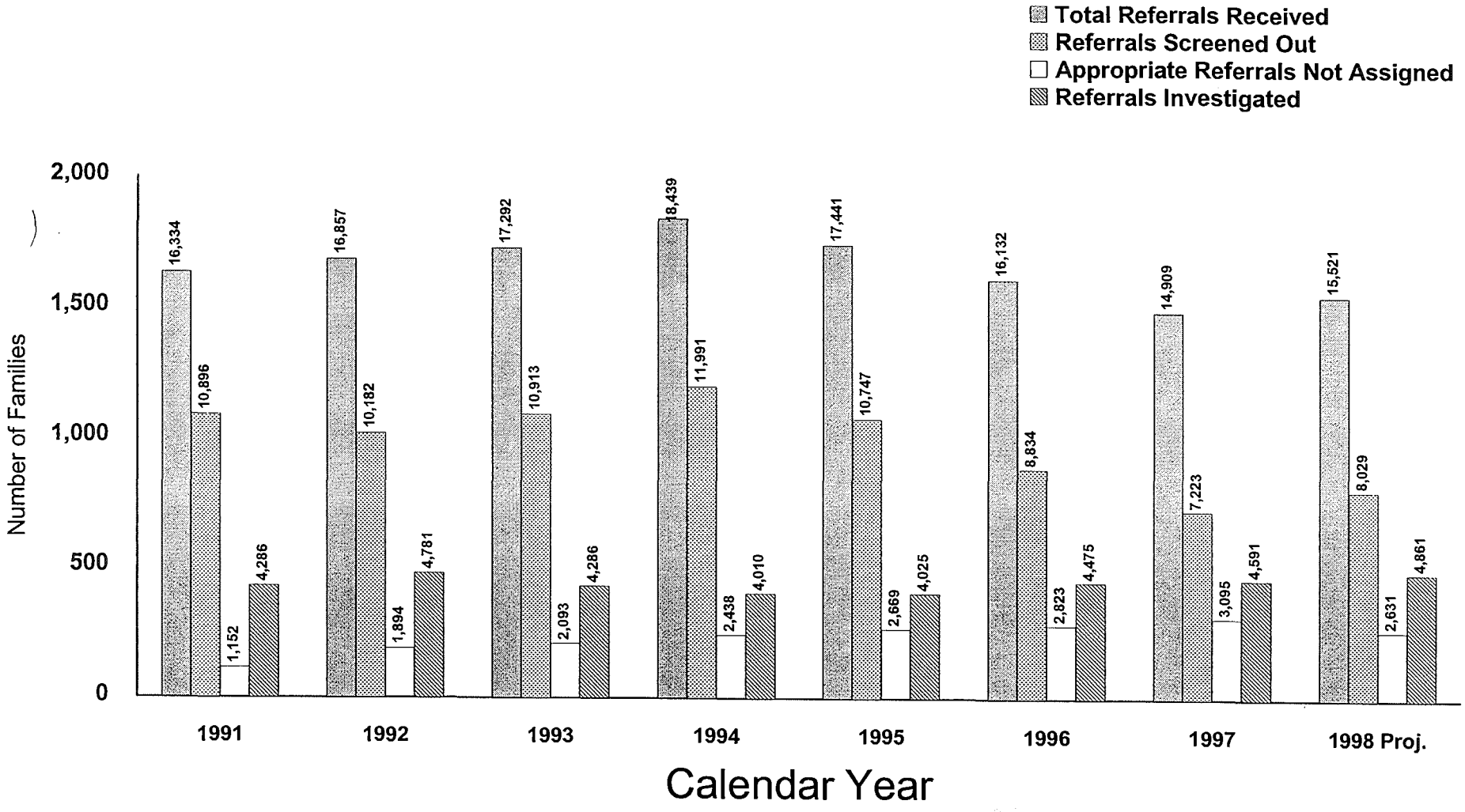
Identified Needs - CPS

The Bureau has not, until recently, had a process to track and monitor programs and practice in order to measure success of various interventions. The information system (MACWIS) now in place has greatly improved the Bureau's ability to do this and with future enhancements will continue to improve. It is imperative that standards be developed for child welfare practice and for programs and services against which success can be measured. Without this, data collection, in and of itself, will be of little use.

There continues to be a need for standardized criteria for Intake referral as well as a standardized process for determination of appropriate response. Whether reports are assigned for CPS assessment, determined to be inappropriate for response, or referred to a contract agency for assessment, those decisions need to be based on consistent, agreed upon criteria and carried out within established time frames. Monitoring and periodic evaluations of outcomes will increase the Bureau's ability to achieve outcomes for child safety.

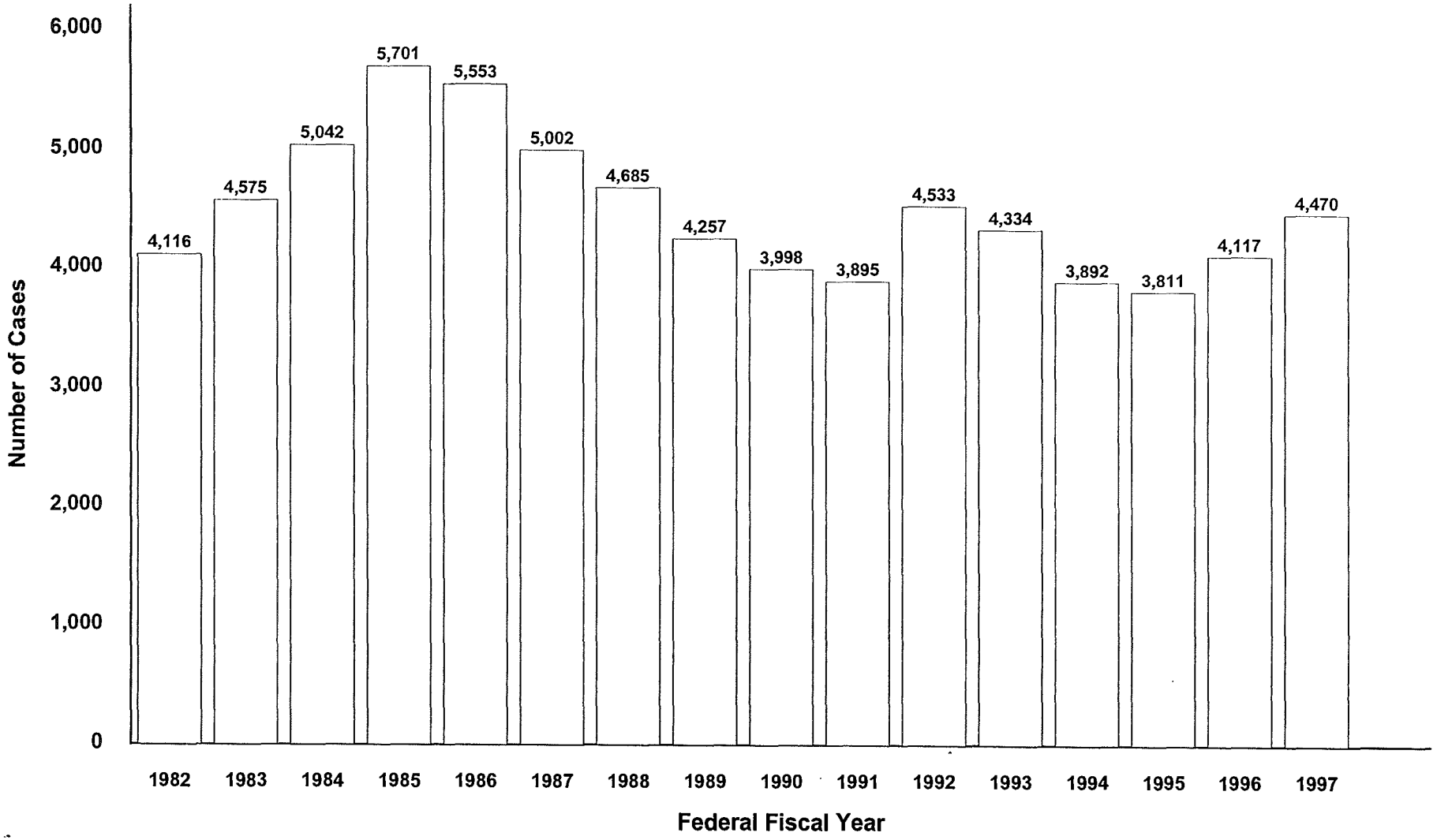
IV-B, Subpart 2 Funds (20% for family preservation) will be used to continue funding community based private agencies which receive referrals of low to moderate risk child abuse and neglect allegations from the Department. Case managers from the contract agencies are assigned referrals to assess and provide services to families to reduce risk to children, promote safety and prevent family dissolution.

Number of Child Protective Referrals Received, Screened Out, Not Assigned and Investigated



Data Source: Child Protective Services Annual Report

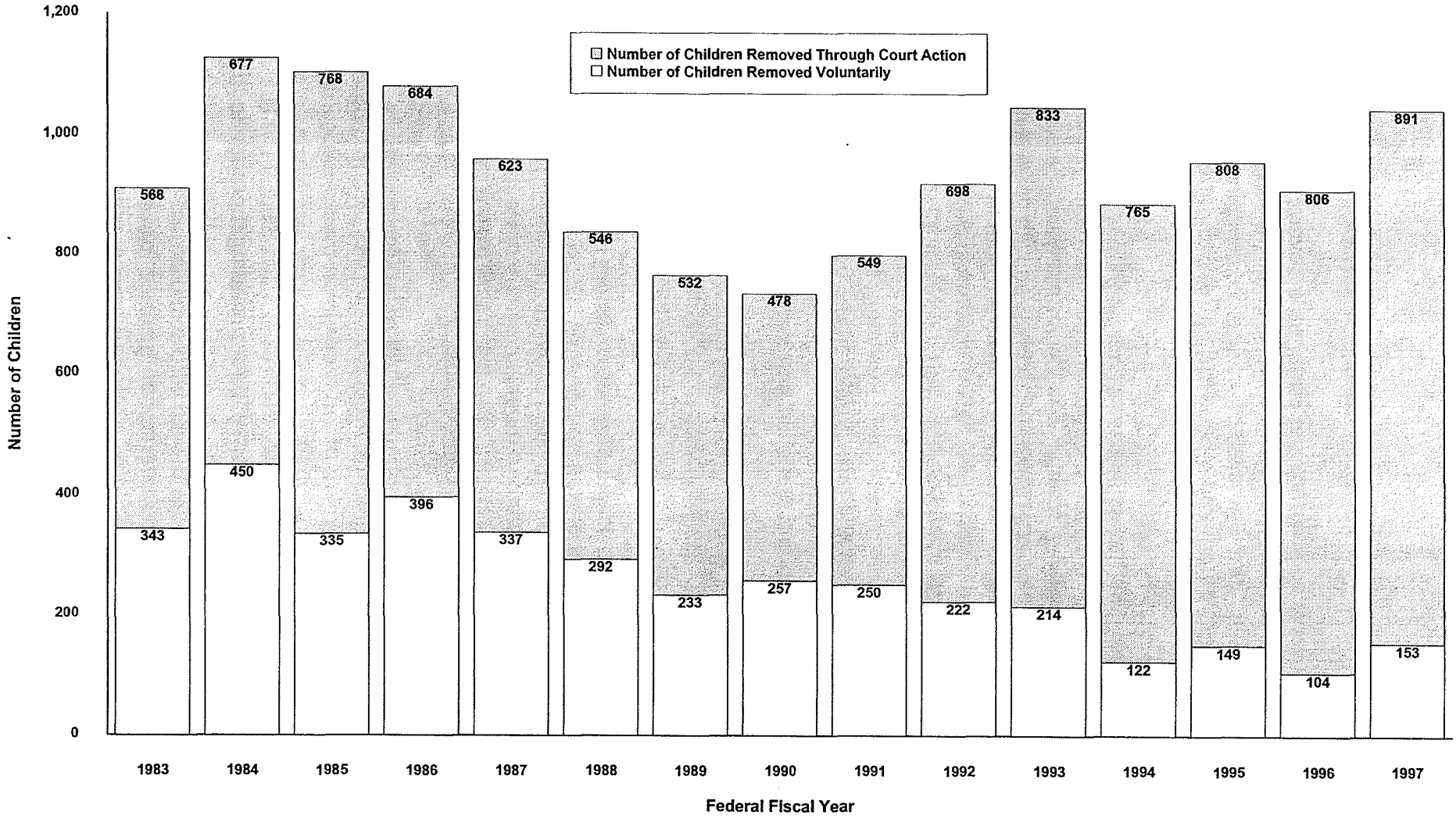
Bureau of Child and Family Services



Data Source: Child and Family Services Monitor Report

Assessments

Bureau of Child and Family Services
Number of Children Removed From Home



Data Source: Child and Family Services Monitor Report Children Removed

CHILDREN'S SERVICES

The Children's Services program has undergone several programmatic changes. The goals listed in the last five year plan for this program area were: to develop an in house therapeutic foster home system; review the licensing rules; expand the independent living program and reduce the barriers to permanency planning. These goals were met.

Therapeutic foster care has significantly changed the way Children's Services practices. In the early 1990's there was an attempt to bring Maine children placed in out of state facilities back to Maine. The Department approached several private agencies to develop placements for these children with special needs. Private agencies offering treatment level foster care were able to provide foster parents with more support, more services for the foster children in their homes and more financial compensation. This collaboration between the Department and other agencies which resulted in the development of a Maine chapter of the Foster Family-Based Treatment Association, a therapeutic network and treatment foster care standards. Currently a common assessment tool and rate standards are being developed as well as plans for review of Treatment Foster Care based on program standards which focus on child safety, permanency planning and child and family well-being.

In 1996, Maine Caring Families (MCF), the Department's therapeutic foster home system was developed as a public/private collaboration designed to provide lower level therapeutic care. By July of 1997, it was operational statewide.

Maine Caring Families provides a statewide system of therapeutic foster homes where children in the Department of Human Services (DHS) custody may achieve emotional and physical well being. MCF provides support and training to therapeutic foster parents who are key members of a multidisciplinary team that develops and implements treatment and services. The treatment plan is tailored to the individual child, based on his/her strengths and needs.

MCF is a public/private partnership designed to provide regionally based therapeutic foster care. Regional Coordinators, employed by DHS, are responsible for the implementation and management of the program in their geographic areas. Support Workers, employed by the contracted private agency, are responsible for support and coordination of services. MCF foster parents are licensed at the Specialized Foster Parent level by DHS and are responsible for providing therapeutic foster care.

A Maine Caring Families child is a child who exhibits mild to moderate behavioral difficulties. Therapeutic foster parents can manage these behaviors with added supports including behavioral plans, parenting advice, outside services and an in-home support worker. These children will be matched with a selected family who

can meet their needs. MCF homes will receive additional training in child management, abuse issues and other related topics that will assist in improving children's functioning in a family setting.

Foster and adoptive families in Maine are a vital member of the Bureau of Child and Family Services' team. These families work with the Department to keep children safe, nurtured, see that their medical and emotional needs are met, work toward moving a child toward permanency and provide a trusting relationship to help children heal. Families have been asked to take on more responsibility for seeing that children's needs are met and have become more informed participants in the process of moving children toward permanency.

In 1998 the Department enacted new licensing rules which include two types of foster home licenses. The first is the family foster home license, which is the license under which foster parents have historically operated. The second is the specialized children's foster home license. This license is required of all therapeutic foster parents and one must have more experience and training to qualify. In order to meet the increasing demand the Department, in collaboration with the Child Welfare Training Institute, has expanded the training offered to foster and adoptive parents. In addition to the comprehensive pre-service and ongoing training, a competency model for foster and adoptive parents was developed. This model, developed in 1995, covers five basic areas; family management, conceptual knowledge/skills, interpersonal knowledge/skills, self-management, and technical knowledge. Initially this model was used as a basis for the pre-service training but it has been broadened to incorporate ongoing training and is used as a framework for training evaluations. In addition to training sponsored by the Department, the private agencies offer a series of training as does the Maine Foster Parent Association. All training is designed to be consistent with the principles and vision of the Department.

During the past year foster parents have participated in training on the ASFA and Title 22 MRSA in both a formal setting and more informally in foster parent support groups. Permanency and the concept of foster/adoptive families has also been the topic of many training sessions including round table discussion with the private therapeutic agencies, lawyers, therapist, foster parents and Department personnel. The Department has successfully kept their training curriculum up to date and relevant for the needs of foster and adoptive parents as well as the children they serve.
A wide array of family preservation and support services are available to families both directly through State agencies and indirectly through contracts with community-based agencies.

Currently, the Bureau purchases time-limited in-home support services for cases of family reunification, family preservation and post adoption. These services are being purchased through Community Care Systems of Maine (Kids Peace). Due to shortened timeframes for families to resolve the issues that brought them into the child welfare system, BCFS is increasing services that are delivered in the families' homes.

BCFS has found this model very successful in providing on-the-spot training and modeling for families and it helps rural, isolated families keep or reunify more quickly and with better results. As a result of the program merger, the services previously provided by Community Care Systems in Southern Maine are now available in Northern Maine through Kids Peace. The purchase of more services will provide family support in an area of the state not previously covered.

For Children Services staff, efforts have been focused on tracking cases of children in care when ASFA was passed to be certain they were afforded the protections of the new legislation. Long term goals include development of tracking reports for management and supervisory staff to assure compliance with timeframes established by ASFA and to help identify barriers to implementation of ASFA. In October of 1998, a process was put in place to identify all children who were in care when ASFA passed in order to determine which of those needed to be brought into compliance no later than October 31, 1998 by either filing for TPR or meeting criteria for an exception (compelling reason not to TPR; child is placed with a relative; or there has been a lag in obtaining required reunification services). Exception decisions are to be documented in the child's case plan and to the court and all parties through correspondence to the clerk of courts and attorneys or in the event a client has no attorney, directly to the client.

There have been no significant problems in meeting the requirements for compliance. 1,104 cases needed review by October 31, 1998. Although the data on the final third of children to be reviewed have not been finalized, of the first two groups 234 termination's were completed or are in process, 605 cases had compelling reasons not to file for termination and 850 children had already been freed. District offices continue to track length of time in care of all children to assure ongoing compliance.

In 1998, the Department of Human Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services entered an agreement to address the development of a comprehensive mental health infrastructure for children with mental health needs, including the development of crisis intervention services, therapeutic services, home based and in-patient care services, respite services and a "gatekeeping" service.

A study of the mental health services needs of children in Maine estimated that 15,000 children require services including clinical outpatient services, home-based services, in-home behavioral health services, case management, crisis intervention and residential treatment.

The Agreement leaves programming for children's mental health services to mental health officials and the state and federal Medicaid dollars that fund most mental health services are to be administered by Department of Mental Health, Mental Retardation and Substance Abuse Services. The Department of Human Services continues to

have responsibility for children who are abused/neglected and who are wards of the state.

A pilot project will refer children in the custody of the Department of Human Services to the Department of Mental Health, Mental Retardation and Substance Abuse Services for assessment and treatment. This pilot will concentrate efforts in York and Cumberland Counties. Children in the pilot program who require clinical consultation will be assigned a Department of Mental Health, Mental Retardation and Substance Abuse Services case manager or clinician to work with the child's DHS Caseworker. If successful, the population served in the pilot program will be expanded in the future.

The implementation of the Maine Automated Child Welfare Information System has had considerable impact on how caseworkers do their work. In July of 1997, the practice of assignment of families to multiple caseworkers was eliminated based on the reality that the transfer system serving as a basis for the development of MACWIS will not support multiple workers per case.

The case transfer point between program areas was changed and it was decided that Child Protective Services caseworkers would carry the case until after the final protection hearing. It was believed that the longer involvement of one worker to assist with the child's transition to foster care and to work with the family was a more holistic approach.

Identified Needs - Children's Services

While there is clearly a need for more placement resources, future recruitment must be based on identification of the type (family foster home, treatment level foster home, group home, residential) and on the areas of the state in greatest need. Some children are placed well outside of their communities due to a lack of appropriate resources in that town/city.

Of the 2,835 children in custody in 1998, 2,672 were white, 67 Native American, 67 African American, 8 Asian and 21 Hispanic. During the course of the year, there was an increase in the number of Hispanic children in care to 44, an increase in Asian children to 12, and a decrease in all other groups. Native American children are more likely to be placed with relatives than other populations while Asian and Hispanic children were more likely to be placed in group homes or other institutional settings than other groups.

Recruitment efforts are diversifying and informational literature is now provided in several languages. The agency will incorporate a diligent effort to recruit and develop foster/adoptive and kinship families that reflect the racial, ethnic, national origin and cultural composition of children in its care.

Regional coordinators currently affiliated with Maine Caring Families will be expanding recruitment efforts and other measures include exploration of an internal foster home licensing process as well as expanding licenses from one to two years. The single study for foster and adoptive homes will also help. There has been a recent rate increase for family foster homes and expanded training and supports for foster families may assist with retention.

A study done a few years ago indicated that over 60% of children under the age of five were adopted by the foster parents with whom they were originally placed. 1998 data shows that out of a population of 3,387 children, 934 experienced only one placement. Data indicates a need for more placement resources which could become permanent, adoptive homes for children. This will require changes in how home studies are done and how homes are licensed. Further, 1998 data indicates that 4.6% of children are placed with relatives. Expanded use of relative placement and kinship care could significantly increase placement resources.

There has been limited capacity to assess the needs of children entering foster care to assure the most appropriate setting and while that is a goal, it must be a part of the larger plan to identify and recruit homes to meet those needs. A review of all child placing agencies linked to therapeutic/treatment level care will be done to provide information relating to desired outcomes for children in foster care.

The ability to track information relating to educational, physical and mental health needs of children will allow for improved identification of service needs and increased collaborative efforts between various departments and agencies.

IV-B, Subpart 2 Funds (20% for family support services) will be used for provision of voluntary, on-going, support services to families in their homes by community based private agencies. The Department contracts with agencies to provide a wide range of intervention including teaching, modeling, behavior management, parenting and nurturing. Specific Time Limited Reunification Services (20%) such as supervised visitation and in-home support to transition children from foster care back into their homes are provided by community based agencies in response to referrals from the Department.

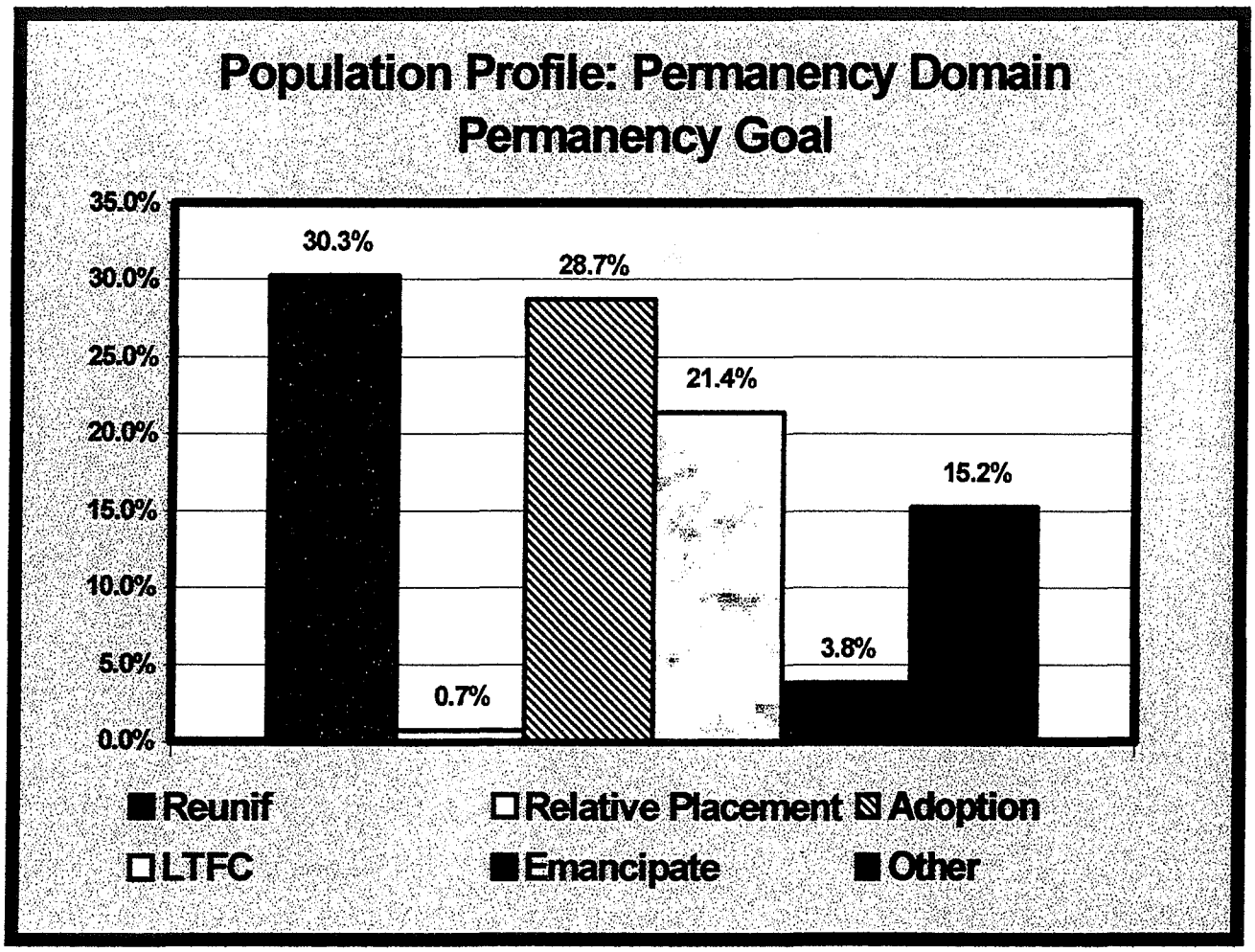

Population Profile: Permanency Domain
Permanency Goal
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
30.3%
0.7%
28.7%
21.4%
3.8%
15.2%
Reunif
Relative Placement
Adoption
LTFC
Emancipate
Other

Chart 1

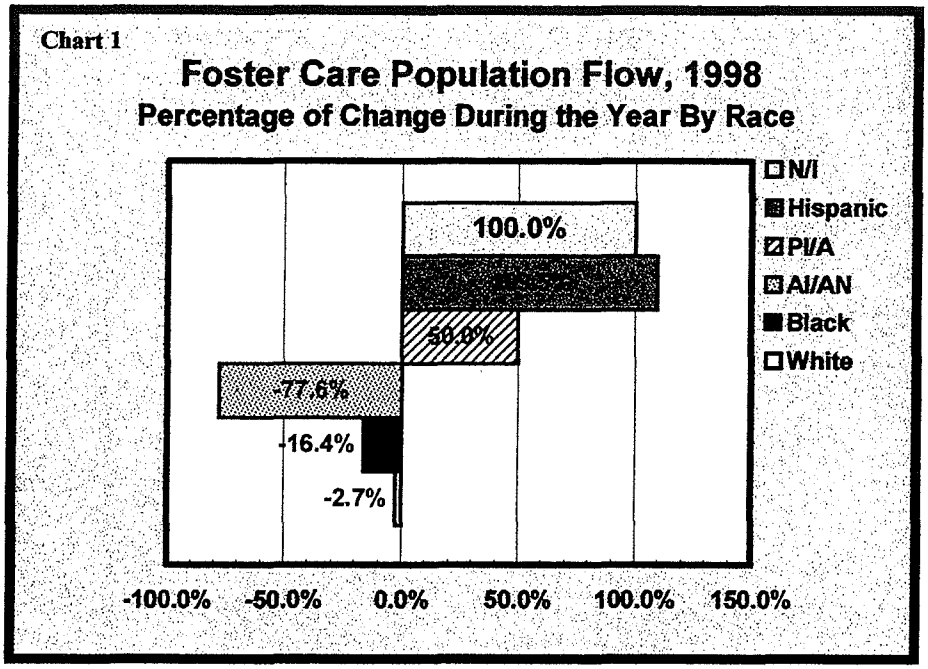


Chart 2

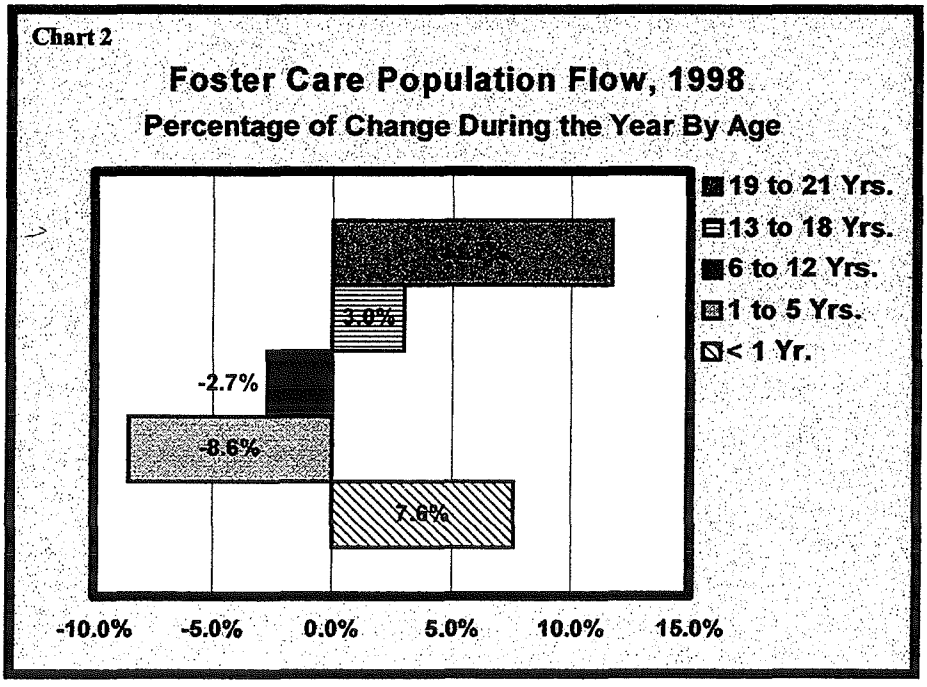
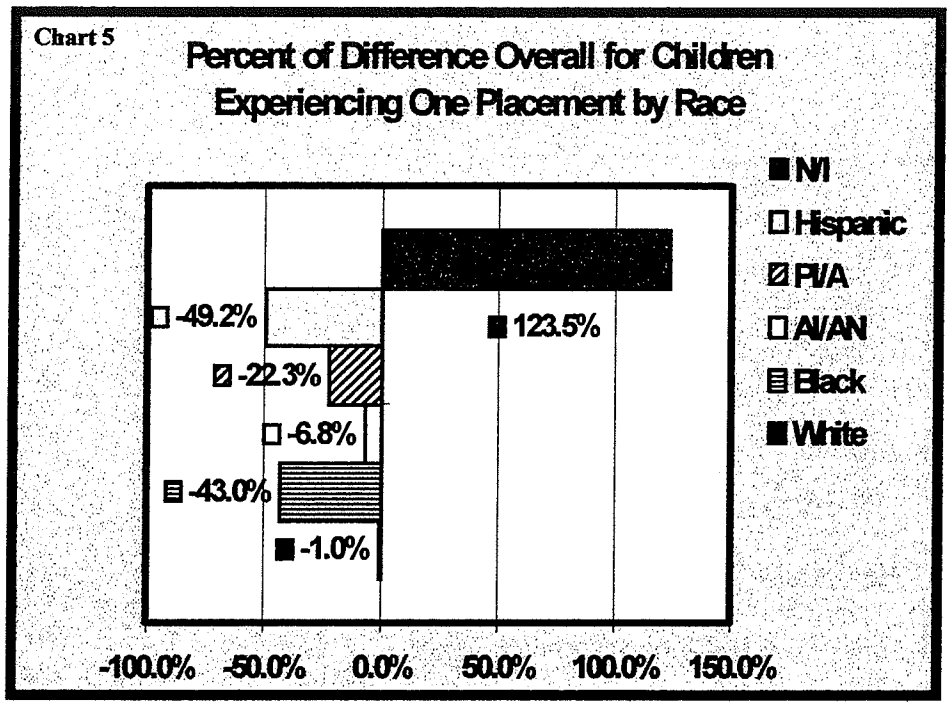


Chart 5



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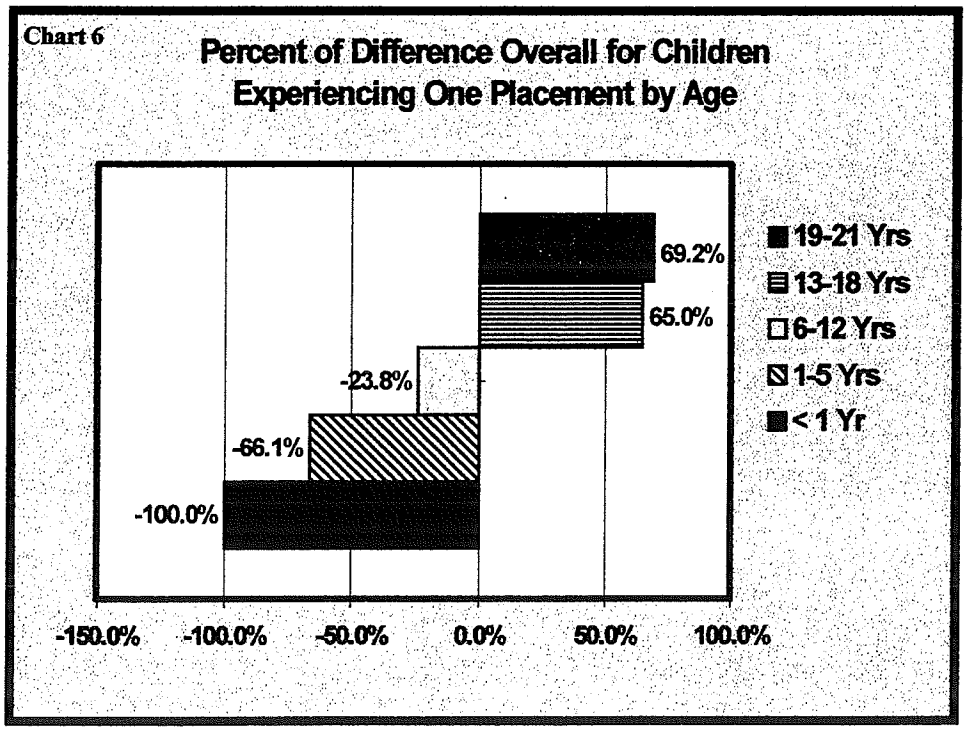


Chart 3

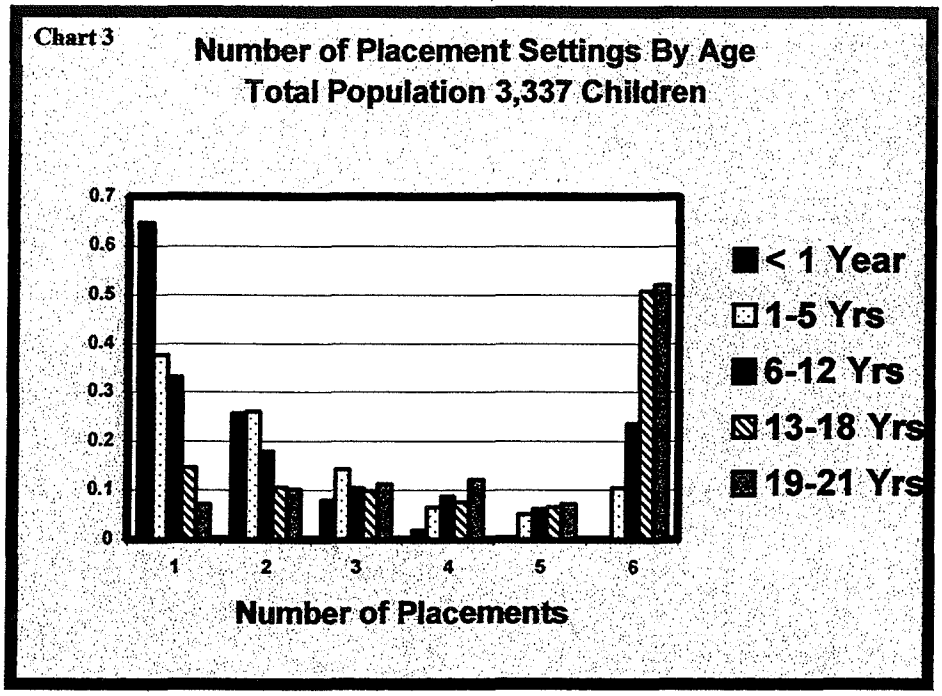
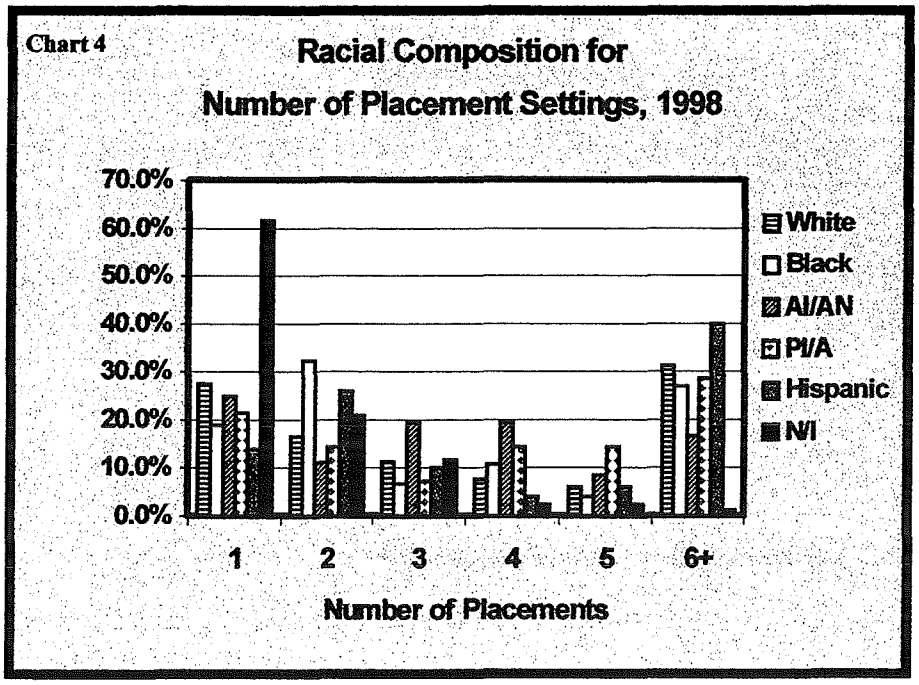


Chart 4



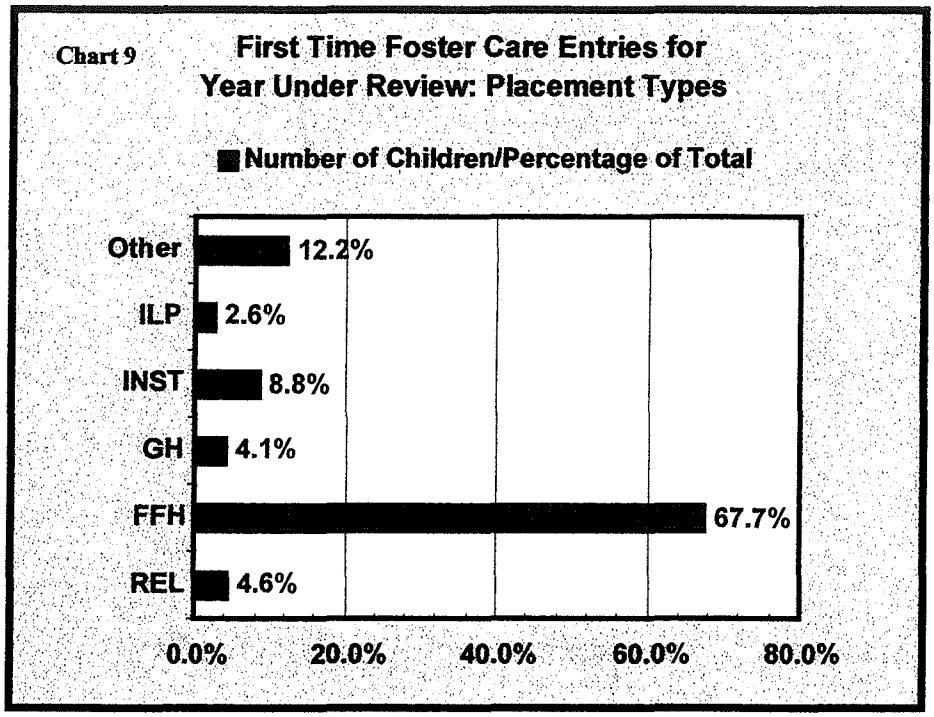


Chart 9
First Time Foster Care Entries for Year Under Review: Placement Types
Number of Children/Percentage of Total
Other
ILP
INST
GH
FFH
REL
12.2%
2.6%
8.8%
4.1%
67.7%
4.6%
0.0%
20.0%
40.0%
60.0%
80.0%

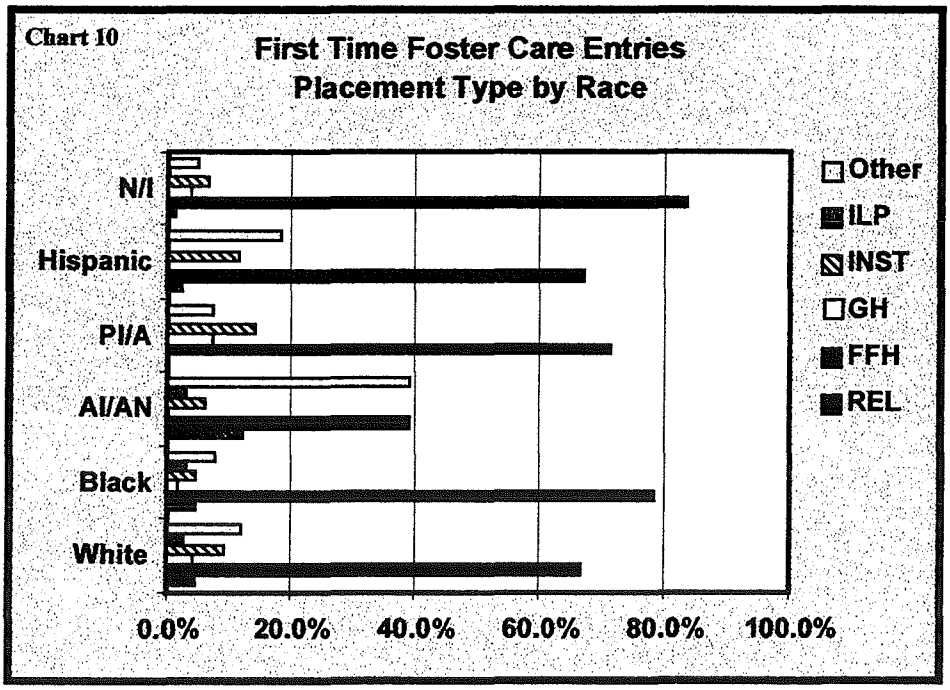
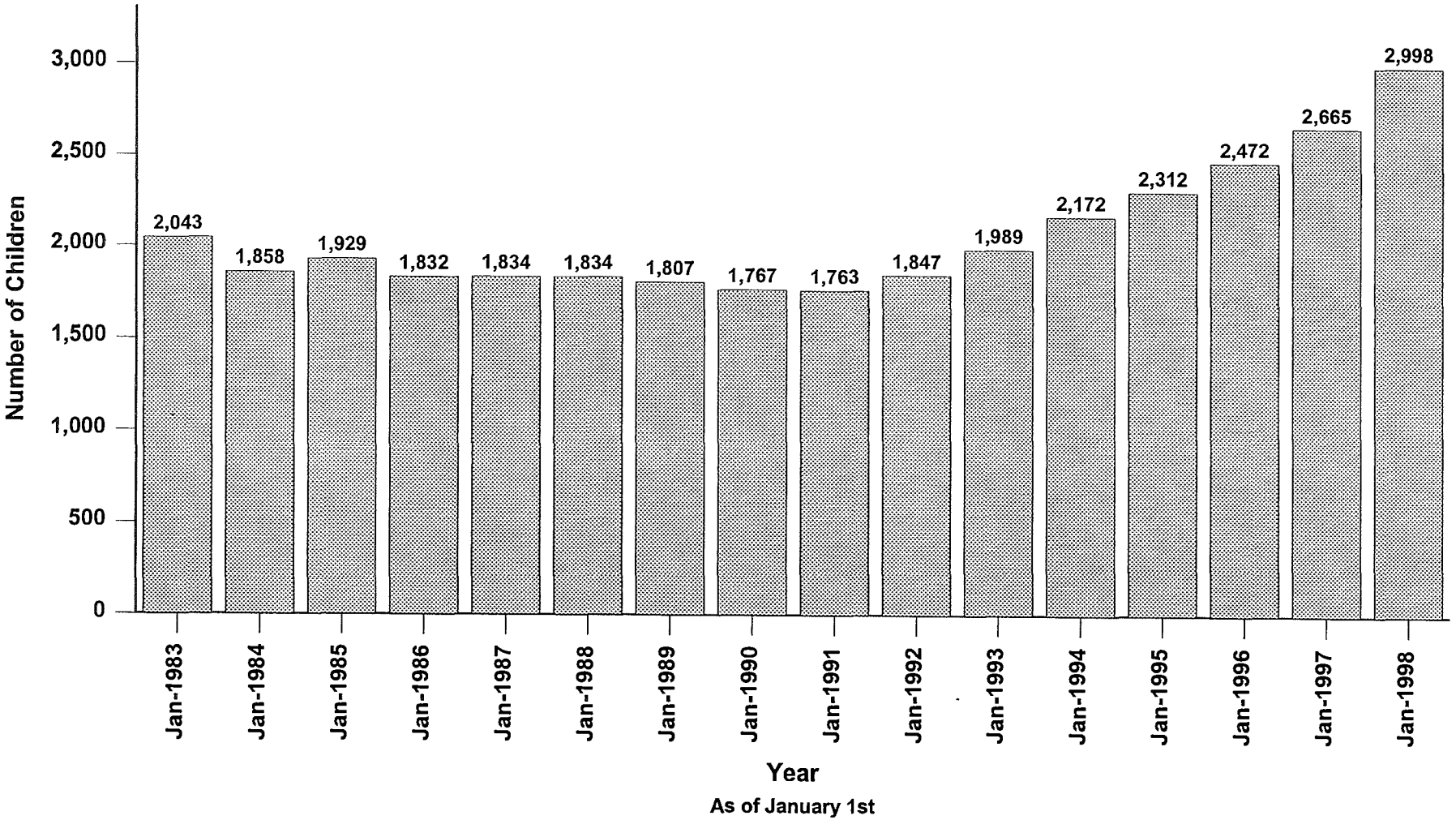


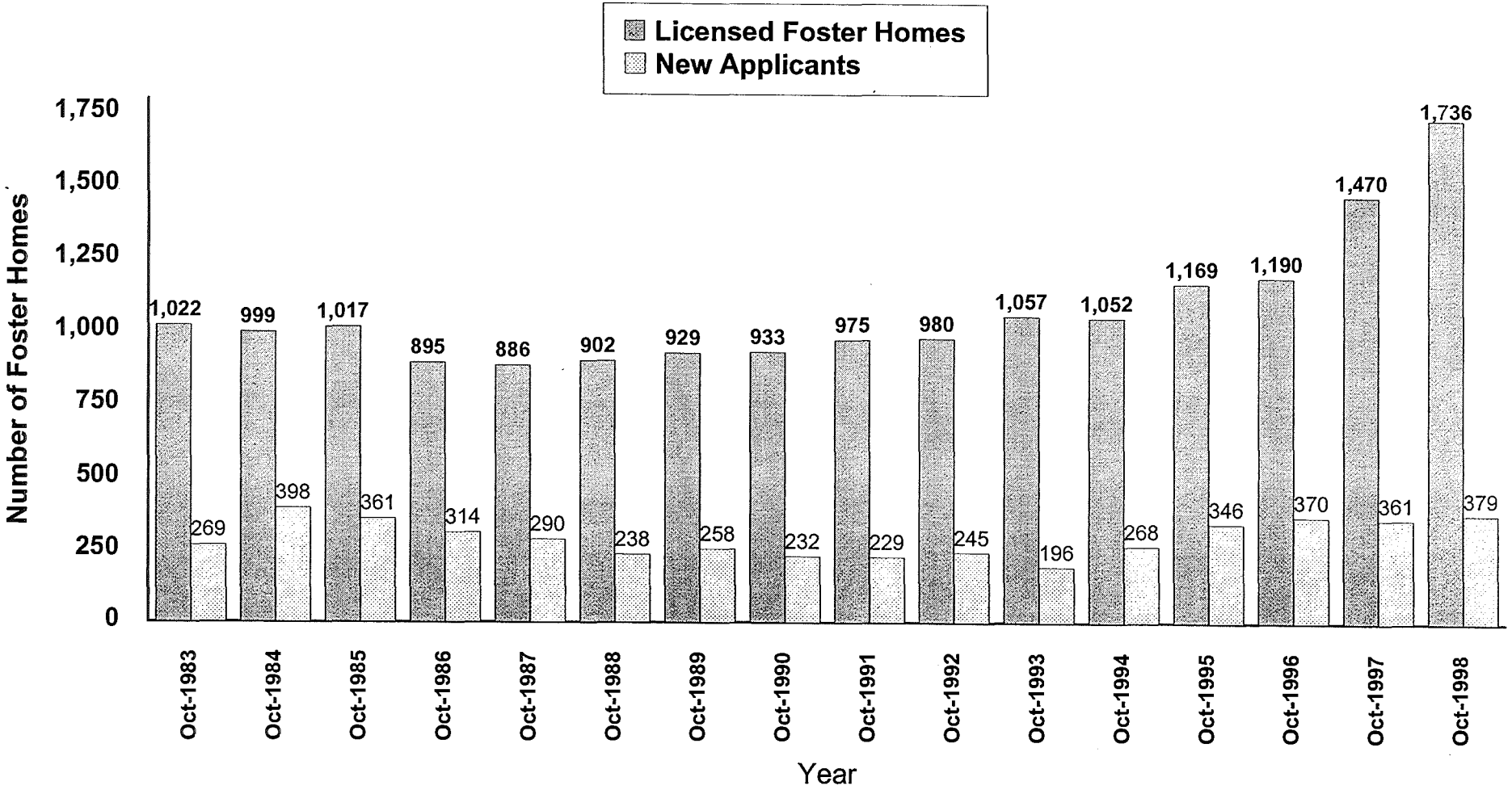
Chart 10
First Time Foster Care Entries
Placement Type by Race
N/I
Hispanic
PI/A
AI/AN
Black
White
Other
ILP
INST
GH
FFH
REL
0.0%
20.0%
40.0%
60.0%
80.0%
100.0%

Bureau of Child and Family Services
Number of Children in DHS Care As of January 1st
(Snapshot Picture)



Bureau of Child and Family Services

Number of Foster Homes as of October 1st of Each Year



Data Source: Licensing

ADOPTION

The Department's Adoption Program provides a range of adoption services to approximately 675 children and their birth, foster and adoptive families. It is projected that an additional 600 children may require adoption services by the end of 1999. In 1994, 72 children were freed for adoption. It is anticipated that 200 will be freed in 1999. In 1994, 66 adoptions were finalized and in 1998 149 were adopted. As of June 1, 1996 64 finalizations have already occurred with 48 more pending finalization. As of June 17, 1999, 904 children statewide are in C3 legal status--parental rights have been terminated.

The primary services provided include assessment and preparation of the child for adoptive placement; assessment and education of foster parents transitioning to adoption; recruitment of new adoptive families; matching and placement of a specific child in a specific family; support and stabilization of the adoptive family system and post-legalization support services.

Although eligibility for the adoption assistance program was redefined in 1996 to include those children at risk of developing future problems based on the family's medical and genetic information as well as family history of abuse and neglect, post adoptive services and resources have remained an issue and a need.

Recently, Maine was approved for a Child Welfare Demonstration Project allowing for flexibility in the expenditure of IVE funding for Post-Legalization Adoption Services. The goals identified for this project are to increase the number of special needs adoptions; decrease the average length of time a child spends in foster care; decrease the rate of adoption disruptions; and increase family functioning. (Appendix B)

The Department of Human Services has secured a strong collaborative partnership with private adoption agencies through the purchase of services. These private resources allow for the provision of timely and competent services to children and their families in the area of adoption services. Since 1996, when many home studies were contracted out, the Bureau's adoption caseworkers have been able to concentrate their efforts on preparing children for and securing adoptive placements.

Maine will use it's adoption promotion and support funds for the coming fiscal year to increase services to include;

- Expanded services to assess, study and educate Foster Parent Adoptions Statewide up to 260 units of service.

- Expanded capacity to assess, study and educate Traditional Adoptive Family's Statewide up to 230 units of services.

- Continue Pilot Project to case manage 60 children in York and Cumberland Counties who are being adopted by their foster parents. Expand this Pilot to one of the other Districts that need additional services, up to an additional 30 units of services.

- Provide funding for a collaboration of private/public adoption agencies to staff an "Adoption Resources Center". This will provide a single point of information and referral for all services connected to an Adoptive Family, Pre through Post Placement.

- Continue a Pilot Project of Post Legalization Adoption Services for York and Cumberland Counties @ 20 unit of services. Expand an additional 25 units for use statewide. This continuum of services delivery could include a range of services from Advocacy, Family Education, Information and referral, Community Supports, Reunions and Search Issues, Mediation and problem Solving,Crisis Management and comprehensive child focused, family centered assessments and recommendations.

- The above services will be provided through the Lead Agency of International Adoption Services Centre. All of the adoption agencies in Maine will be able to subcontract through IASC if they participate in the educational component and meet the standards expected through supervision.

- Continue Pilot Project with Care Development to do specific recruitment for specific children in the Greater Bangor Area.

Maine's Department of Human Services has re-written it's policy to comply with the Multiethnic Placement Act of 1994 and the Inter ethnic Adoption Provision which was added in 1996. This was followed up with changes in the State law in March of 1999. Adoption staff received training during September of 1998 and an Adoptive and Foster Family Trainer received this training in December of 1998. This needs to be added to the pre-service training for incoming staff provided through CWTI and the agency needs to expand training to other program areas [CPS, CS, Licensing] during the coming year. The Agency will also incorporate a diligent effort to recruit and develop foster/adoptive/kinship resources that reflect the racial, ethnic, national origin and cultural composition of the children in our care.

President Clinton's Adoption 2002 initiative and the passage of the Adoption and Safe Families Act have brought about many changes for the Agency. ASFA sets forth shorter timeframes for making permanency decisions for children and there is a focus on reducing barriers to adoption finalization.

In response to ASFA , the Department's staff has a system in place to notify Pre-adoptive parents of judicial reviews and opportunities to testify. There is an effort underway to adopt Maine's Automated Child Welfare Information System to accommodate the requirements of "Documentation of Efforts for Adoptive or location of a permanent home". Section 107 of the law requires documentation of steps to locate, place and legalize a child with an adoptive family, a fit and willing relative and guardianship or other permanent plan. This provision includes child-specific as well as general recruitment efforts. Maine's Department of Human Services has purchased a web page through the National Adoption Exchange and implementation is in process. There is an Adoption Resource Line now which provides information on support groups, availability of therapists for specific issues and other critical information by dialing an 800 number. Additionally, each District has child specific recruitment slots available which allow for individualized assessment and location of an appropriate family.

Maine has developed its baseline data for the Adoption 2002 initiative and during year one of the initiative, has exceed projections with legalization of 131 children. As the number of children freed for adoption increases, so should legalization's. The Maine State Legislature, during its last session determined that Adoption Incentive funds should be used to increase the number of staff positions in the Adoption Units and authorized ten new lines to be funded by these dollars when they become available.

Maine is participating with other New England states to work collaboratively on providing assessments and home studies for children awaiting adoptive placements.

The Maine Child Welfare Demonstration Project for Post Adoption Services a collaboration of DHS, Casey Family Services and the Muskie School of Public Services has been renamed "The Maine Adoption Guides Project" and will provide direct services, training and research in post-adoptive services in Maine over the next five years.

Maine children will have increased national exposure through the National Adoption Exchange as the final stages of electronic listing near completion.

Maine will further reduce inter-jurisdictional and geographic barriers by expanding its ability to provide increased services through contracts with the private sector for home studies and placement of children freed for adoption.

The single foster/adoptive home study to be implemented will not only help to meet expedited planning timeframes but should reduce the repetition of work previously done to meet licensing requirements.

Identified Needs - Adoption

While it is difficult to predict exactly what/how many resources will be needed over the next five years, it is clear that a considerable increase in the number of adoptive placements is indicated. Halfway through the current year, the number of adoption finalizations and those nearing completion show an increase of approximately 60%.

Completion of the single home study, recruitment of family foster homes able to be considered as possible adoptive placements and provision of post-adoptive services will all help meet the increased need. But, additional recruitment activities and adoption promotion and support are necessary.

As part of its self-assessment, BCFS identified a need to be more proactive in terms of recruitment of foster and adoptive placement resources and services to meet the needs of a changing population and will expand contracts with private agencies to meet this objective. The need for training for contract agencies as well as all BCFS staff on the Multiethnic Placement Act and the Inter-ethnic Adoption Provision has been identified, and, following a meeting with a representative from DHHS Office of Civil Rights, plans are underway to accomplish this through a series of meetings, statewide.

IV-B, Subpart 2 funds (20%) will be used for adoption promotion and support through statewide media and recruitment campaign implemented by media specialists including television, print media, information and referral services.

ADOPTIONS

Adoption Finalizations by Years

AS OF 7/1/99

Office	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Pending
Portland	40	33	27	17	13	21	34	27	19	32	13	9
Lewiston	24	23	15	26	15	5	18	9	17	30	25	7
Augusta	23	23	18	15	22	10	29	26	32	17	18	16
Bangor	13	25	24	12	16	14	18	35	21	26	13	6
Ellsworth									10	29	10	3
Houlton	7	13	1	8	9	16	15	25	15	15	9	0
TOTAL	107	117	85	78	75	66	114	122	114	149	88	41

Adoption Finalizations by Month

As of 7/1/99

Month	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999 as of 7/1/99
January	10	3	3	9	1	0	9	5	4	6	9
February	5	10	8	5	9	4	7	15	5	8	17
March	8	11	2	9	7	4	2	18	10	8	17
First Quarter	23	24	13	23	17	8	18	38	19	22	43
April	7	7	4	10	3	15	7	5	9	8	12
May	10	12	8	6	2	12	8	12	6	16	13
June	8	5	11	6	1	8	20	11	10	5	20
Second Quarter	25	24	23	22	6	35	35	28	25	29	45
July	3	9	5	6	10	1	8	13	8	16	
August	14	9	5	5	6	5	5	13	16	15	
September	9	7	12	7	10	4	6	10	8	11	
Third Quarter	26	25	22	18	26	10	19	36	32	42	
October	9	3	8	5	11	1	17	7	20	15	
November	15	19	6	5	8	1	12	4	2	18	
December	9	22	13	5	7	11	13	9	16	23	
Fourth Quarter	33	44	27	15	26	13	42	20	38	56	
TOTAL	107	117	85	78	75	66	114	122	114	149	

STATISTICS OF DHS CHILDREN
PRESENTLY IN THE ADOPTION UNITS

JULY 1, 1999

DISTRICTS	TOTAL Children on 7/1/99 MACWIS count	TOTAL Children on 4/1/99 MACWIS count	CHANGE	TOTAL Children on 4/1/99 District count	CHANGE
Districts 1 + 2 Biddeford Portland	171	148	+ 23	149	+ 22
District 3 Lewiston	89	64	+ 25	97	-9
District 4 and 5 Augusta	165	154	+ 11	167	-2
District 6 Bangor	115	105	+ 10	122	-7
District 7 Ellsworth Machias	69	66	+ 3	99	- 30
District 8 Houlton Caribou Fort Kent	43	42	+ 1	41	+ 2
TOTALS	652	579	73	675	-45

IN JULY 1998 WE HAD 516 CHILDREN IN THE ADOPTION UNITS
THIS REPRESENTS AN INCREASE OF 136 CHILDREN [+ 29%]

Statewide	Age Groups						
Category	0 - 1	2 - 3	4 - 10	11 - 14	15 -17	18+	Total
Gender							
Female	43	120	478	295	279	175	1,390
Male	58	123	538	345	330	198	1,592
Total	101	243	1,016	640	609	373	2,982
Ethnicity	0 - 1	2 - 3	4 - 10	11 - 14	15 -17	18+	Total
Native American/Alaskan Native	1	3	21	8	12	4	49
White	87	199	907	568	555	346	2,662
Asian/Pacific Islander	0	0	2	3	3	3	11
Black	1	7	30	6	9	9	62
Not Determined	12	34	56	55	30	11	198
Refuses to Identify	0	0	0	0	0	0	0
Unable to Identify	0	0	0	0	0	0	0
Total	101	243	1,016	640	609	373	2,982
Type of Placement	0 - 1	2 - 3	4 - 10	11 - 14	15 -17	18+	Total
Adoptive Care	0	10	45	19	5	0	79
Birth Parents	0	1	17	12	9	10	49
Children's Residential Facility - In State	5	2	34	128	212	80	461
Children's Residential Facility - Out of State	0	0	7	31	47	26	111
Correctional Institution/Facility	0	0	0	1	27	21	49
Emergency Shelters	0	0	0	3	9	3	15
Shelters for Homeless Youth	0	0	0	0	2	1	3
Specialized Foster Homes - Child Placing Agencies	3	27	331	238	129	53	781
Specialized Foster Homes - Maine Caring Families	1	7	84	32	19	3	146
Specialized Family Foster Home - Medical or Correctional	0	4	9	5	2	5	25
Family Foster Home - Regular	70	143	352	94	54	39	752
Family Foster Home - Relative	0	8	31	9	7	5	60
Family Foster Home - Out of State	0	0	2	2	0	1	5
In State Hospital - Medical	1	0	2	1	2	1	7
In State Hospital - Psychiatric	0	0	2	5	1	0	8
Residential School - In State	0	0	0	0	1	1	2
Residential School - Out of State	0	0	0	1	1	0	2
Independent Living/Child On Own	0	0	1	2	6	36	45
Unlicensed Placement	16	34	75	42	44	36	247
No Current Placement	5	7	24	15	32	52	135
Total	101	243	1,016	640	609	373	2,982

Statewide	Age Groups						
Category	0 - 1	2 - 3	4 - 10	11 - 14	15 -17	18+	Total
Length of Time in Care							
Less Than One Month	11	8	15	14	3	0	51
1 Month to 6 Months	46	40	89	74	49	10	308
6 Months to 12 Months	43	51	111	65	62	15	347
12 Months to 18 Months	1	61	109	59	68	24	322
18 Months to 24 Months	0	39	129	55	53	22	298
24 to 30 Months	0	31	74	34	38	27	204
30 Months to 36 Months	0	13	79	35	31	25	183
3 Years to 4 Years	0	0	169	60	69	33	331
4 Years to 5 Years	0	0	95	57	62	28	242
5 Years to 6 Years	0	0	82	56	27	46	211
6 Years to 7 Years	0	0	27	34	24	27	112
7 Years to 8 Years	0	0	19	31	29	16	95
8 Years to 9 Years	0	0	17	15	23	7	62
9 Years to 10 Years	0	0	1	28	13	25	67
10 Years to 11 Years	0	0	0	10	14	18	42
11 Years to 14 Years	0	0	0	13	41	43	97
14+Years	0	0	0	0	3	7	10
Total	101	243	1,016	640	609	373	2,982

INDEPENDENT LIVING

Independent living and life skills services are mandated for all youth in care 16 and over. A written Transitional Independent Living Plan is required for all youth 16 and over. States have the option of electing to serve both Title IV-E and non-Title IV-E eligible youth. We choose to serve all youth regardless of IV-E eligibility. States also have the option of serving youth past age 18. We choose to do this. (V9 Agreement) Independent Living Program funds are to be used exclusively to support independent living and life skills activities; not to provide regular Title IV-E casework management activities. I.L. funds are to be used to supplement the Title IV-E foster care support program. I.L. program funds are defined solely to be used for purposes of enabling older youth in care to make successful transitions out of care and into the community. The impact of the Adoption and Safe Families Act on older youth in care is that more older youth in care may be adopted. The Federal Quality Assurance effort will have an impact on casework practice expectations around provision of services to older youth in care. All Life Skills staff have been training on MACWIS and how to transfer information from MACWIS onto a separately maintained I.L. database which tracks various outcomes (education, employment, special needs, etc) Information in MACWIS files enables Life Skills staff to work more efficiently in terms of planning needed services for youth referred to them. Information is more easily accessible and a considerable amount of time can be saved by easily accessing the files of youth in care.

Six statewide Life Skills caseworkers provide individualized and group independent living program services to over 300 youth a year. Youth are referred by their Children's Services Caseworker. The I.L. Program Manager uses about $75,000 a year of the I.L. allocation to support youth in care who are attending a post-secondary educational program; tuition, books, and fees costs only. A $59,000 contract is in place with USM's Muskie Institute to provide for the maintenance of a community mentoring program in southern Maine, technical assistance and support for the new Youth Leadership Advisory Team, technical support for I.L. program staff, special projects like assisting with the annual Teen Conference, etc. The I.L. Program Manager has been working to encourage community based agencies to further incorporate independent living and life skills experiential learning into their formal provision of service. The Commissioner has also assigned a Special Assistant to access both in-kind and financial resources from the Maine business community for the benefit of youth in care. Other internally supported activities include conducting a wide variety of adventure challenge trips, assistance with educational planning, employment skills, housing and daily living skills, money management, self-esteem building and many other day to day learning opportunities. In the past 2 years, service provider agency staff have participated in two different independent living statewide training's on independent living program planning and life skills assessment and tracking. I.L. program funds were used, together with free Federal technical assistance, to sponsor these training's. The I.L. program staff focus their work heavily on the youth's educational achievement and aspirations.

A community and work-site community mentoring program component for central to southern Maine through receipt of AmeriCorps funding of grant proposals was recently reestablished. AmeriCorps funding is time limited, but we will be exploring alternative funding resources. Another recent I.L. program focus is "Positive Youth Development." Finding ways to incorporate the "voice" of our youth to educate both the Department and the public with regard to the "image" and "needs" of youth in care. The recently formed Youth Leadership Advisory Team has performed a number of speaking engagements which were very well received. Future improvements would include using the services of the Quality Assurance Case Reviewer to assess community programs for provision of independent living and life skills instruction in their programs and raising expectations around provision of these type of services. We will attempt to formalize the Youth Leadership Team into a manageable working group. The focus on making higher educational opportunities available for older youth in care will continue to be a major program focus as well as finding ways to give them the necessary marketable skills training needed to maintain employment.

Between 22 and 25% of children committed to Departmental custody are committed to custody by the state's juvenile criminal court system. This is what is termed "dual commitment" meaning that the child is in the custody of DHS and DOC and usually receives a term of probation with special conditions. If the child violates probation and is ordered to the Maine Youth Center, DHS custody is temporarily suspended for the length of time that the youth is in the Center. However, the Portland DHS Office has placed one of their caseworkers, full time, in the Maine Youth Center to attend to the needs of those youth who are in DHS custody. This individual also assists with making the appropriate plan for transitioning out of the Maine Youth Center to a community placement. DOC/DHS children are assigned a DHS caseworker and receive the full array of DHS planning and casework services. DHS caseworkers collaborate with DOC Probation Officers and any other individuals and program staff involved with providing services for the youth. The DHS I.L. Program Coordinator is the DHS representative on the state's Juvenile Justice Advisory Group and is a member of the JJAG's Prevention Committee which RFP's and awards funding to innovative community based prevention programs.

Identified Needs - Independent Living

For those youth, age 16 and older, who are in out-of-home care, there needs to be a standardized assessment to determine each youth's ability to function independently and to accurately identify those areas in which assistance/training is indicated. A draft assessment tool has been developed and, once implemented, a process for monitoring its use and effectiveness will need to be put in place.

Youth in group homes and other residential settings may or may not receive adequate and/or appropriate life skills training. This has varied from one setting to another with limited oversight. There needs to be a purposeful review of the Independent Living

programs offered by these facilities and a methodology developed to rate their effectiveness.

CHILD DEATH / SERIOUS INJURY REVIEW PANEL

Maine's Child Death / Serious Injury Review Panel began formal review of child fatalities and cases of serious child abuse/neglect or suspicious injuries in May of 1992. The multidisciplinary team is composed of professionals representing Pediatrics, the Judiciary, Child Welfare, the Medical Examiner, State Police, Attorney General, Corrections, District Attorney, Public Health, Nursing, and Mental Health. The various disciplines represented on the Panel are specified by statute (22 MRSA, Chapter 1071). Maine's panel has an ongoing educational component among the disciplines represented by the members, who have decision-making responsibilities within their agencies.

The Panel has had a series of clinical psychology interns as part of the University of Maine, the State Forensic Service and Kennebec Valley Mental Health Clinic collaborative placement agreements. The purpose is to provide clinical training in child abuse and neglect and child welfare issues to new Ph.D. candidates.

The Panel, with collaboration efforts by the Bureau of Child and Family Services and the Bureau of Health conducted a public awareness campaign on Shaken Baby Syndrome. The Panel also worked with the Bureau of Public Health on the "Back to Sleep" public awareness campaigns and is currently considering some type of public education regarding the potential hazards of adults co-sleeping with infants.

The Panel reviews one or two cases per month and produces a confidential, de-identified Executive Summary of each case outlining the circumstances of the serious injury or fatality, along with the Panel's findings and recommendations. The Panel's first comprehensive report was issued in 1995. The second report is attached as Appendix E. Many of the challenges identified in that first report still exist and the recommendations relating to them are still valid.

The biggest changes as a result of the Panel's case review and collaborative working agreements are the child maltreatment evaluations available to our staff through the State Forensic Service.

OUTCOMES, INDICATORS AND ACTIVITIES

OUTCOMES, INDICATORS and ACTIVITIES

CHILD SAFETY OUTCOMES

BCFS STAFF IMPLEMENT AND MANAGE AN INTAKE PROCESS THAT IS STANDARDIZED, EFFICIENT AND RESPONSIVE.

Indicators:

- A majority of referents and other stakeholders report that they are satisfied that the Department responded to their reports and inquiries, within the confines of confidentiality.

- BCFS district staff report satisfaction with the timeliness and consistency of information in reports received from the Intake Unit.

Activities:

- *Establish accurate baseline data for future measurement and standards for improvement of the indicators.*

- *Implement standardized criteria for Intake referral and response.*

DISTRICT BCFS STAFF MAKE AN INITIAL ASSESSMENT ON ALL REPORTS TO DETERMINE WHETHER THE CASE IS: INAPPROPRIATE FOR ASSIGNMENT, REFERRED TO A COMMUNITY INTERVENTION PROGRAM OR ASSIGNED TO BUREAU STAFF.

Indicators:

- Accurate assignment of level of risk based on information available at the time of the report.
- Increase in number of cases assigned to CPS staff or referred to a Community Intervention Program.

Activity:

- *Implement a standardized assignment process for district management to increase CPS or contract agency assessments.*

BCFS STAFF ASSESS AND MAKE APPROPRIATE INTERVENTION DECISIONS ON ALL REPORTS WITHIN ESTABLISHED TIME FRAMES.

Indicators:

- Cases assigned and assessments begun within time frames established in policy.

- Safety Assessments completed and documented within MACWIS in assigned cases within time frames established in policy.
- Risk Assessments undertaken. completed and documented in MACWIS, when appropriate, within specified time frames.

Activities:

- *Clarify assessment policy and develop practice expectations related to safety and risk assessments.*
- *Determine training needs relating to assessment and make provisions to meet those needs.*
- *Review cases referred to Community Intervention Programs to assure appropriate outcomes.*

PERMANENCY OUTCOMES

PLACEMENT RESOURCES MEET THE NEEDS OF CHILDREN.

Indicators:

- There is a recruitment process in place which addresses each type of placement resource needed and reflects the agency's ability to assess, approve and train all appropriate families.
- Increased number of placement resources based on identified need for each type of service.
- Increased quality of placement resources.
- Increased number of foster and adoptive families that represent ethnic and racial diversity of children for whom placements are needed.
- Increase in number of relative placements and placements of children in Kinship Care.
- Increase in number of qualified adoptive placements for children who will not be returning to their biological parents.

Activities:

- *Continue development of public/private partnerships to adequately address the agency's recruitment needs.*
- *Develop and implement a plan to focus on assessment, approval and training of potential placement resources.*
- *Develop clear expectations and goals for the provision of treatment level foster care.*
- *Review current array of treatment level placement resources in relationship to the needs of the children in the Department's custody.*
- *Expand Maine Caring Families in regions where increased need has been identified.*
- *Increase efforts to recruit families for children of all ethnic and racial backgrounds.*
- *Develop policy and protocol for relative placement and kinship care.*
- *Complete and implement single study for foster/adoptive homes.*
- *Develop and implement a needs assessment for each child entering foster care to assure the most appropriate level of care.*

- *Conduct annual reviews of child placing agencies to assure that standards of care for children in treatment level foster care are met.*

BCFS STAFF FACILITATE PERMANENCY FOR CHILDREN IN THE CARE AND CUSTODY OF THE DEPARTMENT IN TIME FRAMES CALCULATED TO MEET THEIR NEEDS.

Indicators:

- Policies support early permanency planning for children.
- District supervisors monitor case practice to assure cases are transferred to Children's Services Units within appropriate time frames.
- All available and pertinent case information is gathered in a timely manner and is documented in MACWIS.
- Cases have case plans which establish measurable goals, time frames and services required to meet the permanency needs of the child.
- Increased use of concurrent case planning to achieve earliest permanency for children.
- Cases reassigned from one worker/unit to another worker/unit will have a completed case summary that includes current status and case plan.
- Cases with the goal of adoption will be reviewed by district management and referred to International Adoption Services Center when appropriate to facilitate timely finalization.
- Decisions regarding open cases will conform to time frames set forth in ASFA.
- Caseworkers will have meaningful contact with children on their caseloads at least once every three months.
- Decrease in number of caseworkers per child.
- Decrease in the number of placements a child experiences.
- Decrease in the number of children and youth in long-term foster care.
- Increase in the number of children and youth adopted.
- Increased number of youth with written Independent Living plans, when appropriate, which contain specific goals and time frames.

Activities:

- *Review and revise policy to reflect changes in federal and state laws concerning permanency planning for children in the care and custody of the Department.*
- *Assure that policy sets forth expectations for meaningful contact between caseworkers and the children on their caseloads at least once every three months.*
- *Identify and meet training needs relating to changes in policies.*
- *Review practice to assure completion of tasks necessary to move children into adoption placements in a timely manner and develop strategies to reduce barriers.*
- *Develop and implement a concurrent case planning system.*
- *Identify and meet training needs relating to concurrent case planning.*
- *Develop criteria for transfer of cases from one worker/unit to another worker/unit.*

CHILD AND FAMILY WELL BEING OUTCOMES

BCFS STAFF ASSURE THAT CHILDREN IN THE CARE AND CUSTODY OF THE DEPARTMENT HAVE THEIR PHYSICAL, DEVELOPMENTAL, EMOTIONAL AND BEHAVIORAL HEALTH NEEDS AND THEIR EDUCATIONAL NEEDS MET.

Indicators:

- Children and youth in the custody of the Department will have their initial physical, developmental and mental health needs are assessed.
- Referral for medical, dental and mental health treatment is made in a timely manner and treatment is provided as identified by assessment.
- Children will receive appropriate educational services as identified in the assessment.
- Increase in the number of youth graduating from high school.
- Decrease in the number of cases where youth graduate from high school but lack the skills needed to achieve independent adulthood.
- Increase in the number of youth attending post-secondary schools.
- Children and families receive post-adoptive services to meet their needs.

Activities:

- *Review need for training of staff on medical and mental health needs of children.*
- *Review practice and develop protocol if needed to assure that thorough physical, developmental, emotional and behavioral assessments are performed in a timely manner.*
- *Review adequacy of resources to meet the mental health needs of children and families.*
- *Review quality and timeliness of provider reports and identify needed changes.*
- *Identify unmet treatment needs of children and families and develop strategies to meet those needs.*
- *Review Life Skills training provided to youth in out-of-home care and develop standards for provision of same.*
- *Review need for training on staff on life-skills assessment and training.*
- *Continue to meet the goals of the Child Welfare Demonstration Project.*

ADMINISTRATION OUTCOMES

DEVELOP AN OPERATIONS MANAGEMENT PLAN TO IMPROVE COMMUNICATION, IDENTIFY BARRIERS TO EFFECTIVE SERVICE DELIVERY, MANAGE DAILY OPERATIONS AND ESTABLISH A COMMON SET OF MANAGEMENT STANDARDS

Indicators:

- Increased compliance with Service Planning Requirements/ASFA requirements.

- Increased implementation and utilization of MACWIS.
- Increased analysis and monitoring of caseloads.

Activities:

- *Establish an accurate baseline of information on current workload.*
- *Establish caseload standards for CPS, CS and Adoption Services.*
- *Integrate MACWIS into District operations at all levels.*
- *Insure case assignment process supports sound case management.*

DEVELOP ENHANCEMENTS TO THE MACWIS SYSTEM TO MEASURE AND DOCUMENT BASELINE DATA AND PERFORMANCE CHANGES BASED ON CRITICAL SYSTEMS OUTCOMES.

BCFS OFFERS SUPPORTS AND INCENTIVES TO RETAIN STAFF AND TO ENHANCE RECRUITMENT EFFORTS.

Indicators:

- Decrease in caseworker turnover.
- Increase in job satisfaction as reported by BCFS staff.

Activities:

- *Identify critical tasks e.g. paralegal functions, and utilize case aides and/or other designated staff to routinely perform those tasks.*
- *Clarify and standardize expectations of other paraprofessionals to perform tasks which free up caseworker time from performance of routine tasks not requiring their particular skills.*
- *Work with District management to identify ways to provide incentives for staff.*
- *Develop opportunities for meaningful field placement and supervision for caseworkers pursuing higher education.*

TRAINING OUTCOMES

CASEWORKERS WILL RECEIVE INITIAL TRAINING DESIGNED TO PROVIDE OPPORTUNITIES TO PRACTICE AND DEVELOP THE SKILLS NEEDED FOR BEST CASEWORK PRACTICE.

Indicators:

- New worker training is viewed as ongoing.
- New caseworkers have opportunities to practice learned skills prior to assuming responsibility for managing a caseload.

Activities:

- *Review current pre service curriculum and presentation methodology.*
- *Explore feasibility of providing practice opportunities during training through the use of mentors.*
- *Review information from the self-assessment forums to identify training needs of new staff.*

STAFF RECEIVE ONGOING TRAINING TO PROVIDE THEM WITH THE SKILLS NEEDED TO PERFORM THEIR JOBS AND ASSURE QUALITY SERVICES TO CHILDREN AND FAMILIES.

Indicators:

- Increased proficiency in use of new technology.
- Ongoing training to meet the specific needs of staff at all levels is provided according to a plan designed for that purpose.
- Opportunities for staff to participate in identifying the types of training they want and need are routinely offered.

Activities:

- *Assess ongoing needs for computer training and assure that needs are met.*
- *Assure that training is provided to BCFS staff and other stakeholders regarding ASFA.*
- *As possible and appropriate, respond to identified staff needs as a result of the self-assessment and other input from staff regarding training.*

MAINTENANCE OF EFFORT

Maintenance of Effort

It is the Bureau's intent to maintain effort and support all that this Plan represents.

There is, in place, a system of financial reports and audits to assure documentation of spending levels. Further, Bureau Management is committed to greater planning and accountability efforts regarding all aspects of practice and service provision.

The Department of Human Services along with all other Departments serving children and families will continue to work collaboratively to coordinate and improve services through cooperative agreements to maximize resources.

BUDGET REQUEST
AND
ANNUAL SUMMARY OF STATE CHILD AND FAMILY SERVICES

CFS-101, PART I: ANNUAL BUDGET REQUEST FOR TITLE IV-B, SUBPART 1 & 2 FUNDS, CAPTA, AND ILP
FISCAL YEAR 2000 OCTOBER 1, 1999 through SEPTEMBER 30, 2000

1. State or ITO	2. EIN:
3. Address:	4. Submission: XX New [ ] Revision

5. Estimated title IV-B, Subpart 1 Funds	
a) Total Estimate	$2,686,302
b) Federal Share [75% of 5(a)]	2,014,726
c) State/ITO Match [25% of 5(a)]	671,575

6. Estimated title IV-B, Subpart 2 Funds	
a) Total Family Preservation Services	576,877
b) Total Family Support Services	621,252
c) Total Time-Limited Family Reunification Services	399,376
d) Total Adoption Promotion and Support Services	399,376
e) Total for Other Service Related Activities (e.g. planning)	-0-
f) Total Administration	221,875
g) Total Estimate [6(a)+6(b)+6(c) +6(d) + 6(e) + 6(f)]	2,218,758
h) Federal Share [75% of 6(g)]	1,664,069
i) State/ITO Match [25% of 6(g)]	554,689

7. Indian Tribal Organizations Only (Title IV-B, Subpart 2 Only)
If additional funds become available to ITOs, the ITO may apply in advance for and match these funds. Specify the amount of additional funds the ITO will apply for and match.
Total Amount $ _____ Federal Share(75%) $ _____ ITO Match(25%) $ _____

8. Child Abuse Prevention and Treatment Act (CAPTA), Child Abuse and Neglect Basic State Grant Only.
Please include any additional funds due as a result of reallocations that may occur.
Estimated BSG Amount $ 126,437 plus additional allocation, as available.

9. Estimated title IV-E, Independent Living Funds (ILP)	FEDERAL	STATE
a) Total Estimate State's share of $45 million	363,785	
b) Additional funds at 50% match	202,103	202,103
c) Maximum amount of reallotted funds requested	25,000	25,000

10. Certification by State Agency
The State agency or Indian Tribe submits the above estimate and request of funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, for States only CAPTA BSG and the ILP, and agrees that the estimated expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with the ACF Regional Office and has been determined to meet all the requirements of the Act, for the Fiscal Year ending September 30.

Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official
Kevin W Concannon	Margaret Semple
Date 9/21/99	Date 9-21-99

CFS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

OMB APPROVAL # 0980-0047
Approved through May 31, 2002

State or IT _____ For FY OCTOBER 1, 98 TO SEPTEMBER 30, 99 DUE: JUNE 30, ____

SERVICES/ACTIVITIES	TITLE IV-B (a) I-CWS	TITLE IV-B (b) II-PSSF	(c) CAPTA*	(d) ILP*	(e) TTLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV-A	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds	(k) NUMBER TO BE SERVED [ ] Families [ ] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
1 PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	296	289	117	563		807			525	517	26,000	Individual	Statewide
2) PROTECTIVE SERVICES	105									608	7,100	Reports of abuse/neglect	Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		275								1,872	160	Families	Statewide
(A) PREPLACEMENT PREVENTION													
(B) REUNIFICATION SERVICES												All children in foster care	Statewide
4. TIME-LIMITED FAMILY REUNIFICATION	50	188								232	50	Families	Statewide
5. ADOPTION PROMOTION AND SUPPORT	124	188								171	800	Individual	Statewide
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	8				14,830				1,750			All eligible children	Statewide
(B) GROUP/INST CARE					7,559				750		800	Individual	Statewide
7) ADOPTION SUBSIDY PMTS.					3,415								
8) ADMIN & MGMT	863	104			6,006								
9) STAFF TRAINING			10	3	1,288								
10) FOSTER PARENT RECRUITMENT & TRAINING					907								
11) ADOPTIVE PARENT RECRUITMENT & TRAINING					241								
12) CHILD CARE RELATED TO EMPLOYMENT/TRAINING													
13) TOTAL	1,446	1,044	127		34,246								

*States Only, Indian Tribes are not required to include information on these programs

FS-101, PART II: ANNUAL SUMMARY OF CHILD AND FAMILY SERVICES

OMB APPROVAL # 0980-0047
Approved through May 31, 2002

tate or IT _____ For FY OCTOBER 1, 99 TO SEPTEMBER 30, 2000 DUE JUNE 30, ____

SERVICES/ACTIVITIES	TITLE IV-B (a) I-CWS	TITLE IV-B (b) II-PSSF	(c) CAPTA*	(d) ILP*	(e) TTLE IV-E	(f) TITLE XX (SSBG)	(g) TITLE IV-A	(h) Title XIX (Medicaid)	(i) Other Fed Prog	(j) State Local Donated Funds	(k) NUMBER TO BE SERVED [ ] Families [ ] Individuals	(l) POP. TO BE SERVED	(m) GEOG. AREA TO BE SERVED
1 PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	290	293	120	565		807			625	517	30,000	Individual	Statewide
2) PROTECTIVE SERVICES	100									608	7,250	Reports of Abuse/Neglect	Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		280								3,300	175	Families	Statewide
(A) PREPLACEMENT PREVENTION													
(B) REUNIFICATION SERVICES												All Children in foster care	Statewide
4. TIME-LIMITED FAMILY REUNIFICATION	50	193								232	55	Families	Statewide
5. ADOPTION PROMOTION AND SUPPORT	115	192								200	900	Individual	Statewide
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE	9				14,930				1,800			All eligible children	Statewide/ Reservation
(B) GROUP/INST CARE					7,800				850			Individual	Statewide
7) ADOPTION SUBSIDY PMTS.					4,500								Statewide/Reser
8) ADMIN & MGMT	604	109			7,900								
9) STAFF TRAINING			10	4	1,350								
10) FOSTER PARENT RECRUITMENT & TRAINING					913								
11) ADOPTIVE PARENT RECRUITMENT & TRAINING					250								
12) CHILD CARE RELATED TO EMPLOYMENT/TRAINING													
13) TOTAL	1,156	1,067	130		37,657								

States Only, Indian Tribes are not required to include information on these programs

APPENDIX A

TRAINING PLAN

MAINE CHILD WELFARE TRAINING INSTITUTE
COOPERATIVE AGREEMENT FOR FY 2000 BCFS TRAINING

OCTOBER 1999

This Cooperative Agreement is under the auspices of the Memorandum of Understanding between the Department of Human Services and the University of Southern Maine regarding the DHS training institute (5/13/93). This is the ninth year of a continuation project. In accordance with the General Policy Agreement for the State/University Cooperative Projects, to qualify for exemption from competitive bidding, individual activities must include benefits and responsibilities on the part of the State and University. Following is an outline of the Outcomes (benefits) and Responsibilities under this agreement.

1. **Benefits and Outcomes for the State:**

- Concrete deliverables in the areas of staff training, organizational development and planning
- Increased knowledge and skills of BCFS staff, adoptive and foster parents and providers
- Enhanced funding for training and continuing education of BCFS staff, adoptive and foster parents and providers
- Ongoing consultation which allows BCFS to maximize the content expertise of line staff, supervisory staff and management
- Resources and support to stay current in field of expertise
- BSW students trained in the Outreach Education for Foster Parents Program

2. **Benefits and Outcomes for the University:**

- Internships, assistantships and capstone projects for university students, including BSW students provided with stipend
- Support for two (2) Graduate courses in supervision through University of Maine
- Tuition reimbursement that attracts students to university courses
- Expanding USM's course offerings to non-credit and certificate programs
- Access to state administrative and program data to conduct research and evaluation studies
- Resources and support to stay current in field of expertise
- Contributing to increased efficiency and cost-effectiveness of state government
- Funding and support for onsite graduate courses at DHS offices.

3. Responsibility and Costs for the State:

- Contributes to direct costs of projects
- Provides space in state offices for meetings, graduate classes and project work
- Allows active collaboration of staff in designing and implementing projects
- Gives access to DHS data, policies, procedures, technology
- Participates in joint hiring of staff for cooperative projects

4. Responsibility and Costs for the University:

- Contributes a percentage of assessed indirect as match to project budget
- Provides space in Augusta and Portland for project staff meetings and training
- Manages fiscal aspects of project
- Provides human resources management for project staff
- Gives access to university resources (library, computer services, telecommunications, etc.)

COOPERATIVE AGREEMENT FOR 1999-2000 BCFS TRAINING

I. BACKGROUND

The Maine Child Welfare Training Institute is the result of a collaborative effort between the State of Maine Department of Human Services/Bureau of Child and Family Services and the Edmund S. Muskie School of Public Service of the University of Southern Maine. The goal of the Child Welfare Training Institute (CWTI) is to coordinate the continued professional and personal development of staff at all levels throughout the Bureau of Child and Family Services (BCFS), as well as providers of child welfare services in Maine, to enhance the quality of services delivered to clients and to advance organizational objectives.

The framework for this training plan, which marks the ninth year of this partnership, comes from priorities identified by BCFS for the upcoming year and information obtained through studies of child welfare practice in Maine, goals set by various stakeholder groups, and the responsibility to implement the new state and federal statutes impacting child abuse and neglect. Working within this framework, training topics have been proposed by staff at all levels of the Bureau. A number of cross-cutting themes have emerged and will be integrated into all training that is offered in the coming year. Examples include: leadership, role clarity, support and retention of staff and providers, moving children to permanency, enhancing awareness of children's need for permanency further integration of the MACWIS automation system, and casework and provider practice skill development. As always, CWTI will strive to further integrate training and practice.

In addition to delivery of training during the coming fiscal year, an assessment of the planning process and the role of the training committees will occur.

II. OBJECTIVES

A. Pre-Service Training:

- To deliver pre-service training to new BCFS caseworkers.
- To provide coaching, assessment, and professional development planning in conjunction with supervisors of new caseworkers.
- To deliver an abbreviated pre-service training for staff hired and transitioning into non-casework positions within the bureau.
- To develop a Computer Assisted Training Program for new staff.

- To review curriculum, plan for regionalization and develop an evaluation process.

B. Ongoing Staff Training:

- To deliver centralized in-service training for staff, supervisors and managers.
- To deliver regionalized training programs for staff, supervisors and managers.
- To develop and deliver core practice modules for experienced supervisors and caseworkers, focused on current state-of-the-art practice in Child Welfare.
- To administer, plan for and evaluate ongoing staff training.

C. Reengineering Activities:

- To deliver centralized training in support of administrative initiatives to reengineer child welfare.
- To deliver regionalized training in support of administrative initiatives to reengineer child welfare.
- To develop and deliver training on Forensic Interviewing with Children and Adults statewide.
- To administer and evaluate training-related reengineering activities.

D. Professional Development Activities:

- To deliver professional development opportunities to supervisors via graduate courses in casework supervision and the supervisory mentoring program.
- To obtain memberships to professional organizations and to allocate funds for the purchase of professional publications and workshops.
- To design and administer a state-wide program to make graduate courses accessible to child welfare staff and to promote completion of MSW programs.
- To administer the professional development activities allocation.

E. Licensing Training:

- To provide centralized training for foster home licensing and adoptive staff to support move to combined study process
- To administer and evaluate the licensing training program.

F. Adoptive and Foster Family Introductory Training:

- To deliver regionalized training for foster and adoptive parents and relatives providing care and to provide ongoing consultation and feedback to the staff of the Bureau of Child and Family Services to support their work in promoting the safe placement and effective care of children.

- To maintain the relevancy and currency of the Introductory Curricula for prospective foster and adoptive parents and relatives providing care and to assure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.

- To administer and evaluate the Introductory Training within the Adoptive and Foster Family Training Program.

G. Adoptive and Foster Family Inservice Training:

- To deliver a range of inservice training programs to address the professional development needs of foster and adoptive parents.

- To increase access to training through the use of a variety of delivery methods and formats and the services of education coordinators (student interns).

- To provide training, recognition and respite to experienced foster and adoptive parents in residential settings as one means of retaining skilled providers.

- To develop and administer a training program for foster parents and staff in the Maine Caring Families Program and to continue to respond to emerging needs in the area of curriculum design and delivery.

- To administer and evaluate the ongoing training within the adoptive and foster family training program.

H. Provider Training:

- To administer and deliver a centralized training program for staff of the Maine Association of Group Care Providers.

I. Post Adoption Services

- To enhance the development of the adoption program by providing support for ongoing training for staff and providers.

- To expand the availability and effectiveness of post adoption support groups in Maine.

- To contribute to the development of treatment resources available to adoptive families by offering training in treatment approaches geared to the needs of children in adoptive placement.

III. WORKPLAN

A. Pre-Service Training

The goal of pre-service training is to deliver training for new child welfare professionals which provides basic knowledge of national and statewide child welfare practice standards, legal basis and parameters for intervention and current social work precepts. While last year's training expanded to encompass the integration of MACWIS and the new state and federal laws impacting Child Welfare, this year will continue this effort. Renewed attention will be paid to critical skill development such as anayalysis and decisionmaking, interviewing and conflict management skills, and reinforcing the professional identity of the caseworker within the larger systems impacting the work of the Bureau.

Objective One: To deliver Pre-service training to new BCFS caseworkers.

Pre-service training is a competency-based curriculum that is delivered in a twenty-three (23) day residential format. The new state and federal laws have emphasized timely safety and permanency for children. As a result, caseworkers must hone in on the critical casework skills including assessment, interviewing, and permanency planning. The ability to assess and work with parents is also a critical part of casework. Having increased the emphasis on the legal role of the caseworker during the past year, we now need to look at skills that will facilitate the intentions of the new laws. In addition, relative placement, concurrent planning, and other new practice and policy measures will be trained as the Bureau finalizes desired outcomes and practice standards. Topics within training include: Dynamics of Child Abuse and Neglect; Risk Assessment; Interviewing; Case Planning; Effective Placement Strategies; and introductions to all relevant legal and policy material, including the new state and federal laws pertaining to Child Abuse and Neglect and the Indian Child Welfare Act. In addition, all new workers receive three (3) days of training, which will allow them to access and utilize the state MACWIS (Maine

Automated Child Welfare Information System). In order to fully integrate MACWIS into training, a portable lab will be purchased and set up so that trainees can enter case information throughout the training and sample case progress.

An additional abbreviated session will be offered for new non-casework staff and for transferring workers moving from one position to another. This session will include relevant case flow, policy, and legal information as well as training regarding the new roles taken on and two days of training on MACWIS applications relevant to those new roles.

Outputs:

- One hundred (125) new caseworkers will have received twenty-three (23) days of pre-service training.

- Fifteen (15) Non-casework staff will receive a special seven day session to cover aspects of preservice training relevant to their positions

Objective Two: To provide coaching, assessment, and ongoing support for new workers and their supervisors in the context of the regional offices.

Pre-service trainers provide consultation to supervisors of new caseworkers in order to support the role of supervisor as coach, to provide continuity between training and practice and to assist in the development of a follow-up training program for each trainee.

Prior to the commencement of training, the training specialists meet with new caseworkers and their supervisors to discuss the assessment of each employee's learning needs and to plan for activities within and beyond the centralized training program which will assist supervisor and caseworker in assuring thorough job and skill knowledge.

These pre-meetings include a competency-based self assessment, review of Adult Learning theories, individual learning assessments, and resultant planning. In addition, specific Job Shadowing activities may be assigned; some to be completed in the regions and at least one experience to be conducted centrally.

When the centralized portion of training is completed, trainers again travel to meet with the supervisor and caseworker to discuss the progress and assessment of worker skill and competency development. Additional issues for training and development are identified and put into a plan for the first year of work within the Bureau.

An additional aspect of the relationship between training and supervision is also critical to ensuring positive transfer of knowledge. During this coming year, the trainers responsible for pre-service will be making additional efforts to convey the content of pre-

service to supervisors. In addition, the team has begun to lay the groundwork for developing checklists and post-training activities which would fit into the supervisory meeting and which would reinforce the activities of the pre-service residential session. During the past year, an intern with CWTI began a support group for new casework staff. This group was extremely well received and could be another way to offer ongoing reinforcement of the learning in pre-service.

Outputs:

- Supervisors will participate in a half-day meeting prior to and following centralized training which will allow them to consult with trainers and new caseworkers to build a customized development plan (50 contact days).

- New Caseworkers will participate in fifteen (15) days of structured job shadowing and on-site trainings as indicated in plan.

- Supervisors and Trainers will develop a way to integrate job shadowing and post training supervision to reinforce learning from the residential session.

Objective Three: To administer, review and revise curriculum, enhance regional support for the training and develop an evaluation process.

A curriculum revision workgroup comprised of BCFS and CWTI staff continue to make recommendations for changes to the content and format of the existing curriculum in order to increase the effectiveness of pre-service. In addition to the core workgroup, BCFS staff with expertise will serve as ad-hoc members. It is expected that a shift of some portions of the curriculum to a regionally based delivery will enhance the integration of training and practice.

Another major area of revision will be the development and initial delivery of a Computer Assisted Training Program. This program, to be web-based for easy revision and updating, will be modeled on the CAT model used by the Division of Support Enforcement and Recovery in the Bureau of Family Independence. The first part of the fiscal year will be spent with the development task force (jointly staffed by BCFS and CWTI) identifying areas of training well suited to this modality. Some likely topics include: Law, Policy, Case examples, MACWIS, Analysis, and Decisionmaking. The second half of the year will signify the onset of actual development and testing.

Regardless of whether training shifts, staff availability to support the application and implementation of knowledge to practice is crucial toward this end. Part of the planning effort will involve meetings/trainings with supervisors and managers that facilitate this transition. A comprehensive process for evaluating the effectiveness of pre-service,

including pre- and post-test instruments that cover competency development and transfer, will be developed.

The Caseworker Training Committee will continue to meet quarterly to provide oversight of the pre-service training and input from the regions regarding the training. In addition to current membership, which reflects regional and program staffing as well as expertise at different levels of practice, this committee will be expanded to include representation from the AAG's office and other key partners in Child Welfare, as identified by the Bureau. The committee will be instrumental in planning for FY 98-99 training.

Outputs:

- The pre-service curriculum will have been updated to reflect input about ways to effect better transfer of learning from the centralized training to the field.

- A Computer Assisted Training program will be developed to supplement and replace some current topics in Pre-service Training.
- A pre- and post-test model for evaluating the effectiveness of pre-service training will have been developed.

- The Staff Training Committee (25 people) will have met four (4) times and will have developed recommendations for FY 2000-2001 training.

- CWTI staff will have sent notice of pre-service training to potential participants and provided registration, evaluation and record keeping services.

B. Ongoing Staff Training

The goal of ongoing training is to deliver training for all child welfare professionals which provides state-of-the-art knowledge of national and statewide practice standards, legal basis and parameters for intervention and current social work precepts. In the coming fiscal year, training information and registration will be offered to Bureau Staff and tribal representatives who address Child Welfare Issues within their communities.

Objective One: To deliver centralized in-service training for staff, supervisors and managers.

In the past, CWTI collaborated with SETU to deliver a wide range of training on general topics in the field and in related disciplines. For this fiscal year, we will continue to collaborate with SETU on the generation of topics for the general DHS-wide training program. In addition, the CWTI team will focus on Child Welfare specific training topics

to be developed and delivered collaboratively. SETU will continue to provide support in securing locations and registration.

Centralized training delivery contributes to consistency of practice in that staff from all areas of the state are exposed to the same content. During the coming fiscal year, CWTI will be working to develop a set of emergent training issues to be delivered centrally. Topic identified to date include: *Trauma and Child Development* and *Analysis and Decisionmaking in Child Welfare.* These topics will be delivered in a manner to make them accessible to all staff.

In addition, topics designed to support the Bureau in retention of professional staff will be delivered

Outputs:

- Two training topics, open to all staff and representatives from tribal governments, will have been delivered over six (6) days.

- Three (3) training topics, open to all casework supervisors, will have been delivered over five (5) days, including:

    1. *Case Consultation and Supervision--3 days*
    2. *Supervision at the Crossroads: Caseworker Retention--1 day*
    3. *Supervision and Type--1 day*

- Two (2) training topics, open to caseworkers, in support of retention efforts will be delivered over four (4) days including:
    1. *Reflective Practice for Caseworkers (2 years experience)—2 days*
    2. *Experienced Casework Seminar (7 years experience)—2 days.*

- One (1) orientation for new supervisors will have been delivered over five (5) days.

- Development of ten (10) core practice modules will be developed for Supervisors and Caseworkers. Of these modules, Six (6) will be delivered statewide.

Objective Two: To deliver regionalized training programs for staff, supervisors and managers.

Regionalized training delivery provides an opportunity for staff to learn within the context of their own unique communities. Training sessions delivered in this format often include local professionals from related disciplines, either as presenters or participants, thus strengthening the local response to child abuse and neglect. Topics that

are suitable for this training format include Safety and Permanency Planning, with an emphasis on current legal trends and new judicial practices and systems; and topics focused on specific areas of practice.

Program Administrators and Staff need opportunities to meet and strategize around retaining staff. Although many retention issues fall outside of the range of training, there is a significant need to planfully address office morale and support issues. Current work on the issue of secondary trauma as experienced by Child Welfare Caseworkers suggests that the agency response to continued exposure to child abuse and neglect must be a planful and concerted effort. (Trish: is there any possibility of meeting to review the recommendations of the Retention Workgroup and the status of their implementation?)

Each CWTI training specialist will spend four days per month in the district offices and will work with each District to develop and implement a training plan that is tailored to the training needs of the that office.
Outputs:

- Twenty-six (26) days of on-site regional workshops (three days each: Sanford/Biddeford, Portland, Lewiston, Augusta, Rockland/Skowhegan, Bangor, Ellsworth/Machias; five days in Aroostook County) will have been delivered.

- Twenty (20) days of workgroup training for twenty (20) staff will have been delivered.

- CWTI will have assisted each District in creating its own annual training plan.

Objective Three: To administer, plan for and evaluate ongoing staff training.

The Staff Training Committee overseeing ongoing training will continue to meet quarterly to provide oversight of the training plan and to assess the response of staff to the training offered. The committee will be instrumental in planning for FY 2000-2001 training.

Outputs:

- The Staff Training Committee will have met four (4) times and will have developed recommendations for FY 98-99 training.

- CWTI staff will have sent notice of trainings to potential participants, including stakeholders and tribal representatives, and provided registration, evaluation and record keeping services.

C. Reengineering Activities

The goal is to support ongoing administrative initiatives that are designed to fundamentally reengineer and improve the functioning and the outcomes of child welfare practice within the State of Maine. Reengineering for the coming fiscal year will be mainly focused on implementation of recommendations resulting from the Federally Supported IVB Self-Assessment Process to be completed in FY 98-99. Broad topical areas include leadership, role clarity, Safety, and Permanency for Children. In addition, the further completion of updated policy and practice standards will guide skills based and competency based training initiative.

The continued transition to a new management team within the Bureau and increased input from stakeholders will also provide topics and collaborative training opportunities for Bureau Staff. Many districts are expanding their community-based response to Child Abuse and Neglect, which in turn affords more opportunity for mutual training and interdisciplinary opportunities.

In addition to statewide centralized training the Bureau has requested a new approach to working with diversity within Bureau Practice. An advisory group has been formed and will work together with CWTI and Bureau staff to develop five training sessions on the Indian Child Welfare Act and issues surrounding cross cultural placement, particularly focused on Native Children. That training will form the basis for an ongoing series on diversity issues in Child Welfare. The group will expand as appropriate to address other aspects of practice reflecting awareness and sensitivity to the increasingly diverse populations being served. The outcome will include a menu of trainings for all staff with a variety of training methods and opportunities and will likely continue to be a collaborative project with BCFS and the Adoptive/Foster Community.

Child Welfare Staff are encountering more difficult cases and are expected to work within diverse systems. The Bureau's staff work quite independently and rarely have the opportunity to learn from other colleagues statewide. In the past, the Castine Conference has provided an opportunity to meet together to share information and techniques. In the coming year, a similar format will be offered in two sessions to convene the whole staff for shared learning and collaboration. In the past, the statewide conference offered a variety of topics. In this year, the management group and the training committees will work to set a more cohesive agenda to promote consolidated learning and strategies for meeting the mission of the agency.

Finally, other statewide groups are doing collaborative work to promote a more holistic and supportive environment for work with Children and Families. Although many of these initiatives originate from the Court Improvement Project's Pilot Sites, The Children's Cabinet, and other Departments and Bureaus in State Government, the Bureau

of Child and Family Services may choose to become involved in training and other methods of implementation. The reengineering contract allows for these initiatives to be funded as they occur under the discretion of the Bureau Director. Examples may include providing speakers and consultants during implementation, cross-training for Bureau and other staff, and provision of research and learning materials for these purposes.

Objective One: To deliver centralized training in support of administrative initiatives to reengineer child welfare.

Outputs:

- The Bureau Director will have the ability to designate a two-day meeting/retreat which will assist her in working with key managers and with supervisory staff to promote a Bureau-wide vision and mission.
- Six hundred (600) staff will have had two (2) days of training on emergent issues in child welfare.
- Planning will begin for the Judicial Symposium to be held in the Spring of 2001.
- Ongoing planning and delivery of a menu of training sessions and other methods for study of diversity issues facing Child Welfare Professionals in Maine.

Objective Two: To deliver regionalized training in support of administrative initiatives to reengineer child welfare.

Outputs

- Six hundred (600) BCFS staff will have had four (4) days of on-site regionally based training to support anticipated changes in policy and practice.
- Program Administrators and their staff will have the opportunity to access and design training and collaborative meetings necessary to implement new policy and practice methods.
- CWTI and BCFS will jointly develop and deliver training, to be delivered statewide on Forensic Interviewing of Children and Adults. This training development will take six months and then delivery will commence to result in eighteen (18) training days
- Planning and delivery of five sessions on diversity related to the Indian Child Welfare Act (Three days funded through staff training) to be delivered jointly with the AFFT program to a combined audience of Adoptive/Foster Families and BCFS Staff

Objective Three: To administer and evaluate training related reengineering activities.

The integration of Management Vision and Training/Professional Development is a critical means for supporting the agency. CWTI staff continue to have direct involvement in high level agency meetings in order to anticipate training implications.

A comprehensive process for evaluating the effectiveness of training related reengineering activities, including pre- and post-test instruments that cover the short and long terms, will be developed.

Outputs:

- CWTI Co-director and/or staff will have participated in twenty-four (24) days (forty-eight half-days) of BCFS management meetings.
- CWTI Co-director and/or staff will have participated in eight (8) days of Systems Operations and Regional Operations meetings.
- The Systems Operations Committee (8 members) will have met four (4) times and will have made modifications to the planning process, the role of the CWTI committees and the feedback process to and from training constituencies.
- CWTI staff will have sent notice of training sessions to potential participants and provided registration, evaluation and record keeping services.
- CWTI and SETU will collaborate to maximize resources for logistical and evaluative processes.
- Support for special projects under the auspices of the Children's Cabinet relevant to Child Welfare Practice in Maine: i.e. meetings, training sessions, and other collaborative efforts.

D. Professional Development Activities

The goals of professional development activities are to promote the learning of new knowledge and skills, to maintain or enhance the academic and professional credentials

of BCFS staff and to encourage staff retention. Professional development opportunities outside of the formal training system promote interaction with non-Bureau providers and the University system.

Objective One: To deliver professional development opportunities to supervisors via graduate courses in Social Work, casework supervision and the supervisory mentoring program.

In the past six years, CWTI and UMO have collaborated to offer a graduate course in Social Work Supervision in a block placement. This course was followed last year by an Advanced Course in Supervision. These courses are often identified as important opportunities for professional development and for the development of a statewide dialog about supervision in Child Welfare. The graduate courses in casework supervision will allow supervisors to earn academic credit while networking with their peers. The clinical mentoring program pairs individual supervisors with a local clinician for the purpose of consultation regarding complex issues being encountered by the supervisor. Both programs are designed to enhance supervisory practice.

For those students interested in courses not offered on-site, Tuition reimbursement will continue to be an option.

Outputs:

- Ten (10) supervisors will have completed the initial graduate course.
- Fifteen (15) supervisors will have completed the advanced graduate course.
- Fifteen (15) supervisors will each have received twelve (12) hours of clinical mentoring.
- Child Welfare Staff will have completed approximately 160 child welfare related courses for academic credit under the provision of tuition reimbursement.

Objective Two: To obtain memberships to professional organizations and to allocate funds for journals, books, and workshops .

Through the resources described in this objective, staff will have the opportunity to network with their non-BCFS colleagues. Also, the availability of professional publications on site will provide timely access to current information pertinent to ongoing casework.

BCFS staff seeking specialized knowledge may attend workshops in and out of state. This privilege is offered under the supervision of the Program Administrators and the Bureau Director/Division Directors.

Output:

- Each BCFS office will have spent $1500.00 on new/renewed memberships/subscriptions to professional organizations and publications.

- BCFS staff will have attended one hundred sixty (160) child welfare related workshops.

Objective Three: To design and administer a state-wide program to make graduate classes accessible to child welfare staff and promote completion of MSW programs.

The 1997 study of caseworker retention in Maine included a follow-up survey of caseworkers who had left the Department. Some of the clearest data in the survey related to opportunities for educational leave to pursue an MSW. Ninety percent indicated that paid educational leave would have encouraged them to stay and over sixty percent said that unpaid educational leave would have encouraged them to stay. Meeting the requirements of the second year field placement represents the greatest hurdle. The Commissioner requested that CWTI work with the Universities offering MSW programs to deliver courses on site so that staff could use some work time and resources to pursue advanced degrees. The initial courses, offered in Bangor, were well received. As a result, this year the program will be expanded to other offices. In the spring of 1999 a survey was sent to all child welfare staff to explore their interest in attending graduate classes at their office location. Results of the survey demonstrated considerable interest in this initiative and in participating in a summer block placement to complete the field requirement.

Both the University of New England and the University of Maine indicated their interest and willingness to tailor a program to meet the needs of working professionals. In the coming year, courses will be offered in the following offices: Augusta, Bangor, Biddeford, Lewiston and Portland. The Professional Development Committee will provide on-going oversight and planning for this initiative.

The coming year will also be a planning and implementation year for finding placement opportunities which allow the Bureau to meet staffing needs and yet allow staff interested in pursuing the MSW to do so. The current priority is to negotiate with the Schools of Social Work to develop and offer on-site graduate courses and summer block placements.

Outputs

- Recommendations on approaches and agreements with academic social work programs to support staff in completing MSW degrees

- 10 Courses to be offered on site (five in the Fall and five in the Spring semester)

- BCFS staff will have completed 160 child welfare related courses for academic credit under the tuition reimbursement program.

Objective Three: To administer the professional development activities allocation.

The Professional Development Committee will continue to meet quarterly to review the extent to which BCFS staff have participated in professional development opportunities. The committee will be instrumental in planning for FY 98-99 professional development activities.
Outputs:

- The Professional Development Committee (10 members) will have met four (4) times and will have developed recommendations for professional development activities for FY 2000-2001

- CWTI will have informed BCFS staff of the amount of professional development funds allocated to each office, assisted the Bureau (upon request) in developing and applying criteria for individual awards and processed the bills and maintained usage records for professional development activities.

E. Licensing Training

The Foster Care Licensing Staff is embarking on a new way of doing business. The implementation of a Combined Study process will bring Licensing and Adoptive Staff closer together so that families interested in either adoptive or foster care can expect the same study process and can also be identified as appropriate for either type of placement. In bringing this work together, Foster Care Licensing and Adoptive Staff will be identifying needs for training to support their new process. In particular, topics previously requested by the Licensing Training Committee will be offered to both staff groups as they can be applied to the Home Study process in either workgroup. This focus includes effectiveness of communication with prospective providers, promoting the use of the combined study format, exploring methods for assessing the ability of relatives to provide safe care, and working towards an integrated approach to licensing statewide.

Objective One: To provide centralized training for foster home licensing staff in areas which are specific to their role and responsibilities. Other staff, particularly Adoption Caseworkers, may be included in the training.

Outputs:

- Five (5) days of training will be delivered on topics to include:

  Fundamentals of Licensing
  Effective Communication with Prospective Providers
  In-Depth Assessment of Families for Foster Care and Adoption
  Assessment of Risk in Foster and Adoptive Homes and Kinship Care
  Child Development/Child Management

Objective Two: To administer and evaluate the licensing training program.

Outputs:

- Licensing staff will be notified of training an logistical support for notification and enrollment will be provided.

- Ongoing evaluation and revision of training will occur based on staff feedback.

- The Licensing Training Committee will meet four times to evaluate training needs and training delivery and to develop recommendations for training for the coming year.

F. Adoptive and Foster Family Introductory Training

The goal of Introductory Training is to give prospective foster and adoptive parents, including Native American foster parents and relatives who provide care, the foundation needed to work effectively with children, their families and the other professionals with whom they will interact as caregivers.

Objective One: To deliver regionalized training for foster and adoptive parents and relatives providing care and to provide ongoing consultation and feedback to the staff of the Bureau of Child and Family Services to support their work in promoting safe placement and effective care of children.

Introductory Training is a 24 hour competency based curriculum that encourages participants to explore their motivations for becoming foster and adoptive parents, the make-up of their family system, including sources of support and areas needing

development. Educators strive to develop an atmosphere conducive to self reflection and disclosure as a means of better understanding how each person can best prepare for the integration of a child with special needs. Knowledge of the systems with which parents will interact, the impact of abuse and neglect on children, the importance of the birth family and impact of separation on both children and parents are some of the many areas covered. Participants are encouraged to consider others' views, values, cultures, orientation, etc. as essential ingredients in forming constructive working relationships with others in these systems.

Outputs:

- Thirty (30) rounds of Introductory Training, including groups for relatives providing care, will be delivered by CWTI educators. Staff will explore the feasibility of co-training additional sessions with trained staff from private adoption agencies. (An additional six (6) rounds will be provided through another contract.)

- Closing sessions will be held with district staff and parents completing training to discuss the impact of training on each participant, highlight strengths and challenges and complete a professional development plan.

- Adoptive and Foster Family Educators will develop written summaries for those who complete training and make them available to Bureau staff for their records

- Regular meetings will be scheduled with district staff to assure communication remains open and to address any problems that arise during training. A minimum of ten (10) meetings will be scheduled during the year.

Objective Two: To maintain the relevancy and currency of the Introductory Curriculum for prospective foster and adoptive parents and relatives providing care and to assure others delivering the curriculum are knowledgeable in the approaches necessary to achieve desired outcomes.

A curriculum revision workgroup, composed of Adoptive and Foster Family Educators, Bureau staff, educators from the private foster care agencies and Training Advisory Committee members, will convene to make needed changes to Introductory Curricula in order to assure its continued effectiveness in conveying appropriate information to prospective foster and adoptive parents. Bureau staff and others will be invited to comment on any changes.

Outputs:

- Introductory curriculum for relatives providing care and for new foster and adoptive parents will be revised and updated to incorporate changes in federal and state laws, child welfare practice and new training approaches.

- Private foster and adoptive agency staff will receive training on the curriculum in 3 sessions for Training For Trainers. AFFT staff will consult as needed with other trainers.

- Staff will make use of conferences, training programs and professional reading to assure practice reflects current thinking in the field and the most current and effective training approaches.

Objective Three: To administer and evaluate Introductory Training within the Adoptive and Foster Family Training Program.

The Introductory Training program is designed to build on existing competencies of new foster and adoptive parents. The competency model will be refined as needed to allow its use in effectively evaluating the transfer of knowledge that occurs in this training. With the assistance of an evaluation specialist, tools will be revised to demonstrate this transfer. The link between Introductory and Inservice training will be strengthened through the use of professional development plans and a database designed to inform staff and the Bureau of ongoing training needs of foster and adoptive parents as well as create a profile of parents in Maine. CWTI staff will continue to provide logistical support necessary to the scheduling, delivery and record keeping associated with this training. The work of this program will continue to have the input and guidance of a training advisory committee.

Outputs:

- Competencies and evaluation tools will be revised to assess knowledge acquisition that occurs through Introductory Training delivery.

- The Training Advisory Committee, composed of Bureau and CWTI staff, and foster and adoptive parents will meet four times during the year. District workgroups will meet as needed to assure training reflects current trends/thinking and is responsive to Bureau/provider needs.

- CWTI staff will collaborate with district staff in the scheduling of Introductory Training and will provide for registration, evaluation, and record keeping.

- A database will be designed to capture the education needs of parents just completing Introductory Training. Additional data collection will provide a profile of foster and adoptive parents in Maine, to include educational level, family makeup, type of care, and date of first placement, among others.

G. Adoptive and Foster Family Inservice Training

The goal of Inservice Training programs is to provide training and support to experienced foster and adoptive parents, including Native American parents and relatives providing care, to assist them in their professional development, provide respite and recognition and contribute to the retention of trained and effective caregivers. An important component of this program within the AFFT program is the development of curricula and other tools which are responsive to the changing needs of caregivers and staff who work with them.

Objective One: To deliver a range of inservice training that responds to the professional development needs of foster and adoptive parents.

Outputs:

- Seventeen (17) training topics (6 hours each) will be delivered to 25 participants statewide. (Six additional topics in the area of Human Sexuality will be funded through the Bureau of Health.) A catalogue describing these programs will be developed in collaboration with the Staff Education and Training Unit and distributed to foster and adoptive parents, including Native American parents, relatives providing care and Bureau staff. This expanded catalogue is designed to offer more opportunities for foster parents to meet annual training requirements.

  Topics include the following developed by the Training Advisory Committee:

  Understanding the Adoption Process: Transitions from Foster Care to Adoption
  Replacing Power Struggles with Natural and Logical Consequences
  *Day to Day Living with Children Prenatally Exposed to Alcohol and/or Drugs
  Taking Care of Yourself Means Better Parenting
  Social and Cultural Integration of Foster and Adoptive children
  *Proactive Crisis Prevention
  The Seven Duties of a Foster Dad and The Language of Love
  Elements of Discipline
  *Attachment Issues in Children
  Alternative Discipline for Foster and Adoptive Parents
  *Children with Difficult to Severe Behaviors: How to Manage Them...and You
  Dealing with Difficult Behaviors of Children with ADHD and Other Neurological Problems
  Supporting Children and Ourselves Through the Feelings of Transition
  *Basic Child Development

*topics that that could be eliminated per AFFT Committee

The following will be provided by CWTI staff:

Parenting Children Affected by Parental Alcoholism or Drug Addiction
Listening Well to Children and Helping Them Learn to Identify, Express and Work Through Feelings

The following programs will be provided through funds from the Bureau of Health. Topics were chosen by the Training Advisory Committee:

Teaching Children Sexual Responsibility (Including Children with Developmental Delays, Impulse Control problems, Oppositional-Defiant Behavior, Sexual Behavior Problems and other special needs) *offered twice*

Promoting Healthy Sexuality (for parents and staff working with puberty age and older children and teens) *offered twice*

Promoting Healthy Sexual Development (for parents and staff working with children 10 and younger) *offered twice*

Social Sexual Issues of Adolescence (for parents and teens together)

Gender Identity, Sexual Orientation and Children

- Training will be offered in five sites to staff and parents on the Indian Child Welfare Act and cultural needs of Native American children.
- An updated Foster Parent Handbook, a resource manual for parents and staff, will be distributed this year.

Objective Two: To increase access to training by providing a variety of formats and delivery methods and through the use of Outreach Education for Foster Parents (student interns).

Inservice Training for foster and adoptive parents and relatives providing care is viewed as essential to the ongoing development of skills contributing to the provision of safe and effective care of children. Many barriers limiting access of parents to training exist: geographic barriers, work schedules, lack of availability of training in some areas, lack of awareness of scheduled training, lack of appropriate child care, etc. Through the use of a

variety of training formats and with the support of the Outreach Education for Foster Parents Program, access will be increased. CWTI staff will continue to explore options for training delivery approaches that maximize availability and will expand methods of communication about training events statewide.

Outputs:

- Three hundred Correspondence Courses will be available through a renewed contract with the New Jersey Foster Parent Association. This format offers training in approximately 25 areas of interest at times and places most convenient for parents.

- Five seminars will be available statewide to parents in their districts. Seminars allow for the development of programs and formats responsive to district needs.

- Through the Outreach Education for Foster Parent Program student interns will be placed in district offices to work with Bureau staff and foster parents to identify training needs and assist in eliminating barriers to training.

- Program Administrators in each of the eight districts and in the Maine Caring Families Program, will be allotted a total of $11,250 to support requests of foster and adoptive parents to attend training sponsored by other agencies, to purchase training materials or to develop programs within their districts.

- CWTI's website will be updated and expanded to include links to agencies delivering training and support to parents as well as to provide a current schedule of training available through the Institute.

- CWTI staff will explore options for offering inservice training in alternative formats.

Objective Three: To increase the retention of foster and adoptive parents through provision of training, recognition and respite.

There continues to be a shortage of foster and adoptive parents available to provide care to children in the care and custody of the Department of Human Services. Through recruitment efforts, Bureau staff address the need for a range of new placement resources. Residential Training opportunities contribute to the retention of existing resources.

Outputs:

- Two (2) weekend Retreats, each accommodating up to 40 experienced parents will be delivered.

- One Camp Conference, serving up to 100 families, will be provided.

- CWTI staff will make use of the study (to be completed in October) examining factors contributing to foster parents' decisions to continue providing care or not in developing programs for next year.

Objective Four: To develop and administer a training program for foster parents and staff in the Maine Caring Families Program and to respond to emerging needs in the area of curriculum design and delivery.

The Maine Caring Families Program is a therapeutic foster home administered by the Bureau of Child and Family Services. In order to provide the highest level of care possible, foster parents and staff require ongoing support and training. CWTI staff will focus on developing training that is responsive to each one's professional development and to programmatic needs and changes. The work will include development of evaluation tools and outcome measures for use in determining the effectiveness of intervention. Curriculum design and delivery will respond to the needs of parents providing therapeutic care.

Outputs:

- Assessments of training needs will be conducted with MCF parents as a basis for developing programs. Professional development plans will be in place for each parent.

- Training needs for the MCF program itself will be assessed with staff and members of the support agencies. Eight days of training in a variety of formats will be provided

- MCF program needs will be assessed with Bureau staff and plans devised to address them in this contract year.

- CWTI staff will provide a link to the private foster care agencies to assure both Introductory and Inservice training is available, designed to meet the training requirements and can be easily accessed.

- Curricula will be developed in response to specific needs and in collaboration with staff from private foster care and adoption agencies. Field tests will be completed on curricula prior to dissemination.

Objective Five: To administer and evaluate the Inservice Training Programs within the AFFT program.

Inservice training focuses on the development of skills required by caregivers to meet the various needs of children in their care. A range of programs is provided to meet not only the developmental needs of the caregivers, but also to address their needs for skill development in specific areas. Competencies will continue to be refined to more

effectively support assessment of professional development and to reflect the changing needs of caregivers as the needs of children in their homes become more complex.

Outputs:

- Competencies will be broadened to incorporate the needs of the therapeutic and treatment level parents. Measurability and clarity are key.

- With the help of an evaluation specialist, tools will be revised to effectively capture the extent to which transfer of skills occurs in training. Trainers will be encouraged to build skill practice in training they deliver.

- The Training Advisory Committee will meet four times during the year with district workgroups meeting in the interim to develop specific training programs in response to Bureau priorities and district needs.

- CWTI staff will notify district staff and potential participants of inservice training programs and will provide for registration, evaluation and record keeping.

H. ***Provider Training***

1. Maine Association of Group Care Providers

Through a continuing agreement with the Maine Association of Group Care Providers, CWTI will assist in the development and delivery of training to youth care workers and administrators. The goals of this training are to raise the awareness of staff to issues affecting youth living in group care and to increase the level of skill of those individuals working directly with youth. Exploration of credentialling programs for youth care workers will begin. Staff and foster parents working with the private foster care agencies are also invited to attend these courses. Staff recognition and reward are additional components of this training program. Registration fees are designed to recover the cost of the programs.

Objective One: To administer, deliver and evaluate a centralized training program for staff of the Maine Association of Group Care Providers.

The Maine Association of Group Care Providers will oversee training by reviewing registration data and program evaluations. CWTI staff will handle all logistics for the training and promote ongoing communication with the Association. Staff time will be made available to assist in locating resources for developing credentials for staff.
A program on Effective Supervision will be made available through an agreement between CWTI and the Child Welfare League of America. This will offer up to 30 supervisors intensive training designed to increase their effectiveness in managing and developing staff.

Outputs:

- A catalogue of training will be developed, describing the 16 programs available. The catalogue will be distributed in early August with programs beginning in September.

  Topics include the following:

  Communicating with Kids Who are Troubled
  Lights, Camera, Action (movie clips used to illustrate important concepts in work with kids who are troubled)
  Managing the Behaviors of Kids with Conduct Disorders
  Skills Based Casework
  Preparing Adolescents for Independent Living
  Boundary Issues in Residential Care
  Child Sexual Abuse
  Adolescent Behavioral and Emotional Disorders and DSM-IV
  Psychotropic Medication: Administration, Documentation, and Uses
  Working with Clients Who Are Aggressive
  Professional Writing Skills
  Critical Thinking
  Working With Youth with Attachment Problems/ Using Resiliency
  Lethality: Understanding and Evaluating
  Creative Client-Centered Recreation
  Team Building and Burnout Prevention

- Eighteen (18) Hours of training on Effective Supervision will be made available to selected supervisory staff in the Group Homes

- CWTI staff will provide all logistical support associated with these training programs

- CWTI and members of the Professional Development Committee of the Maine Association of Group Care Providers will work together to assure training needs are met and that appropriate records are maintained.

- CWTI staff will identify resources for the Committee's use in establishing a credentialling program for youth care workers.

I. Post Adoption Services

With more attention focused on the predictable needs of adoptive families, it is incumbent on those working with parents and children to be increasingly aware of the

most effective and respectful interventions available for responding to their requests and needs for service and support following legalization. The purpose of this program is to provide for ongoing professional development of BCFS staff and others working directly with children and families affected by adoption and to build in additional opportunities for support for parents.

Objective One: To enhance the development of the adoption program by providing support for ongoing training for staff and providers.

Outputs:

- Three days of training will be developed and delivered to staff and other providers of direct services to families. CWTI will provide logistical support, including assisting in program development, notice to participants, site coordination, record keeping and evaluation, processing of expenses, etc. Up to sixty staff and others will participate in 18 hours of training.

- A total of $4000 in two equal installments will be made available to reduce costs (and therefore registration fees to parents) of statewide conferences sponsored by MFPA, the Adoption Forum, Care Development. Contributions will be applied to the facility. One hundred foster and adoptive parents will attend the conferences.

Objective Two: To expand the availability and effectiveness of post adoption support groups in Maine.

As the number of adoptive families continues to grow so does the need for ongoing, high quality and dependable support. The purpose of this agreement is to assist in the development of additional support groups in Aroostook County and in the Ellsworth/Machias areas. Support group facilitators will be encouraged to take advantage of opportunities to meet to share suggestions for addressing the needs of the parents with whom they work, discuss Bureau philosophy, program issues, initiatives related to adoption, and to receive training designed to increase their effectiveness as group facilitators. Resources in the form of travelling libraries will be purchased for use in Washington and Hancock Counties.

Outputs:

- Four support groups will be developed and supported through this contract: 3 in Aroostook County and one in Washington and Hancock Counties. Each will run for 10, 3-hour sessions. CWTI will develop contracts with facilitators to reimburse for expenses, coordinate site work, develop announcements and provide other logistical support.

- An additional library, for use in Washington/Hancock counties will be purchased.

- Two days of centralized training will be offered to support group leaders to share information and resources while increasing the effectiveness of support provided to parents.

Objective Three: To contribute to the development of treatment resources available to adoptive families by offering training in treatment approaches geared to the most pressing needs of children in adoptive placement.

One of the most significant issues facing children moving into adoptive placement is the challenge they face as a result of interrupted and harmful relationships. Adoptive parents often need help as they work to establish healthy attachments with these children. Theraplay is a therapeutic approach designed to incorporate the parents as an integral part of treatment provision that addresses the treatment needs of children who have difficulties with attachment. Expanding those treatment resources within the state is the purpose of this objective.

Outputs:

- One three-day training session for a maximum of twenty clinicians will be offered by the Theraplay Institute. Registration fees paid by participating clinicians will absorb a portion of the costs. CWTI will develop the contract with the Theraplay Institute, handle logistics, registration, record keeping, and evaluation.

- Supervision and consultation to newly trained therapists will be provided six times a year by staff at the Hampshire Institute through a contract developed by CWTI.

- Consultation and collaboration with others working in the area of attachment will be incorporated in a one-day seminar for clinicians. This will promote a common understanding of similarities and differences in approaches as well as a network of providers who have common goals.

APPENDIX B

TITLE IV-E WAIVER APPLICATION

STATE OF MAINE

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Child Welfare Demonstration Project Proposal and Title IV-E Waiver Application

I. INTRODUCTION

Under Section 1130 of the Social Security Act, the Department of Health and Human Services has been given authority to approve up to ten State proposals for Child Welfare Demonstration Projects in each of the five fiscal years 1998-2002. In designing that authority, Congress and the Administration sought to give new impetus to dismantling barriers that may exist between children waiting in foster care and the permanent placements they need, while at the same time assuring the safety of children and protecting the rights of children and their families. In March of 1998, Kevin W. Connannon, Maine's Commissioner of Human Services, sent a Letter of Intent to submit a proposal to reach those goals by requesting a waiver of certain requirements of Title IV-E of the Social Security Act.

Vision Statement and Goals

Maine's particular interest is focused on identifying and addressing barriers that result in delays to adoptive placement for children in foster care. Specifically, Maine proposes an innovative demonstration project related to children who are currently in foster care, but whose needs would best be met by adoption. This would be accomplished by means of a two phase approach:

First, the Maine Department of Human Services would design and implement an adoption training curriculum for mental health professionals and other service providers. This training would be offered statewide, and made available to all private nonprofit and volunteer agencies. These agencies would in turn then

provide services to Maine families in need of post-adoption services. The training curriculum, discussed in more detail elsewhere in this proposal, would include topics focused on special adoption-related issues, including (but by no means limited to) considerations such as ethnicity, gender issues, regional differences and cultural diversity.

The Second step of the waiver would be the purchase and delivery of post-adoption support services to children and families. The Department would develop a "menu" of post-adoption services which would be available to families. The level of intensity of the services would decrease over time until a point where the services would be completely discontinued, with the exception of crisis services. Crisis services would be available until the child reached the legal age of eighteen.

The outcome goals of this anticipated project are twofold:

1. to increase the number of special needs children who are adopted, and
2. to decrease the number of adoptions which are disrupted.

It is anticipated that the combination of first-phase training with second-phase adoption-support delivery will accomplish the project's goals by:

* Strengthening family integration, to assure that families stay together
* Strengthening attachment, by building on former attachments
* Strengthening family functioning, including the ability to manage and solve problems
* Strengthening family entitlement and claiming, to maximize the extent to which all family members develop a permanent family identity
* Strengthening individual identity formation of family members, to enhance the identify of each member within the new family relationship
* Strengthening community networks, to assure knowledgable, competency-based, quality supports which families can readily access.

The project is expected to involve the public, be cost neutral, and be subject to rigorous independent evaluation, all as discussed in more detail below.

II. BARRIERS TO ADOPTION

A. National Overview

1. Systems Barriers

National recognition of the need to improve adoption services has been reflected in two significant recent initiatives: the Adoption and Safe Families Act (ASFA) of 1977 (P.L. 105-89, amending portions of the Social Security Act); and the Adoption 2002 Initiative, which anticipates that by the year 2002, the number of children who are adopted or permanently placed each year will double. There are, however, some systems barriers, including financial incentives which encourage keeping children in foster care rather than moving them into adoptive homes. According to information published by the North American Council on Adoptable Children, in a number of states adoption assistance policy and practice create disincentives for moving children out of long-term foster care and into adoptive families. Children with extensive needs are often eligible for relatively high foster care rates and other critical supportive services. However, those dollars and services may be unavailable in states which need to control adoption assistance costs. Faced with the inability to financially meet a child's extraordinary needs without additional resources and continued services, many foster parents decide not to adopt. (Achieving Permanence for Every Child, A Guide for Limiting the Use of Long-term Foster Care as a Permanent Plan; North American Council on Adoptable Children, 1997 at p. 22). In Maine, for example the current board rate for a special needs child in foster care is approximately $60.00 per day; while a family receiving an adoption subsidy for the same child might be entitled to receive only about $25.00 per day.

Another barrier involves federal adoption assistance eligibility requirements. While States can use Title IV-E federal matching to provide adoption assistance

payments to parents who adopt TANF or SSI-eligible children with special needs, not all children who receive adoption assistance are eligible for Title IV-E funds, and may not be eligible for Social Security payments. Adoption subsidies for children who are not eligible for federal funds are paid from state sources, and payment may be linked to the income of the prospective adoptive home. Consequently, where families with higher incomes may be able to receive adoption assistance only if a child is federally-eligible, long-term foster care remains a more appealing financial option for them.. (Id. at 22; see also *Rate Differentials Between Foster Care and Adoption Subsidy,* North American Council on Adoptable Children, 1997)

2. Other Barriers

Adopting children with extraordinary needs is a challenging undertaking under the best of circumstances. Even where adoption subsidies may be equal to relatively high foster care rates, these children's phsical, developmental or emotional disabilities require special attention and care, not to mention a significant investment of time and understanding. Families who choose to adopt understand that adoption is a lifelong process which affects all parties, and which carries with it lifelong core issues for all triad members (i.e. birth parents, adoptees and adoptive parents). "Regardless of the circumstances of the adoption or the characteristics of the participants, all triad members ...[i.e. adoptees, birth parents and adopting parents]... must at some point deal with issues relating to loss; rejection; guilt and shame; grief; identify; intimacy; and mastery or control." Deborah Silverstein & Sharon Kaplan, "Lifelong Issues in Adoption," *Working with Older Adoptees,* edited by Loren Coleman, et. al., University of Southern Maine, Portland, Me, 1988 at p. 54.

Moreover, to meet the particular needs of adopting families, it has become increasingly apparent over the last decade that post-adoption services, so necessary to strengthen the family and to prevent disruptions, have been lacking. As Marietta Spencer noted a decade ago,

> Post-adoption services cover a significant variety of potential areas of concern. These services should

> Post-adoption services cover a significant variety of potential areas of concern. These services should be designed to enhance family adoption and adjustment, domains where the essential elements of post-adoption issues lie. ... It is clear that adoption ... is a socially accepted, legally supported, family-building method involving a life-long commitment. As in other human situations, some of the individuals who are members ...may have personal and/or relationship issues complicated by adoption. The professional challenge is to help clarify and normalize adoption ... client concems.
>
> Marietta E. Spencer, "Post Legal Adoption Services: A Lifelong Commitment" Haworth Press, Inc., 1988 at p. 156.

"Normalizing adoption ... client concerns" has been the focus of inquiry in some states for the past several years, of course, and some common issues have been identified. In Vermont, for example, the Vermont Adoption Project recommended a continuum of support services which would be made available in response to needs expressed by adoptive families of children with special needs. These include, among other things: gaining access to their adopted child's full history; getting immediate help in a crisis, including short-term out-of-home care; assistance with serious behavior problems at home, school and in the community; advocacy services; analysis and referral services; and access to mental health and community supports from providers with specific knowledge of adoption concerns. Kathleen J. Moroz, *Supporting Adoptive Families with Special Needs Children,* A Handbook for Mental Health Professionals, The Vermont Adoption Project, 1993 at 59. Research in Maine confirms that those same concerns exist in this state.

3. A Final Barrier: Disruptions

A final "barrier" to adoption - at least where adoption is defined as a permanent, lifelong relationship, is disruption. The possibility of disruption is especially pertinent in those cases where families have adopted special needs children from the foster care system. Children who do come into the foster care system are, by definition, those children whose birth families have been unwilling or unable to provide them with safe homes; and whose families have failed to rehabilitate and reunify the with the children in a time reasonably calculated

to meet the children's needs

A subsequent disruption of another permanent home for the child is problematic for two significant reasons: first, with respect to the child and family, the psychological and social impact is heavy. Dissolution of a child's "new" permanent family can easily replicate and reinforce the trauma which the child experienced in his or her "original" family loss, with long-term, sometimes lifelong behavioral, psychological and social sequelae. However, a disrupted adoption is also significant from a "systems" point of view.

First,children returning to the foster care system after having been adopted are frequently in need of a high level of therapeutic (and sometimes residential) care, and where such available placements are limited or non-existent in-state, finding appropriate placements is a particular challenge. From a financial perspective, a disrupted adoption is especially problematic because even if an adopted child is living outside the home (in foster care, for example) adoption assistance payments to the parents must continue. Thus, there is a double cost associated with a disrupted adoption: the cost of foster care plus the cost of adoption assistance payments.

B. Adoption of Foster Children in Maine

There are currently three thousand (3,000) children in the care or custody of the Maine Department of Human Services. Of that three thousand, five hundred thirty-five (535) children are currently legally freed for adoption. In 1997 one hundred eleven (111) foster children from the Department were adopted.

Until now, there have been no specific programs targeted at increasing the number of adoptions finalized in Maine, although there has been significant public interest in adoption generally. In 1989, for example, by means of an Adoption Task Force appointed by the Governor, the Maine Department of Human Services undertook a fairly extensive research project designed to gather information about adoption issues from all members of the "adoption triad" - that is, the birth parents, adoptees and adoptive parents. *see,* Reports of the Adoption Task Force, Maine

Dept. of Human Services, 1989. As a result of the data and information gathered, a variety of recommendations were made, including an increase in the availability of support services to adoptive families. The recommendations acknowledged a paucity of agencies, mental health and social service providers whose work focused on post-adoption services. Based upon the range of needs articulated by adoption triad members during the Task Force Study, the following were identified as necessary but lacking:

* Adoption related training for the different professionals and others dealing with adoption;
* Coordination of adoption services;
* Meeting significant unmet services both pre- and post-adoption
* Assuring a public and private sector partnership; and
* Providing a focal point for leadership in the development of adoption programs which is more accountable to the Legislature and to the public.

Report of the Adoption Task Force, 1989 at page 23. Although a decade has passed since these these recommendations were first made, they have never been implemented.

In June of 1997, the Quality Assurance Unit within the Bureau of Child and Family Services (BCFS) completed a report which reviewed the cases of young children (ages 0-5 yrs.) who had been in the Department's custody for two or more years. It was determined that the average length of time that children spend in the Maine foster care system is 25.79 months. This exceeds the national average of 19.79 months. For those children eventually adopted, most were apt to be adopted by the foster families with whom they were initially placed. However, in several cases reviewed, the foster parents with whom the child was orginally placed expressed a desire to adopt, but were reluctant to do so because they feared a loss of both supportive and financial resources. They felt that post-adoptive services might not be sufficient. *Quality Assurance Review of Young Children in the Department of Human Services Custody for Two or More Years,* Maine Dept. of

Human Services, June 23, 2997 at p. 9. These beliefs are realistic for a variety of reasons, not the least of which is that that Maine lacks enough trained professionals to deliver post-adoption services to families, even when there is funding to purchase such services.

In August of 1997, a Special Needs Adoption Task Force convened by the Maine State Legislature completed its study of ways to increase the number of special needs adoptions in the state. One of the unanimous conclusions of the task force report was that the lack of post-adoption supports for parents and children prevented many adoptons.

III. DEMONSTRATION PROJECT - DESCRIPTION OF THE SCOPE AND TYPE OF SERVICES TO BE PROVIDED

To meet the challenges presented by current adoption barriers, and to implement the recommendations of Maine's adoption Task Force studies, the Maine Department of Human proposes a dual-phase response, as described below.

Phase One: Training Curriculum for Professionals

The Department will design and implement a training curriculum specifically aimed at increasing the awareness, knowledge and skills of mental health and other service providers which relate to adoption issues. In addition to addressing such broad issues as ethnicity, gender issues, regional difference and cultural diversity, the curriculum will include training on the following topics:

* The seven core issues of adoption:
  - loss
  - rejection
  - guilt and shame
  - identity
  - intimacy
  - control
* Family systems
* How adoption is different

* "Adoption friendly" language and awareness
* Working with/dealing with open adoption
* Building relationships/maintaining sibling relationships
* Integrating adopted children into a family: blending and birth order issues
* Working with children on birth family issues/ lifebook issues
* Attachment and bonding
* Special needs: ADHD, PTSD, Fetal alcohol syndrome, mental illness
* Medications
* Identifying stages moving toward disruption of adoptions
* Behavior management
* Sexual issues: behavior normative to special needs populations
* How to ask for help: overcoming stigma
* How to help other professionals become more sensitive to adoption issues
* Community education (schools, Headstart) - helping the community become more sensitive and "adoption-friendly."
* Adoption subsidy: how and why
* Resource Directory for possible support services

Some general topics would also be included in the curriculum, such as:

* Child Development: Stages and normative crises
* Effects of trauma and child maltreatment on developmental stages/ cult issues
* Infant mental health

This curriculum would be offered on a statewide basis to all private nonprofit and volunteer agencies who would provide services to Maine families in need of post-adoption services. In particular, however, at least in the early stages of the demonstration project, providers would be targeted in the geographical regions

where identified project study sites are located. (A more detailed description of these sites appears below). Participants will be invited to attend intensive training extending over a three-to-five day period, most likely to be offered in a conference format. Presently it is expected that such training would be offered annually as well, to increase the pool of providers. The costs of annual training is included in the cost analysis discussed shortly. The list of invitees to annual trainings would expand over time to include community members, who interact with adoptive families (e.g. teachers, Head Start personnel) and who could provide support to the families. Additional, short term topical continuing education will be offered throughout the life of the demonstration project, as other issues become identified.

Outcomes: Development of a comprehensive adoption curriculum, along with its implementation will result in the creation of "pods" or groups of adoption-proficient providers, initially in the targeted study site locales, and subsequently statewide. Providers will become proficient and competent experts in adoption issues. They will, for example, be able to assist the family to identify those family dynamics which are indicative of a potential disruption. They will be able to help the child and family cope with issues relating to the child's birth family, including siblings who may be adopted elsewhere. They will, in short, be trained to provide quality supports in all the areas identified curriculum. With the availability of such a pool of experts, it is expected that parents experiencing difficulties common to adoptive homes will take advantage of support groups and other available supports, which will reduce isolation and minimize any reluctance the adoptive parents may have in asking for help when help is required. These supports, in sum, are expected to promote family stability and reduce disruptions; and also to encourage other community members to consider adoption for themselves and their families.

It should be noted that the establishment of this training curriculum is seen as having long-term benefits related to the President's Adoption 2002 Initiative. In order to accomplish the primary goals of that initiative, especially

the goal of doubling the number of adopted children and assuring that these children and families remain together, the states, including Maine, will need to move towards building an infrastructure of knowledgable clinicians and other service providers providers who can help families cope with all the issues unique to the adoption experience.

Phase Two: Post-Adoption Support Services

1. "Menu" of Services

As has been previously noted, the challenges faced by families who adopt special needs children can be formidable. It is hypothesized in this proposal that by increasing the array of support services to families who elect adoption over long-term foster care, adoptive families will be more stable and the number of disruptions will diminish. To that end, the following supports are expected to be offered, and if selected, would become part of the Adoption Agreement:

* Case management services, to plan for current and anticipated family needs
* Information and referral services
* Support groups
* Respite care
* Family/individual therapy relating to adoption issues
* Rehabilitation support, including support workers for in-home family work
* Residential treatment where indicated
* Consistent board rates
* Recreational services (e.g. summer camp, recreational items); summer camp could include funds for a 1:1 aide at camp
* Advocacy services
* Research/search assistance with respect to birth family issues (e.g. locating and initiating contact with siblings)

In order to encourage and increase the adoptive parents' sense of entitlement and claiming, and consequently their commitment to the adoption, decisions relating to the kind of services which will benefit the family will rest primarily with the adoptive parents, with input and suggestions provided with the support professionals trained in Phase One. For families transitioning from foster home status to adoptive home status, it is imperative that the families be encouraged to take responsibility for decision-making, and, over time, lessen their dependence upon government to assist them or to make decisions regarding the child. However, during the first year after the adoption is finalized all services on the "menu" would be offered, and would be provided based upon the needs of the child and the needs of the parents; but again, with decision-making resting primarily with the parents. Any perception that the state's service provider is 'requiring' the parents to use the services will be rigorously avoided.

In selecting which services may be most appropriate, the kinds of services offered will be organized into a matrix, linked with issues the family may be encountering. For example, a fairly autonomous family may be completely pro-active in seeking out information and locating services to which they can self-refer, and consequently would have no need for 'information and referral' services. In a matrix, these services would likely be grouped with advocacy services, and research/birth family search resources. Such a family would probably not identify a need to request services which they can provide themselves. However, the same family may be experiencing a period of crisis with the child, characterized by acting-out or other disruptive behavior. The matrix services linked with that issue might include respite, in-home rehabilitation work, therapy services, or even residential treatment for a period of time. The family could choose which support (or supports) would best meet their particular family needs.

It should be noted that a waiver of certain requirements under title IV-E is necessary to provide this selection of services because under current

DHHS/ACF policies, some of the proposed services ... particularly those activities which could be characterized as "Daily supervision" or "Social Services" ... would not be normally allowable costs under the Title IV Adoption Assistance program, or as Title IV-E Foster Care Maintenance Payments. (see, e.g. USDHHS / ACYF-PIQ-86-05; and ACYF-PIQ-82-01 (disallowing certain counseling, therapy and/or evaluation costs).

Outcomes: A number of outcomes are anticipated from this approach to adoption family support. These include:

* Strengthening family integration
* Strengthening attachments
* Strengthening family functioning
* Strengthening parental entitlement and claiming
* Increasing "mainstreaming"
* Decreasing residential treatment center placements
* Increasing high school graduations
* Increasing attendance in post secondary education
* Decreasing involvement with criminal justice/corrections systems
* Delaying youth pregnancy
* Improving employment opportunities
* Decreasing hospitalizations
* Increasing positive peer relationships and activities
* Increasing positive involvement in the community
* Improving awareness of adoption issues by the community
* Decreasing the number of disrupted or dissolved adoptions
* Increasing the number of searches completed
* Increasing the number of adoption applications
* Increasing the number of foster parent adoptions.

The need for, use of, and value of services will be evaluated periodically [for each family receiving such services. If it reasonably appears that a particular

service is having no discernible impact there would be no requirement that it be continued. Periodic evaluations, discussed separately in this document, would include parent satisfaction surveys, behavioral and emotional stress assessments, functional assessments, family-centered service delivery scale assessments, family support scale assessments, as well as external measures such as school performance. It is expected that the need for ongoing services will decrease over time as the family attains stability, integration and strength.

Time Period: This project will extend over a period not to exceed five (5) years. It is expected that such a time frame will permit the development and delivery of a quality training program, provide a variety of post-adoption services to a target population of families, and offer enough opportunity for ongoing and final evaluation.

IV. TARGET POPULATION

At the present time Maine has approximately 3,000 children in foster care. Of those children, about five hundred thirty-five (535) children are presently freed for adoption. In 1997, one hundred eleven (111) adoptions were finalized. This figure represents the continuation of a mild upswing in adoptions in Maine, experienced after a four-year decrease from 1990 to 1994. Finalized adoptions in Maine over the last decade are reflected in the following **Table 1:**

Year	Adoptions Finalized
1988	104
1989	107
1990	117
1991	85
1992	78
1993	75
1994	66
1995	114
1996	122
1997	111
As of 4/1 1998	19, with another 25 pending

To carry out its responsibilities with respect to children, the Maine Department of Human Services functions through a network of offices located throughout the state. Because the state's entire population is small (approximately 1.2 million), and because the is geography large, the Department maintains 13 district offices. These are located in Portland, Sanford, Biddeford, Lewiston, Augusta, Rockland, Skowhegan, Bangor, Ellsworth, Machias, Houlton, Caribou and Fort Kent.

Among these district offices, Portland, Lewiston, Augusta, Bangor and possibly Biddeford would be considered "urban" centers, with Sanford, Rockland, Skowhegan, Ellsworth, Machias, Houlton, Caribou and Fort Kent more clearly rural. Interestingly enough, the urban or rural character of a district office does not appear to contribute significantly to the rate of adoptions finalized. The reasons for this are unclear, but may be related to the availability of adoption caseworkers in each office. In any event, using the 1997 figures for finalized adoptions as shown in Table I above, and comparing those figures to the pool of children currently freed for adoption from the reporting districts, it does not appear that urbanity or rurality affects the rates of adoptions finalized. Consequently, adoptions reported by six of the state's thirteen district offices in 1997 are reported below.

Table 2

Reporting Region	# Children free for Adoption	# Adoptions finalized, 1997	% of Children adopted from available group
Portland	98	18	18%
Lewiston	83	17	20%
Augusta	91	32	35%
Bangor	90	21	23%

Ellsworth	46	10	21%
Houlton	12	13	108%
Total/Reporting districts	420	111	26.4%

Children who are free for adoption in Maine share demographic characteristics with the balance of Maine's foster care population, at least with respect to age and the amount of time spent in foster care. The most recent figures reflecting the amount of time spent in foster care show a breakdown as follows:

Table 3

Time in Foster Care	Percentage of whole
Less than 6 months	13%
6 months - 1 year	13%
1 year - 18 months	12%
18 months - 2 years	9%
2 - 3 years	16%
3 - 5 years	20%
More than 5 years	17%

The ages of the children in Maine who have been freed for adoption break down as follows:

Table 4

Ages	Number	Percent of whole (n=535)
0 - 5	153	28%
6 - 10	253	47%
11 - 13	97	18%
14 +	90	16%

As these tables show, the variety of ages and the length of a child's

foster care experience suggest that post-adoption support services offered to the families who adopt the child will need to be fairly individualized to meet the needs of the particular child and family, because children who are freed for adoption may have been in foster care for short or for long periods of time; or they may be infants or teenagers, just to name two variations. It is for that reason that selection of the support services available from which parents can choose will be broad and primarily governed by parental choices. In addition to these considerations, the children themselves bring a whole host of differing personal characteristics to their adoptive homes which also compel variety. Many have experienced serious trauma, including physical, sexual and emotional abuse; some have mental health issues with which to contend; and by definition, these are children whose birth family circumstances are so challenged that a return home has been permanently ruled out as contrary to their health and welfare

Number of children and families to be served

Because the cohort of children who have been freed for adoption in Maine is relatively small (535 children currently), and because the historical pattern is that statewide, approximately 26% of the available children can be expect to be adopted in any given year, it is anticipated that, over the life of this demonstration project, we would hope to include approximately two hundred (200) children and their families in this study. Of that group, about one-half would be members of a control group, and the other half would be members of the study group receiving the expanded services available under the Title IV-E waiver. (i.e. 100 control group children, 100 waiver group). It is currently estimated that after Phase 1 is complete (Curriculum and Training for Professionals and Service Providers), approximately 20 children and families would be selected for the first-year "waiver group," (while 20 would be in the control group). In the second year, another 20 children would be added (total: 40 receiving expanded services); in the third year another 20 would be added (total 60); in the fourth year another 20 added (total 80) and by the fifth year there would be 100 children and families participating in the waiver services. (Further discussion

of this plan appears in the evaluation and cost neutrality sections of this proposal)

Geographic Area included in the demonstration project

In order to properly control and evaluate this demonstration project, particularly in light of Maine's population and geography, this project will not be offered statewide. Instead, four (4) test sites will be selected from among the list of DHS District Offices. As previously noted, these include Portland, Sanford, Biddeford, Lewiston, Augusta, Rockland, Skowhegan, Bangor, Ellsworth, Mchias, Houlton, Caribou, and Fort Kent. Some of those districts are "urban," but most are rural.[1] Potential sites will be evaluated in light of the numbers of available children, economic factors, community supports already in place, and other considerations, and then will be randomly selected for participation. In two similarly-situated groups (which could be a pair of urban groups and a pair of rural groups), children and their families in one site will constitute the control group, and children at the other site will constitute the waiver group. In order to avoid practical and ethical dilemmas, an attempt will be made to ensure that the control site and the waiver site will not be contiguous.[2] Further detail on this design follows in the Evaluation section of this proposal.

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[1] While it was originally anticipated that two regions: one rural and one urban would be identified as target areas, and that children within those regions would be randomly selected for participation by birth date, further analysis has suggested that such a plan is neither feasible nor practical, and would not yield statistically significant results. Consequently, the project design has been modified somewhat, while retaining features which ensure random selection for sound evaluation.

[2] There are certain ethical issues raised among caseworkers and others discussing this demonstration project, arising from a perception that one group of children and families may benefit from a broad range of services not offered to others. In fact, when we considered the small size of the state and its adoption pool, it became clear that if children were being randomly selected by birth date, it would be possible that one child in an adoptive home would receive waiver services, while another child in the same home would not.

ESTIMATE OF COSTS AND SAVINGS - COST NEUTRALITY

The Existing Foster Care, TABLE 5, projects the average cost to maintain 20 special needs children in a therapeutic foster care placement. The costs are estimated based on an average maintenance cost of $59 per day. The costs are shown for years 2, 3, 4, and 5 to correspond to the project years when special needs children are adopted.

The Waiver Program, TABLE 6, shows the program costs as being in year 1 with the development and the provision of an adoption training curriculum for mental health professionals. These first year costs of $55,000 represent less than 1.5% of the project costs. Beginning in the second year and continuing through to year five, 20 children are planned to be placed into adoptive homes. The estimated costs for the adoption assistance payments and the support services are shown in the exhibit. As of the end of the second year the projected waiver program costs will exceed the existing program costs by approximately $82,000, or about 2% of the total project. This continues until the fourth and fifth year of the program when a cost savings should be achieved. (See the Cumulative Cost, TABLE 7)

The cost neutral aspect of the program will be assured by designating a control group of 20 similar special needs children. The actual costs for the care of these children will be recorded each quarter. Costs for the waiver program will be compared to the control group and adjustments made if necessary to reduce costs to the level of the control group.

Table 5

EXISTING FOSTER CA

	1 st year		2nd year		3rd year		4th year				5th year					total
			20 kids new		20 kids new	20 kids 2nd year	20 kids new	20 kids 2nd year	20 kids 3rd year		20 kids new	20 kids 2nd year	20 kids 3rd year	20 kids 4th year		
foster care maintenance			432,087		432,087	432,087	432,087	432,087	432,087		432,087	432,087	432,087	432,087		4,320,870
notes	foster care average of $		59 per day per x 20 kids for 365 days													
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Table G

WAIVER PROGRAM		1 st year	2nd year		3rd year		4th year				5th year					total
		training	training	20 kids new	training	20 kids new	20 kids 2nd year	training	20 kids new	20 kids 2nd year	20 kids 3rd year	training	20 kids new	20 kids 2nd year	20 kids 3rd year	20 kids 4th year	
TRAINING																	
develop		50,000															50,000
maintain			10,000		10,000			10,000				10,000					40,000
provide		5,000	5,000		5,000			5,000				5,000					25,000
ADOPTION ASSISTANCE				183,000		183,000	183,000		183,000	183,000	183,000		183,000	183,000	183,000	183,000	1,830,000
consistent rates				58,400		58,400	58,400		58,400	58,400	58,400		58,400	58,400	58,400	58,400	584,000
SUPPORT SERVICES																	
case management																	
information referral service				Medicaid		Medicaid	Medicaid		Medicaid	Medicaid	Medicaid		Medicaid	Medicaid	Medicaid	Medicaid	
advocacy services																	
research/ search assistance				23,000		23,000			23,000				23,000				92,000
respite				34,000		34,000	25,500		34,000	25,500	17,000		34,000	25,500	17,000	17,000	263,500
recreation				24,000		24,000	24,000		24,000	24,000	24,000		24,000	24,000	24,000	24,000	240,000
crisis																	
therapy				72,800		72,800	54,600		72,800	54,600	36,400		72,800	54,600	36,400	36,400	564,200
reabilitation																	
residential treatment				48,600		48,600	48,600		48,600	48,600	48,600		48,600	48,600	48,600	48,600	486,000
total		55,000	15,000	443,800	15,000	443,800	394,100	15,000	443,800	394,100	367,400	15,000	443,800	394,100	367,400	367,400	4,174,700

notes	first year	second year	third year	fouth year
	adoption assistance equals aveage of $25 per day x 20klds x 365 days	same	same	same
	consistent rates add $0 per day X 20 kids X 365	same	same	same
	research done by a case aid on contract	nothing additional	nothing additional	nothing additional
	respite 2 days per month x 20 kids x 12 months at $70 per day	reduce to 75%	reduce to 50 %	reduce to 50 %
	recreation $100 per month x 20 kids x 12 months	same	same	same
	therapy/rehab 1 hour per week at $70 for 52 weeks for 20 kids	reduce to 75%	reduce to 50 %	reduce to 50 %
	residentail treatment 15% of 20 klds for 120days per year at $135 per day	same	same	same.

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CUMULATIVE COSTS							
		1st year	2nd year	3rd year	4th year	5th year	total
Waiver Program		55,000	458,800	852,900	1,220,300	1,587,700	4,174,700
Existing			432,087	864,174	1,296,261	1,728,348	4,320,870
difference		(55,000)	(26,713)	11,274	75,961	140,648	146,170
cumulative			(81,713)	(70,439)	5,522	146,170	

VI. EVALUATION DESIGN

Children with special needs who are available for adoption will be the target audience for this demonstration. The evaluation design will include three components: outcome evaluation, process evaluation and a cost/benefit analysis.

Outcome evaluation: The impact (outcome) evaluation will compare the experimental and control groups for statistically significant differences on selected outcome measures, and, at a minimum, will test the following hypothesis:

The availability of comprehensive post-adoption services, delivered by professionals specially trained in adoption issues, will:

- increase the number of special needs adoptions;
- decrease the incidence of special needs adoption disruptions;
- decrease the average length of stay in foster care;
- strengthen adoptive families.

The demonstration will include two sets of project sites, one rural (control and experimental) and one urban (control and experimental). The two urban and two rural sites will be selected first by matching DHS district offices according to established criteria, and then by selecting randomly from the matched sites. The criteria for matching will include factors such as:

- rural vs urban
- number of children in foster care
- number of children in "freed for adoption" status
- average length of time in program objectives
- DHS staffing and adoption resources
- economic indicators including the percentage of children living below the poverty level
- community service provider profile

All families who adopt children within the experimental sites will be eligible for the expanded post-adoption services developed under the demonstration project. All families who adopt children in the control sites will receive the same services currently

available under the existing state program. It is estimated that 200 children will be included in the "freed for adoption " pool within the demonstration program, 100 in the control sites and 100 in the experimental sites. It is further estimated that approximately 20% of all of the children in the available for adoption pool will enter into the adoption process.

Although the use of comparison sites, as opposed to random selection of cases, is a change from the proposed design of Maine's Letter of Intent, random selection of cases was rejected as an option due to both logistical concerns, (the difficulty of publicizing the program if it is not limited to one or two districts; the expense of immediately implementing training statewide, etc.) and ethical concerns, (the difficulty for foster families and caseworkers in working with different rules/services for different children). Careful selection of comparison sites will assure that the evaluation results are valid and are representative of the state as a whole.

Prior to the implementation of the demonstration project baseline data will be collected from all four sites. Baseline information will include factors such as: demographic profiles of foster and adoptive children, utilization of existing services by foster and adoptive parents, family satisfaction with services, cost of existing services, average time in foster care, average annual adoption rate, average rate of adoption disruptions, etc.

Once the project begins evaluation will include both terminal outcomes and interim outcomes. The project's first three terminal outcomes of increased adoptions, decreased disruptions, and decreased average tenure in foster care, will be measured using annual program data already collected by the Department. Scores from standardized instruments such as behavioral and emotional stress assessments, functional assessments, family-centered service delivery scale assessments and others will be used to measure outcomes related to family stability, integration and strength.

In recognition of the length of time that will be required to follow these groups to assess long term benefits, additional methods will be employed to address interim outcomes or to periodically assess the on-going progress of the intervention. Data to be collected on interim indicators may include:

- standardized family assessment instruments, administered at established intervals;
- family satisfaction surveys
- school performance of the adopted child
- service utilization records of adoptive families
- surveys of the application of training by providers
- surveys of provider satisfaction with the service system

Outcome Reports will be provided on an interim and final basis (see Evaluation Report Schedule).

Process Evaluation: The evaluation will include interim and final process studies that will describe how the parts of the demonstration were implemented and operated for both the experimental and control groups. This study will, as appropriate, examine the following aspects of the demonstration:

- The organizational aspects, such as the planning process; staffing structure; funding committed; level of acceptance by field staff, parents and providers; methods of project implementation at various organizational levels including on-going monitoring, oversight and problem resolution.
- The service aspects, such as the characteristics of providers participating in training; the type and duration of services implemented; the timelines and scheduling in the development and provision of project components, training and services;
- The contextual factors, such as the social, economic, and political forces that may have a bearing on the replicability of the intervention or influence the implementation or effectiveness of the demonstration.
- The differences between the experimental and control groups with regard to comparable resources, services, activities, staffing, etc.
- The extent to which the state goals of increasing adoptions, decreasing disruptions, decreasing time in foster care and strengthening adoptive families have been met.

Cost/Benefit Analysis: The cost benefit portion of the research will seek to determine whether the cost of the demonstration is justified by the benefits produced. The cost analysis will take into account all relevant state funding sources, as well as Titles IV-A, IV- B, IV-E, and XIX of the Social Security Act.

Funding for the costs of approved evaluation activities will be charged to Title IV-E administrative costs at the full 50% rate without cost allocation and will be excluded from cost neutrality requirements. Evaluation costs will include all costs necessary to carry out the approved evaluation activities by DHS as well as those carried out by the evaluation contractor. Evaluation components not approved by DHHS will not qualify for federal matching funds.

Cost Benefit Reports will be provided on an interim and final basis (see Evaluation Report Schedule).

Evaluation Contractor: It has been determined that Maine DHS lacks the expertise to conduct the formal program evaluation and will therefore seek to hire an independent contractor. Draft specifications for the selection of the Contractor will be forwarded to DHHS for approval prior to implementation of the demonstration program. The draft specifications will include the objectives of the project, the evaluation design, the tasks to be conducted, the timeframe for conducting each task and a schedule and list of deliverables. The research questions, data collection methodology, and major areas of data analysis will also be clearly described. The written agreement with the Contractor will include all federal requirements, such as:

- the requirement to address in the evaluation plan any potential problems inherent in the evaluation design related to analyzing the impact of the program intervention and the methodology to be employed to minimize such problems;
- possible confounding effects from other demonstrations, if applicable;
- the requirement to list in the process study differences between the experimental and control groups with regard to comparable resources, services, activities, staffing, etc and to include these differences in the experimental analysis;
- an assurance that the Contractor will cooperate with any national evaluation Contractor.

Maine will provide an evaluation plan to DHHS within 45 days after the award of the evaluation contract.

Evaluation Report Schedule: The Evaluation Contractor will provide quarterly summaries to DHS on the outcome, process and cost data. Quarterly summaries will be compiled by the Contractor into an annual evaluation update for submittal to DHHS.

Prior to the conclusion of the 11th quarter after the implementation date, an Interim Evaluation Report will be submitted covering the first 10 quarters of the demonstration. A final evaluation report will be due 6 months after the termination of the demonstration. The evaluation contractor will also produce and make available public-use data tapes, including documentation, containing data collected during the demonstration. Additional reports may be considered allowable components of the evaluation if pre-approved by the Department.

Process and Outcome Indicators by Methods

METHODS	PROCESS		OUTCOMES	
	Procedural Indicators	Output Indicators	Interim Indicators	Terminal Indicators
1. Select and match control with experimental sites. Criteria: • # children free for adoption • # children in foster care • economic indicators - e.g., child poverty • DHS Staffing devoted to foster/adoptive care • community provider profile • non-contiguous geographic location				
2. Collect baseline data.	• DHS staffing devoted to foster/adoptive care • demographic profile of foster and adoptive children	• family satisfaction w/ services (includes ability to access services) • current service costs	• provider satisfaction w/ coordination and quality • performance in school (if appropriate) • status of mental/physical health	• # adopted • # and rate of disruptions • family function ratings • time in foster care
3. Determine gaps and strengths of providers re delivery of adoptive services (needs assessment).	• current provider knowledge and skills re adoptive services • perceived gaps in services, skills, and knowledge (intrinsic & extrinsic obstacles and resources)			
4. Conduct public information campaign in experimental site re availability of expanded adoptive services for those who adopt.	• Pre- and post- differences in knowledge based on interviews with (a) foster and prospective adoptive parents and (b) providers			
5. Design and deliver training to providers re expanded adoptive services.		• satisfaction w/ instruction • post test increase in knowledge • # of providers trained	• skills and knowledge applied according to observation, self-reports, and interviews • increased # of referrals and collaborative conferences	• increase in # of adoptions • decreased #/rate of disruptions • less time in foster care • gradual improvement in family functioning

Process and Outcome Indicators by Methods

METHODS	PROCESS		OUTCOMES	
	Procedural Indicators	Output Indicators	Interim Indicators	Terminal Indicators
6. Deliver services, collect data.	• quarterly reports prepared and delivered • periodic meetings held to discuss trends and adjust as needed •	• utilization by foster/adoptive parents • utilization by providers • costs of services • application of training (obstacles and barriers to using skills and knowledge)	• provider satisfaction w/ coordination and quality • performance in school (if appropriate) • status of mental/physical health • foster/adoptive family satisfaction with quality and access to services	• # adopted • # and rate of disruptions • family function ratings • time in foster care
7. Prepare and deliver final report	• compare experimental and control sites on outcomes and process • describe trends • describe lessons learned • recommend strategies • compare costs • role of training			

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EVALUATION WORK PLAN

ACTIVITY	TIME	ACTIVITY
1. Select and match control with experimental sites. Criteria: - # children free for adoption • # children in foster care - economic indicators - e.g., child poverty DHS Staffing devoted to foster/adoptive care • community provider profile non-contiguous geographic location	Months 1 - 3	1. Appoint Steering Committee 2. Determine need for work groups. 3. Design formats for documenting project. 4. Schedule Steering Committee and develop Agenda. 5. Develop administrative/management processes - e.g., staffing, approval hierarchy, budget, supplies, etc. 6. Select evaluation contractor.
2. Collect baseline data (see Chart, "Process and Outcome Indicators by Method" for details).	Months 4 - 6	1. Identify data sources 2. Design data collection tools 3. Design/select analytic formats and methods
3. Determine gaps and strengths of providers in both control and experimental sites re delivery of adoptive services (needs assessment).	Months 5 - 8	1. Design protocol. 2. Determine 1:1 interviews and/or focus groups 3. Base on "menu of services"
4. Design and deliver training to providers re expanded adoptive services.	Months 8 - 10	1. Base on needs analysis 2. Design instructional objectives 3. Identify instructor facilitators 4. Use providers as resources for work group 5. Design evaluation for instruction and application
5. Conduct public information campaign in experimental site re availability of expanded adoptive services for those who adopt.	Months 8 - 12	1. Conduct "awareness" evaluation among foster and adoptive parent populations in experiemntal sites. 2. Verify provider awareness as well to insure referrals and consultation.
6. Deliver services, collect data.	Months 13 - 55	1. Prepare quarterly reports based on data collection and observation of porocess 2. Hold periodic meetings among key staff, providers, clients to identify obstacles and facilitators 3. Evaluate application of training - i.e., Are skills and knowledge used? Why or why not? 4. Prepare interim evaluation reports that accompany Quarterly Reports
7. Prepare and deliver final report	Months 56 - 60	1. Compare experimental and control sites on outcomes and process 2. Describe trends 3. Describe lessons learned 4. Recommend strategies 5. Compare costs 6. Role of training

Beyond these events, three public hearings will be held throughout the state, the purpose of which will be to solicit responses to this proposal. Notice of these meetings will be published in the state's largest and most geographically pertinent newspapers. The results of those hearings will be documented.

VII. DESCRIPTION OF SIMILAR PROJECTS

As of the date of this writing, Maine is not aware of any demonstration proposals similar to this. As noted earlier, Vermont has identified post-adoption support services as a desirable feature of adoption practice, but it is not known how formalized Vermont's recommendations have become.

VIII. LETTERS OF AGREEMENT

Letters of agreement are not as yet available for attachment to this proposal, but in the event an Issue Paper is promulgated, those letters will be provided.

IX WAIVERS REQUESTED

To carry out the terms of this demonstration project, Maine requests that the following provisions of Title IV-E of the Social Security Act be waived:

* Section 472 (a) - to expand elibility for IV-E funds
* Section 473 (a) (3) and 45 CFR 1356.40
* Section 474 (a) (3) (A) and 45 CFR 1356.60

- Maine is not requesting that any provisions of title XIX be waived.

- There are no court orders in effect anywhere in the state by which a court has determined that the child welfare program has failed to comply with State child welfare laws, title IV-E or IV-B, or the Constitution.

- Maine provides and will provide health insurance for all special needs children for whom there is an adoption assistance agreement.

CONCLUSION

The State of Maine appreciates consideration of this Title IV-E waiver proposal. It is hoped that if the waiver is granted, the number of adoptions will increase, the number of disrupted adoptions will decrease, and adoptive families will be strengthened to maintain a lifelong commitment.

APPENDIX C

CAPTA

APPEAL AND REVIEW OF SUBSTANTIATION DECISIONS OF CHILD ABUSE AND NEGLECT

The Federal Child Abuse and Neglect Prevention and Treatment Act (CAPTA) requires that a person who officially has been found by the State to have committed child abuse or neglect has the right to appeal that finding by requesting an agency review. (See Section 106(b)(2)(A)(xi)(II) of CAPTA; ACYF-NCCAN-PIQ-97-01 dated April 30, 1997; and ACYF-NCCAN-PIQ-97-03 dated September 26, 1997. CAPTA also requires that notice of the right to request an agency review and the method by which that request may be instituted be given to the identified party at the time they are informed of the official finding of abuse or neglect. The purpose of this requirement is to afford due process. State agencies are given flexibility in designing this process; provided, however, that the agency representative conducting the must have the authority to overturn a previous finding of child abuse or neglect, and cannot have been involved in any other stage of the case.

The exception to the above requirement is that there is no right to an agency review of an official finding of child abuse or neglect when the matter is pending in a court of competent jurisdiction. Thus, an agency review of an official finding of child abuse or neglect shall not be available:

- When an Order of Preliminary Child Protection has been issued pursuant to 22 M.R.S.A. 4034; between the time the Preliminary Order issues and the Summary Preliminary Hearing is held pursuant to 22 M.R.S.A. 4034(4); or during any time after the filing of a Petition for a Child Protection and its dismissal; or after the filing of a Petition for Termination of Parental Rights and its legal conclusion. This means that once the Court has assumed jurisdiction over the matter, no agency review of a finding of abuse or neglect shall be available.

DEFINITIONS

Abuse and Neglect: For purposes of this policy [Child] abuse and neglect means: a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child. 22 M.R.S.A. Sec. 4002(1).

Bureau Director: means the Director, Bureau of Child and Family Services. The Bureau Director shall make all final decisions pursuant to this policy.

Department: means the Maine Department of Human Services, Bureau of Child and Family Services.

Person(s) Who May Appeal: means a person who officially has been found by the State to have committed child abuse or neglect, and so has the right to appeal that finding.

Reviewer: means a person authorized to conduct an appeal and review under this policy. In every case in which an appeal and review has been requested, the Bureau Director shall appoint a Reviewer, who shall review all of the documents submitted by

the agency and by the appellant, and who shall submit a Recommended Decision to the Bureau Director for final action. Persons eligible to be appointed by the Bureau Director to conduct the review may include: (a) the Director, Division of Child Welfare Policy and Practice or a designee of the Division Director who has been approved by the Bureau Director to serve in this capacity (b) the Director Division of District Operations; or (c) a Program Administrator in any of the Bureau's eight District offices. If a District Program Administrator is appointed to review a case pursuant to this policy, the official finding of abuse or neglect must have been made in a District office other than one for which s/he is responsible.

Substantiation: means an official finding of abuse or neglect which has been made by the Department of Human Services. A case is substantiated when, based upon all the evidence in the record, there is reasonable cause to believe that abuse or neglect has occurred or is threatened to occur. Evidence in the record may include but not be limited to, Safety and Risk Assessment tools utilized by the Department; medical, mental health or other treatment records or histories; interviews with family members; observations; analysis; criminal history records; court records; motor vehicle records; prior history with the Department; and the like.

Time of Substantiation: means the point at which, after investigation, the Department has made an official determination that abuse or neglect has occurred and has notified the affected individual(s) that this finding has been made.

APPEAL/REVIEW PROCESS

1. **Written Notice:** Parents, custodians, other legal guardians, or any persons found by the Department to have abused or neglected a child are entitled to be informed in writing when the official finding of abuse and neglect is made.

    - For persons who are hearing impaired and are unable to read, or who read at a very basic level an interpreter for the deaf must be engaged.

    Notice must be given in the person's own language if there is reasons believe that the client does not read and/or understand English at a basic level.

- If the Department's caseworker has verbally informed the affected individual that the Department has substantiated abuse or neglect, the caseworker shall, within three (3) calendar days, mail a written notice to the affected person advising him/her of the right appeal the finding.

- If the Department's caseworker has informed the affected person of the official finding of abuse or neglect by writing the person a letter, then the caseworker shall include the notice of appeal in the caseworker's letter.

- If the caseworker has informed the individual(s) during an in-person meeting, the caseworker may deliver the notice in-hand, and shall note in the case record the date this notice was delivered in-hand.

- If, upon receipt of notice, the affected individual tells the caseworker that he/she wishes to appeal the finding, then the caseworker shall immediately forward this information to the Office of the Bureau Director.

2. Terms of Notice: The written notice shall state:

NOTICE OF RIGHT TO APPEAL: READ CAREFULLY

If you think the Department of Human Services made the wrong decision, and you do not agree that you abused and/or neglected a child, you have the right to appeal, and ask the Department review this decision. You may make this request by calling your caseworker or writing to:

Office of the Director, Bureau of Child & Family Services
Department of Human Services
11 State House Station
Augusta, ME 04333-0011
Tel: (207) 871-5074 TTY: (207) 287-4479

You must ask for this appeal within ten (10) days of receiving this notice.

Conducting the Review

Once a request for appeal and review is received by the Office of the Bureau Director, the Director will cause all case materials which were necessary and relevant to the finding of abuse or neglect to be collected and sent to him/her. This material must be received by the Director no later than 10 calendar days from the date of request, and will make up the agency exhibits.

Within 7 days of the receipt of the agency record, the Bureau Director will mail an acknowledgment of the appeal to the appellant, along with a copy of the agency record. The agency record must be prepared according to law, including assuring protection for identify of reporters and other persons when appropriate, and maintaining as confidential all materials declared to be confidential by law.

In the acknowledgment letter, the Bureau Director shall advise the appellant that he/she may submit any information, in writing, which he/she believes should be considered by the reviewer. Written statements or other documents which the person appealing provides for consideration must be postmarked no later than 10 days of the receipt of the acknowledgment letter. Appellants will also be asked to provide the basis for their challenge to the substantiation decision. These documents will make up the appellant's exhibits.

Once the documentary record is complete, the Bureau Director will appoint an agency Reviewer. The Reviewer shall have the authority to overturn the previous official finding of child abuse or neglect. The Reviewer shall review the case and made a determination either (a) sustaining the official finding of abuse or neglect, or (b) overturning the official finding, within 14 days of receipt of the record, include both the agency exhibits and the appellant's exhibits.

Standard of Review

1. In making a determination to (a) sustain or (b) overturn an official finding of abuse or neglect, the Reviewer will consider both the Departments case records, and all the information provided by the appellant. The Reviewer will then determine whether the evidence in the record, taken as a whole, establishes reasonable cause to believe that child abuse or neglect has occurred or is threatened to occur. In making that determination the Initial Reviewer may consider such factors as whether:

   - sufficient information was gathered from most readily available sources, including but not limited to past DHS records, medical and mental health records, law enforcement records and Community nursing records.

   - the process and content of information-gathering from the family was accomplished within reasonable policy and practice guidelines.

   - the record reflects an analysis of all relevant information.

   - relevant parties were interviewed;

   - sufficient documentation exists in the record to support the substantiation decision.
   -
   - the information supplied by the appellant calls into question the substantiation decision.

Recommended Decision

Once the Reviewer has made a determination, he/she shall make a Recommended Decision and submit it to the Bureau Director for final action. The Recommended Decision shall be submitted, in writing, to the appellant and to the Bureau Director at the end of the 14-day review period. The Recommended Decision must contain:

- the basis for the Recommended Decision;

- any recommended actions to be taken;

Copies of the Recommended Decision will be provided to all parties, who will have an opportunity to submit comments to the Bureau Director.

Opportunity to Comment

No later than ten (10) days after receipt of the Recommended Decision, both the Department and the appellant shall submit comments, if any, to the Bureau Director for his/her consideration and Final Review. The Bureau Director shall render a Final Decision within seven (7) days of receipt of comments. The Final Review Decision shall either affirm or overturn the Recommended Decision. If overturned, the Final Decision shall state:

- the basis for the decision;
- any action to be taken as a result of the decision.

Effect of Review

A Final Decision by the Bureau Director shall conclude all available reviews of the original official finding of abuse or neglect. The entire record, including all exhibits, shall be retained by the Department according to law, and shall become part of the case file.

In those cases in which an official finding of abuse or neglect is overturned, that finding shall become part of all information systems maintained by the Department, including the Maine Automated Child Welfare Information System (MACWIS). In such cases, any any allegation which was originally entered in MACWIS as "substantiated" shall be changed to "unsubstantiated."

The Department of Human Services is obligated by law to investigate allegations of child abuse or neglect on a referral-by-referral and case-by-case basis. Consequently, no decision overturning an official finding of abuse or neglect under this policy shall act as a bar to the Department's investigation of subsequent allegations of child abuse or neglect, even if the subsequent allegations involve the same alleged perpetrators and the same children, or other children.

This policy will be in effect within timeframes established by the Administration for Children & Families, U.S. Dept. of Health & Human Services, but not later than March, 2000.

APPENDIX D

TITLE IV-E INDEPENDENT LIVING PROGRAM

FEDERAL FISCAL YEAR 2000

and

ADDENDUM

APPLICATION AND STATE PLAN
TITLE IV-E INDEPENDENT LIVING PROGRAM
FEDERAL FISCAL YEAR 2000

The Maine Department of Human Services submits this application and state plan for Federal Fiscal Year 2000 under Section 477 of Title IV-E of the Social Security Act in order to carry out programs designed to assist adolescents in care and custody to make a successful transition from foster care to independent living, specifically adolescents 16 and older.

DESCRIPTION OF POPULATION TO BE SERVED

In June 1999, adolescents ages 16 to 18 comprised 15.3% of the total population of children in the custody of the Department. 3,702 in care up to age 18 with 566 between the ages of 16 and 18. Youth 18 to 21 comprised 5.12% (200 youth) of the total population; a slight increase (.48%) from the previous year. The trend for youth 18 and older remaining in care is increasing over the past 2 years. More youth, ages 18 to 21, remained in Departmental care this past year (200) than in the previous year (149). For those ages 16 to 18; males outnumbered females, 58% to 42%. For those youth 18 and older: 52% were males and 48% were females.

Of the youth in care who were age 16 to 21, 94.21% were Caucasian, 1.84% were African-American, 1.61% were Native-American, 1.84% were Hispanic, and .46% were Asian. These percentages were close to what they were in FFY-1999.

Of the total number of youth ages 16 to 21 in the Department's care/custody, the following data represents the percentages with regard to the lengths of time these youth have been in Departmental care (through June 1, 1999):

less than 6 months	3.58%	between 5 & 7 years	15.14%
less than 1 year	5.54%	between 7 & 10 years	11.79%
between 1 & 2 years	15.95%	between 10 & 12 years	5.08%
between 2 & 3 years	15.37%	between 12 & 15 years	3.35%
between 3 & 4 years	12.71%	more than 15 years	1.44%
between 4 & 5 years	10.05%		

The majority of youth in the Department's care/custody, ages 16 to 21, during FFY-1999 lived in a family foster home. Most of these homes were designated as "treatment," or "therapeutic." The following data reflects the percentages with regard to these youth's living situation, or status during FFY-1999:

Foster home (non-therapeutic/therapeutic, foster parent adoptive/other	298 youth (34%)
Group home (includes residential/therapeutic & transitional ind. living	280 youth (32%)
Living independently (includes apartments, or post-secondary school	117 youth (14%)
Institutionalized (includes correctional, medical, mental health facilities	84 youth (10%)
Other living arrangements (includes shelters, runaway, self-placement	86 youth (10%)

None of the youth, ages 16 to 21, were married during FFY-1999. 30 youth between the ages of 16 and 21 had children. This includes female as well as male parents. Some young mothers lived with the father of their child, a man who was not the child's father, or on their own with their child. Three children lived with their father. Two mothers lived with their child in their foster home. Two children were placed in Departmental custody and two children were legally freed for adoption. During the past year, the Department's six Life Skills Caseworkers provided independent living program services to 219 youth ages 16 to 18. Another 60 to 70 youth were provided services in transitional independent living programs, or other programs that provided independent living and life skills training services to youth in their program. 260 youth, ages 18 to 21 were on a "V9 Agreement" for purposes of either completing high school, a GED, or going on to a post-secondary educational program. 93 of those youth on the V9 Agreement received services from a Life Skills Caseworker. 312 total youth between the ages of 16 and 21 received services from a Life Skills Caseworker during the past year. The following data represents the number of youth, by age groups, known to have received some form of independent living program services over the past year:

between age 20 and 21	9 youth
between age 19 and 20	30 youth
between age 18 and 19	43 youth
between age 17 and 18	81 youth (175 total youth were in this age category)
between age 16 and 17	86 youth (256 total youth were in this age category)
between age 15 and 16	63 youth (246 total youth were in this age category)

Ages 15+ to age 18 youth, known to have received some form of independent living program services, represent 34% of the total population of youth in that age group over the past year. This was 6% less than the previous year. There was a significant increase in the number of youth in care who became eligible for independent living program services during the past year. We are projecting that at least 33% of youth in this age group will receive independent living program services during the coming year. An ongoing strategy has been to encourage foster care, group care, and residential care providers to teach independent living skills to youth in their care. This is being done by more foster care providers over the past year. During the past year a Bangor, Maine area broad based coalition of area agencies and service providers was formed to focus specifically on the independent living and life skills needs of adolescents in their programs. The State's Independent Living Program Manager and area Life Skills Caseworker have been attending this group's meetings on a regular basis to offer input into the type of programming and services needed for youth in Departmental care. The Independent Living Program Coordinator has also recently met with another large greater Bangor area agency service provider to discuss incorporating life skills training into their work with older youth and to expand their program services to include an community based apartment living program component.

Life Skills Caseworkers also continue to provide consultation and assistance to foster care and group care providers which enables them to teach basic life skills in the youth's place of residence. The Ansell and Associates "Competency Based Assessement and Tracking System" is now being formally used by a number of large foster and group care service providers in Maine. This has come about as a result of bringing training on the CBA model into Maine in March of 1998. Agencies report that the CBA system is an effective way to work with older

youth in care. The Department's Life Skills Caseworkers are first focusing their work on youth who are in living situations where they are not receiving any independent living and life skills education support. The Independent Living Program Manager has been, and will continue to be, available to Children's Services Caseworkers and Supervisors, foster parent groups, and other care providers to encourage them to work with their adolescents to acquire basic life skills. Some of this "message" is now being delivered by our 2 year old Youth Leadership Advisory Team. During the past year, various members have spoken to members of the provider community and the public about the needs of older youth in Departmental care. The Independent Living Program continues to provide services primarily through it's six specialized Life Skills Caseworkers. The position of the Governor's Office and State Legislature continues to be not to increase the size of state government by creating more state government positions. With the number of Independent Living Program eligible youth steadily growing, we need at least two more Life Skills Caseworkers to adequately cover the state's Independent Living Program eligible population. Some of the strategies mentioned previously have enabled the Life Skills Caseworkers to focus on youth who are getting little or no life skills services and act as Independent Living "consultants" for those agencies and foster parents who are providing services directly to the eligible youth.

STATUS OF CURRENT INDEPENDENT LIVING EFFORTS

Training on topics such as life skills assessments, independent living case planning, adolescent grief and loss issues, teaching positive decision making, and other independent living case management skills continues to be offered to all Departmental caseworkers and other staff of the Department's Bureau of Child and Family Services.

More specific training on effective methods and activities to use in working with adolescents, which enables them to acquire meaningful independent living life skills, continues to be available to Departmental staff and other program staff who are working with these adolescents. Independent Living Program eligible youth also are continuing to present their needs in training sessions involving newly hired Departmental casework staff. This is being done on an ongoing basis and has been very effective in bringing the needs of older adolescents to the forefront.

Independent living and life skills services for adolescents in Departmental care/custody continues to move along the continuum of the informal, formal, and experiential methods needed for them to learn the necessary basic life skills they will need for living successfully in the community. These services are more accessible and available than they have been previously. During the past year, more agencies serving adolesecents have both formally and informally incorporated independent living and life skills instruction into their daily programming.

One agency now has a "scattered site" site apartment living program operating in a number of large cities and towns in Maine. This was put into operation with the consultation and assistance of the Independent Living Program staff and other staff in the Department's Bureau of Child and Family Services. This agency is now seeking to expand their services into the greater Portland, Maine area. Youth in care who are living in these apartments are doing well and are very pleased that this type of living arrangement is now available. We are excited to

have this badly needed resource available for youth in care between the ages of 18 to 21! As was mentioned earlier, life skills services are being delivered both formally and informally within foster homes, group, and residential care homes where adolescents are residing. The Independent Living Program Manager continues to meet, and have contact with, service providers and local service provider coalitions (such as the one previously mentioned in Bangor, Maine) to explore ways to work together more efficiently to provide independent living and life skills support to the adolescents they serve.

We have continued to utilize one specialized Department Administrative Case Review position to focus on the independent living and life skills needs of older adolescents in care/custody. This reviewer insures that an approriate written Transitional Independent Living Plan is in place for youth 16 and older with specific emphasis being on the youth's educational, or vocational education plan. The Department's Independent Living Program Manager and Department's Quality Assurance and Case Review Manager consult on a regular basis with regard to effective use of the specialized Administrative Case Review position. As part of the Quality Assurance effort in the coming months, the specialized case reviewer will be evaluating the quality and content of programs that serve the needs of older adolescents to ensure that they are providing the appropriate independent living and life skills education to the youth in their programs. These type of services will become contractual expectations if they aren't already.

The Department's 6 specialized Life Skills Caseworkers continue to work in a focused and efficient manner. They are a highly competent group of individuals with much experience in delivering independent living program services to the adolescents that they are working with. They are particularly effective in terms of developing trusting relationships with the youth that they are working with which gives these youth hope for a productive future once they leave Departmental care. These youth hold their Life Skills Caseworkers in high regard. The Department's Life Skills Caseworkers are using group work to assist adolescents with learning basic life skills whenever possible. Some groups have been co-facilitated by Life Skills Caseworkers and some have been led by a single Life Skills Caseworker. More youth are now receiving group life skills instruction conducted by agency programs.

Outdoor, adventure based programming continues to be available for youth selected by the Life Skills Caseworkers. Adventure trips can include a work project and evaluation component, or other planned life skills activities such as completing career exploratory inventories. For example, this past summer at least two trips included a work skills project and evaluation component with an AmeriCorps conservation work site crew. Our youth have done very well on these trips. The trips are condusive to open sharing of what their concerns are as they are looking at transitioning out of care. Eight trips were conducted during the past year. At least another eight trips are in the planning stages for the coming year. Trips vary in length from one day to up to five days. Life Skills Caseworkers are now "teaming up" regionally to co-lead and plan these trips using a number of different adventure based service providers. We are now planning these trips in a more cost effective manner which includes a larger number of youth being involved. The day trips include things like a skiing and snowboarding day including lessons and a deep sea fishing trip. The longer trips include dog sledding, kayaking, whitewater rafting, hiking/work projects, and canoe trips. Adventure trips are an effective way to develop relationships with the youth; to discuss their educational and employment

plans as well as other issues that they are struggling with. The Department's Life Skills staff have a great deal of experience with planning and conducting these trips. They are also very creative with devising the "themes" of these trips and using a variety of the state's resources in a cost effective manner. Most of the youth who have participated in one of the adventure based trips continue working with a Life Skills Caseworker after the trip. A number of youth were working with a Life Skills Caseworker prior to going on a trip.

On February 15 and 16, 1999, Maine's second annual Youth Leadership Advisory Team Summit was conducted at the Samoset Resort in Rockland, Maine. 25 youth leaders and 13 staffpersons attended the Summit. The youth assisted with the planning for the 9th Annual Teen Conference and discussed various issues such as the possibility of formalizing the Youth Leadership Advisory Team, producing a video for other youth in care as well as the public, forming a "Youth Speaker's Bureau," youth to youth mentoring, developing a newsletter and brochure, sending team representatives to a national youth in care conference, participating in the state's Judicial Symposium and in the development of the state's Child Welfare Plan, and providing testimony at a public hearing for a bill which would offer a tuition waiver for youth in care who were attending a state supported post-secondary educational program. Funding has now been made available to provide a part time staff person to coordinate the activities of the Youth Leadership Advisory Team and to expand the mentoring program currently in place in southern Maine. A newsletter and brochure will be produced in the next few months.

In August 1998, 5 members of the Youth Leadership Advisory Team and 2 Independent Living Program staff attending a Youth Leadership Development Conference in Vermont. The conference attendees were other youth and adults from the other New England states. Training was provided to the youth on developing good leadership skills. During the final day of the conference, the youth were asked to take responsibility for leading out in some of the day's activities. The 5 Maine youth were able to use some of what they learned at the February 1999 Youth Summit.

Planning for the 1999 Teen Conference is well under way. This year's Conference will be conducted at the University of Maine in Orono, Maine on June 28th. This will enable more youth and staff from the northern part of the state to attend the conference without having to travel an incredible distance in one day! Foster parents, group care providers, Departmental caseworkers , supervisors, administrators, legislators, and the Department's Commissioner will be attending the conference. Last year, nearly 90 youth and 90 adults attended the conference at Colby College in Waterville, Maine. A great slate of relevant workshops will be available. Members of our Youth Leadership Advisory Team have spoken to various community groups about their needs as older youth in care. Their "message" is being very well received and has made a very strong impression on the listeners!

An exciting recent event was having 8 members of our Youth Leadership Advisory Team present testimony at a legislative hearing on February 25th regarding a bill which would offer free tuition to any youth in care who was attending a state supported college, or vocational technical school program. The bill is being sponsored by a Portland, Maine legislator, Michael Brennan who is the co-chair of the State Legislature's Education Committee. Representative Brennan was provided information about the educational status of youth in care by Marty Zanghi, Project Manager at the University of Southern Maine's Muskie Institute and by the

state's Independent Living Program Manager. The hearing room was literally packed with people who were there for hearings on other bills. The Department's Commissioner, Kevin Concannon, offered testimony in support of the bill. Then our eight youth provided oral testimony; giving written copies of their testimony to each member of the Education Committee. When they were finished with their testimony, they received a loud, heartfelt ovation from everyone in the hearing room! It was a very powerful experience for all present! No one spoke in opposition to the bill! A week later, the Deputy Commissioner and Independent Living Program Manager attended the Education Committee's work session on the bill and answered a number of questions various Committee members had about youth in care both in high school and post-secondary school. The Education Committee's work session vote was unanimous "ought to pass!" The tuition waiver bill may be enacted very soon. It is now included as part of the state budget being given final consideration by the Legislature. It was clear, from the comments of various Education Committee members, that the youth's comments made a big impression!

One District Court Judge in Skowhegan, Maine has begun using two youth as "mentors" for children who come into custody in his court. These youth have "teamed up" with the court appointed guardian ad-litem to provide emotional support and information to these children about what to expect when coming into foster care. One young woman acting as a mentor is in Departmental care and completing her final year of a college Legal Secretarial degree program. The other young woman who is acting as a mentor was adopted through the Department's Adoption Assistance program and is attending her first year of college. Currently, the judge has assigned a law intern to continue working on this project. We are hoping to connect this intern with members of the Youth Leadership Advisory Team.

The AmeriCorps Community Mentoring Program in southern Maine is well under way. A pool of mentors and prospective "mentees" are now available. A number of mentoring matches have been made and more are planned to be made in the near future. In mid-coast Maine, a few older youth in care have been matched with younger youth in care. Some members of our Youth Leadership Advisory Team have mentioned the idea of "youth to youth" mentoring becoming a possibility. We are currently exploring the feasibility of that idea on a broader scale. Recently, the Department's Commissioner's Special Assistant wrote an AmeriCorps proposal for a "Worksite Mentoring Project Coordinator." This proposal was approved and the Project Coordinator was hired. She is now beginning work with Departmental caseworkers to arrange worksite mentoring opportunities and other work site related activities for youth in care. This project will cover a large area from central to southern Maine. We are hoping that we can continue this specialized type of mentoring beyond the one year of the project. We want to make mentoring a sustainable part of the Independent Living Program in Maine.

The educational aspirations of youth in care continues to be an important focus of Maine's Independent Living Program. During the 1998-1999 academic year 53 youth were in college, vocational technical school, or in another post-secondary educational program supported, in part, with Title IV-E Independent Living, or Title IV-B funds. (a few youth are in the state's Adoption Assistance Program) The Department's Life Skills Caseworkers strongly encourage and support the youth they work with to complete high school and make plans to attend a post-secondary educational program. Over the past 6 or 7 years the numbers of youth in

Department care going on to a post-secondary educational program has remained fairly steady; between 50 and 60 per academic year. This year, 37 of the 53 youth in a post-secondary educational program are youth in care. It will be interesting to see what will happen if the tuition waiver bill, mentioned earlier, is enacted by the State Legislature and the impact that might have on the numbers of youth in care who decide to go on to college, or vocational technical school? 14 of the 37 youth in care who were in college this past year were in one of the state supported post-secondary schools.

The Department's Commissioner continues to assign a Special Assistant to the Independent Living Program to access business, political, and media resources for the benefit of older youth being served by the Independent Living Program. The Special Assistant has been successful in getting some funding for things like a college scholarship award and funds to purchase items for other youth in care during the Christmas season. The Special Assistant has also solicited support by speaking to various community groups such as local Lions Clubs and other community groups. She was able to get the AmeriCorps Worksite Mentoring grant which will be most helpful to our youth in the coming months. Plans are underway to approach a local NBC TV affiliate to collaborate with us to complete a video for other youth in care and for a training tool for foster care service providers. There is already a substantial amount of footage available which the TV station crew took at the 1998 Teen Conference; much of which would be potentially usable for this video. In addition, the Special Assistant has a contact at Fleet Bank who may be in a position to authorize donations of funds for scholarships, or for other Independent Living Program activites which benefit youth in care. This possibility as well as others will be explored by the the Commissioner's Special Assistant. Any funds received will be transferred to an existing special legislatively approved appropriation account set up for this purpose. The Special Assistant also recently assisted us with connecting with the Outward Bound program recently. An Outward Bound staffperson did a "warm-up" activity with the Youth Leadership Advisory Team at the recent Youth Summit. We are exploring the possibility of spliting the cost of an Outward Bound trip for selected youth in care. We will continue to utilize the services of the Commissioner's Special Assistant to access both cash and in-kind support for the Independent Living Program in Maine.

Governor King was recently reelected to a second term in office. His major area of emphasis is the importance of raising the educational aspirations of youth in Maine and to find ways to make a post-secondary education more accessible to all Maine youth. He sees the pursuit of higher education and specialized technical training as the best way to "invest" in the future of Maine; to promote a strong economy for the state. There has been considerable discussion about the establishment of a "community college system" in Maine. This would ease Maine's high school graduates into the world of post-secondary education in a less intimidating manner. Establishing a community college system in Maine would be of great benefit to youth in care. Many youth in care aren't ready for a full blown post-secondary educational program, but would be good candidates for a community college program. A number of Legislative leaders are also supporting the idea of increasing educational opportunities for all youth in Maine. We are most pleased by this emphasis because it will also benefit older youth in Departmental care.

SUMMARY OF PROBLEMS AND BARRIERS TO SUCCESSFUL INDEPENDENT LIVING TRANSITIONS FOR FOSTER CARE YOUTH

Adolescents in Departmental care in Maine need consistently available assistance in order to acquire the many life skills that they will need to function "interdependently" in the community as they are leaving care. They also need to have well established community supports in place once they are out of Departmental care; a "safety net." Unfortunately, a number of older youth are leaving care with little or no community supports in place despite the best efforts of the Department's caseworkers and care providers. The diversity of the target population, their transience, and geographic location is still very much a challenge in terms of all older youth being able to receive the full continuum of independent living and life skills education services. Most older youth in care receive at least some form of independent living and life skills training services. Maine is a predominantly rural state which makes it challenging for the Department's Life Skills Caseworkers to bring youth together to receive life skills education in a group setting. However, most Life Skills Caseworkers are able to at least provide some independent living and life skills education either during an adventure trip or in a several week group session format outside of trips. There are some group care agencies in Maine who also are providing independent living and life skills education in the group teaching format. Many of these agencies are using a formal life skills training curriculum. A great deal of the Life Skills Caseworker's contact with youth is individual which is important in terms of achieving desired outcomes with the youth. A few youth continue to refuse independent living and life skills services; most gladly accept this kind of assistance.

Overall, it appears that more older youth in care are receiving independent living and life skills services either directly from a Life Skills Caseworker, or from foster parents and group care providers. Now that the state's Maine Automated Child Welfare Information System (MACWIS) is up and running, the Independent Living Program staff has been able to access information about every youth who is eligible. From this information it is possible to determine whether or not an individual youth is receiving at least some form of independent living and life skills services. All Life Skills Caseworkers know how to utilize the system to access independent living and life skills information for each youth referred to them and to transfer that information to a specialized database used by each Life Skills Caseworker and the Independent Living Program Manager. The Independent Living Program Manager uses to the database to track those youth who are not referred to a Life Skills Caseworker. In this way we are able to get a more accurate "picture" of what is happening with all Independent Living Program eligible youth in terms of their involvement in independent living and life skills education.

The specific needs of our older youth in care and their readiness to learn independent living and life skills varies considerably. Their life experiences, both before and during foster care, very much affects their willingness and ability to recognize the need for, and to participate in, independent living program services. Many youth entered Departmental custody prior to adolescence, and a number of youth entered care well into their adolescence. These youth have come into their current living situations from a number of different living arrangements; their own dysfunctionally abusing families, a restrictive institutional program, a less restrictive foster

family home, a group care facility, or numerous short-term emergency shelter, or homeless shelter programs. The frequency with which some of these youth move from placement to placement affects whether or not they receive independent living and life skills education services with any consistency. A number of our older youth in care have had at least 10 different living arrangements since being in Departmental care. The average number of "placements" that an older youth has had remains an average of between 4 and 7. This is probably the most significant factor affecting their ability to learn basic independent living life skills.

Frequent moving also affects the older youth's ability to keep up in school. Moving to another placement often occurs in the middle of a school term. The new school system sometimes has incomplete information about the educational needs of the youth transferring into their school. It is not uncommon for a youth in care to be 19 years old when they graduate from high school. Some 17 year old youth in care are still in the 9th or 10th grade. A significant number of youth in care are in special education programs for identified organic or behavioral reasons. Grade level is often not a true "indicator" of the youth's functional literacy. The Department's Children's Services caseworkers and Life Skills caseworkers continue to work with schools to insure that the youth's educational needs are being met. The Independent Living Program Manager has been working with the Administrative Case Review/Quality Assurance Program Manager in terms of meaningfully addressing the youth's educational, or vocational plan as part of the state's quality assurance effort.

A number of youth in care choose not to continue, or are not eligible to continue, in the Department's extended voluntary care program once they reach age 18 despite encouragement to do so. They may have had a difficult experience while in foster care and distrust the caseworkers, or care providers that have worked with them. A number of older youth view Departmental extended care as just another way to exert what they have always viewed as negative "control" over their lives. The relationship that they have had with their Caseworker, Life Skills Caseworker, or care provider is particularly critical in terms of how they will see the possibility of extended care with the Department. The Independent Living Program staff continues to maintain, as a primary emphasis, the making of a meaningful relationship with a caring adult which often leads to improved educational and community living outcomes. A number of youth leaving care do not have supportive adults and peers in the community available to assist them following their discharge from care. Some return to immediate family members, other adult relatives, or older siblings only to find out that the support that they hope for isn't there. We are encouraged that more care providers, both foster home and group home, are seeing the importance of starting independent living and life skills education with youth before they turn 16 and become eligible for the services of Maine's Independent Living Program. This will enable the Department's Life Skills Caseworker to begin their work with some of these youth at a more advanced stage in the continuum.

Maine's Independent Living Program staff continue ask that caseworkers, foster care providers, and group care providers at least explore the possibility of members of the youth's own family being able to provide some form of independent living support for them as they near the time of transitioning out of care; especially if the youth is planning to return to live with a family member. Many youth in care are planning to return to live with a family member at age 18, or at least attempting to reestablish meaningful contact with members of their family. Because of

this, we feel that we should assist these youth with making that contact and include family members in the transitional independent living planning. The Department's Life Skills continue to use this approach on a regular basis, when appropriate.

More adolescent in care are needing specialized therapeutic foster care, residential care, or in/out patient mental health and substance abuse services. It takes considerable time and effort to effect these specialized placements for adolescents. Some youth wait a significant length of time for a placement. They become understandably impatient and sometimes run away from a placement while they are waiting; frustrating for both caseworker and the youth. It takes time to "pick up the pieces" when this happens. Many youth refuse to live in what they view as a more "restrictive" setting with rules they don't agree with. Approximately half of those youth entering care between the ages of 14 to 17 have been adjudicated of juvenile criminal offenses and are on probation. Most of these youth also require specialized placements and educational services.

The number of children and adolescents entering care is increasing without an increase in Departmental casework staff which has an adverse affect on services for older youth in care. Turnover of Departmental caseworker staff continues to be a significant problem as well. Since the end of July 1998, over 600 more children have come into the Department's custody. The recent passage of the national Adoption and Safe Families Act has placed an important emphasis on requiring the Department to move much more quickly toward a "permanency plan" for children entering custody. The Department's regional managers are finding it increasingly problemmatic to balance the permanency planning needs of younger children with the transitional independent living needs of older youth in care.

All of the things mentioned above can present themselves as barriers with regard to effective delivery of services for older adolescents. However, there is an increasing level of awareness of the needs of older adolescents in foster care. Through the Administrative Case Review/Quality Assurance process, improved transitional independent living planning is being done. More adolescents are attending and having a voice in these planning reviews. Using our older youth to "speak out" on behalf of the needs of other youth in care has proven to be an effective way to get the "message" out about not neglecting the needs of older youth who are transitioning out of care. While we realize that we have limited control over some of the problems youth experience while in the Department's care, we feel that much progress has been made in getting the voices of our older foster youth heard by others in the foster care system.

Foster parents , group and residential care staff need to enhance their skills with regard to assessing, planning for, and teaching independent living life skills. The life skills assessment and tracking training provided in March 1998 has enabled a number of care providers to incorporate independent living programming into their day to day work with adolescents prior to age 16. A few care providers are slow to recognize the need to offer focused life skills services to adolescents, but most are providing at least some of these services to the adolescents that they work with. Life Skills Caseworkers are continuing their consultation with foster parents who are providing life skills services to the youth in their home. A number of therapeutic foster care agency programs are using independent living and life skills assessment and tracking for youth living in their agency homes. The moves from placement to placement that take place for many youth interrupt their independent living and life skills learning to

some degree. Some care providers see their role as solely being "caretakers" of the youth. Others are somewhat anxious about the "liability" of allowing a youth in their home to participate in "experiential" life skills activities. Some group care providers are overly protective in this sense for fear of violating their licensing regulations. The Independent Living Program Manager has been participating for the past year in a licensing task force which has been revising all licensing rules and regulations. Part of the revisions include less restrictiveness with regard to programs that provide independent living life skills services. Transitional Independent Living Case Planning is part of the new automated child welfare system. (MACWIS) There have been some improvements in the quality of independent living and life skills services amoungst the state's provider community.

There are sometimes problems that arise from a lack of knowledge and collaboration within and between the various state departments. This is improving somewhat. For example, the Independent Living Program Manager is a member of the state's Juvenile Justice Advisory Group and a member of the Prevention Committee. As a Prevention Committee member, the Program Manager has been part of crafting RFP'S (requests for community proposals) which are targeted toward supporting programs which include independent living and life skills as an important component. Some proposals have included community mentoring components as well. A number of community programs offering these types of services have been funded as a result of the RFP process. Many youth in custody/care are also involved with the mental health, corrections, or education departments of the state. Representatives from these departments have been invited to participate, or attend Independent Living Program activities such as the annual Teen Conference. There has been increasing openness to the idea of working together for the benefit of older youth in care. A Department of Human Service's caseworker continues to work directly out of the Maine Youth Center to assist in making appropriate plans for youth transitioning into the community from the Youth Center. Information about programs that serve the needs of older youth in care regarding educational planning, job skills attainment and maintenance, and other independent living life skills programs continue is disseminated to Departmental caseworkers so that they can refer youth to these programs. Linkages that are made with public and private service providers will increase the likelihood that more of our older youth in care have access to services which lead to positive interdependent living outcomes. This should help reduce the negative impact of some of the barriers and problems mentioned earlier in this section.

DESCRIPTION OF SERVICES AND ACTIVITIES PLANNED

The programs, services, and activities described in this section are to be carried out in whole, or in part, with Title IV-E, Section 477 funds allotted for Federal Fiscal Year 2000. They include, but are not limited to, the goals and initial activities being submitted as part of the Department's State Child Welfare Plan for FFY's 2000-2005. They are based on the Department's experience with previous strategies and on recommendations made by a sub-committee of the Child Welfare Advisory Committee and primarily enhance, or expand on these initiatives and recommendations. They focus on four major program goals:

Goal 1: Expanded services for older foster care youth which includes greater availability and access to a continuum of services and activities which enable youth with diverse needs to adequately prepare for leaving foster care and live successfully

in the community.

Objective 1: To complete work on transitional independent living licensing requirements as part of the existing residential licensing rules and regulations. Requirements will be condusive to the learning of independent living life skills. This work is currently in process and will be completed by September 1999.

Objective 2: To utilize community based sub-contractors for aftercare for youth in apartment living to assist them once they leave specialized independent living programs.

Objective 3: To quantify and evaluate the sub-contractor currently be used to manage a community and work-site mentoring program for youth in care who are being provided with independent living program services.

Objective 4: To continue to utilize the regional independent living program staff, as much as possible, to act as regional consultants for agencies and programs providing independent living life skills services.

Goal 2: Integration of preparation for adulthood concepts and activities into the practice of all staff working with older youth in care/custody.

Objective 1: To complete the work on standardized policy and procedures which will be clearly stated for all youth in care and staff to follow and understand. Work on independent living policy has made steady progress. Draft policy will be completed by July 1999 and in place by September 1999. Independent living program staff, supervisors, and managers have had input in drafting this policy.

Objective 2: To conduct the annual Teen Conference for independent living program youth, caseworkers, care providers, and others who work with youth who are transitioning out of care and into the community. The 9th Annual Teen Conference is scheduled for June 28, 1999 at the University of Maine in Orono, Maine.

Objective 3: To make specialized training available, or make information about specialized training available for Department independent living program staff and community based service providers on independent living and life skills teaching.

Objective 4: To clarify V-9, the Voluntary Extended Care Agreement after age 18, for all older youth in care and for all Departmental staff providing services to these youth. This is being done as part of the independent living policy referred to in Objective 1. V9 policy will be put into place within the same time frames mentioned in Objective 1.

Goal 3: Enhance and maintain quality services which adequately prepare youth in care for transition from care to self-sufficient adulthood.

Objective 1: To include youth in the child welfare planning process. 4 to5 older youth in care are participating in the development of the state's Child Welfare Plan which is due by June 30, 1999. To continue to utilize the newly formed Youth Leadership Advisory Team to provide information to Departmental staff and community service providers regarding the needs of youth in care.

Objective 2: To develop a means by which youth in care can have increased access to their caseworker, independent living program staff, or a mentor.

Objective 3: To define and develop a strategy to unify supervision (both administrative and clinical) in order to enhance youth success, in a unified manner, for all independent living program staff.

Objective 4: To identify independent living program outcomes that are focused and measurable with rationale as to why these outcomes accurately measure the youth's successful transition out of care. The transitional independent living plan will be connected to the program's evaluation as part of quality assurance.

Goal 4: **Effective communication and partnership with, and among youth, State Departments, community agencies, interested businesses, and individuals.**

Objective 1: To develop a working group of partners, including independent living program staff, who will meet at least quarterly to discuss and implement the state's independent living program plan.

Objective 2: To produce a brochure about the independent living program for public distribution by September 1999. To produce an independent living program newsletter with the assistance of members of the Youth Leadership Advisory Team by the end of August 1999. Newsletter will be published on a regular basis from that point.

YOUTH TO BE SERVED

Election of Population

The Department of Human Services elects for eligibility for it's programs under Title IV-E, Section 477 funded services, all youth eligible under the Title IV-E, Section 477 (a) (2). These include:

a. Youth, age 16 or older, for whom foster care maintenance payments are being made under Title IV-E.

b. Non-Title IV-E eligible youth, age 16 or older, who are in foster care under the responsibility of the state, and

c. Youth, or young adults under age 21, who were in foster care under the responsibility of the state on, or after their 16th birthday. This latter population will be integrated into the state's overall planning for discharge and aftercare services. These youth will be provided services in accordance with policy and procedures established for this purpose.

This information is also included in Attachment C, State Information on the Independent Living Program, which was amended to the FY Application and State Plan.

Number of Youth Anticipated to be Eligible and Served

Based on the ages of children and young adults in the Department's care, or custody as of June 1, 1999, it is estimated that 760 youth age 16 or older will be in care, or custody at any given time during Federal Fiscal Year 2000. At total of 880, or more will be eligible for Title IV-E Independent Living Program services for at least some portion of Federal Fiscal Year 2000.

443 of the 880 youth, age 16 or over, expected to be in care during FFY-2000 will be IV-E eligible. Of those 443 IV-E eligible youth, 139 are expected to participate in independent living program services. 437 non-Title IV-E eligible youth, age 16 or over, are expected to be in care during FFY-2000. Of those 437 non-IV-eligible youth, 180 are expected to participate in independent living program services. Between 5 to 7 former youth in care are expected to participate in independent living program services. IV-E eligibility determination is currently pending for 13 youth, 16 and over, who are new in custody. It is anticipated that there will be some youth who are living in a non-licensed placement and will be non-Title IV-E eligible. These youth may move in and out of a licensed placement several times during the coming year affecting their IV-eligibility.

EXPECTED RESULTS AND OUTCOMES

The programming services described in this plan are expected to result in the following transitional independent living outcomes for older youth in care:

1. Greater accessibility and availability of activities which enable older youth in care to acquire necessary life skills to facilitate their successful transition from care to living interdependently in the community; including intense focus on completing high school, pursuing a post-secondary educational program, and better planning and preparation for entering the job market.

2. Availability of services and activities which are proven to be effective in enabling older youth in care to acquire and be able to demonstrate the use of necessary life skills. All Departmental Life Skills Caseworkers will complete a life skills assessment and use a tracking format which will measure the youth's ability to perform life skills tasks in six fundamental areas: employment, money management, using community resources, communication, decision making and problem solving, and housing. At least 50% of

the youth working with a Life Skills Caseworker will be able to demonstrate competency in these six life skills areas by the time they transition from care.

3. Greater integration of preparation for interdependent living strategies, concepts, and activities within the Department's Children's Services Caseworker's practice. New caseworker trainings, conducted through the Department's Training Insititute, will continue to include presentations by both older youth in care and independent living program staff relevant to the provision of independent living life skills services to older youth in care.

4. Policy and practice with older youth in care which promotes the acquisition of interdependent living skills while they are still in care. And policy and practice which enhances effective discharge planning; offering youth in care the best possible opportunities for making a successful transition from the Department's care into the community. Draft policy and practice procedures has been disseminated to all regional Departmental staff for comment. Final draft will be completed by the end of July 1999.

5. Transitional independent living case planning for older youth in care which more effectively focuses caseworker tasks on activities which prepare youth for successful transition from Departmental care, or custody with measurable outcomes in the various life skills competency areas. 100% of youth eligible for Independent Living Program services will have a written Transitional Independent Living Plan in place. This plan will be reviewed and revised at least once every six months with the youth's input.

6. Engender the greater involvement of community agencies, businesses, and concerned individuals in the development and delivery of effective services which promote life skills development, facilitates a successful transition from Departmental care, and supports an interdependent community living plan. Youth will be able to demonstate competencies in six basic life skills areas.

BUDGET AND EXPENDITURES

1. FFY - 1999

The following amounts were budgeted and expended for independent living programs, services, and activities during FFY - 1999 (projected through September 30, 1999)

	Budgeted	Expended
a. State Funds	$202,103	$202, 103
b. Title IV-B	$ 60,000	$ 38,000
c. Title IV-E Independent Living Program	$565, 888	$565,888

I. Department Personnel/Administration (Staff travel is included in these costs) One Program Manager/Specialist One Administrative Case Reviewer Six Life Skills Caseworkers	$380,500	$372,000
II. Contracted Services University of Southern Maine, Muskie Institute. Youth outreach including maintenance and expansion of community mentoring and the Youth Leadership Advisory Team for IV-E I.L. youth in care. Technical assistance and support for I. L. staff and assistance with planning and conducting the Teen Conference	$ 45,000	$ 59,387
III. Other		
Educational and vocational educational services, post-secondary education tuition, books, fees	$ 90,000	$ 90,000
Adventure based life/employment skills/ self-esteem building trips	$ 30,000	$ 35,000
Other group and individual activity costs related to supporting transitional independent living planning and preparation for community living/1998 Teen Conference	$ 20,388	$ 9,501

2. FFY-2000

The projected expenditures for FFY-2000 are:

a. State Funds	$202,103
b. Title IV-B	$ 60,000
c. Title IV-E Independent Living Program	$565,888
I. Department Personnel/Administration (Staff travel is included in these costs) One Program Manager/Specialist One Administrative Case Reviewer Six Life Skills Caseworkers	$378,000
II. Contracted Services University of Southern Maine, Muskie Institute. Youth outreach including maintaining and expanding community	$ 58,000

ADDENDUM

1. Regarding the number of youth reported to be in DHS custody, or extended care as of June 1999, the discrepancy in the numbers of youth is the result of 99 youth leaving custody, or extended care between October 1, 1998 and June 1, 1999.

2. Youth eligible for the independent living program are referred by their Children's Services caseworker to one of the Life Skills caseworkers for services. The two caseworkers consult with regard to the referral and the specific nature of the services needed. Several factors are considered in terms of possible referral to a Life Skills caseworker.

- Many youth are already receiving independent living preparation services through their foster home, group home, or residential facility. This type of work is expected through the Department's contractual agreement with the agency providing services.

- All referred youth are offered the opportunity to accept services. If they refuse, they are told that they can receive services at a later date.

- A number of youth are living in residential treatment facilities and hospitals out of state, some are incarcerated both in and out of state, some are refusing services of any kind, or are too unstable to be maintained in one living arrangement for more than a short time making consistent service provision difficult if not impossible.

- A number of older youth in care have significant intellectual and behavioral impairment and are referred to specialized Vocational Rehabilitation services, the Department of Mental Health, Adult Protective Services, or other specialized services. Many of these youth have been receiving services through their special education program in school.

3. Probably the most significant factor currently affecting referrals to Life Skills caseworkers is the high Children's Services caseworker staff turnover in several areas of the state. This adversely impacts referrals to Life Skills caseworkers in that: 1) Youth don't have an assigned Children's Services caseworker for a period of time. 2) It takes time for a new Children's Services caseworker to be trained and acclimate to their new caseload.

APPENDIX E

CHILD DEATH/SERIOUS INJURY REPORT

CHILD ABUSE AND NEGLECT

DEATHS AND SERIOUS INJURIES IN MAINE 1995-1998

REPORT OF THE STATE CHILD FATALITY/SERIOUS INJURY REVIEW PANEL

CHILDREN AND FAMILIES IN MAINE

By many measures, children in Maine enjoy a high level of overall well being. Health care is more available and affordable, immunizations rates are at an all time high, children are completing high school at higher and higher rates, the teen pregnancy rate has dropped dramatically, children's nutrition is improved, the crime rate is dropping and the economy is on the upswing. Of course we want an even better life for our children.

As part of these improvement efforts, Maine's system of child protection involving state agencies, community agencies and individuals, is working to make children safer and to support families to care for and protect their children. Every night in Maine thousands of children go to bed safe and at ease due to the committed efforts of child welfare staff, mental health practitioners, physicians, nurses, school teachers and law enforcement personnel. It is in this larger context that one must read and make use of the Child Abuse and Neglect Deaths and Serious Injuries in Maine Report of the State Child Fatality/Serious Injury Review Panel.

The Child Abuse and Neglect Deaths and Serious Injury Report is not an assessment of child well being in Maine nor, is it an evaluation of the child protection system in Maine. In fact, during the period of this report, (1996, 1997 and 1998) approximately 15,000 families received assessments and services provided by the Department of Human Services, community agencies, mental health agencies, and the Department of Corrections. This report is a review of a very small number of cases (26 in those three years) where children have died or been seriously injured as a result of the action or inaction of their parents or other caregivers. These cases had the most tragic of outcomes imaginable. It is these tragedies that prompted the Panel to undertake a comprehensive and often painful examination to see what we can learn to make it less likely in the future that a child will die or be seriously injured in the same or similar circumstances. This report focuses on what the larger child protection system, and the individuals within that system, can do to better protect children. The findings and recommendations relate to such things as acceptable standards of practice, which may not have been followed, decisions made that did not reflect current knowledge in the fields of medicine, child welfare, law enforcement, mental health or corrections, or reflected a professional or personal bias.

The purpose of this report is to inform and move to action all of us who have responsibility for protecting some of the most vulnerable of Maine's children, those who have been identified as having been abused and neglected.

Many recommendations from the Panel's 1995 report have already been implemented, such as the Shaken Baby public awareness campaign, improvements in Child Protective Services and law enforcement collaborations and development of a specialized Child Maltreatment Evaluation protocol, to name just a few. Indeed some of the recommendations contained in this report have already been implemented, such as changes to the Department of Human Services Risk Assessment Tool, clarifying that all caregivers will be assessed, and training on the impact of neglect on children.

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APPENDIX

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CASE COMPOSITES

The police had been called to the residence around 2 A.M. by a neighbor who noticed the car lights were on, as well as most of the lights in the house but no one responded.
When the police arrived, they found the two children and their father had been shot to death. From the scene investigation and post mortem examinations, it was determined the children were fatally shot by their father, who committed suicide with the same gun. The parents had been involved in a protracted child custody dispute and the mother had just made it known she would not reconcile with her estranged spouse. There was a history of domestic violence with one Protection From Abuse Order against the father.
Mercifully, the two small children were likely asleep when they were murdered.

****

Everyone who knew her said she was such a caring, concerned mother. Many still believed that, after her infant son was removed by court order to foster care where he quickly gained weight and thrived. The mother had made up false stories that her baby had seizures and had stopped breathing. Because the mother had a medical background and presented as very attentive and convincing, doctors believed her baby was very sick. In actual fact, the baby did not have a medical condition but he almost died due to actions his mother took to cut off his air supply. The attention the mother received from service providers and family and friends met her needs. The case was actually a severe form of child abuse, known as "Fictitious Illness by Proxy", or Munchausen Syndrome by Proxy.

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The little girl stood dazed amidst the chaos and filth in the apartment. She could not understand why the strange woman was in the apartment. She did not understand why the woman had to take her away. She did not understand why her little brother had cried so, or why her mother's boyfriend had shaken the baby and banged him on the floor until he stopped making any noise at all. She did not understand the confusion of the lights flashing and the loud radios and the lady who came to take her away from the only home she had. She did know she had to behave or the men with the lights might put her in jail if she told on her mother's boyfriend. She cried and wanted everyone to go away and stop asking her questions. That is all she knew.
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The Emergency Medical Technicians rushed to the apartment at 9:00 AM in response to a 911 call that an infant had stopped breathing. Upon arrival, the EMT's saw the infant's mother sitting at a table drinking a beer. The infant was found amidst several blankets that served as a bed for both the mother and her infant. As the EMT's attempted resuscitation of the infant, the mother opened another beer and continued to sit at the table. Mother reported that she returned home after a night of heavy drinking and went to bed. She awoke to find the infant not breathing. It was clear to the EMT's that the baby had been dead for some time. As the EMT's gathered their equipment and prepared to transport the infant to the hospital, the mother offered them a beer.

STATE OF MAINE

DEPARTMENT OF HUMAN SERVICES
State House Station #11
Augusta, Maine 04333

Angus S. King, Jr.
Governor

Kevin W. Concannon
Commissioner

Dear Citizens of Maine:

I am pleased to issue this report of the Department of Human Services Child Death and Serious Injury Review Panel. This Panel reviews the circumstances of deaths of children known to the Department's Bureau of Child and Family Services and children whose deaths appear to be suspicious. The purpose of this comprehensive review is to see what can be learned and what action taken to make it less likely that children will die or be seriously injured under similar circumstances in the future.

The report identifies some significant improvement in Maine's response to abused and neglected children notably the increased use of a state of the art Child Maltreatment mental health evaluation and increased cooperation and collaboration between law enforcement and Child Protective Services. More remains to be done.

I want to use this report as a call to action to professionals working with children to recommit yourselves to protecting Maine's children by acquainting yourself with the findings of the report to gain new knowledge and insights that you can use to enhance your ability to carry out your child protective responsibilities. Use the report to learn about the common characteristic of abusive parents, and the increased vulnerability of infants to abuse and neglect. Be guided by the findings related to the danger posed to children by personal and professional biases. Finally, take note that a parent who loves their child may still abuse or neglect that child and fail to keep them safe from harm.

The tragedies of the children who are the subject of this report cannot fail to deeply move all of Maine's citizens. We must commit ourselves to turn our concern into specific actions to improve the system of child protection for all of Maine's children. If we do not, who will?

Kevin W. Concannon
Commissioner
Maine Department of Human Services

LETTER FROM THE CHAIR

This is our second report since the Maine Child Death and Serious Injury Review Panel started in 1992. The Panel continues to plod along, dissecting each case in minute detail. Panel members have the difficult task of reviewing and digesting a novel's worth of history each month. Often the reading is compelling but just as often the work is mundane and tedious. Yet, in that very tedium sometimes lies the most important details for the panel to answer our few, yet weighty questions. Why did this child die? Was the death preventable? What did we do right? What did we do wrong? How can we prevent future deaths like this?

As can be seen by the analysis to follow there were far too many abusive injuries and deaths in Maine since our last report 4 years ago. We have made some progress since our first report but not nearly enough.

We have successfully joined with other New England States to form a consortium of Northern New England Child Fatality Review Teams and maintain a presence within the national network of child death teams.

We have conducted extensive educational programs for professionals inside and outside the state of Maine on child deaths. Our particular focus has been on the structure and function of our unique team and on education of professionals to better identify and intervene in high risk situations before death occurs.

The Department of Human Services, with our support, has initiated a risk assessment protocol to help them identify and intervene effectively in high risk cases.

The State Forensic Service, also with our support, has developed a Child Maltreatment Risk and Impact Evaluation procedure to determine the risk parents pose to their children and to develop intervention plans.

Collaborative case investigation involving law enforcement, child protective services, and medical providers has improved remarkably in the last 4 years thanks in large part to efforts of the panel members.

Yet we continue to struggle with inadequate data collection and analysis. Two reports in 7years in a state of over 1 million citizens should not win us any awards. The Panel continues to need funding and support. We should be able to publish a report every year or at most two and we should, perhaps in concert with the Bureau of Health, do surveillance of all deaths and serious injuries to Maine children.

As can be seen in this report there were several instances, some involving my medical colleagues, of failure to adequately assess and report suspected abuse. This is disturbing to say the least. In many cases this failure delayed protective action such that a child was subsequently injured or killed. The burden of our children's health does not just lie in our families. We are all responsible. Must it take prosecution of those professionals who fail to report to spur us to greater action?

One case of child death resulted from co-sleeping with an intoxicated mother. Co-sleeping when appropriately applied and monitored may have some value to children and parents but in many households, particularly those with risk factors for abuse such as substance abuse, it is a recipe for disaster. Indeed one could almost argue that the risk, any risk, of death far outweighs any benefits.

Successful prosecution has been inconsistently applied both in Maine and the nation. If the twin goals of prosecution are incarceration of offenders to protect us from a criminal and warning the citizenry of the

consequences of an offense to prevent a crime, and if we believe that one or both of these goals protect children, then we should be working towards a more aggressive and consistent application of prosecution and particularly sentencing in Maine. It should be no less serious to injure or kill a child than to injure or kill an adult.

Finally, let me again offer my heartfelt thanks to all the Panel members past and present for their tireless enthusiasm and effort. As always, it has been and continues to be an honor to work with these dedicated professionals.

Lawrence R. Ricci, M.D. Chair - Maine Child Death and Serious Injury Review Panel

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KEY POINTS FROM THE WORK OF THE PANEL

* SHAKEN BABY EDUCATION PROGRAMS NEED TO PARTICULARLY TARGET THE MOST LIKELY OFFENDER, THE YOUNG ADULT MALE IN THE HOME

* CO-SLEEPING WITH INFANTS CAN POSE RISK OF SERIOUS INJURY OR DEATH ESPECIALLY WHEN OTHER RISK FACTORS SUCH AS SUBSTANCE ABUSE ARE PRESENT

* A LARGE PROPORTION OF OFFENDERS WHO TAKE A CHILD'S LIFE BY ABUSE OR NEGLECT RECEIVE MINOR LEGAL CONSEQUENCES FOR THEIR ACTIONS

* SEVERAL INSTANCES OF MEDICAL PROVIDER FAILURE TO REPORT CHILD ABUSE/NEGLECT DELAYED PROTECTIVE ACTION

* MEDICAL PROVIDERS & OTHER KEY PROFESSIONALS NEED TO CONSIDER CHILD ABUSE IN MANY CLINICAL PRESENTATIONS, E.G. BRUISING IN BABIES

* PRIMARY CARE PROVIDERS NEED TO GIVE MORE ATTENTION TO PRENATAL & NEWBORN PUBLIC/COMMUNITY NURSING REFERRALS

* EARLY, RAPID COLLABORATION BETWEEN LAW ENFORCEMENT & CHILD PROTECTIVE IS CRITICAL TO CHILD SAFETY & SUCCESSFUL PROSECUTION

* SAFETY ASSESSMENTS OF SURVIVING SIBLINGS IS CRITICAL

* DEVELOPING A COURT RECORD OF FINDINGS OF FACT MAY BE CRITICAL TO DHS'S PRESENTATION OF EVIDENCE IN SUCCESSIVE COURT CASES

* MAINE'S ADVOCACY SYSTEM NEEDS STANDARDS, ACCOUNTABILITY, SUPERVISION & STAFF TRAINING

* GOOD SUPERVISION & PEER REVIEW ARE REQUIRED FOR ALL PROFESSIONALS INVOLVED IN CHILD ABUSE & NEGLECT CASES

* THERE IS NO "PROFILE" OF ABUSIVE OR NEGLECTFUL PARENTS, BUT CERTAIN CHARACTERISTICS & RISK FACTORS ARE COMMON:

  *DOMESTIC VIOLENCE * SUBSTANCE ABUSE * PRIOR CPS INVOLVEMENT

  *TRANSIENT CHAOTIC LIFESTYLE WITH MULTIPLE UNRELATED CAREGIVERS

* PROFESSIONALS INVOLVED IN THESE CASES NEED TO BE ALERT TO THEIR OWN BIASES TOWARD PARENTS WHO MAY APPEAR TO BE "LIKE US". LIKEWISE, PARENTAL DEMONSTRATIONS OF AFFECTION & CARING FOR THE CHILD MAY SIDETRACK PROFESSIONALS FROM RECOGNIZING THE PARENT MAY ALSO BE ENDANGERING THEIR CHILD'S SAFETY

* DHS CASEWORKERS NEED TO OBTAIN ALL RELEVANT DOCUMENTS/RECORDS REGARDING HOUSEHOLD MEMBERS

* DHS CASEWORKERS NEED TO IMPROVE ANALYSIS OF THIS INFORMATION TO MAKE DECISIONS AND TAKE ACTION

* AWARENESS OF THE CAUSES OF CHILD ABUSE & NEGLECT, AMONG PROFESSIONALS WITH THE RESPONSIBILITY TO RESPOND TO CHILD ABUSE & NEGLECT, IS UNEVEN. INFORMATION ABOUT THE IMPACT OF CHILD ABUSE & NEGLECT ON CHILDREN APPEARS TO BE EVEN LESS WIDELY KNOWN

FINDINGS/RECOMMENDATIONS OF THE PANEL

CASE CHARACTERISTICS

While there is no "profile" of parents or caregivers involved in child death and serious injury cases, there are certain characteristics that are evident in a significant percentage of cases. These include:

- Domestic violence
- Substance abuse
- An inability to recognize and protect the child from sources of harm
- An inability to recognize and/or meet the child's needs
- Transient, chaotic lifestyles, which include multiple moves and multiple caregivers
- Multiple family problems (e.g. divorce, poor housing, unemployment)
- Prior CPS involvement
- Unrelated and inexperienced caregivers of infants and young children

CHILD ABUSE AND NEGLECT ASSESSMENTS

I. Child welfare caseworkers have the difficult and complex task of directing and controlling the gathering, synthesis and analysis of information about a family which is related to abuse and neglect. The sources of information are multiple, sometimes incomplete and sometimes in conflict with one another. Caseworkers and Supervisors must then make decisions and take action to protect children based on this analysis. In some cases reviewed by the Panel comprehensive, focused and relevant assessments were completed in a timely fashion. However, in a notable number of cases reviewed by the Panel, all or part of this task was not completed. The focus on child safety and risk assessment became less clear and was sometimes lost. In some of these same cases the capacity and willingness of all caregivers for the child was not assessed. As a result, some children were left in homes where harm to the child occured. Since abuse and neglect often occur in the context of complex and intertwined family dynamics, care must be used when assessing relatives as possible placement resources for abused and neglected children. In short, safety of children must be paramount.

The ability of parents to recognize and meet the basic needs of children for food, clothing, shelter and nurturance, as well as recognize and anticipate threats of harm to children, must be a major focus of risk assessment by the Department of Human Services and other service providers. The ability and willingness of parents to put the basic needs of children first is also a critical area for assessment. Assessing the above mentioned areas when parents have mental illness and/or mental retardation is especially difficult. In several cases reviewed by the Panel the conclusions drawn about these areas were not supported by the information contained in the case record. The actions then taken based on these conclusions did not offer sufficient protection for the involved children. In several cases information which was used to assess the safety and risk related to a deceased or seriously injured child was not then used to assess the risk to surviving or uninjured children in the same household.

The new time frames mandated by both federal and state law make it even more important that assessments be focused on risk, and comprehensive enough to provide the basis for informed decision making, service provision and more timely permanence for children in foster care. The Panel acknowledges the progress which the Department is making towards a better, more comprehensive safety and risk assessment system.

II. Evaluations completed by mental health professionals of individuals who were receiving Child Protective Services were often not helpful to the Department of Human Services or the court in making the difficult decisions required in these cases. Many evaluations did not focus on risk to children nor on a parent's capacity and willingness to care for and protect their children.

The Panel acknowledges recent improvements by evaluations resulting from the State Forensic Service's development of assessment protocols specific to maltreating parents and maltreated children.

III. Advances have been made in providing professional training concerning behaviors and conditions that pose threats of harm to children. Continuing education must continue. The Panel makes a specific recommendation that the Department of Human Services provide more comprehensive training and support to both new and experienced supervisors and consider instituting a supervisor apprentice program.

EARLY IDENTIFICATION AND PREVENTION

I. The Panel reviewed three cases where medical providers failed to report obvious child abuse. There were several other cases where medical providers appeared to have little knowledge of the indicators of abuse and neglect.

The panel recommended that existing child abuse and neglect medical management protocols be updated and supplied to all medical providers in Maine. The Panel requests that the Maine Child Abuse Action Network take responsibility for this effort.

The Department of Human Services needs to undertake renewed effort to educate critical mandated professionals about their reporting responsibility under Title 22 MRSA CHAPTER 1071, The Child and Family Services and Child Protection Act. Information on recognizing abuse and neglect should also be provided in these education programs.

II. Co-sleeping has been identified by the Panel as posing a risk to infants under certain circumstances. The Panel recommended that the Bureau of Health research this issue and develop professional and public awareness educational programs.

III. Household items and products caused serious harm to children in a number of cases reviewed by the panel. The panel urges the Bureau of Health to consider developing a method, in cooperation with the Office of Chief Medical Examiner, for issuing product alerts for parents, such as the use of walkers.

IV. Domestic violence continues to be minimized in its important relationship to child maltreatment. Multidisciplinary training is needed for professional providers and DHS caseworkers to be exposed to current information on domestic violence.

CRIMINAL INVESTIGATION AND PROSECUTION

I. The Panel identified a number of instances in which investigations worked well to protect children and/or prosecute perpetrators. These included instances of rapid, well organized, well coordinated information gathering and evaluation. Some of these involved law enforcement and some involved joint DHS/law enforcement investigations.

There were also situations where conflicts between DHS and law enforcement interfered with the investigation. Nonetheless, the Panel is pleased with the overall improvement of the working relationship between DHS and law enforcement. The Panel concludes that joint educational experiences and conflict resolution forums and procedures should be continued and enhanced.

II. The successful criminal prosecution of child maltreatment cases presents numerous challenges. The crimes most often occur in private and child victims are often not able to testify. Successful prosecution is enhanced by a number of factors including:

- Rapid reporting to law enforcement

- Legally sound interviewing
- Careful documentation by first responders such as physicians
- High quality photo and video documentation of the child's condition and their home.

III. The Panel found sentencing for child homicide to be significantly more lenient than that for comparable or even lesser crimes against adults. These sentencing practices and options need to be reviewed. (see Appendix)

A premature decision about individual culpability has resulted in investigators failing to fully explore the role of each potential perpetrator.

IV. There were a couple of cases in which evaluations of juveniles and adults conducted by the Department of Corrections were inadequate. The panel recommends increased training for Department of Corrections staff in the dynamics of domestic violence, child abuse and risk assessment. The Panel also recommends increased support to the Department of Corrections to allow probation workers adequate time to assess and monitor the individuals on their caseloads.

These findings appear to reflect years of inadequate funding to the Department of Corrections. The Department of Corrections is an important aspect of the safety net that has been chronically underfunded to the detriment of Maine's children and the Panel recommends the Department of Corrections appoint a representive to participate in the Child Death/Serious Injury Review Panel.

V. In prosecution and sentencing of juvenile offenders, the current sentencing options available to judges are too rigid and restrictive. National studies of juvenile murderers consistently indicate good outcomes, with little recidivism, with adequate interventions.

CIVIL PROSECUTION

Successful civil prosecution of child maltreatment cases is enhanced when DHS maintains focus on the following areas:

- Assessing potential risks presented by all household members when a child has been harmed, but a specific perpetrator cannot be identified.
- Documenting all facts in a child protective record, whether developed by Department of Human Services, law enforcement, mental health or other professionals; and doing so irrespective of the outcome of any criminal prosecution.
- In cooperation with the Department of Attorney General, clearly articulating and documenting all the evidence which describes the nature of the jeopardy

alleged, and the risks and benefits posed by potential plans to address that jeopardy.

SERVICES AND TREATMENT

I. In formulating service plans for parents who maltreat their children, too often professionals often fail to identify the real bases of risk in the family and/or to target risk specifically in treatment. As a result, parents may be able to successfully complete treatment and still pose a risk to their children. Mental health interventions need to be specifically tied to risk assessment. Training in this area has been developed and continues to be important for providers and caseworkers alike.

II. The Panel's reviews of situations where parents with mental illness pose risk to their children indicate that mental health providers as well as DHS caseworkers struggle with understanding what the risks are, how to assess them and how to effectively treat them. Additional training for providers and caseworkers in this area would be useful.

III. It is common for parents, especially those with mental illness or mental retardation, to have a number of people advocating for them including providers and professional advocates. In these situations, the needs of the child are easily overshadowed by the compelling needs of the parent. The importance of advocating for children's needs in these situations needs to be stressed in training and in public policy.

The Panel found that the mental health advocacy system is in need of training, establishment of professional and ethical standards, and a system of supervision and accountability that ensures adherence to those standards.

THE ROLE OF PROFESSIONALS

Professionals need to be aware of possible bias when working with persons who are similar to themselves or who present in an attractive or appealing manner. For example, professionals may overly rely on the family's self-report regarding the child's well-being, rather than seeking independent corroboration or taking appropriate protective action.

Professionals may be confused by expressions and demonstrations of caring by a parent to such a degree that they do not fully explore or correctly evaluate a parent's capacity and willingness to care for and protect their child. Good supervision and peer review are important aspects of professional practice in child abuse and neglect cases.

CHALLENGES

I. The Panel continues to see the impact on DHS staff of the increase and numbers of reports of child abuse and neglect coming to the Department, the impact of pressures relating to the needs of children in out-of-home care.

II. Law enforcement agencies, the Department of the Attorney General, the Judiciary, The Department of Corrections, and Public Health Nursing are all significantly understaffed. Specialized mental health services for abused and neglected children and their families are not available in the number and quality required.

III. The new federal and state law aimed at more timely permanence for children in DHS foster care and increased court oversight of the process will tax the above resources even more.

IV. Creating and maintaining collaboration, communication and coordination between and among professionals must be continued and intensified.

ANALYSES OF CHILD DEATH/SERIOUS INJURY DATA

CASES REVIEWED BY THE PANEL 1995-1998

Case	Age	Sex	Outcome	Panel Conclusion
27.	3 yr.	Female	Lived	Munchausen Syndrome by Proxy by mother
28.	6 yr.	Female	Died	Murder/Suicide by father in custody dispute
29.	7 yr.	Male	Died	Murder/Suicide by father in custody dispute
	10 yr.	Male	Died	Murder/Suicide by father in custody dispute
30.	6 yr.	Male	Lived	Sadistic torture by mother's boyfriend
31.	0.1 yr.	Female	Lived	Non-organic failure to thrive in care of mother
32.	1 yr.	Male	Died	Heat Stroke neglect in care of mother
33.	1 yr.	Female	Lived	Shaken Baby Syndrome by father
34.	1.5 yr.	Female	Lived	Shaken Baby Syndrome by father
35.	11 yr.	Male	Lived	Sadistic torture by stepfather
36.	0.1 yr.	Male	Died	Co-sleeping with intoxicated mother
37.	0.7 yr.	Female	Died	Battered Child Syndrome by one or both parents
38.	5 yr.	Male	Died	Complications of chronic illness in care of parents
39.	0.2 yr.	Male	Died	Poisoning in care of father
40.	9 yr.	Male	Died	Battered Child Syndrome by father
41.	4 yr.	Female	Died	Battered Child Syndrome by mother's boyfriend
42.*	0.1 yr.	Male	Lived	Sibling of Case 37, protected by DHS custody
43.	1.5 yr.	Female	Lived	Munchausen Syndrome by Proxy by mother
44.	0.2 yr.	Male	Died	Asphyxiation by mother
45.	0.1 yr.	Male	Lived	Shaken Baby Syndrome by one or both parents
46.	0.1 yr.	Female	Lived	Shaken Baby Syndrome by father
47.	1.5 yr.	Female	Died	Battered Child Syndrome by mother's boyfriend
48.	2 yr.	Female	Died	Battered Child Syndrome by mother or boyfriend
49.	3 yr.	Female	Died	Asphyxiation due to neglect while in care of parents
50.	0 yr.	Female	Died	Neonatacide while in care of mother as newborn
51.	15 yr.	Male	Died	Suicide
52.	1.5 yr.	Male	Died	Poison ingestion while in care of mother

* Not included in data analysis

CASE SUMMARIES

- Since the last report in 1995, the Panel has reviewed an additional 25 cases involving 26 children from 1996, 1997 and 1998. 13 (50%) were female and 13 (50%) were male. The average age was 3 1/2 but 8 (30%) children were under 1 year of age and 12 (46%) were under 2 years of age. As can be seen in the accompanying bar graph, the majority of the children were under the age of 5.

- 17 Children Died (65%) from the following causes:
  - Neglect 7
  - Battered Child Syndrome 5
  - Murder/Suicide 3
  - Neonatacide 1
  - Suicide 1

- 9 Children Lived (34%) but experienced the following:
  - Shaken Baby Syndrome 4
  - Munchausen Syndrome by Proxy 2
  - Torture 2
  - Failure to thrive 1

  - 14 cases- had 2 adult caregivers in the home
  - 5 cases- biological father was identified abuser
  - 3 cases- boyfriend was identified abuser
  - 5 cases- biological mother was identified abuser
  - 17 cases- involved domestic violence
  - 8 cases- involved substance abuse

This was the first time the Panel had an opportunity to review a particularly troubling form of child abuse, that of the predatory sadist. Both cases involved a boyfriend/stepfather who chose to discipline an older boy via sadistic torture, in one case while a hapless mother stood by and watched.

Three children in two families were murdered by their father in a murder/suicide and in both cases a divorce/custody conflict was present.

The Panel continues to frequently review cases of Shaken Baby Syndrome (see separate discussion) and cases of severe battering of older children. The most common perpetrator was the male figure in the home although we did see a case of Neonatacide and two cases of Munchausen Syndrom by Proxy, both forms of abuse almost always perpetrated by the mother.

REFLECTIONS FROM THE PANEL

FORENSIC MENTAL HEALTH

Forensic Mental Health has made some significant advances in the area of child maltreatment assessment and interventions. In Maine, the State Forensic Service's Child Abuse and Neglect Evaluation Program (described in another section of this report) provides empirically based evaluations to assist the courts in child maltreatment cases. Furthermore, the State Forensic Service, the Departments of Human Services and Corrections, and the Maine Child Abuse Action Network have worked, often collaboratively, to provide professional training based on current research studies, develop empirically based assessment protocols, and identify clinicians throughout the state who can provide needed evaluations and interventions.

In spite of this important progress, this is only a beginning. The need for timely forensic evaluations is acute. Problems that interfere with timely assessments, (such as "no shows" for evaluation appointments) must be identified and resolved. Additional evaluators and evaluation teams need to be identified or developed to facilitate assessments that are tailored to the developmental needs of children. Because the assessment of issues related to child maltreatment is a specialized and developing area, continuing education and training is required.

Maine's efforts are well ahead of the nation in delivering meaningful and reliable input to the courts in this highly complex field, largely the result of extensive forensic training.

Lastly, but very importantly, risk assessment research that identifies the factors that best predict increases and decreases in the risk of maltreatment is required. This area of research is receiving increasing attention in the sex offender field, but has not been developed in other areas of child maltreatment. Reliable and validated risk assessment protocols facilitate more accurate and timely assessments and can be used to implement interventions that more effectively meet the needs of children and families.

Sue Righthand, Ph.D.

Ulrich Jacobsohn, M.D.

Ann LeBlanc, Ph.D.

mentoring, technical assistance and support for the Youth Leadership Advisory Team, assistance with planning and conducting the Teen Conference, and technical support for I.L. Program staff.

III. Other

Educational and vocational services, post-secondary education tuition, books, fees	$ 70,000**
Adventure based life/employment skills/self esteem building trips	$ 40,000
Other group and individual activity costs related to supporting transitional independent living planning and preparation for community living/Teen Conference costs	$ 19,888

** A Legislative tuition waiver bill for youth in care is anticipated to lower the amount of Independent Living program dollars needed for post-secondary educational costs for youth in care.

STATE MATCH

The Maine Department of Human Services requests all of it's share ($363,785) of the FFY-2000 Indpendent Living Basic Amount.

The State is applying for $202,103 from the additional funds over the basic amount. The State will match these additional funds with the required state match of $202,103.

The State is also applying for, and offers to match additional funds that may become available throught he reallocation of Independent Living funds. The minimum of reallocated funds the State will accept is $1.00. The maximum amount, for which the State wishes to be considered, is $25,000.00.

The State match for funds over the basic amount is to include in-kind and third party contributions, based on the Department's cost allocation plan; state funds which are not currently being used as match for other federal funding sources.

RESPONSIBLE STATE AGENCY

The State's Independent Living Program, as set forth in Section 477, will be administered by the Department of Human Services; the State agency which administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Human Services is

FORENSIC PATHOLOGY

As the new Chief Medical Examiner who was appointed to succeed the 22 year tenure of Dr. Henry Ryan, it has been very helpful for me and my Deputy Chief, Dr. Michael Ferenc, to participate as members of the Multidisciplinary Child Death and Serious Injury Review Panel. The enhanced ability to meet and develop working relationships with individuals in each of the disciplines has been invaluable. Within the scope of the committee's reviews, the primary function of the Medical Examiner is to provide information and opinions to those who protect, investigate, prosecute, and treat the effects of child abuse and neglect. While we act only in very specific instances, the information we develop may have far-reaching effects. Participation on the Panel has sharpened our awareness of the need to make that information available as efficiently as possible to the individuals and agencies who depend upon it for their function.

During the next year, our office will focus on becoming networked to the Maine state system and implementing a computer software system which will allow efficient data organization and more rapid retrieval of information. This will enhance our ability to follow child fatality trends and pinpoint specific areas of public interest. In turn, this improved database may allow our multidiciplinary Panel to recognize and predict those children at risk of abuse.

Margaret S. Greenwald M.D.
Chief Medical Examiner

Michael J. Ferenc, M.D.
Deputy Chief Medical Examiner

LAW ENFORCEMENT

It is an honor to participate in the writing of the second public report of the multidisciplinary Child Death/Serious Injury Review Panel. For Major Love and I, representing the Panel has been both interesting and rewarding. The hard work and dedication of the professionals assigned to these cases, especially from the Department of Human Services and Law Enforcement agencies from across the state, has been inspiring. While much is currently being done to protect Maine's children, it is clear that we can and must do better.

While collaboration is a "buzzword" for the 1990's, it is absolutely critical when it comes to working to protect our children, or investigating the incidents where our children were injured or killed. The Department of Human Services and Law Enforcement generally have a good working relationship, but more needs to be done to strengthen it. Sandra Hodge, Director of child protective services, has always been a proponent of joint trainings and has launched efforts to continue in this vein. Any training which increases the awareness of each others role and responsibility is important, and we stand ready to cooperate in any way we can. Public Health Nursing this year also sponsored training and invited DHS, Law Enforcement, and the Medical Examiner to speak. This was an excellent opportunity to share with each other what it is we do.

The work of the panel has been important in demonstrating areas for improvement within the disciplines represented. While we feel that Law Enforcement has generally done a superb job at investigating these cases, it is important to be mindful of the lessons learned from mistakes made, or areas for improvement. Presenting cases to the panel has also been of great benefit to our staff. It has served to foster a greater appreciation for the other disciplines involved. The input from the experienced professionals involved in the review has always been welcomed and has served to make our people better detectives.

Finally, we would like to extend our thanks to Phyllis Merriam, staff assistant to the panel. Without her, the important work of the panel would not be possible.

Major Charles Love, Commanding Officer
Operations & Field Troops
Maine State Police

Lt. Timothy Doyle
Maine State Police, CID II

FAMILY MEDICINE

Understanding the complexity of familial dynamics is at the very basis of family practice. Without this insight one can only treat symptoms and the persons behind the diagnosis or treatment can be forgotten.

In reviewing the many and disturbing cases of Maine's children who have been killed or maimed as the result of a possible breakdown in the very systems designed to protect them, I see the need for and the role of family medicine much more clearly. Primary care providers are often the first to see or hear of signs of abuse or neglect that subsequently goes unreported. People may feel that by reporting to a doctor's office suspicious bruises or alleged domestic violence that they have done their societal duty. However, all too often the report goes no further or is not legitimized.

Only by educationg our doctors, physician assistants and nurse practitioners, who are on the frontlines hearing many of these reports, can we hope to begin halting these tragedies before they occur. Nurses too have and continue to play a critical role here from home visits to simply hearing a concerning story through a telephone call. Only by raising awareness of when to act and who to call will we be able to further the fight to end the senseless abuse, neglect and death of our children. Furthermore, a more collaborative effort in these situations would not only expedite intervention, but also allow professional cooperation that would cut through much of the bureaucracy that impedes current reporting and subsequent action.

This committee has been tremendously rewarding and educational on both a personal and professional level. I feel very fortunate to work with such a dedicated and caring group of professionals as we work toward a common goal of eradicating the need for such a committee. Until that time, we shall continue our work to promote critical thinking with regard to the many cases of child deaths and serious injury.

Douglas J. Jorgensen, D.O.

PUBLIC HEALTH NURSING

As we review the cases of children who have died or been seriously injured, we find that many of these children have not had a Public Health Nurse or Community Health Nurse working with the family. We would suggest a closer working relationship with primary health care providers, encouraging referrals to Public Health Nursing and Community Health Nursing, particularly in the prenatal and newborn period.

We have also noted that families are often transient, and often get "lost" in the system. We would recommend better communication between all service providers in support of the family.

Continuing education on Child Protective Services, as well as programs specific to mental illness, would be beneficial in updating Public Health Nurses and Community Health Nurses. Continuing education programs bringing together Child Protective Services and Public Health Nurses/Community Health Nurses is essential for the development of effective communication between these service providers. This will facilitate both disciplines in understanding the roles and boundaries of one another to best serve the families. Continued community placement of persons with mental illness requires regular updating of service providers, such as Public Health Nurses. It is important for service providers to recognize the signs and symptoms that may not be recognized as mental illness as well as what referrals need to be made based upon these symptoms.

Pat Bond, R.N., Director
City of Bangor Public Health Nursing

Luanne Crinion, R.N., M.S.
Public Health Nurse Supervisor
Division of Community & Family Health
Department of Human Services

PUBLIC CHILD WELFARE

Providing child protective services is a critical and complex process which occurs in the context of legal mandates, professional standards of good practice and conflicting community values and expectations. Recent additional pressures on the field of child protection in Maine include Federal incentives to incorporate computer technology by creating a Child Welfare Information System, and significant changes in Federal and State laws governing how child welfare services must be delivered, including significant court oversight.

The review of cases by the Child Death/Serious Injury Review Panel points to the need for Child Protective Services and Children's Services staff to emphasize the basics:

1. Gathering information (including past and current records) relevant to child safety and child maltreatment.

2. Synthesizing the information within a valid theoretical framework of child maltreatment.

3. Analyzing the information to determine what type of abuse and neglect is present, if the child is safe, what is the overall level of risk to the child, what are the underlying causes of risk and what are the family's protective capacities.

4. Taking action necessary to protect the child, that seeks to control, manage or mitigate the threats of harm to a child. This could include:
    - Petitioning the court for custody or court ordered services.
    - A family service plan including referrals to appropriate community agencies.

Sandra Hodge, Director, Division of Child Welfare

Phyllis Merriam, Manager, Child Protective Intake

Mary Dionne, (Retired) District Program Administrator

COMMUNITY MENTAL HEALTH

The case reviews carried out by the Child Death and Serious Injury Review Panel provide a rich opportunity for understanding what our profession does well in the areas of assessing and treating children and their families. It also highlights areas that require additional training and development. It is clear that the profession has made progress in the past four years, since the last report of the Panel. However, mental health practitioners in the community are still in need of additional training. This is particularly true in the specialized area of assessing the risk to children in maltreating families. Here , our field needs to dedicate itself to developing more reliable and valid measures of maltreatment, which can be efficiently and effectively employed with diverse children and adult clients. In addition, the mental health community must continue to design and implement new treatment strategies which protect children and stabilize families.

Karen K. Mosher, Ph.D.

Neil Colan, Ed.D.

ASSISTANT ATTORNEY GENERAL

I am very honored to be a member of this important Panel. I have benefited professionally from the knowledge acquired through the Panel's comprehensive case reviews and particularly from the Panel's deliberations of these troubling and important cases. However, we could not accomplish our mission without Phyllis Merriam's able assistance. She deserves a great deal of credit for enhancing the quality of the Panel's work and for helping us get through the voluminous documents provided for our consideration.

I have been representing the Department of Human Services in civil child protective matters for several years. I cannot think of a field of work more important, more challenging, or more rewarding. To work in this field requires specialized knowledge in an ever changing field. It also requires dedication, compassion and a great deal of emotional strength. The public is outraged when a child is killed or seriously injured by a parent or caretaker and is quick to blame the Department of Human Services when tragedy strikes. My hope is that the work of this Panel will provide the public with a better understanding of the dynamics of child abuse and neglect and will lead the public to support all of our efforts to protect children at risk.

Over the years, the Panel has made many recommendations to improve the Department's efforts to protect children. In my work, I have seen positive changes made by the Department in response to the Panel's recommendations. Nevertheless, we can always do more. Child protective caseworkers need better training, better supervision, better pay, more support services, and access to more community resources. The public should demand this, and the children deserve this even more.

Recent changes in the law and court procedures have been initiated to make the civil legal system more responsive to the needs of children in child protective proceedings. While preserving the integrity of families remains an important goal, children removed from abusive/neglectful homes will no longer have to wait unreasonable lengths of time for their cases to be resolved. Unless the "system" is provided the resources needed to carry out the statutory mandates, my fear is that we will not achieve the results desired. Good legislative intentions without adequate fiscal support are meaningless. This situation needs to be carefully monitored.

On occasion, the Panel has expressed frustration with the legal system's response to a particular child protective matter. In my opinion, the legal system is not the best forum to address these matters. The adversarial process is not the most productive way to resolve complicated family matters, especially when child protective services are involved. In my experience, the most successful cases, from the child's best interests standpoint, occur when the parties involved, including treatment and services providers, cooperate with each other to achieve the desired outcomes. I am encouraged that

efforts have been made to implement alternative resolution procedures to resolve child protective matters. The Panel should be kept informed of these efforts.
With the benefit of hindsight, the Panel has the unique opportunity to gain a better understanding of the circumstances surronding a child's death or serious injury. It is important that we conitnue to use the knowledge we gain to encourage improvements in the field of child protection. While the Panel is careful about public criticism of an agency, organization, or individual who may have played a role in failing to prevent a child's death or serious injury, it is important for the Panel to take firm stands when adressing identified system failures. By indentifying failures in the system which culminated in the death or serious injury of a child, the Panel can make recommendations which may spare another child a similar and horrible fate. Although we need to be careful not to misplace blame, I am committed to doing my part to ensure that the Panel carries out this responsibility.

Lou Ann Clifford
Assistant Attorney General

APPENDIX

Abusive Head Trauma in Maine Infants 1991-1994
A Medical, Child Protective, and Law Enforcement Analysis

Detective Lieutenant Timothy Doyle
Phyllis Merriam, L.M.S.W.
Lawrence R. Ricci, M.D.

This retrospective study analyzed 20 cases of abusive head trauma in Maine infants under the age of 2 over a 4 year period. The study was conducted with the collaboration of the Office of Chief Medical Examiner, the Maine Child Death and Serious Injury Review Panel, the Maine State Police, the Spurwink Child Abuse Program, the Maine Department of Human Services Bureau of Child and Family Services, and the Childhood Injury Prevention Program and Community Health Nursing. The review had grant support from the Maine Department of Human Services, Bureau of Health, Division of Community and Family Health.

This study identified 20 cases involving 19 children who were hospitalized over the 4 years 1991-1994 with inflicted intracranial trauma. The criteria for inclusion in the study were children under the age of 24 months with brain trauma, plus one or more of the following: admitted or witnessed assault, inconsistent history, unexplained suspicious bruises, unexplained serious suspicious fractures, and retinal hemorrhages. There were 95 children admitted to Maine hospitals, specifically Maine Medical Center and Eastern Maine Medical Center, during the study period for head trauma. Of these 95, 20 (21%) met the study criteria indicating that when a child under the age of 2 is hospitalized there is a 1 in 5 chance that that child's injuries were inflicted.

There were 20 hospital admissions, involving 19 children (one child was hospitalized twice). The mean age of the children was 7.5 months, with a range of 2 weeks to 17 months. Of the 19, 11 (58%) were males, and 8 (42%) were females.This slight preponderance of males has been described in other studies and remains an interesting but unexplained finding. The presenting complaint in 40% of the cases was acute unexplained illness and in 60% of the cases, acute injury. In all cases of injury, however, the force described was minor, such as a fall of less than four feet. In addition, 30% of the cases had a history that changed with each telling; 25% had a delay in seeking treatment; 30% had a history of past injury; 45% had a history of prior symptoms suspicious for prior injury; and 65% had a history of prior medical evaluations for symptoms also suspicious for prior injury.

Although often considered a hallmark of inflicted trauma, a changing history and delay in seeking treatment were not frequently found.

Of particular interest was the fact that 13 (65%) of these children had prior medical evaluations for symptoms that could have been related to prior head injuries. One child had a bruise at age 6 weeks. The literature is clear that any bruising in infancy is of

concern. One child had two visits for crying, if not a symptom of abuse certainly a risk factor for abuse. One child had a fractured leg at 2 months of age, again highly suspicious. Two children had seizures. Three children had symptoms of irritability and lethargy.

On physical examination, 12 (60%) had bruises that were suspicious for inflicted trauma, whereas 15 (75%) had physical evidence of prior injury, either in the form of old bruises, old fractures, old retinal hemorrhages, or old brain injuries.

The presentations for all these children were generally quite severe, with 50% presenting with seizures, 45% presenting in coma, 30% presenting with apnea, 40% with a tense anterior fontanel, and 35% with enlargements in head circumference. Indeed, 55% had either a tense anterior fontanel or enlarged head circumference, findings that medical providers should be on the alert for.

Nineteen (95%) had retinal hemorrhages, and nine (45%) had bloody cerebral spinal fluid on lumbar puncture, suggesting the presence of subarachnoid hemorrhage.

Bone surveys were done in 90% of children, and fractures were present in 10 of the 18 who had these studies done. Bone scans were done in 13 children, of which two revealed new findings that were otherwise unsuspected on the bone survey. The data indicates that screening radiologic studies are being done in the two major medical centers in Maine and that bone scans are useful. Nine of 20 children had skull fractures indicating that at least half the children who have inflicted head trauma in infancy sustain impact in addition to shaking.

In terms of disposition, three children died; eight went into foster care; five went home without the alleged perpetrator in the home; and four, surprisingly, went home with the alleged perpetrator still in the home, primarily because of lack of clarity in the medical diagnosis. The three children who died presented little differently from the children who did not die except that one child had diffuse axonal injury to the brain.

CT scans were done in 19 of the 20 children. The only exception was a child who died prior to CT scan. MRI scans were done in three. All 19 had subdural hematomas, of which six were posterior, a particularly important finding in inflicted trauma. Cerebral edema was present in 10 of the 19, and parenchymal injury, a marker for later disability, was present in 6 of the 19.

Of the 20 cases, hospitals diagnosed 16 as abused. Two were children who died and were subsequently diagnosed as abused by the medical examiner. The other two were not diagnosed as abused primarily because hospital personnel believed the initial history. Child Protective Services was notified fairly immediately in all cases although law enforcement was rarely notified probably due to confusion about law enforcement reporting.

Of the 16 survivors, eight had moderate to severe neurologic impairment.

Parental risk factors were often, although not uniformly present. Substance abuse was present in 53% of the cases; domestic violence in 42%; unrealistic expectations of the child in 42%; parents who were abused as children in 37%; attachment concerns in 32%; and prior criminal history in 32%. Single parentage was only present in 10%; mental health history only present in 16%; and unemployment only present in 5%. The average age of the mother was 24.7 years and the average age of the father was 27.5 years. There were only two teenage mothers and only two teenage father figures. We noted that risk factors were poorly assessed and/or documented by child welfare personnel in 50% of the cases. Most interestingly, there were no apparent risk factors present in four cases and only one risk factor present in three cases. Family composition was also interesting, with mother and father both being in the home in 73% of the cases and married in 53%.

In reviewing child risk factors and triggers, five children were identified as difficult for the father to manage, and four children were identified as crying persistently. Indeed, when trigger for inflicted injury was identified, most commonly it was crying.

A perpetrator was identified by law enforcement in 15 of 19 cases. The most likely perpetrator was biological father in 10 cases, baby-sitter in 2, stepfather in 1, boyfriend in 1, and mother in 1. Males were identified as the most likely perpetrator in 13 cases, with the average age of the perpetrator being 26. Of these males, 40% had a prior criminal history.

The caretaker at symptom onset was the father in 10 of 20 cases and stepfather in 2 of 20 cases. Indeed, the data strongly indicated that the person alone with the child at the time of symptom onset may be the most likely suspect.

Of 19 cases, 13 were prosecuted. Two were found guilty; seven pled; three were acquitted; and one did not go to trial. Confessions occurred in four cases. We had information on nine cases regarding sentencing. In two fatal cases one individual pled and received a 15-year sentence and another went to trial and received an 8-year sentence following conviction. In the seven non-fatal cases, one case went to trial and the convicted perpetrator received a 10-year sentence while six pled and received mimimal sentences, e.g., two years, one year, 90 days, 30 days.

This review arrived at the following conclusions and recommendations:

1. Multidisciplinary case reviews were useful and should be ongoing.

2. Early multidisciplinary notification and case collaboration between law enforcement, Child Protective Services, and medicine is crucial to identification, protection and prosecution.

3. Medical providers should consider child abuse in many clinical presentations in infancy, particularly any infant with bruising.

4. Child Protective risk assessment should look very closely at underlying risk factors.

5. Shaken baby community education programs should aggressively target male caretakers, including those seemingly at low risk.

BACKGROUND OF MAINE'S CHILD DEATH/SERIOUS INJURY REVIEW PANELS

- HISTORICALLY THE DEPARTMENT OF HUMAN SERVICE'S BUREAU OF CHILD AND FAMILY SERVICES HAS, AND CONTINUES TO, CONDUCT INTERNAL REVIEWS OF DEATHS AND SERIOUS INJURIES TO CHILDREN KNOWN TO THE BUREAU OF CHILD AND FAMILY SERVICES

- MULTIDISCIPLINARY REVIEWS OF CHILD ABUSE AND NEGLECT DEATHS AND SERIOUS INJURIES WERE INITIATED BY THE DEPARTMENT OF HUMAN SERVICES COMMISSIONER MICHAEL PETIT IN THE MID-1980'S

- IN APRIL 1992 THE DEPARTMENT OF HUMAN SERVICES REVIVED MULTIDISCIPLINARY CHILD FATALITY/SERIOUS INJURY REVIEWS WITH AN EXPANDED PANEL WHICH ON 5-1-92 BEGAN MONTHLY REVIEWS OF THESE CASES

- MAINE'S PANEL BELONGS TO THE CONSORTIUM OF NORTHERN NEW ENGLAND CHILD FATALITY REVIEW TEAMS

CHILD PROTECTIVE SERVICES DATA 1995, 1996 AND 1997

SUBSTANIATED CASES

Number of Famlies with a Substantiated Case

1995	1996	1997
2,286	2,183	2,792

Numbers of Children in Substantiated Cases

1995

Ages	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	55	141	610	524
5-8	130	205	438	503
9-12	118	193	300	456
13-15	77	122	203	264
16-17	46	60	83	100
Total	426	721	1,634	1,847

1996

Ages	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	43	150	633	566
5-8	109	197	435	532
9-12	115	201	318	476
13-15	82	119	172	262
16-17	28	45	71	102
Total	377	712	1,629	1,938

1997

Ages	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	47	173	641	657
5-8	130	105	540	708
9-12	107	194	399	657
13-15	84	154	225	399
16-17	56	70	89	171
Total	424	696	1,894	2,592

FAMILY STRESS FACTORS

For the years 1995, 1996 and 1997 the family stress factors listed below with the most frequently identified factor listed first, remained the same as the three preceding years.

The Departments ability to respond to all appropriate reports of child abuse and neglect was strengthened in 1997 as a result of a new pilot program. This program was set up in three counties to assess and provide services to low risk cases from the Department which allowed Child Protective Services caseworkers time to focus on moderate and high risk cases. The program was successful and was expanded into twelve counties by 1998 and will be operating in all 16 counties by late 1999.

Family Violence/Assaultive Behavior
Alcohol/Drug Misuse by Parent/Caretaker
Mental/Physical Health Problem of Parent
Parent/Child Conflict
Mental/Physical Health Problem of Child
Severe Acting Out Behavior of Child
School Problems
Divorce Conflict
Child Withdrawn/Depression

ENABLING LEGISLATION

During the 1993 legislative session, the panel and its functions were established in an amendment to 22 MRSA Chapter 1071 Child and Family Services and Child Protection Act.

Pertinent Statutory Provisions

22 M.R.S.A. § 4004 (1):

E. Establishing a child death and serious injury review panel for reviewing deaths and serious injuries to children. The panel consists of the following members: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.

The purpose of the panel is to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures.

22 M.R.S.A. §4008 (2):

E. A person having the legal responsibility or authorization to educate, care for, evaluate, treat or supervise a child, parent or custodian who is the subject of a record, or a member of a panel appointed by the department to review child deaths and serious injuries. This includes a member of a treatment team or group convened to plan for or treat a child or family that is the subject of a record. This may also include a member of a support team for foster parents, if that team has been reviewed and approved by the department;

22 M.R.S.A. § 4008 (3-A):

Confidentiality. The proceedings and records of the child death and serious injury review panel created in accordance with section 4004, subsection 1, paragraph E are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the review panel upon request, but may not disclose data that is otherwise classified as confidential.

22 M.R.S.A. § 4021.Investigations

1. Subpoenas and obtaining criminal history. The Commissioner, his delegate or the legal counsel for the Department may:

   A. Issue subpoenas requiring persons to disclose or provide to the department information or records in their possession that are necessary and relevant to an investigation of a report of suspected abuse or neglect to a subsequent child protection proceeding or to a panel appointed by the department to review child deaths and serious injuries.

MEDICAL EXAMINER DATA

CHILD DEATHS BY TYPE - 1996

	Under 1	1 thru 12	13 thru 17	Total
Homicide	1		1	2
Suicide		1	5	6
SIDS	5			5
Natural (other than SIDS)		6	1	7
Accidental	1	7	4	12
Motor Vehicle		12	19	31
Undetermined	1	1		2
Total	8	27	30	65

CHILD DEATHS BY TYPE - 1997

	Under 1	1 thru 12	13 thru 17	Total
Homicide	1	3	1	5
Suicide			10	10
SIDS	2			2
Natural (other than SIDS)		1	2	3
Accidental		15	2	17
Motor Vehicle		6	9	15
Undetermined		2		2
Total	3	28	23	54

1996 CHILD HOMICIDES

VICTIM	MANNER
4 mos. female	Blunt Head Trauma
13 yrs. female	Gunshot

1996 CHILD ABUSE/NEGLECT DEATHS

VICTIM	MANNER
9 wks. male	Poisoning
8 yrs. female	Hypothermia

1997 CHILD HOMICIDES

VICTIM	MANNER
4 mos. old female	Blunt Head Trauma (Shaken Baby Syndrome)
4 yr. old female	Blunt Head Trauma
16 yr. old male	Stabbed
12 yr. old male	Gunshot to Head/Face
Newborn Female	Asphyxiation

1997 CHILD ABUSE/NEGLECT DEATHS

VICTIM	MANNER
35 mos. old female	Asphyxiation

1997 UNDETERMINED DEATHS

2yr. Female	Found Dead
2mos. male	Found Dead
8 yr. male	Asphyxiation

****

OF THE **13 VICTIMS** OF CHILD **HOMICIDES**, CHILD **ABUSE/NEGLECT** DEATHS AND **UNDETERMINED CAUSE** OF DEATH **IN 1996 AND 1997**:

- 6 VICTIMS WERE KNOWN TO CHILD PROTECTIVE SERVICES
- 8 VICTIMS WERE FEMALE
- 5 VICTIMS WERE MALE
- 7 VICTIMS WERE FROM TWO PARENT FAMILIES
- 16 SURVIVING SIBLINGS/HALF-SIBLINGS
- 8 VICTIMS DIED IN THE SUMMER
- 8 VICTIMS DIED FROM FAMILY MEMBERS OR FRIENDS ACTIONS OR INACTION
- 5 VICTIMS CRIMINAL CASES HAVE PROSECUTION PROBLEMS

MULTIDISCIPLINARY CHILD DEATH AND SERIOUS INJURY REVIEW PANEL

MISSION STATEMENT

To provide multidisciplinary, comprehensive case review of child fatalities and serious injuries to children in order to promote prevention, to improve present systems and foster education to both professionals and the general public.

To collect facts and provide opinion and articulate them in a fashion which promotes change.

To serve as a citizen review panel for the Department of Human Services as required by the federal Child Abuse Prevention and Treatment Act P.L. 93-247.

REVIEW PROTOCOL

1. The Panel will review cases of children up to age eighteen, who were suspected to have suffered fatal child abuse/neglect or to have suffered serious injury resulting from child abuse/neglect.

2. Comprehensive, multidisciplinary review of any specific case can be initiated by the Bureau of Child and Family Services, by the Commissioner of the Department of Human Services or by any member of the multidisciplinary review panel.

3. Cases may be selected from a monthly report that includes major injuries and deaths in the preceding month, as well as a summary of deaths and major injuries from the preceding year.

4. All relevant case materials will be accumulated by the Department of Human Services staff and disseminated to the members of the review panel.

5. After review of all confidential material, the review panel will provide a confidential summary report of its findings and recommendations to the Commissioner of the Department of Human Services.

6. The review panel may develop, in consultation with the Commissioner of the Department of Human Services, periodic reports on child abuse fatalities and major injuries, which are consistent with state and federal confidentiality requirements.

PANEL CONFIGURATION

- REPRESENTATIVE LEADERS OF THE JUDICIARY, FORENSIC PATHOLOGY, FORENSIC AND COMMUNITY MENTAL HEALTH, PEDIATRICS, FAMILY PRACTICE, NURSING, PUBLIC HEALTH, CIVIL AND CRIMINAL LAW, LAW ENFORCEMENT, AND PUBLIC CHILD WELFARE WHO VOLUNTEER THEIR TIME REVIEW EXTENSIVE CASE RECORDS IN PREPARATION FOR MONTHLY RETROSPECTIVE CASE REVIEWS

- DOCTORAL CANDIDATES COMPLETING THEIR CLINICAL OR FIELD PLACEMENTS REGULARLY PARTICIPATE IN THESE CASE REVIEWS AS PART OF THEIR EDUCATION AND TRAINING

UNIQUE FUNCTIONS OF MAINE'S REVIEW PANEL

- MOST STATES REVIEW CHILD FATALITIES; MAINE'S PANEL REVIEWS SERIOUS CHILD ABUSE AND NEGLECT INJURIES, AS WELL AS CHILD ABUSE AND NEGLECT FATALITIES, OR SUSPICIOUS DEATHS

- CENTRALIZED REVIEW OF THESE CASES BY OUR STATE TEAM. (MORE POPULOUS STATES USUALLY HAVE LOCAL TEAMS, AS WELL)

- CENTRALIZED FORENSIC MEDICAL EXAMINER SYSTEM AND REPRESENTATION ON PANEL PROMOTES STANDARDIZED FORENSIC CHILD DEATH INVESTIGATIONS AND POST MORTEMS

- SPECIALIZED MEDICAL EXAMINER TRAINING FOR CHILD DEATH INVESTIGATION UNITS OF LAW ENFORCEMENT: MAINE STATE POLICE, BANGOR AND PORTLAND POLICE DEPARTMENTS

- ESTABLISHMENT OF PANEL IN STATUTE, CONFIDENTIALITY OF PANEL'S WORK AND SUBPOENA POWERS

- IN-DEPTH RETROSPECTIVE REVIEWS OF ALL RELEVANT RECORDS, SUPPLEMENTED BY ORAL PRESENTATIONS BY KEY, INVOLVED SERVICE PROVIDERS

STATE FORENSIC CHILD ABUSE AND NEGLECT EVALUATION PROJECT REPORT

Project Director: Sue Righthand, Ph.D.

Introduction:

During 1998, the State Forensic Service Child Abuse and Neglect Evaluation Project, directed by Dr. Sue Righthand, completed a number of important projects including the *Child Maltreatment Risk, Impact and Intervention Annotated Bibliography* and *the State Forensic Service Child Maltreatment Risk and Impact Evaluation Guide.* The annotated bibliography provides summaries of research relevant for clinical assessments in child maltreatment cases. The evaluation guide provides a research based theoretical framework of factors and issues that need to be considered during assessments and , when relevant, addressed in evaluation reports. The *Child Maltreatment Risk, Impact and Intervention Annotated Bibliography* has been published by the Family Violence and Sexual Assault Institue (dwforkids@earthlink.net). Copies of the *State Forensic Service Child Maltreatment Risk and Impact Evaluation Guide* are available from the National Clearinghouse on Child Abuse and Neglect (www.calib.com/nccanch).

Training:

Since the 1995 Child Death and Serious Injury Panel Report, the State Forensic Services (SFS) also co-sponsored and provided training programs relevant to child maltreatment evaluations. The programs included:

- Causes and Consequences of Child Maltreatment: Implications for Prevention and Intervention (1999) By Byron Egeland, Ph.D.
- Empirically-based Treatment Interventions for Juvenile Sex Offenders (1998), By Mark Weinrott, Ph.D.
- Assessing Sexually Coercive Juveniles and Adults (1998), By Ray Knight, Ph.D.
- Assessing Violence Risk in Juveniles and Adults (1998), By Thomas Grisso, Ph.D.
- Multi-systemic Therapy: A Clinically Effective and Cost-Effective approach for Treating Serious Clinical Behavioral Problems in Youth (1998), By Scott Henggeler, Ph.D.
- As Good As It Gets? Conducting High Quality Forensic Evaluations in Child Maltreatment Cases (1998), By the SFSCAN project consultants.
- Intimate Violence: Breaking the Cycle (1997), By Donald Dutton, Ph.D. and Jacquelyn Campbell, Ph.D., R.N.
- Juvenile Sex Offenders: Assessment, Classification, Treatment and Needs (1997), By Robert Prentky, Ph.D.

- Termination of Parental Rights: Evaluations in Child Abuse and Neglect Cases (1996), By Sandy Azar, Ph.D.

- Child Physical Abuse Risk Factors: A Review of Theoretical and Empirical Literature, (1995), by Joel Milner, Ph.D.

Evaluators:

Currently, there are now 24 clinicians who are qualified to receive SFSCAN evaluation referrals. Five additional clinicians are involved in the training program. The SFS will continue to recruit new evaluators, provide training opportunities, and continuing education.

Referrals:

In 1997, during the first year the State Forensic Services began providing child maltreatment evaluations, 12 referrals were received. Referrals to the program increased during 1998, with the program serving 27 families and 61 individuals. It is expected that 1999 referrals will exceed the 1998 rate.

Goals:

Future goals involve evaluating how effectiveness the SFSCAN program is at providing timely and useful state of the research evaluations in child maltreatment cases and working to resolve identified difficulties, such as by facilitating more timely evaluations whenever possible. Additional goals include completing the Child Maltreatment Evaluation Manual, as well as updating the annotated bibliography and the evaluation protocol consistent with the evolving professional and research literature.

ACKNOWLEDGMENTS

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Office of Chief Medical Examiner

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Bureau of Child and Family Services

ACKNOWLEDGMENTS ALSO FOR THE ARTWORK IN THIS REPORT

Hannah, age 7 and Nathan, age 8

The Prosecution of Fatal Child Abuse and Neglect

Emily M. Douglas, M.S.
Child Abuse Action Network

The National Center on Child Abuse and Neglect recently estimated that approximately 2,000 children, or five children every day, die as a result of child abuse or neglect.[i] Some of the offenders who cause these deaths serve substantial prison sentences, however, many do not serve any time in a correctional facility and some do not even go to trial. Nation-wide, states are finding new ways to ensure harsher consequences for taking the life of a child.

Several factors can impede the prosecution of cases of fatal child abuse. First, there are often no witnesses to maltreatment fatalities, making it difficult to link the crime to a specific individual. Moreover, when there are witnesses, they are frequently family members who are reluctant to incriminate a relative. Second, for children who live in a pervasive environment of abuse, it can be impossible to identify the one individual who gave the fatal blow to the child. Third, unsuspecting law enforcement officials often fail to gather sufficient evidence of the crime. Fourth, prosecutors often have little experience with cases of child abuse. Fifth, medical examiners rarely have pediatric expertise. Sixth, it is often difficult to convince jurors that a parents or a caretaker would purposely hurt a child.[ii] Finally, even when such complications are resolved, homicide laws often make murder convictions impossible, because prosecutors cannot prove the presence of necessary mental states such as, "purposely," "knowingly," and "premeditated."[iii]

To aid in the prosecution of child abuse and neglect fatalities, many states have adopted special child homicide statutes which permit a conviction of murder without proving the presence of mental states such as "knowingly," etc. As of December 31, 1997, 24 states had passed a child

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[i] Department of Health Human Services (1998). *A nation's shame: Fatal Child Abuse and Neglect in the United states.* [WWW document] URL http://indy.radiology.uiowa.edu/Providers/Textbooks/ChildAbuse AndNeglect.htm

[ii] Mills, S. and Kiernan, L. (1998, November 15 - 20). Killing Our Children: The search for justice. Chicago Tribune; Department of Health Human Services (1998). *A nation's shame: Fatal Child Abuse and Neglect in the United states.* [WWW document] URL http://indy.radiology.uiowa.edu/Providers/Textbooks/ChildAbuseAnd Neglect.htm

[iii] Rainey, R.H. and Greer, D.C. (1994). Prosecuting child fatality cases. The APSAC Advisor, 7, 28-30.

homicide statute. (See the list at the end of this piece.) Such laws generally fall into one of two categories. The first kind of law simply lists maltreatment of a child as an enumerated felony in a felony murder statue; the second creates as an offense the killing of a child in the course of being physically maltreated.[iv]

In the state of Maine, a child homicide statue was proposed for the 1999 legislative session. The bill remains unresolved and is being carried over to the following session in January, 2000. The bill takes the form of the first kind of statute, listing maltreatment to a child age four or under as an enumerated felony. A conviction under this law requires a sentence of imprisonment for no less than 25 years.

While many states have adopted statutes that make it easier to convict individuals who have killed children, there are few states that are monitoring the effectiveness of their statutes. A study recently conducted for the Maine Child Abuse Action Network revealed that only a handful of states officially collect or track the criminal justice outcomes of fatal child abuse deaths. More specifically, 18 of the 24 states that have child homicide statutes were contacted and only three states or regions had compiled such data. (Furthermore, an additional 14 states that do not have child homicide statutes were contacted and only one is collecting similar data.) It appears that policy makers do not pass child homicide laws based on comprehensive knowledge of how child maltreatment homicides are handled in their states. Instead, the drive to pass child homicide statutes is likely fueled by high publicity cases where an offender received little or no time for taking the life of a child. Furthermore, once statutes are implemented there is no effort to track the effectiveness of the new law. In short, most states do not comprehensively know, nor have they ever known, how fatal child abuse is handled in their courts.

While there is not enough information to allow a thorough analysis of the effectiveness of child homicide statutes, some conclusions can be drawn from the data (of four regions/states) that was available. In general, it appears that states with child homicide statutes give harsher sentences

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[iv] National Center for the Prosecution of Child Abuse (1997). Child abuse and neglect state statutes series. (Volume V Crimes, No. 29, Child homicide.

Table 1: Maine Fatal Child Abuse Outcomes: 1994 -1998

AGE OF VICTIM	SEX OF VICTIM	DATE OF DEATH	STATUS	SENTENCE
1 year	Male	2/26/94	Conviction: Endangering the Welfare of a Child	1 yr., all but 6 mo. suspended, 1 yr. probation
2 years	Female	3/25/94	Not Solved	
6 years	Female	7/8/94	Closed: Murder-Suicide*	
10 years	Male	7/27/94	Closed: Murder-Suicide	
7 years	Male	7/27/94	Closed: Murder-Suicide	
4 years	Female	11/7/94	Conviction: Manslaughter	15 yrs. all but 9 suspended, 6 yrs. probation
8 months	Female	1/6/95	Not Solved	
1 year	Female	4/6/95	Conviction: Manslaughter	10 yrs. all but 5 syspended, 6 yrs probation w/ special conditions
8 months	Male	5/16/95	Conviction: Manslaughter	10 yrs. all but 8 suspended, 6 yrs.
4 months	Female	8/23/96	Not Solved	
Newborn, exact age unknown	Female	6/30/97	Pending	
4 months	Female	12/15/97	Conviction: Manslaughter	7 yrs. all but 3 suspended, 6 yrs. probation
4 years	Female	12/19/97	Closed: Not criminally	
1 month	Female	2/26/98	Conviction: Manslaughter	Sentence not decided as of June, 1999
1 year	Female	6/24/98	Pending	
4 months	Male	4/27/98	Pending	
16 years	Female	7/15/98	Conviction: Murder	Life
2 years	Male	8/28/98	Pending	
4 years	Female	12/7/98	Closed: Murder-Suicide	
2 years	Male	12/7/98	Closed: Murder-Suicide	

*There were five murder-suicides during this time period, however these deaths only account for a total of three cases.

than those without such statutes. However, there are exceptions to this finding. The state without a child homicide statute sometimes gave harsher sentences than the states with statutes. The most

significant finding of this limited analysis is the fact that a large proportion of offenders who take the life of a child through abuse or neglect receive minor consequences for their actions. Although this is less pronounced in states which have child homicide statutes, it nonetheless remains true.

On the positive side, with the publication of this report, Maine is now among the leaders of the crusade to inform the public and those who work with children and families by compiling and publishing the criminal justice outcomes of child abuse deaths. Table 1 shows the outcomes for cases of fatal child abuse between 1994 – 1998.[v] This same information is depicted on a chart in Figure 1. Of the 20 deaths which occurred during this period, seven have resulted in convictions, five were cases where the parent of the children committed suicide (although this accounts for only a total of three cases), four of the cases are currently pending, three are unsolved and in one instance, the killing was attributed to the mental insanity of the parent.

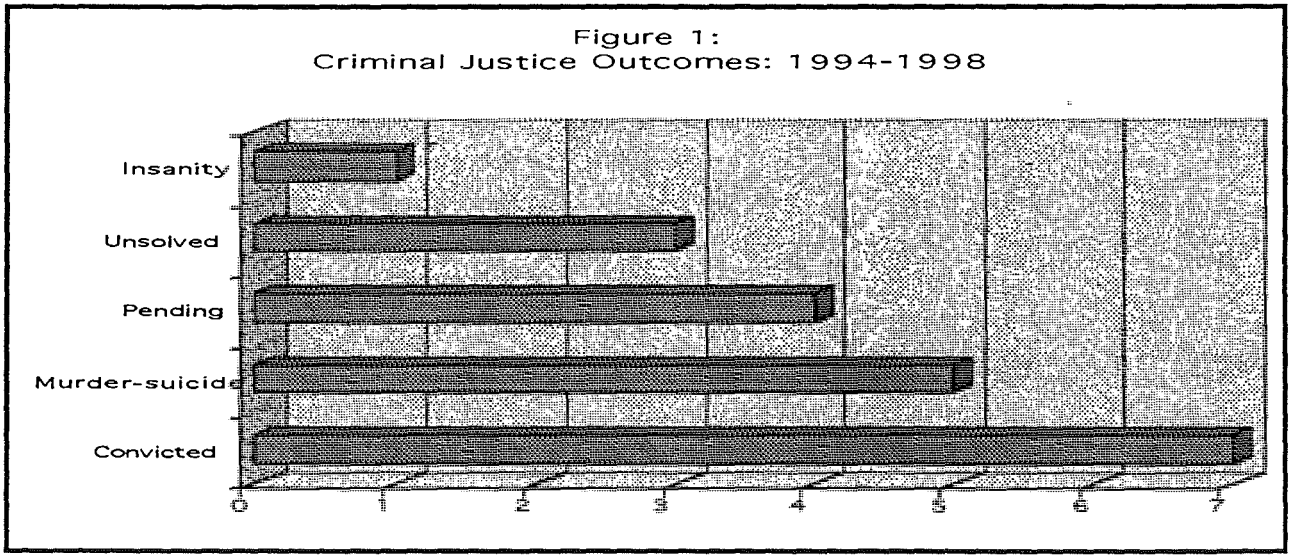
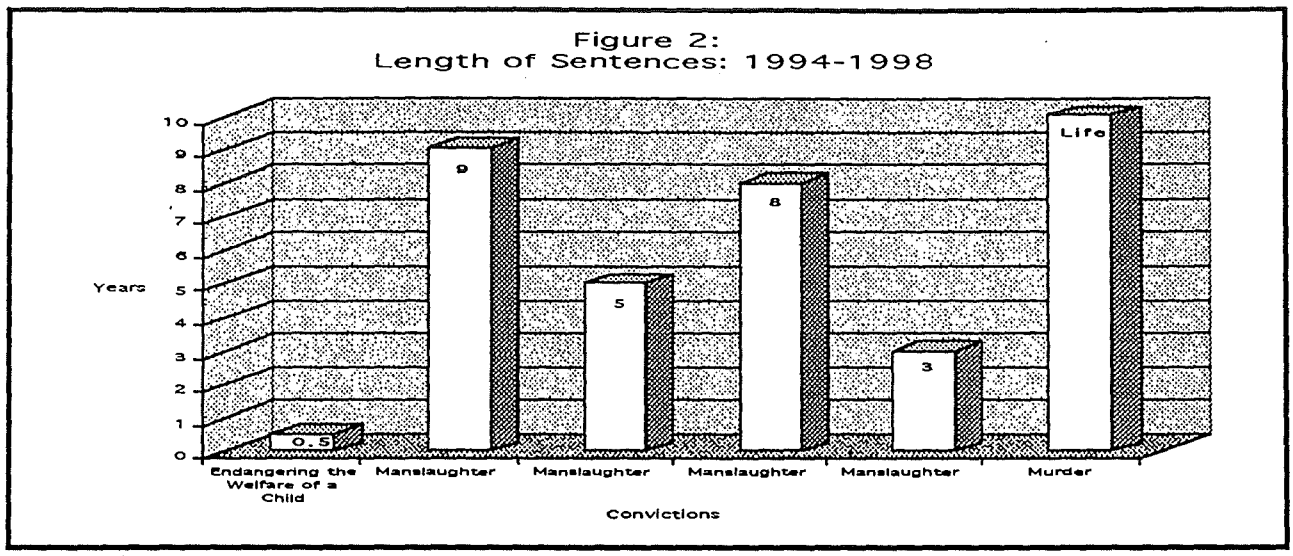


Figure 2 illustrates the length of sentences given between 1994 and 1998. The only sentence for endangering the welfare of a child was for six months. There were four manslaughter convictions with sentences ranging from three to nine years. The one murder conviction resulted in a life sentence.



Should Maine adopt the proposed legislation, the publication of criminal justice outcomes will allow child welfare and criminal justice professionals along with policy makers to assess the effectiveness of the new law. Should the bill fail, we will still be armed with data to allow informed decision-making should such legislation be proposed again.

States with Child Homicide Statutes

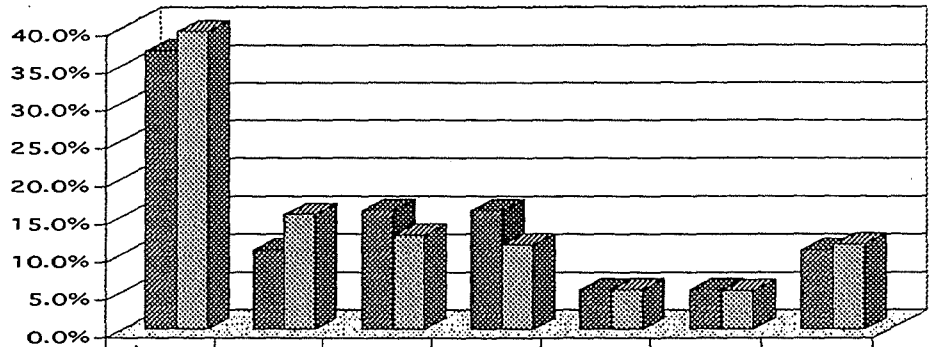
Alaska	Idaho	North Dakota	Utah
Arizona	Iowa	Oklahoma	Washington
Arkansas	Kansas	Oregon	West Virginia
California	Louisiana	Pennsylvania	Wyoming
Colorado	Minnesota	South Carolina	
Delaware	Mississippi	Tennessee	
Florida	New York	Texas	

[v] Information for this came from the Maine Attorney General's Office and the Maine State Police. The author would like to especially thank Lieutenant Timothy Doyle for his assistance in helping to gather this information.

Maine and National Data: A Comparison of Child Fatalities

This publication is also reporting, for the first time, demographic data for both Maine and national child abuse and neglect fatalities. Figure 3 displays the ages of

Figure 3: Victims by Age
Maine (1994-1998) and National (1976-1985) Data



	Less than 1 year	1 year	2 years	3 - 4 years	5 - 6 years	7 - 9 years	10 years+
Maine (n=20)	36.8%	10.5%	15.8%	15.8%	5.3%	5.3%	10.5%
United States (n=3,459)	39.4%	15.2%	12.5%	11.2%	5.3%	5.1%	11.3%

victims for the state between 1994 and 1998[1] and for the nation between 1976-1985.[2] By far, more children are killed in their first year of life than at any other age. In Maine 36.8% of children who became fatal victims were less than one year old. About 11% of Maine deaths occurred to children who were one year old. Children between five and nine years old were victims about 10% of the time while another 10% of deaths occurred to children 10 years or older. The differences between the state of Maine and the nation are minor. Maine experienced slightly fewer deaths among infants and children one year old, and more deaths among children ages two and four.

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[1] Data for the state of Maine came from (1) the Maine Chief Medical Examiner's Office, (2) the Attorney General's Office, (3) the Maine State Police and (4) Wolfe, J. (1998, July 12). A recent history of child homicide in Maine. Maine Sunday Telegram, p. 6A.

[2] All of the nation data for these figures came from Kunz, J. and Bahr, J. (1996). A profile of parental homicide against children. Journal of Family Violence, 11, 347-362.

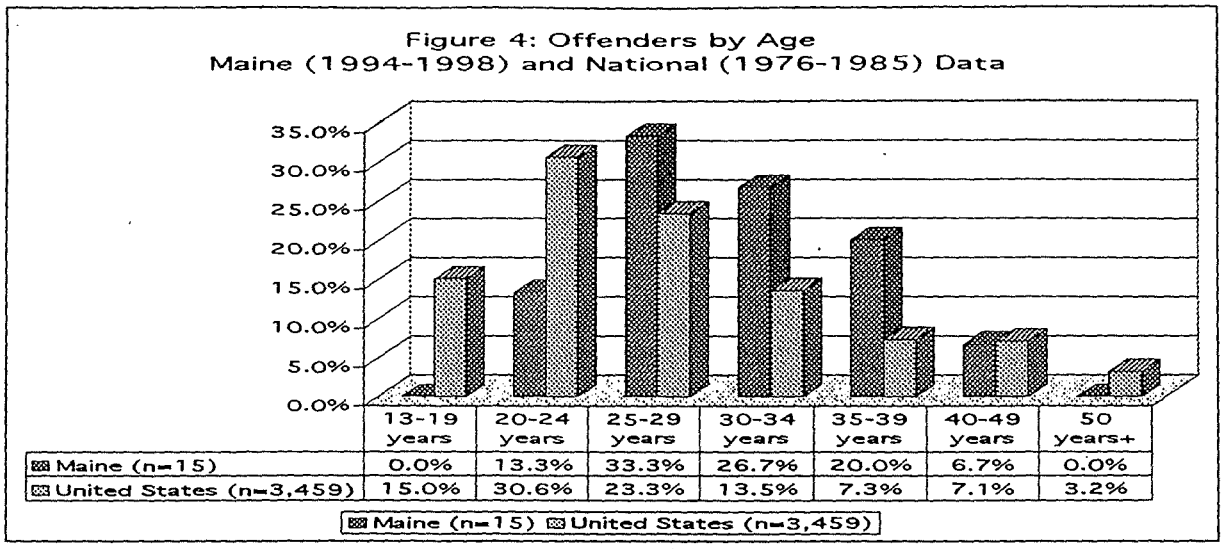
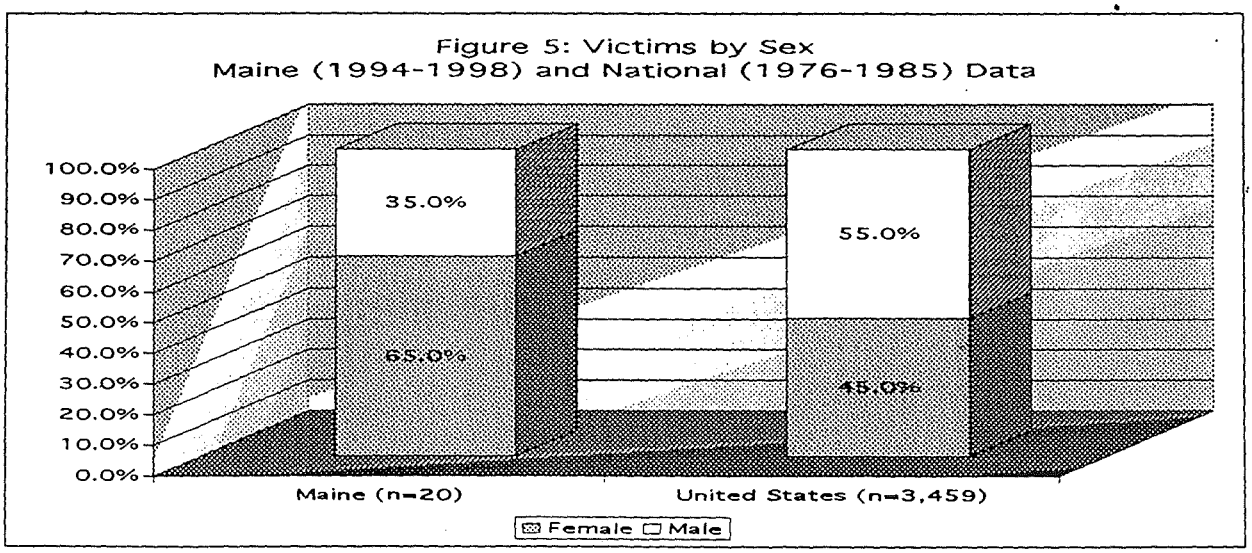
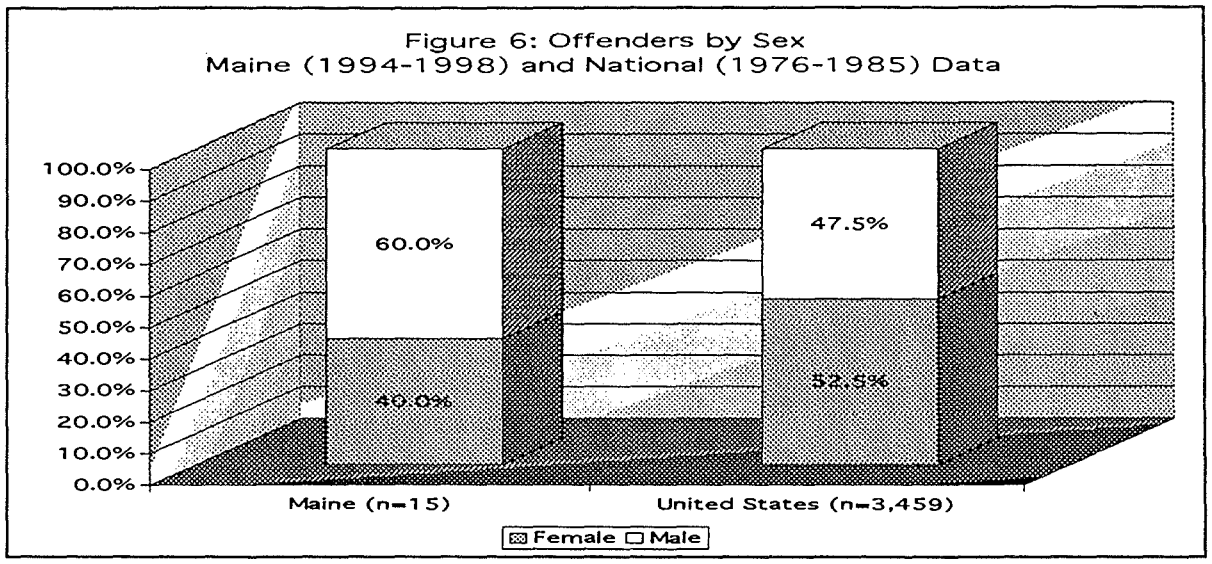


Figure 4 illustrates the ages of offenders. Offenders of child abuse and neglect deaths tend to be younger rather than older. Most of Maine's offenders are between the ages of 25 and 29, closely followed by those ages 30 to 34. Within this time period, Maine has had no teenage offenders. This may be explained by the low incidence of teenage parenthood in the state.[3] There was also only one offender age 40 or older. Although nationwide, most offenders are between the ages of 20 and 34, this characteristic is even more pronounced in Maine.



[3] Annie E. Casey Foundation (1997). Kids count data book: State profiles of child well-being. Baltimore, MD: Author.

Figure 5 displays the gender of victims for Maine and the United States. Sixty-five percent of Maine victims were female, while only 45% of victims nationwide were female. Figure 6 illustrated the gender of offenders. In Maine, only 40% of offenders were female. Nationwide, women committed over half (52%) of child abuse and neglect deaths.



Figures 7 and 8 show the gender of the offender to the victim. The former displays the gender of offenders among male deaths. In Maine 57% of the male victims were killed by females. Nationally, boys were killed by females only 50% of the time.

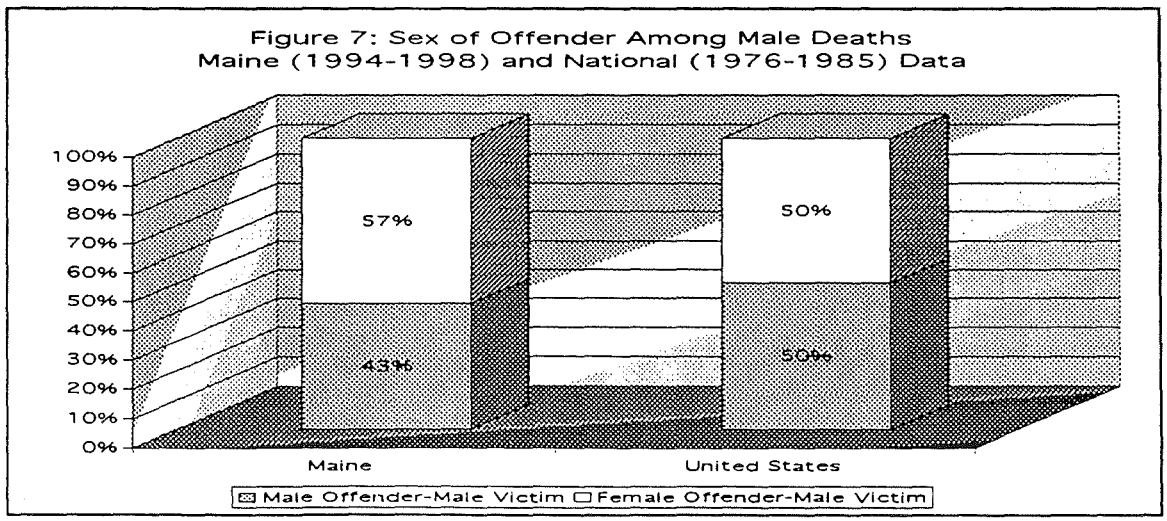
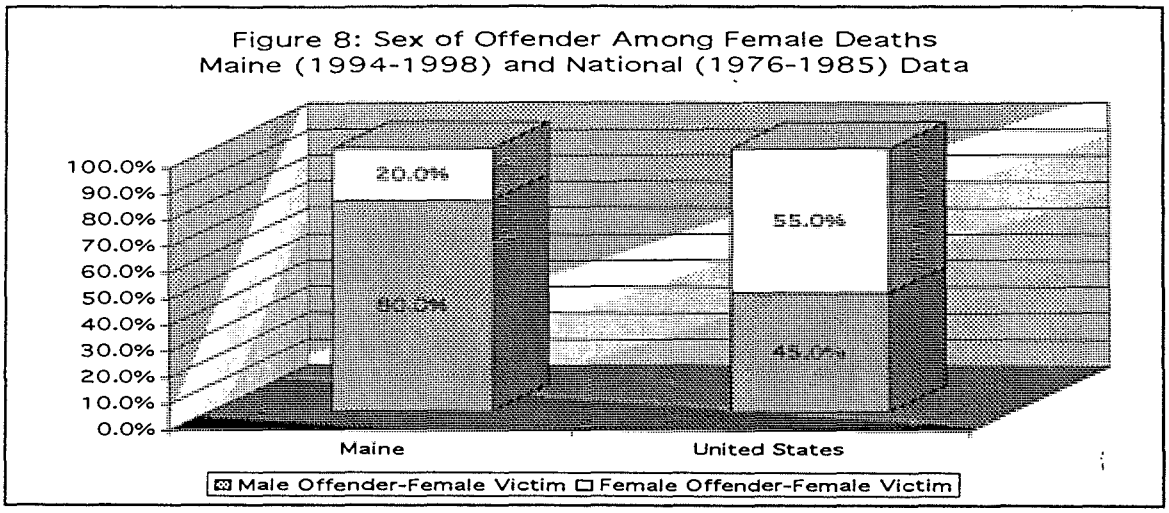


Figure 8 displays the gender of offenders among female deaths. In Maine 20% of female victims were killed by females. This figure greatly differs from national data where females are responsible for over half of the deaths occurring to girls.



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CERTIFICATIONS

U.S. Department of Health and Human Services

Certification Regarding Drug-Free Workplace Requirements

Grantees Other Than Individuals

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Health and Human Services (HHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

If the workplace identified to HHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and, (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and, (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments, if needed):

Place of Performance (Street address, City, County, State, ZIP Code) State of Maine

Check ___ if there are workplaces on file that are not identified here.

Sections 76.630(c) and (d)(2) and 76.635(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central receipt point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, S.W., Washington, D.C. 20201.

DGMO Form #2 Revised May 1990

Grant No. _____

Kevin W Concannon
Commissioner, Maine Department of Human Services

9-21-99
Date

LLNG CODE 4184-01-C

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions
(To Be Supplied to Lower Tier Participants)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions" without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for children's services and that all subgrantees shall certify accordingly.

Grant No. _____

Kevin W Concannon
Commissioner, Maine Department of Human Services

9-21-99
Date

CERTIFICATION REGARDING LOBBYING

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES

PROGRAM: _____

PERIOD: _____ STATE: _____

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Kevin W Concannon
Signature

Title

Agency / Organization

9/21/99
Date

INTERGOVERNMENTAL REVIEW

I hereby certify that the requirements for review of the State Child Welfare Services Plan as contained in Executive Order 12372 have been met as indicated below.

State Plan was sent to Clearinghouse for review on 9-27-99.

9/21/99
Date

Kevin W Concannon
Kevin Concannon, Commissioner

9-21-99
Date

Margaret Semple
Margaret Semple, Bureau Director