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Final Report for the 2010 - 2014 Child and Family Services Plan & Maine Child and Family Services Plan For FY 2015 - 2019

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

TABLE OF CONTENTS

Final Report for Fiscal Years 2010-2014

Maine's Office of Child and Family Services (OCFS) has made significant progress towards the goals established in the FFY 2010-2014 Child and Family Services Plan (CFSP).

At the same time that OCFS was developing its CFSP in 2009, it was preparing for and undergoing the federal Child and Family Services Review (CFSR). As a result of the Statewide Self-Assessment and the work leading to the review, OCFS was able to identify key findings that would need to be addressed in the Program Improvement Plan (PIP). OCFS developed goals and strategies that would meet both the CFSP requirements and the PIP expectations that required little changing once the final CFSR report was received and the PIP was approved by ACF. OCFS successfully completed the overlapping PIP data period in the summer of 2013. The timing of the 2015-2019 CFSP development lends itself well to the needs of OCFS to identify the work ahead to continue to meet the needs of children and families in Maine.

In March 2012, a new organizational structure was announced within the OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure includes four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012.

The restructure led to the creation of the Policy & Training Unit that was tasked with creating/revising policy as well as developing and implementing training curriculum and sessions. It should be noted that there were some delays in policy development that had been identified in the 2010-2014 CFSP as a result of the formation of this new team. There were also policies that were in the final stages of development and were pulled back in order to ensure the policies were in line with the agencies' resources and capacity. Similar to other states, Maine has had budgetary challenges that have impacted many areas including the ability to maintain its workforce which resulted in a significant vacancy rate in most districts throughout the last several years.

Review of 2010-2014 CFSP Goals:

OCFS measures the results, accomplishments, and annual progress towards meeting the goals and strategic targets through data extracted from our SACWIS system including Management Reports and the Results Oriented Management (ROM) system, Quality Assurance data and data received by the Administration of Children and Families.

The format used to present the review of the goals below include identifying the Goals, Targets and Action Steps and a synopsis of how the OCFS performed in meeting those elements.

Goal 1: Child Safety, first and foremost

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

- *Regular, periodic staff allocations among districts.*
- *Regular, periodic staff allocations within each district.*
- *District actions plans for timely response.*

Final Review: District needs regarding staff allocations continued to be tracked within the districts through an internal process with oversight by the Associate Director of Intervention & Coordination of Care to assure equal workload distribution. District supervisors have access to the *Child Assessment Timeline* and *OCFS Management Reports* to monitor timely response to reports of child abuse and neglect. District Program Administrators review those reports through their supervision to assure that timeframes are met and actions plans are developed to improve practice in that area.

Timeliness of initiating assessments was an area requiring attention in the PIP. Maine's negotiated improvement goal was 81%; Maine exceeded that goal within the first quarter at 84% and sustained that percentage through the 3rd quarter of the PIP at which time ACF agreed that Maine had met the goal.

In general OCFS maintained meeting timeliness expectations however the data has recently indicated a drop in performance in part due to a significant increase in the number of reports, on-going challenges related to staff vacancies and the difficulty recruiting appropriate employees and the increase in the number of children remaining in foster care which has diverted resources and staff time.

Given the critical importance of seeing children within a timeframe that assures their safety, OCFS will need to continue the work in improving in this area.

CFSP Strategic Target 2: Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need.

- *Review/revise FTM policy.*
- *Training on FTM's.*
- *Recommit to Practice Model discussion at all levels of agency.-**(delete as not measurable)***
- *Develop repeat maltreatment data report.*
- *Develop district repeat maltreatment action plans.*
- *Continued utilization of Family Preservation & Family Support.*
- *Apply for Family Connections grant.*

Final Review: One of the primary strategies in Maine's PIP was improving and sustaining the frequency and quality of Family Team Meetings (FTM). The steps within this strategy included a comprehensive assessment of the FTM process, policy revision, training and mentoring of staff to enhance engagement in the process and developing a review process to evaluate the work. It was determined at the onset that the elements of the policy were sound but that revisions were needed to ensure clarity around when a FTM should be convened during the life of the case. This was an action step in the PIP which was met in Quarter 2, since that time, management determined that further clarity and revisions would be appropriate to include Signs of Safety language and philosophy imbedded in the policy.

Based on a recommendation made in a statewide assessment of the Maine FTM process by the Casey Child Welfare Strategic Group, a new protocol was developed creating positions in each district that were responsible for facilitating family team meetings when children were at risk of removal from their home as well as at risk of being removed from a foster care placement against the caregiver's wishes. The intent of these meetings was to allow the social worker to be an active participant in the meeting without facilitation responsibility. These meetings have the potential of diverting children from entering foster care as informal and formal family supports coming together can often create other safe plans for children that do not require foster care.

Decisions made regarding modification for policy were aided by data collected by reviews and surveys completed by the QA unit. During the PIP a series of FTM reviews were conducted at distinct points of time and that data was disseminated to the management team and considered in policy development. Surveys were also conducted to gather feedback from participants in the meetings specific to their experiences in the meetings. The FFTM process was also reviewed and it was found that the process was not being utilized per

the protocol. The OCFS Management Report was modified to include monthly data specific to the use of FFTMs/FTMs occurring within 3 days before or after a child entered care so that district and state management teams could better monitor that specific work.

While the newest version of the policy has been completed, the finalization has been delayed due to a recent change in the Assoc. Director of Intervention and Coordination of Care and a need to ensure the pillars of the policy are in line with program need. It is expected that staff continue to follow the earlier FTM policy and the FFTM protocol that was developed at the time of the FFTM implementation.

Maine was the recipient of the ACF Family Connections Grant with services being provided under the grant by the following:

- Maine Kids-Kin provided training and mentorship in the mental health education/navigation model;
- Casey Family Services provided training, mentoring, partnership in family team meetings and family finding models; and
- Adoptive & Foster Families of Maine (AFFM) providing specialized consultation and statewide professional training on kinship issues.

In addition to services to kin provided in the grant, the Department provided services to kin through two separate contracts. In 2012, due to duplication of services offered through these two separate contracts and resulting confusion on the part of Department staff and consumers of services, the Department determined to streamline services to resource families by combining essential components of each previous contract into one which would serve families along a continuum of services, as needed. A Request for Proposal resulted in an award to AFFM to provide what is now termed Resource Family Support Services (RFSS).

There has been ongoing work related to the expansion of the Community Partnership for Protecting Children (CPPC). The CPPC program was first implemented in 2006 in the Portland community with expansion in 2011 to the Biddeford and Bangor communities. In 2012 work began to develop a CPPC in the Lewiston community. The intent has been to create these networks across the state however there are some areas that have established community networks and OCFS does not want to usurp the roles of these previously established networks but will continue to be a member of the community in this work.

In 2012/13 the Family Stabilization Program was initiated and included several components:

- Increase in Alternative Response Program funding;
- 24/7 Warm Line; and
- Expansion of Community Partnership for Protecting Children (CPPC).

CFSP Strategic Target 3: Efficient, effective casework (engagement, assessment, teaming, planning & implementation) is evident in case documentation.

- *Develop/implement casework supervisor training and tools for:*
  - *Observation of caseworkers.*
  - *Coaching.*
  - *Obtaining client feedback.*
  - *Improving caseworker documentation.*
  - *Performance management.*
- *Review ACF & OCFS policy requirements of who must be seen each month.*
- *FTM trainings.*
- *Develop Safety Assessment Policy criteria for when to do new safety assessments in open cases.*

- *Policy summit and revision of policies and procedures.*
- *Review Dictation policy and revise if it can be made more concise.*
- *Implement Narrative review report or develop dictation measure.*
- *Develop verifiable policy implementation procedures.*

Final Review: One of the steps to meet this goal fell in line with the PIP strategy related to improving supervision and included supervisor use of available management reports to meet timeframes related to initiating investigations; supervisors being trained to conduct field observations of their field staff in the initial CPS assessments, monthly face to face contacts with children in foster care and Family Team Meetings and providing constructive feedback and coaching; and quarterly case review by supervisors to assure that decisions around visitation between children and their parents are appropriate. In response to requests from supervisors to have a way to better manage the frequency of face to face contact with children in open service cases, a new management report was created tracking those contacts. All of these steps were completed/implemented during the PIP period. Supervisors overseeing new social workers are required, as part of the pre-service training checklist to observe at least two interactions between the social worker and others, whether in a Family Team Meeting or a face to face contact. Reviewing recorded interviews is also an expectation within the new social worker training. Supervisors also can utilize the observations with those social workers they believe require extra support and as part of the direct supervision.

A key strategy developed to support the CFSP and PIP was the development of a Policy Workgroup that was tasked with reviewing/revising OCFS policies. This group consisted of internal and external staff and did a complete review of the policy manual and found that most policies were sound but did require some updating and minor revisions. Decisions and assignments were made to recruit smaller workgroups related to different policies and make recommended changes. In the 2012 restructure the Policy & Training Team was created and any work involving policy is assigned to that group as well as creating the appropriate curriculum in order to train staff on the new policy. It continues to be an expectation that when new policies are finalized they are reviewed in district unit meetings with this process being monitored by Program Administrators. The work of policy development is a dynamic and constantly evolving process and there remain a number of policies that are waiting final approval.

In 2012/2013 staff was provided better tools to accurately captured information within Macwis through development of several new Macwis drop down lists. These include referrals for medication review and Permanency Review Team meetings.

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

CFSP Strategic Target 4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children.

- *Develop and train on ICWA Policy*
- *Identify ICWA Resource Person in each District*
- *Case Review of all ICWA cases*

Final Review: The OCFS looked to address issues related to sharing responsibility with the community to help families protect and nurture their children through specific steps within the CFSP as well as the PIP.

The PIP steps focused on service array items specific to utilization of the Wraparound program that had been developed and implemented prior to the CFSP; conducting a survey of staff and birth parents related to assessing Maine's service array; decision making related to what key services should be available and accessible to families; and then presenting that information to stakeholders and the OCFS Management Team.

Throughout the majority of the PIP period Wraparound was a service option however due to Maine's budgetary needs it was defunded in the Maine SFY 2013 budget. This decision was made as other systems

were identified as being available to service the population served by OCFS including frequent Family Team Meetings, Targeted Case Management and appropriate use of general state funds to meet flexible needs.

The survey was conducted during the PIP period and the results indicated that staff and birth parents identified similar experiences in terms of barriers to many of the services specifically distance to the service and availability of transportation. In review of key services it was determined that most of the services are already available to families and children in Maine although the extent to which they are available differs based on geographical and/or financial barriers. The results of the survey was disseminated and it was agreed that, with the OCFS restructure, the agency was presented with opportunity to further assess and address needs of children and families in Maine from a more holistic approach, starting with prevention. The Family Stabilization Program (FSP) was designed with that approach in mind and once fully developed, the pillars of that overall FSP initiative will meet this need.

Specific to the work with our tribal partners the CFSP action steps related to this were focused on the work with the tribal communities in Maine. That work included working with tribal child welfare staff to develop Indian Child Welfare (ICW) Policy to provide clear direction to OCFS staff that tribal child welfare staffs are co-managers in any case involving a native family in every aspect starting with the first call to Intake. At the time of the CFSP development, the vision was to have district ICWA Resource Specialists, a staff person identified as being the 'expert' on ICWA law, policy and cases, however due to ongoing challenges with staff vacancies, this has not been viable. Training for new social workers does include a presentation delivered by a representative from Tribal Child Welfare and the OCFS ICWA Liaison. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; the Truth & Reconciliation Commission process which also explains the history of what happened to Native Americans in this country and why ICWA was necessary, the case process and flow chart for ICWA cases; and the Indian Child Welfare Policy.

The QA unit conducted two separate reviews of native children in state foster care.

The 2010 study was in collaboration with tribal child welfare staff. At the onset of this study, anecdotally it was believed that OCFS social workers assert control over the cases involving Native American children versus engaging in a process of co-management with tribal child welfare staff. The outcome of the review confirmed that belief.

There was also a belief that, while historically child welfare social workers haven't included tribal staff, the state agency has improved in its collaboration with tribal staff on the 'newer' cases. The review dispelled that belief as 62.5% of the cases reviewed were those that entered the state child welfare system in 2008 & 2009.

There were a number of recommendations at the conclusion of this review which included the finalization, and dissemination if the Indian Child Welfare Policy, clarification in the FTM policy related to case involving native children and families and staffing allocation suggestions to name a few.

The second study occurred in 2012 and was completed by just the QA staff as resources were more limited for tribal child welfare to fully engage in the study. In contrasting the outcome data from the 2010 review to the 2012 review, it was evident that there has been progress made in terms of how state child welfare staffs were working with tribal child welfare staff, although more progress needs to be made for it to be a true collaborative. It was also concerning that the outcomes were not stronger given that 67% of the children reviewed entered state custody in 2010 & 2011 following the first review and it would have been anticipated that the work done up to that point would have been evident in the case practice.

Based on the data, it was apparent that the work done in the assessment phase had improved in terms of intake exploring for Native American heritage, notifying tribal staff and trying to coordinate with tribal staff at the onset of an assessment. The data supported that state social workers were doing slightly better with inviting tribal child welfare staff to the Family Team Meetings in the assessment phase however the data continued to

demonstrate that state child welfare staffs were not planning with their tribal partners when scheduling the FTMs.

Based on the data it was apparent that there was also some progress made when considering the foster care portion of the review. There was a significant drop in terms of how placements were chosen as there was lack of documentation that this was a joint activity between state and tribal child welfare staff. There was an increase in the percentage of cases where tribal child welfare staff were invited to every Family Team Meeting, as well as significant increase in the number of cases where it was evident that tribal child welfare were involved in case planning as well as permanency planning.

It did appear that contact between state and tribal child welfare staff seemed to be more problematic than found in the first review. The documentation suggested that the majority of contact between the state and tribal child welfare are less frequently then every other month. However, based on the other numbers, it would appear that these contacts do occur at key times that facilitate joint case and permanency planning.

The results of both studies were provided to the Tribal-State Workgroup, Tribal Child Welfare Directors, OCFS Senior Management Team and social worker supervisors. A third study will be conducted during 2014 to assess progress made in this area. The Truth and Reconciliation process will continue through at least 2016 and results of that work will be shared statewide.

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

CFSP Strategic Target 5: Increase stability of placements & permanency.

- *Review/revise FTM policy.*
- *Training on FTM's.*
- *Recommit to Practice Model discussion at all levels of agency .**(delete-not measurable)***
- *Continued utilization of Family Preservation & Family Support.*
- *Develop/implement casework supervisor training and tools for:*
    - *Observation of caseworkers.*
    - *Coaching.*
    - *Obtaining client feedback.*
    - *Improving caseworker documentation.*
    - *Performance management.*
- *Quarterly supervisory review of every service case.*
- *Review ACF & OCFS policy requirements of who must be seen each month.*
- *Develop districts/unit actions plans to improve performance.*
- *Policy summit and revision of policies and procedures.*
- *Revise policies and documentation procedures to assure IV-E plan requirements are met for school attendance, school stability and sibling placement.*

Final Review: Many of the strategies developed to meet this Strategic Target were those developed to meet other targets and have already been reviewed, please see Strategic Target #3 related to efficient, effective caseworker being evident in case documentation.

At the onset of the 5-year CFSP period and PIP a Family Team Meeting Policy workgroup was convened and ultimately clarified in the policy those key points when a FTM needed to be utilized for decision making including when a change in placement is being considered. Since that work, there have been ongoing discussions related to further clarifying the policy to reflect the protocol related to Facilitated Family Team Meetings and those being conducted within a short time frame before or after a removal from a birth home or removal from a providers' home when that provider disagrees with the move. This policy is awaiting further decision making as to the scope of the work before it will be finalized. As a result of a QA study in 2013 related to the frequency and quality of FFTMs, the OCFS management report was modified to track these meetings occurring within a 3-day timeframe of when a child enters foster care. The belief being that with the data easily accessible the district management teams would have a current perspective on the work being done and not need to wait for a QA study.

In 2010 language was added to Maine Statute to meet the Fostering Connections Legislation on educational stability. The final decision on which school the child/youth will attend will be made by OCFS, but done in collaboration with the school district. The law requires that the school abide by the decision made by OCFS with OCFS paying for transportation costs if needed.

In 2011 the Citizen Review Panel established an Educational Stability Workgroup to determine how big an issue educational instability is for Maine children in foster care. A survey was distributed to social workers statewide. A total of 407 surveys were conducted on new school aged cases opened between 9/1/08-12/31/09, of those 260 (65.7%) changed school. The reasons provided included:

- No foster placement available (36.4%).
- Placement with relative out of the area (17%).
- Other reasons, undefined (14.7%).
- Unsafe for the child to remain in the same school (2.5%).
- Multiple reasons were cited for 9% of the children who changed schools.

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

Throughout the 2010-2013 timeframe there was continued utilization of the statewide Family Reunification Program. However due budgetary challenges and data that indicated the program failed to achieve the percentage of successful reunifications which would justify continued budgeting of the program the decision was made in 2013 to cut funding to this program and consider other community collaboratives that could support families. It is anticipated that the elements of the Family Stabilization Program will meet this need.

CFSP Strategic Target 6: Increase safe and nurturing family relationships and family/community connections.

- *Review/revise FTM policy.*
- *FTM training, monitoring and performance management.*
- *District Action Plans to recruit, license and support relative placements and foster homes.*
- *Review capacity of each District to screen relatives to enable relative's placements on the day child enters foster care.*
- *Make improvements as needed to fully implement Relative Placement Policy.*
- *Research alternatives to improve licensing and support of relative homes.*
- *Subscribe to an Internet search engine for relatives.*

- *Develop policy and procedure/documentation to implement foster connections statutory requirements that state exercise due diligence to notify all adult relatives when child enters foster care.*

Final Review: Many of the strategies developed to meet this Strategic Target were those developed to meet other targets and have already been reviewed, please see Strategic Target #2 related to implementing agreed upon plans supported by services families need.

Following the 2011 Permanency Review Team process held for selected children statewide the decision was made to create a Permanency Review Team process for children in foster care who have experience delays in achieving permanency. In 2013 this was expanded to include having all children reviewed in this format within 6+ months of entering care in order to monitor the progress towards permanency with the goal being making permanency decisions sooner in the child's stay in foster care.

OCFS has consistently demonstrated the value it places on relative placements which is supported by policy as well as measurable practices. In FFY2013 on average initial placements are with relatives in 42% of the children who enter foster care. OCFS does need to continue its working in appropriately assessing these homes, preferably prior to placement, in order to identify needed supports that will allow stability for the children in the relative placements. To that end, the agency has supported a contract with an agency that has the mission of supporting resource and kin providers.

In 2011 OCFS modified its home study process to align with a more engagement friendly process, using the Strengths, Needs, Cultural Discovery Framework developed by John Van den Berge. This framework promoted valuing the strengths which the caregiver brings to the role, while simultaneously appreciating the family's unique characteristics, traditions and culture.

The FAMILY SHARE framework was also implemented to facilitate contact between birth parents and the foster caregiver in a non-threatening manner that allows the family to share with the foster caregiver the interests, needs, daily routines of the child. By creating a process where the family can share their expert knowledge of their children to those who will provide temporary care of the child, connections can be fostered from the beginning that can lead to smoother transition for the child, open communication and develop relationships with family and the resource parent which will lead to better outcomes for the child and family. In January 2014 a QA study revealed that this process was not being implemented consistency statewide and the expectation is that districts will develop district action plans to improve this practice.

Goal IV: All children deserve a permanent family

CFSP Strategic Target 7: Increase timely reunifications & timely achievement of alternative permanency goals when timely reunification cannot occur.

- *Review/Revise FTM policy.*
- *FTM training.*
- *Finalize Concurrent Planning Policy.*
- *Develop APPLA Policy.*
- *Enhance Permanency Policy & procedures.*
- *90-day supervisory reviews.*
- *Training through district court forums on new federal requirements to access IV-E funds.*

Final Review: Many of the strategies developed to meet this Strategic Target were those developed to meet other targets and have already been reviewed. Please see Strategic Targets #2 & 3 related to implementing agreed upon plans supported by services families need and efficient, effective caseworker being evident in case documentation.

The culmination of the strategies has resulted in improved outcomes for children and families in terms of permanency. Maine successfully completed its PIP in 2013 and one of the data goals was related to

establishing timely and appropriate permanency goals. In the 2009 CFSR the finding in this area was 67.5%, the last submission of the PIP rolling data reflected this element being met at the 89% goal.

The May 2013 ACF Data Profile reflected incremental improvements in Permanency Composite 1 related to the timeliness and permanency of reunification although Maine continues to fall under the national standard. While the data profile related to Permanency Composite 2 related to the timeliness of adoptions noted some drop in the measure of timeliness, there has been steady increase in achieving permanency through adoption for children who have been in care for an extended period of time, exceeding the national standard in this area in FFY 2010, 2011 and 2012. The same is true for Permanency Composite 3 related to the permanency for child and youth in foster care for long period of time, Maine exceeded the national standard for the same three fiscal years related to the first measure of children in care for 24+ months exiting to permanency prior to their 18th birthday.

CFSP Strategic Target 8: Increase timeliness & quality of independent living planning to better support permanency. ***Please see Appendix A for full Chaffee/ETV 2010-2014 Review Report***

Goal V: How we do our work is as important as the work we do

CFSP Strategic Target 9: Improve health care oversight coordination & documentation for children in foster care.

- *Review applicable health care policies & revise as necessary.*
- *Implement revised policies/procedures. (health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS).*
- *Study the Pediatric Rapid Evaluation Program (PREP) and any similar Maine models in order to assess viability to standardized statewide coverage.*
- *Continued utilization of Child STEPs.*
- *Review & implement new federal CFSP requirements for health care oversight and revised policy and procedures.*

Final Review: There was a review of health care policies in October 2009 and it was decided that the OCFS Policy Manual would include a new Health Section.

In adherence to the Fostering Connections law OCFS actively engaged in developing a Health Care Plan in collaboration with medical providers to address the pillars in the law related to:

- Health screening and follow up screenings.
- How medical information will be updated and shared.
- Steps taken to ensure continuity of care that promote the use of medical homes for each child.
- Oversight of medication which has been addressed by a multi-system workgroup that developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
- How the state consults with medical and non-medial professions on the appropriate treatment of children.

There have been ongoing activities to develop a statewide system similar to the Pediatric Rapid Evaluation Program (PREP) through Maine General Medical Center that provides a comprehensive Child Health Assessment (CHA). For 7 of the 16 Maine counties, the CHA provides medical examinations and psychosocial screenings of children who have entered foster care. Additional CHA sites are in development in Southern and Northern Maine. All of these programs are either developing the medical home for the child or helping to identify a medical home if one is not currently serving the child.

Child STEPS was successfully implemented and Maine now has an array of providers trained in this treatment modality as an option for meeting children's needs.

The OCFS restructure integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare social workers as there are 9 MHPC's and 3 Clinical Social Workers that are housed across the state. The MHPC's provide the consultation to community providers, families, child protective colleagues, Department of Corrections, Department of Education etc., on treatment services, mental health resources, and they participate in district Permanency Review Teams.

CFSP Strategic Target 10: Further strengthen performance & quality improvement to support CFSP & PIP

- *Revise PQI Plan & measures to support CFSP/PIP.*
- *Conduct Case record reviews.* ***(revised)***
- *Conduct in house on-site reviews.****(revised)***
- *Reinstate monthly report of Incidents, Accidents & Grievances.*

Final Review: As part of the restructure the Quality Assurance unit (formerly Performance & Quality Improvement) was shifted to fall under the Accountability & Information Services Team, outside of the direct supervision of those responsible for the child welfare program. The larger team includes the data team, SACWIS team, IV-E team and QA team. Bringing these teams together allows for both quantitative and qualitative data to be provided to the Intervention & Coordination of Care Associate Director as a comprehensive data package and inform the child welfare program as decisions are made to improve the program.

The PQI Operational Plan was updated in 2010 but is in need of further revision given the role that quality assurance has in the restructure of OCFS as well as the role that Continuous Quality Improvement will have in the ACF CFSR process.

The Quality Assurance unit has had a key role in collecting data to establish the PIP baselines as well as used to measure the PIP and CFSP outcomes and goals. Initially the design of the review process was to be a true model of the federal review, specifically on-site reviews along with focus groups. Due to budgetary challenges that Maine has endured the decision was made in 2009 to discard the on-site review process due lack of funding. In its place is the current process which includes every district being reviewed once a year, using the CFSR concept of teaming as well as the CFSR instrument and interviewing critical case members. Following the review, districts receive a final report and it is expected that districts will consider the findings and strategize ways to improve in areas identified as needing improvement. Following the successful completion of the PIP the decision was made, in consultation with ACF, to continue the case review process as it is recognized to be beneficial to OCFS in evaluating the practice in the districts. In the fall/winter of 2013 new goals were developed internally, with the QA case review process continuing to be the method of measurement for those goals.

The data collected through the last four cycles of Maine CFSR's demonstrates that, overall, there have been incremental improvements in most items rated in the cases but also highlights the need for continued focus on items.

In 2012 the QA unit began conducting district specific case reviews focused on items in the federal CFSR that were more challenging for the state to achieve. It was believed that a more focused approach would benefit districts by providing monthly data on strengths and challenges within their practice versus waiting for an annual review. It was also believed that implementing this focused approach would help OCFS in meeting the PIP measures. The items specifically looked at included:

- Assessing safety and risk throughout the life of the case;
- Assessing and addressing needs and services for children, parents and caregivers;

- Case planning with children and families;
- Frequency and quality of caseworker visits with children; and
- Frequency and quality of caseworker visits with parents.

In March 2013 this district specific approach was discontinued in part due to the progress made in the districts related to meeting the PIP measurements as well as to prepare the QA unit to undertake broader statewide projects as OCFS evolved its CQI process per the ACF guidelines. At that time the unit began conducting reviews on topic related projects.

In 2010, in consultation with the Constituent Services Specialist, the decision was made not to reinstate the Incident, Accidents & Grievances reports as the information was redundant to collect in terms of what is captured in other reports and already available to district management.

CFSP Strategic Target 11: Increase & improve communication

- *Identify documents and information that should be available/updated on the maine.gov website and improve as needed*

Final Review: The documents developed for the 2009 Child & Family Services Review have been posted on the DHHS website including the Program Improvement Plan Updates. The reports submitted to ACF related to the Child & Family Services Plan, including the Annual Progress Services Reports have been posted on the website.

Services for Children Under Five Years Old:

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

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

Within 72 hours of a child entering custody they are to have an appointment scheduled for a medical evaluation in the near future. Follow up to those appointments would be developmental screening when appropriate.

In terms of family foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that "*The total number of children in care may not exceed 6, including the family's legal children under 16 years of age, with no more than 2 of these children under the age of 2. The only exception which may be made to the number of and ages of children is to allow siblings to be kept together"*. In terms of therapeutic foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that *"The total number of children in a Specialized Children's Foster Home may not exceed 4, including the family's legal children under 16 years of age, with no more than 2 children under to age of 2." "The only exception, which may be made to the number and ages of children, is to allow siblings to be placed together."*

Maine has taken a strong effort to prioritize placements of infants and toddlers with relatives that support timelier reunification and adoption. Maine recognizes that whether being cared for by their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life which has impact on their positive early childhood development. These young children are also a group that would be reviewed through the Permanency Review Teams as the practice in the last year is for all children who

have been in care 6 plus months would be reviewed in this forum. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research about child development and the impact of early trauma and adversity. This promotion of evidence based programs for birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

The data indicates that these efforts have helped as since 2012 the number of children age 0-5 has decreased- 2012 (950); 2013 (848).

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Assessment Policy which was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment with specific signs of risk that is likely to result in recurrence of maltreatment.
- Findings of child abuse or neglect within previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.
- Priority response to children under six who are more vulnerable.

In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with in-house consulting staff and statewide coalitions that caseworker participate on.

Consultation and Coordination

The Community Partnerships for Protecting Children (CPPC) in is a national initiative based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children. The pilot program was successful in the Portland neighborhood and expanded during the last five years to Westbrook, South Portland, Lewiston and Bangor. CPPC is a process that we are engaged in and committed to however many Maine communities have already established successful community collaborative and OCFS is seeking to become a member within those existing collaborative and not forcing the CPPC model on communities.

The Child Welfare Steering Committee (formerly PIP Steering Committee) was implemented in September, 2005, and currently comprises tribal representation, membership from child welfare, court improvement, treatment foster care, guardians-ad litem, community intervention, Attorney General's Office and Maine Children's Trust. There is recognition of the need to invite more stakeholder groups into this meeting as we know we are missing key groups at the table. One of the barriers to full participation for several group members is that resources are tight across all agencies and being able to have consistent participation in this group has been difficult. However, the group receives agency documents for review and feedback and is able to do this electronically as well as participate in the meeting through teleconferencing. The purpose of the group is to inform and engage with community partners about the Child and Family Services Review process and to solicit input in efforts currently underway to improve outcomes for children and families.

During the past year this Committee had been meeting quarterly as the goals of the Program Improvement Plan were achieved in August 2013. Leading up to the development of the 2015-2019 CFSP the group committed to meeting on a monthly basis to collaborate on aspects of the plan. This Committee was the "core" group for the Self-Assessment in which their input is obtained in developing the State Self-Assessment as well as through the expect PIP process following the site review. In addition, this group was also the consulting body around the OCFS 2010-2014 5-year Child and Family Services Plan.

The OCFS Director meets every month with the Chief Child Protective Attorney General to discuss any issues that related to court activities and district practices. Additionally, in the winter of 2014 the decision was made to have routine meetings between the Chief Child Protective Attorney General, the OCFS QA Team Leader and OCFS Policy & Training Team Leader in order to address any practices that have been raised that require legal feedback.

Program Support

Maine has continued to strengthen both the Management Information System and the Quality Assurance System during FFY 2010-2014, supporting the successful completion of the CFSP goals as well at the Program Improvement Plan.

In terms of Quality Assurance, OCFS has maintained its unit of staff responsible for these activities, one housed in each district and supervised by the QA Team Leader in Central Office. As part of the 2012 restructure the Quality Assurance unit (formerly Performance & Quality Improvement) was shifted to fall under the Accountability & Information Services Team, outside of the direct supervision of those responsible for the child welfare program. The larger team includes the data team, SACWIS team, IV-E team and QA team. Bringing these teams together allows for both quantitative and qualitative data to be provided to the Intervention & Coordination of Care Associate Director as a comprehensive data package and inform the child welfare program as decisions are made to improve the program.

The PQI Operational Plan was updated in 2010 but is in need of further revision given the role that quality assurance has in the restructure of OCFS as well as the role that Continuous Quality Improvement will have in the ACF CFSR process.

The Quality Assurance unit has had a key role in collecting data to establish the PIP baselines as well as used to measure the PIP and CFSP outcomes and goals. Initially the design of the review process was to be a true model of the federal review, specifically on-site reviews along with focus groups. Due to budgetary challenges that Maine has endured the decision was made in 2009 to discard the on-site review process due lack of funding. In its place is the current process which includes every district being reviewed once a year, using the CFSR concept of teaming as well as the CFSR instrument and interviewing critical case members. Following the review, districts receive a final report and it is expected that districts will consider the findings and strategize ways to improve in areas identified as needing improvement. Following the successful completion of the PIP the decision was made, in consultation with ACF, to continue the case review process as it is recognized to be beneficial to OCFS in evaluating the practice in the districts. In the fall/winter of 2013 new goals were developed internally, with the QA case review process continuing to be the method of measurement for those goals. In the spring of 2014 the decision was made that following each district review the Associate Director of Coordination of Care and the QA Team Leader would facilitate district wide staff meetings to present the outcome report to all staff as well as enlist staff in the creation of Program Improvement Plans of key areas requiring improvement.

The data collected through the last four cycles of Maine CFSR's demonstrates that, overall, there have been incremental improvements in most items rated in the cases but also highlights the need for continued focus on items.

Following the 2012 ACF Information Memorandum related to the Round 3 CFSR structure linking to States CQI systems, Maine conducted an assessment of its own QA program. This included focus groups in each district of the supervisory group as well as a group of social workers, the purpose being to receive feedback from the consumers receiving the QA service. This feedback was taken into consideration as Maine has moved forward in strengthening its program as Maine intends on utilizing the state case review option for the CFSR.

The OCFS structure also led to the hiring of the QA management analyst to work directly with the QA unit, ongoing data trainings for QA, MIS staff and the District Management Team. In the winter of 2014 the MIS

Team Leader began participating in the quarterly QA meetings with each district, further integrating the two systems with the district teams.

Consultation and Coordination between Tribes and States

There have been regular meetings between state child welfare staff and tribal child welfare staff since 1999. The core group is referred to as the ICWA workgroup. This group has developed policy and training regarding ICWA and how social workers are supposed to co-manage ICWA cases, regarding the tribes located in Maine, with tribal child welfare. The tribes are also represented in the Child Welfare Steering Committee by the Passamaquoddy Tribal Child Welfare Director and has had access and the ability to provide feedback on all the reports that are disseminated through that Committee which includes the APSR, PIP Updates and CFSP working drafts.

All tribes work with the OCFS district office handling the specific ICWA case and the OCFS ICWA liaison consults or gets involved with specific cases as needed. Tribal representatives with whom the state has consulted within the last year are:

- Passamaquoddy Tribe at Indian Township – Anne Bergin; an example of one consultation was in regard to the placement of a youth whose father was a member of the tribe but did not want his son in a tribal placement. In this case the child was placed in a home recommended by the tribe.

- Passamaquoddy Tribe at Pleasant Point – Molly Newell and Mary Lou Barnes; one example of consultation was in a situation where the tribe did not believe the district was involving them as they should in Family Team Meetings. We had a conversation with state staff and this was resolved.

- Penobscot Tribe – Debi Francis; one example of a consultation in the past year has been to locate a foster home placement for a tribal youth in tribal custody where the tribe did not have a resource. In this situation the child was in a residential placement facility and needed a foster home. We contacted all our offices to help locate a placement.

- Aroostook Band of Micmac's – Tonia Paul; one example was where the Band did not feel they were being contacted with all relevant case information. This was handled by calling the District 8 Program Administrator, Becky Bolstridge to get involved and resolve the situation.

- Houlton Band of Maliseets – the contact was Tiffany Randall and it is now Laurie Jewell. During the last year the issues between the Band and the local office have been handled directly by local staff.

Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene:

- In regard to the federally recognized tribes in Maine, as previously stated, Maine involves tribal child welfare from the onset of an assessment or the soonest point in the case where potential ICWA involved is disclosed. If a child is entering custody the tribe has already been involved with the family and is aware the petition is being filed. The tribe is still notified in accordance with ICWA. For tribes not located in Maine the tribe is notified if a child enters care as outlined in ICWA.

Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes:

- Maine follows the placement preferences outlined in ICWA for children entering foster care or needing a placement change while in foster care. The state accepts home studies and tribal approval of tribal foster homes so we do not duplicate the work. We work in conjunction with

the tribe as the state usually conducts the background checks as the state has more financial resource than the tribe and this saves the tribe money.

- The state recognized that not all tribes believe in the termination of parental rights and adoption. This was one of the reasons the state began using subsidized permanency guardianship in 2010. Our permanency guardianship policy workgroup had tribal representation.

Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption:

- The state works with all families to try to preserve the family and alleviate potential jeopardy before a child enters care. The added work done with Native families is that tribal child welfare is not only involved but they bring their resources to the family as well.

Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

- The state recognizes the tribes right to intervene or transfer jurisdiction to tribal court. The state does not object to either of these things in a child welfare court proceeding.

Resource Parent Recruitment

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

Also during this period of time, the Department utilized the Heart Gallery as a means to disseminate photographs of youth waiting for adoption. More than 60 photographers across the state volunteered their time. The photographs which comprised the Heart Gallery were not simply staged studio portraits. Instead, the photographs captured the unique interests and aspirations of these children and youth, through photographing the child or youth in a setting in which the youth self-identified as a community member. Heart Gallery photos were displayed in a number of community settings, including at DHHS offices; in storefronts in numerous communities; throughout a major chain of pizza restaurants; and at celebratory events honoring foster and adoptive parents. A great deal of volunteer effort was devoted towards maintaining photographs in these settings of children who were currently available for adoption. The photographs were rotated amongst sites on a regular schedule.

The Department also utilized AdoptusKids website during this time span. At any one time, approximately twenty five photographs of children were photo-listed on the website. Unfortunately, the photo-listings did not receive the same level of attention to updating of the site, due to staffing issues which sometimes resulted in inadequate time to keep the site up to date.

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

During this period, partnerships were developed between faith-based communities and the Department. The Department facilitates/participates in regular meetings with representatives of faith-based communities, both on a statewide basis (Hope for Maine Kids initiative) and in regional areas of the state (SAFE Families).

Through these meetings, the faith-based community has become increasingly aware of needs for placements in their community or region of the state. Several families who were involved with SAFE Families have expanded their interest in providing temporary care to children in the community to an interest in becoming licensed as a resource parent for the purpose of providing primary care to a child in foster care.

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

While Extreme Recruitment did not continue as an ongoing recruitment program, the tenets of the effort are incorporated into the Department's current Permanency Review Teams in which a team convenes to review past efforts to promote permanency for child who has typically been in care for more than 12 months, recently shifting to any child in care 6 months and beyond. The team reviews what has been successful and what has not been successful with these past efforts and develops strategies towards identifying recruitment efforts which will be successful in supporting permanency. As in the former Extreme Recruitment efforts, the case is mined to identify possible fictive kin or relative connections and the youth is actively engaged in the process.

The Department contracts with the University of Southern Maine and with Adoptive and Foster Families of Maine (AFFM) to sponsor Community Conversations in locations across the state. These conversations are built upon the belief that recruitment is a community endeavor. These community conversations involve facilitated discussions between attendees including educators, members of the community mental health provider profession, members of the legal profession, resource families, birth families, Department staff and youth panel members and adults who provided permanency to the youth. The discussions lead to insight gained by attendees into the needs of children and youth in their communities for permanency. The youth sharing their stories are often youth who have participated as members of the Youth Leaders Advisory Team (YLAT). YLAT has worked with youth on developing their strategic sharing skills and the youth are well prepared and supported in sharing only the information about their history which they feel comfortable in sharing. These youth are strong advocates and partners with the Department in its diligent recruitment efforts.

Adoption Incentive Payments

Maine received Federal Adoption Incentive Award dollars in late 2010, for the second year in a row. The awarded amount was $113,373.00, and is available for expenditure through September 30, 2014. We have not received this award since 2010 and these funds have been spent.

The Incentive Award dollars were allocated to support activities in the following areas, but are no longer available:

- Faith-Based Resource Recruitment Project - (the previously mentioned Meet & Greet Events).
- District Permanency Events- support collaborative efforts of the district Permanency Teams and district adoption/foster care staff planning for each district's annual Adoption and Foster Care Celebration and Awareness events (May /November), and other similar recognition events within the districts.
- Training for staff and other appropriate individuals that will promote and enhance the Department's adoptive and foster parent recruitment and retention efforts.
- Camp To Belong Maine (CTBM) -support and assist CTBM in promoting permanency, permanent sibling connections, and engaging older youth in the department's permanency initiatives.
- Focused training on topic areas including post-adoption issues, promoting-supporting adoption/permanency, reducing barriers to adoption/permanency, decreasing timelines to adoption/permanency, engaging youth in the adoption/permanency process and increasing efforts in the adoption of older youth in care.

- Printed materials promoting adoption/foster care recruitment, and *Hope for Maine Kids*.
- Support of continued exploration and facilitation of public/ private collaborations.
- Support of numerous adoption recognition events including Probate Court Adoption Legalization events in four counties, an adoptive and foster parent training and recognition event, the Blaine House Adoption Tea, the Capitol Rotunda Hall of Flags recognition and celebration event, and several individual district adoption tea and celebration/recognition events.

In 2013 OCFS collaborated with stakeholders to develop recommendations for post permanency supports for all families that have a permanency plan through OCFS. This includes families that are caring for children through safety plans, reunification, guardianship, permanency guardianship and adoption. Department management has been charged with creating a Request For Proposal for post permanency supports in 2014.

Child Abuse Prevention and Treatment Act (CAPTA): See Appendix B

Child Maltreatment Deaths

In regards to the sources used to compile information on child maltreatment deaths, the Child Death and Serious Injury Review Panel, supported through CAPTA funds, effectively coordinates and accesses information through the Medical Examiner's Office, the Department of Health and Human Services, the Department of Public Safety and the Maine Center for Disease Control Office of Vital Records (representatives of each entity sit on the panel) to better understand trends that relate to child abuse and neglect. This has allowed the panel to review more cases with a focus on particular areas of concern. This collaborative effort maximizes the expertise and data systems in the criminal justice system, the child welfare system and the public health system to address child maltreatment.

The State does not include fatality as a finding in our SACWIS system.

The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but their format does not show if the death is from maltreatment.

Introduction to Maine 2015-2019 CFSP

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

- Data collected from Maine Child and Family Services Reviews 2009-2014.
- ACF Data Profile March 2014.
- Recommendations from a statewide Steering Committee of diverse stakeholders.
- Priorities of the Office of Child and Family Services Director.
- Recommendations of Office of Child and Family Services Middle Management Team.

State Agency Administering the Programs

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS), will administer IVB programs under the 2015-2015 CFSP.

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

The organizational unit responsible for programmatic implementation of the CFSP is the OCFS Intervention & Coordination of Care Team, overseen by Associate Director Mark Dalton. The organizational unit responsible for the administrative support of CFSP implementation is the Community Partnerships Team, overseen by Associate Director Christa Elwell. The organizational unit responsible for the development and submission of the CFSP and Annual Progress and Services Reports (APSRs) is the collaboration between the

aforementioned teams as well as the Accountability & Information Services Team overseen by Associate Director Robert Blanchard.

Practice Model

Articulated in our Practice Model is the philosophy of OCFS in providing child and family services and developing a coordinated service delivery system. The Practice Model can be found at the following link**:** **http://maine.gov/dhhs/ocfs/cw/policy/**

Consultation and Coordination

The Community Partnerships for Protecting Children (CPPC) in is a national initiative based on the premise that keeping children safe is everyone's business and that no single person, organization or government agency alone has the capacity to protect all children. The pilot program was successful in the Portland neighborhood and expanded during the last five years to Westbrook, South Portland, Lewiston and Bangor. CPPC is a process that we are engaged in and committed to however many Maine communities have already established successful community collaborative and OCFS is seeking to become a member within those existing collaborative and not forcing the CPPC model on communities.

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Child Welfare Steering Committee

Name	**Affiliation/Title**
Theresa Dube	Office of Child and Family Services- Quality Assurance Team Leader
Mark Dalton	Office of Child and Family Services- Associate Director, Intervention & Coordination of Care
Grace Brace	Office of Child and Family Services- Deputy Director
Bette Hoxie	Adoptive and Foster Families of Maine- Director and Foster Parent
Robert Blanchard	Office of Child and Family Services- Associate Director, Accountability & Information Services

Name	Affiliation/Title
Linda Brissette	Office of Child and Family Services- Resource Family Program Manager
Christine Hufnagel	Community Concepts Alternative Response Program
Jan Clarkin	Maine Children's Trust- Executive Director
Kristi Poole	Office of Child and Family Services- Title IV-E Team Leader
Janet Whitten	Department of Health and Human Services, Division of Licensing and Regulatory Services- Program Manager of Out of Home Investigations/ Customer Support Unit
Jean Youde	Edmund N. Ervin Pediatric Center, Maine General Medical Center- Programs Coordinator
Dulcey Laberge	Office of Child and Family Services- Youth Transition Program Specialist
Penthea Burns	University of Southern Maine, Muskie School of Public Service- YLAT Coordinator
Molly Newall	Passamaquoddy Child Welfare Director
Janice Stuver	Attorney General's Office, Assistant Attorney General- Chief of the Child Protective Division
Kristen Gefvert	Administrative Office of the Courts- Court Improvement Plan Coordinator
Elizabeth McCullum	Administrative Office of the Courts- CASA Director

Assessment of Performance

Data used in this Assessment of Performance was pulled from the most recent ACF Data Profile (March 2014); OCFS Management Report; data pulled from the ROM (Results Oriented Management System); and Me. CFSR data from 2009-2013:

- Round 1 11/2009-10/2010
- Round 2 11/2010-10/2011
- Round 3 11/2011- 10/2012
- Round 4 11/2012-10/2013

Child and Family Outcomes

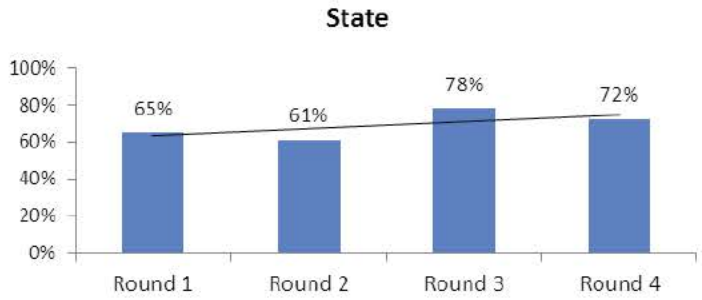
Safety Outcomes 1 and 2:

Safety outcome 1 includes timeliness of initiating investigations of reports of child maltreatment (Item 1) and absence of recurrence of maltreatment (Item 2). Both of these items were assigned a rating of Area Needing Improvement in the 2009 CFSR.

The negotiated PIP goal for Item 1 was 80% and Maine was able to exceed that goal at 84% within the first PIP quarter, the method of measurement was through the OCFS Management Report. Since that time the data would indicate that OCFS social workers have had more difficulty in initiating investigations timely as evidenced in data submitted in the yearly APSR's (2010-2014) which were derived from the OCFS management reports:

Year of APSR	72-hour timeframe
2010	75.5%
2011	85.3%
2012	85.5%
2013	82%
2014	77%

The data collected through the case review process, although pulled from a significantly smaller sample of investigations, would indicate that Maine has been challenged in sustaining this standard as evidenced by the following graph:



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

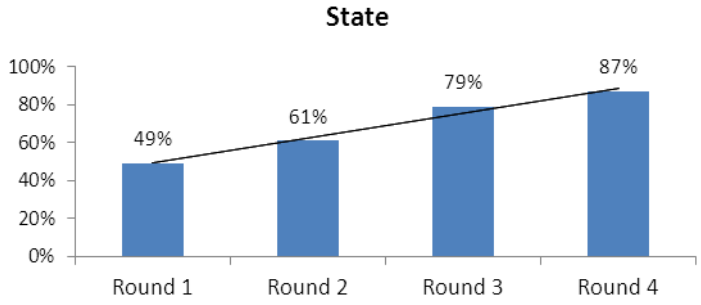
- Not making concerted efforts to see all alleged victims within the required timeframe.
- Late response time by out of home investigators.
- DHHS caseworkers do not go out until the last day of the 72 hours (the due date) and then there is something that delays the visit and they are not timely.
- Assessment not assigned to worker in a timely manner leaving them little time to meet 72 hours. This includes times when a supervisor initially assigns an assessment to one worker and then reassigns the assessment to another worker, often very close to or even past the 72 hour timeframe.
- Lack of documentation regarding reasonable efforts to locate families to initiate the assessment.

Factors that have impacted the capacity for timely assessments has been the significant staff vacancies for direct line social workers over the course of the last couple of years coupled with an increase in the number of children remaining in foster care which has diverted resource and staff time along with a reduction of funding for the Alternative Response Programs. Strategies that have been put in place that should support there being a change in meeting this standard include a Retention & Recruitment Specialist position that will focus on recruiting appropriate personnel and a recent increase in the funding for ARP's. District management will need to be focused on this area and utilizing the tools available to them to monitor

performance. This issue has also been identified in the DHHS Strategic Plan so will be the focus of both OCFS and the larger DHHS management team.

The negotiated PIP goal for Item 2 was 92.9% with Maine exceeding that goal at 93.8% within the second PIP quarter, the method of measurement being the ACF data profile. ROM data would indicate ongoing progress in meeting the national standard of 94.6%. ROM data from 9/2011-9/2012 found Maine meeting this standard at 93.4% and from 9/2012-9/2013 found Maine meeting this standard at 93.7%.

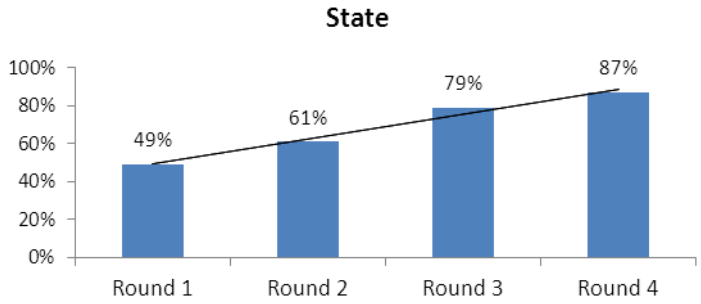
The data collected through the case review process, although pulled from a significantly smaller sample of investigations, would indicate that Maine has been challenged in meeting this standard however the trend line is clearly indicated an upward movement in meeting the standard as evidenced by the following graph:



The 2015-2019 CFSP does include strategies that should support continued improvement in this area, specifically the expectation of district action plans for districts that are struggling in this area.

Safety outcome 2 includes services to family to protect child(ren) in the home and prevent removal or reentry into foster care (Item 3) and Risk assessment and safety management (Item 4). Both of these items were assigned a rating of Area Needing Improvement in the 2009 CFSR.

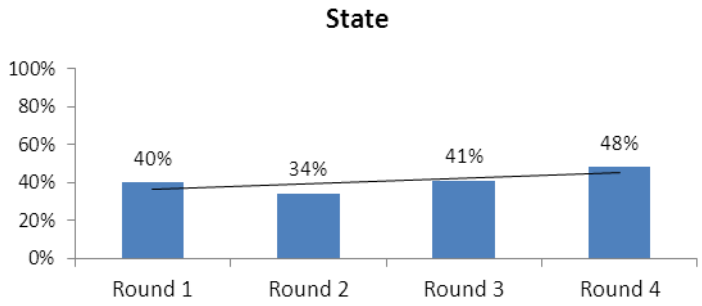
The negotiated PIP goal for Item 3 was 58.5% the method of measurement being the quality case reviews; OCFS exceeded the goal reaching 61% in PIP Quarter 4. Since that time the case review data reflects ongoing progress made in this area as evidenced by following graph:



It is anticipated that the goals and strategies identified in the CFSP will continue to support progress in this area.

The negotiated PIP goal for Item 4 was 50.5%, the method of measurement being the quality case reviews. This was a difficult goal to meet but OCFS exceed the goal reaching 53% in the PIP rolling Quarter 5.

This area has continued to be a challenge for OCFS and the data from the last four rounds of the qualitative case reviews bears this out:



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

- No follow up on new concerns that have come up in a case.
- Lack of assessment of the safety of all children in the family (ex. A child who does not live in the home but does visit frequently, for example every other weekend).
- In-home cases where the children's safety is not consistently assessed with face to face interviews with the children regarding their safety in the home and with collateral contacts.
- When children are placed out of the home with another family and there is no assessment of the home either through a caseworker walk through or home study.
- When new people (a girlfriend/boyfriend/ex/another family) enter the home and these people are not assessed.
- When concerns are brought forth but do not necessarily rise to level of allegations and these are not assessed with appropriate people. For example when a mother at a visit repeatedly tells the caseworker that the child is coming to visits dirty, smelling, clothes are too small, etc. and this is never addressed with the resource parents.
- Inappropriate moves from supervised to unsupervised and/or overnight visitation with parents when there are concerns for risk and safety.
- Lack of thorough assessment and appropriate management of issues of substance abuse and domestic violence.
- Poor safety planning and lack of appropriately responding to 'red flags' (when plan is violated there does not appear to be appropriate steps taken to address this).
- Not interviewing children alone.
- Not interviewing what appears to be a young verbal child or not documenting why a child was not interviewed.
- Safety plan issues:
    a. No plan put in place despite the fact that signs of danger are present- for example, children remaining in the home with parents who are actively abusing substances, as evidenced by positive drug tests, without a clear plan for safety.
    b. The safety plan that is developed does not adequately manage the safety issues.
    c. Safety planning the child to live with others without adequately exploring the safety of those individuals.
    d. Lack of follow up/testing to ensure that the safety plan is ensuring safety, for example: domestic violence cases where the abuser is safety planned out of the home with no clear plan to ensure that the abuser is not having contact with the children.

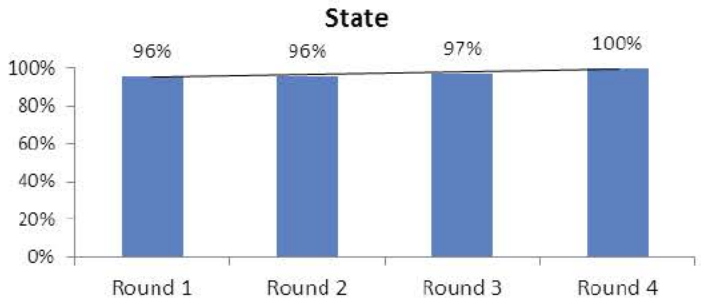
This is clearly an area OCFS needs to be focused on. The CFSP included various strategies that we believe will impact this area which includes strengthening policy, supporting training and coaching opportunities and streamlining work flow so staff can focus on what is most critical. The ongoing qualitative case review process will continue to measure and monitor this area and provide ongoing feedback to districts and management as to the how we are ensuring that risk and safety of children is being addressed.

Permanency Outcomes 1 and 2

Permanency outcome 1 includes the following:

- Item 5- Foster care reentries;
- Item 6- Stability of foster care placement;
- Item 7- Permanency goal for child;
- Item 8- Reunifications, guardianship, or permanent placement with relatives;
- Item 9- Adoption; and
- Item 10- Other planned permanent living arrangement.

Item 5 was assigned a rating of Strength in the 2009 CFSR as 100% of the cases reviewed were strength in this area. The ongoing quality case review data reflects that OCFS has sustained strength in this area fluctuating between 96%-100%.



However, the ACF March 2014 Data Profile highlights an increase in Maine's reentry into foster care rate in the last three federal fiscal years:

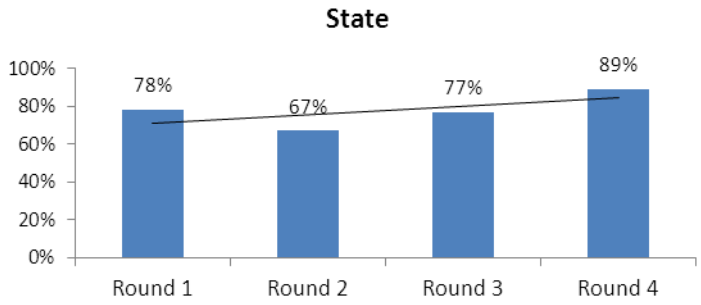
	FFY 2011ab	FFY 2012ab	FFY 2013ab
Re-Entries to foster care in less than 12 months. **National Standard: 9.9%**	6.1%	9.2%	14.8%

Maine believes that this significant increase over the last three fiscal years requires a QA assessment of a sample of cases followed by determining if current strategies already in place in the CFSP will address the issue and, if not, developing appropriate strategies.

Item 6 was assigned a rating of Area Needing Improvement in the 2009 CFSR. Due to there being significant improvement in this area between the review and the final approval of the PIP Maine was not required to specifically address this area in the PIP. Data from the ACF March 2014 Data Profile would indicate that Maine has continued to exceed the National Standard Measurements in two of the three stability components and making progress in the third:

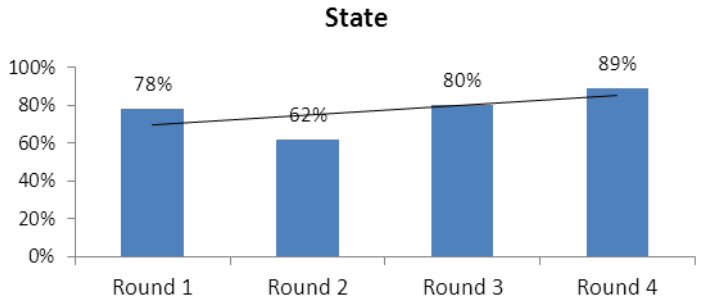
	National Standard	FFY 2012 ab	FFY 2013ab
2 or fewer placements for children in care < 12 months	**86%**	88.3%	88.2%
2 or fewer placements for children in care 12-24 months	**65.4%**	65.1%	74.5%
2 or fewer placements for children in care 24+ months	**41.8%**	35.5%	36.4%

The data collected through the case review process, although pulled from a significantly smaller sample of cases and is not broken down per months the child has been in care found that Maine does fall below the federal case review 90% threshold, however there is evidence of an upward trend line in this area:



Item 7 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The PIP negotiated goal for this item was 89%, the method of measurement being the quality case reviews. Maine met that goal at 89% in the PIP Quarter 6 submission.

The quality case review data indicates an upward trend particularly in the last two rounds as evidenced by the following graph:



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

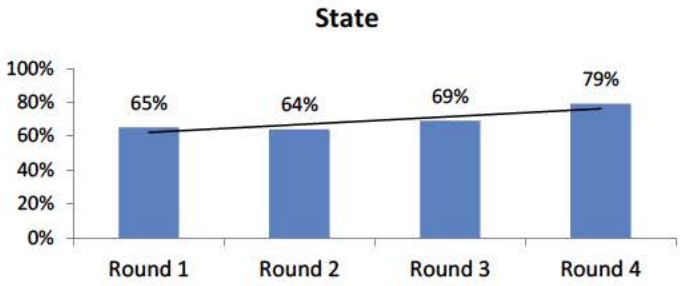
- It's not usually clear from the record as to the delay in changing case goals. Sometimes reunification goes significantly beyond the 12/15 month mark before the TPR (caseworkers and the court trying to give the parents an extra chance).
- This item also speaks to whether or not a goal is appropriate to the case. There are times when it does not appear that the parents are involved in reunification at all (or just minimally) but the Department is not making any efforts to move towards a TPR when it appears that would be appropriate (even though earlier than the 12 month mark).

This was an area that required a larger cohort group be reviewed in order to demonstrate meeting the PIP goal. One factor that impacts this area would be the lack of documentation related to why a goal would be extended beyond what might be considered an appropriate timeframe. Key strategies in the CFSP that will address this is streamlining social worker workflow, strengthening the Family Team meeting process, implementing effective Permanency Review Teams and Family Share Meetings all of which will require social worker attention and time to adequately document these activities.

Item 8 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The data supported significant improvement in this area between the review and the final approval of the PIP so Maine was not required to specifically address this area in the PIP.

Data from ROM, ACF Data Profile (March 2014) and the quality case reviews would indicate that Maine has met the National Standard, making a significant jump between the 2012ab and 2013ab data:

	National Standard	ROM Data 9/2011-9/2012	ROM Data 9/2012-9/2013
Exits to reunification in less than 12 months	**75.2%**	61.4%	73.5%
ACF Data Profile May 2013			
	2011 ab	**2012ab**	**2013ab**
Exits to reunification in less than 12 months	60.9%	61.2%	74.6%



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

- Not thoroughly assessing the needs of the parents to know what services would be the most beneficial for them in alleviating jeopardy.
- Not speaking to service providers to assess the parents' participation, progress and case goals.
- Not meeting with the parents or having other forms of contact frequently enough to discuss reunification goals and progress (ex. A caseworker might have seen the father 2 times during the PUR and the mother 4 times during that same period).
- Outside of visits what is being provided to demonstrate reunification is the goal.
- Lack of progression of visits. If the child has been in foster care 1 year and we are still having supervised visits this is demonstrating that concerted efforts are not being made to reunify.
- The goal of reunification was in place for a long time without achievement, concurrent plan or change in goal despite concerted efforts failing. Sometimes parents would be doing poorly for months and then right before twelve months they would have a good month and begin services again leading caseworkers and courts to continue with reunification. The belief that there must be work on reunification for 12 months before can pursue TPR no matter what is happening in case.
- Concerted efforts were attempted with one parent for a long time without success and then it was only at that point that effort begins with the other parent (usually fathers); lack of concurrent goals and planning.
- Changes in caseworkers would impact cases when one would be going in one direction such as a TPR and then another one would pick the case up and begin efforts again
- Lack of consistent meetings such as FTMs all along the way to check on progress and change goal if necessary.
- Services not being arranged in a timely manner, including issues with CANEP/CODE evaluations, despite being ordered by the court, and the results of the evaluation not being provided to the Department in a timely manner.

While not a specific focus at this point, key strategies in the CFSP that will continue focus in this area is streamlining social worker workflow, strengthening the Family Team meeting process, implementing effective Permanency Review Teams, Family Share Meetings and finalizing policy to support concurrent

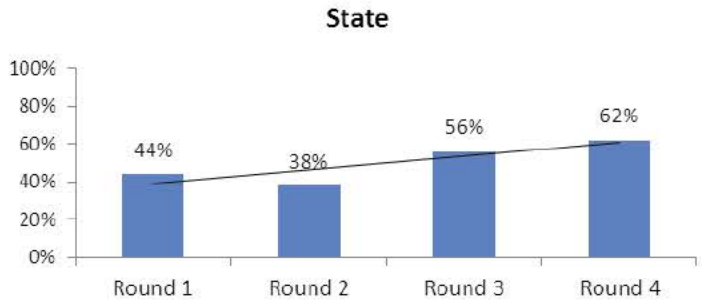
planning. There are also expectations related to supervisory oversight in terms of developing a formal supervisory review protocol of child and family plans.

Item 9 was assigned a rating of Area Needing Improvement in the 2009 CFSR, but the data indicated a significant improvement in this area between the review and the final approval of the PIP so Maine was not required to specifically address this area in the PIP.

Data from ROM and the ACF Data Profile (2013) would indicate that, while Maine has not met the National Standard and there has been some fluctuation in the progress, in general Maine has moved toward meeting the standard:

	National Standard	**ROM Data 9/2011-9/2012**	**ROM Data 9/2012-9/2013**
Exits to adoption in 24 months	**36.6%**	31.2%	36.4%
ACF Data Profile May 2013			
	2011 ab	**2012ab**	**2013ab**
Exits to adoption in 24 months	36.4%	32.6%	36.2%

The data from the quality case review indicates strong practice in this area however this sample size is quite small compared to the universe of cases in Maine with adoption as the goal.



Given that Maine doing a fair job in achieving permanency through adoption for children, Maine is opting to sharpen its focus in other areas. However Maine is committed to continually assessing and monitoring the work being done in regards to achieving permanency through timely adoption. One strategy employed in the last year is the creation of adoption units in each district which should allow for adoption specialists to move children through this process given their expertise and do so in a timelier manner. While not a specific focus at this point, key strategies in the CFSP includes strategies that will continue to support the work and include effective use of Permanency Review Teams, effective use of Family Team meetings and supervisory oversight of plans.

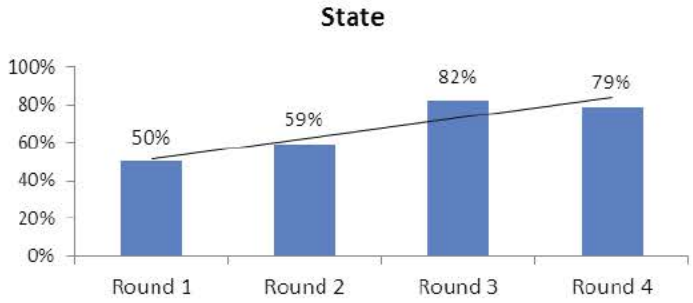
Item 10 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated PIP goal for this item was 79.4%, the method of measurement being the quality case reviews. Maine met that goal at 81% in the PIP Quarter 4 data submission.

Data from ROM and the ACF Data Profile (March 2014) would indicate that, while Maine has consistently exceeded the standards of this standard however did have a slight drop in the 2013ab period:

	National Standard	**ROM Data 9/2011-9/2012**	**ROM Data 9/2012-9/2013**
Exits to permanency prior to 18th bday for	**29.1%**	38.8%	33%

children in care 24+ months			
ACF Data Profile May 2013			
	2011 ab	**2012ab**	**2013ab**
Exits to permanency prior to 18th bday for children in care 24+ months	35.5%	38.2%	29.0%

The data collected through the case review process, although pulled from a significantly smaller sample of cases demonstrates evidence of an upward trend line with a slight drop between the 3rd and 4th rounds:

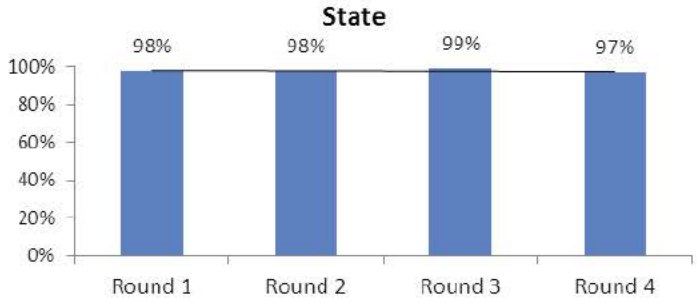


Maine is proud of its work related to achieving permanency for older youth and ensuring that they are prepared when they age out of the child welfare system. While the data supports the good work and practice in this area we will continue to remain focused in this area and the CFSP supports that work.

Permanency outcome 2 includes the following:

- Item 11- Proximity of foster care placement;
- Item 12- Placement with siblings;
- Item 13- Visiting with parents and siblings in foster care;
- Item 14- Preserving connections;
- Item 15- Relative Placements; and
- Item 16- Relationship of child in care with parents.

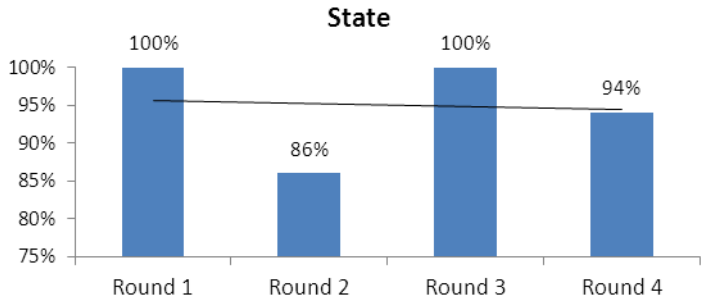
Item 11 was assigned a rating of Strength in the 2009 CFSR with 97% of the cases reviewed meeting the standard. The ongoing quality case review data reflects that OCFS has remained strong in this area fluctuating between 97%-99% as evidenced in the graph below:



The policies and practice in place at the time of the 2009 CFSR have remained in place. The current statewide average of children placed in their own district is 78%. The goals and strategies in the CFSP should continue to support our maintaining a strength in this area.

Item 12 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 87% of the cases reviewed, but was just shy of the 90% goal for the review. The policies and practice in place at the time of the 2009 CFSR have remained in place.

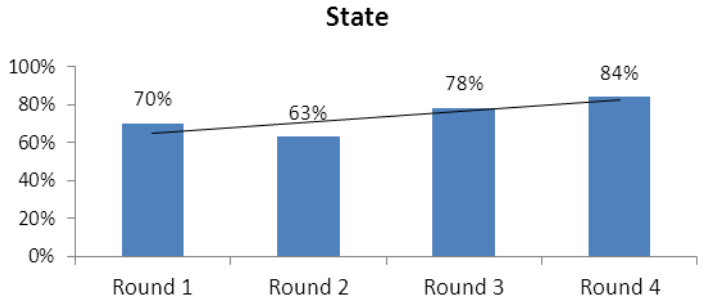
The ongoing quality case review data reflects that OCFS has demonstrated improvement in this area with the exception of the Round 2 data when we dropped to 86%. The data has ranged from 86%-100% as evidenced in the graph below:



Item 13 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 71% of the cases reviewed, below the 90% goal for the review.

A March 2011 phone survey with parents of children who entered foster care within 6 months of the survey found that 70% were having supervised visits with their children but only 38% reporting that their social worker told them why the visit was supervised just 15% who reported being involved in making that decision.

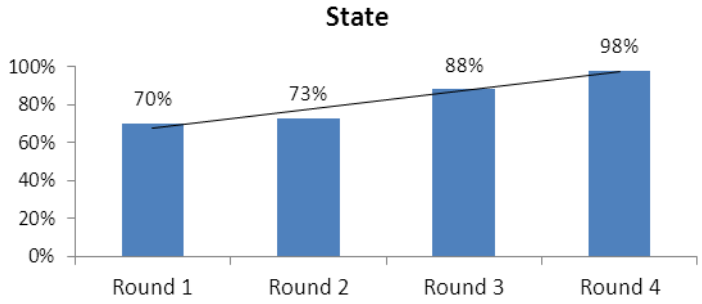
The ongoing quality case review data reflects that OCFS remained challenged in this area for Rounds 1 & 2, there has been steady improvement in the last 2 rounds of reviews. The data has ranged from 63%-84% as evidenced in the graph below:



The CFSP includes strategies that should improve this practice and include sharper focus on consistently implementing Family Share meetings, evaluating the current Fatherhood projects statewide with the goal being providing access statewide for fatherhood initiatives. Additional funding has also been allocated to support Supervised Visitation programs. Providing more focus is needed to ensure that if supervised visits are warranted that these decisions are reviewed on a regular basis in order to ensure that visitation between a child and his or her parents is of sufficient frequency and quality to promote their relationships.

Item 14 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 84% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS has made steady improvement in this area, ranging most notably in the last two rounds of reviews, both above the 2009 review results as evidenced in the graph below:



There have been policy and practice changes since the 2009 review and include the Indian Child Welfare Policy. This policy clearly lays out the co-case management roles between state child welfare social workers and tribal child welfare social workers. The work Maine has done through its PIP related to implementing the Signs of Safety approach has provided Maine with tools to better engage families and encourage the use of informal supports throughout case activities which allows for those connections to be maintained. The Facilitated Family Team Meeting practice specifies that informal supports be invited to the meetings to participate in the planning and be a support for the children and families involved with the agency. As part of the work of the PIP, the QA unit conducted three reviews of the FTM process and did find that Maine social workers were challenged with including informal supports, however the last review conducted noted an improvement in the documentation around the FTM process including inviting fathers and foster parents to those meetings. While it is evident Maine is progressing in the area of preserving connections, we will continue this work and we will be supported through the strategies in the CFSP.

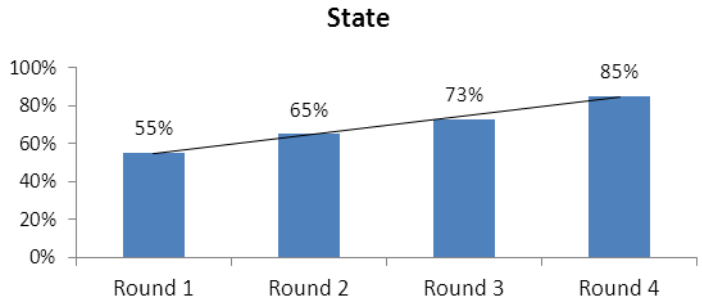
Item 15 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 74% of the cases reviewed, below the 90% goal.

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements.

In a September 2011 phone survey with youth identified with a permanency goal of OPPLA, 88% of the youth reported that the caseworker asks them about relatives or other supports that could be involved.

In a March 2011 phone survey with parents of children who have been in foster care 6 months or less found that 79% reported the agency social workers conducted relative exploration with them.

The ongoing quality case review data reflects that OCFS has made steady improvement in this area, clearly trending up as evidenced in the graph below:



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

- If the child is not placed with a relative and there was no clear information provided to support that both maternal and paternal relatives were explored and assessed for placement options.

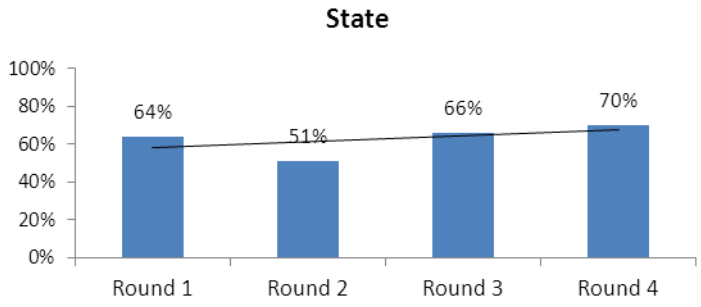
- Lack of efforts to go beyond identification and actually contact paternal and maternal relative resources.
- Not updating relative resources (simply ruling people out based on old information).
- Ruling relatives out on assumption they cannot manage the child's behavior or if they live far away or out of state.
- Not contacting out of home parents.
- Not talking to kids about who they consider a safe resource.
- Not responding to relatives when they reach out to DHHS.
- Discounting relatives because of age or their own previous dealings with DHHS from many years ago (not re-assessing a relative's current circumstances).
- Discounting a relative completely simply because they are not a placement option.

As evidenced in the last five APSR's, Maine has ranged between 36%-42% of children entering custody being placed with relatives from the onset. Maine has also strengthened policy to reflect expectations that will comply with Fostering Connections around relative notifications. Maine has also collaborated with outside agencies to provide supports to kinship placements as well as modified its rate structure to provide financial support to kinship providers and encouraging providers to apply for foster care licensing.

Despite the work done in this area and the data that suggests improvement have been made, Maine will continue to explore ways to support relative placements. The CFSP will support this work and includes the Family Stabilization Program that includes a peer support network for care providers as well as a "warm line' that will be accessible for all Maine parents/providers for support. We also need to continue to reach out to fathers and the paternal sides of the family and the work in the CFSP related to fatherhood initiative will support these efforts. We also need to strengthen the consistency related to providing relative notification letters to all known relatives. QA recently conducted a study noting challenges in this area and the expectation is that districts will develop action plans to address the issue. We have included strategies to address this in the CFSP.

Item 16 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated an area needing improvement in 60% of the cases reviewed, below the 90% goal.

The ongoing quality case review data reflects that OCFS has made some improvement in this area, trending up as evidenced in the graph below:



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

- Parents not being invited to activities outside of visitation and services such as medical and dental appointments, school events (sports, PTC) or other important events in the child's life.
- If above not offered/invited documentation to reflect why this would not be appropriate. This is often not documented.
- Lack of efforts to promote a relationship with both parents beyond visitation (usually it is fathers).
- Discomfort by caregivers (relatives and foster parents) in having parents attend the child's appointments and events.

- Parent incarcerated or out of state and efforts are just not made at all (such as phone conference for the parent at the child's school or clinical meeting).

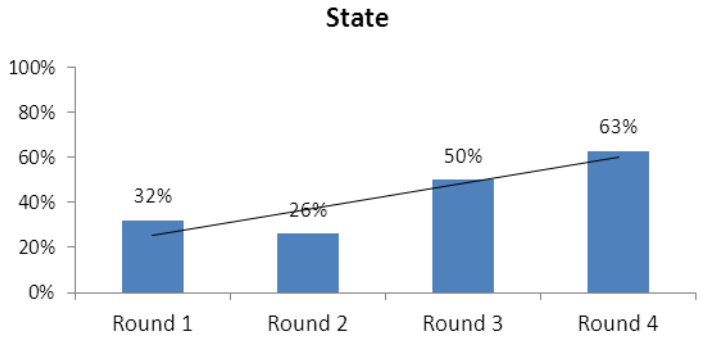
The data supports the need to continue work in this area. The CFSP will support this work specifically through the Fatherhood initiative, strengthening the FTM process, and consistent implementation of Family Share meetings which facilitate relationships between birth and resource parents.

Well-being Outcomes 1, 2 and 3
Well-being outcome 1 includes the following:

- Item 17- Needs and services of child, parents, and foster parents;
- Item 18- Child and family involvement in case planning;
- Item 19- Caseworker visits with child; and
- Item 20- Caseworker visits with parent(s).

Item 17 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated PIP goal for this item was 40.1% and Maine was able to exceed that goal at 45% in the fourth PIP quarter, the method of measurement was through the quality case reviews.

The ongoing quality case review data reflects that OCFS has made some improvement in this area, trending up primarily in the last two rounds of the reviews, as evidenced in the graph below:



Three key strategies that were developed at the time of the 2009 CFSR were implementation and training on Fact Finding Interviewing, embedding the tenants of Signs of Safety in practice and improving supervision. Combined it was believed that social workers would better be able to engage with families, children, informal and formals support and obtain key information related to assessing the needs of the child, family and resource parents. Of note is that within the last 2 rounds of reviews there was demonstrated progress in this area which would coincide with the timing of when these new process' were in place and more ingrained in the day to day work of social workers and their supervisors. It is clear that more work needs to be done in this area and it is believed that the CFSP will support this continued working through strengthening of the Family Team Meetings, Foster Care Implementation and Family Stabilization Program.

Item 18 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The PIP goal negotiated for this item was 54.9% and Maine was able to exceed that goal at 62% in the fourth PIP quarter, the method of measurement was through the quality case reviews.

In a March 2011 phone survey with parents of children who had entered foster care 6 months prior to the survey found that 85% of the parents reported being invited to FTM's and 63% reporting that the meetings were helpful. In terms of the family involvement in decision making:

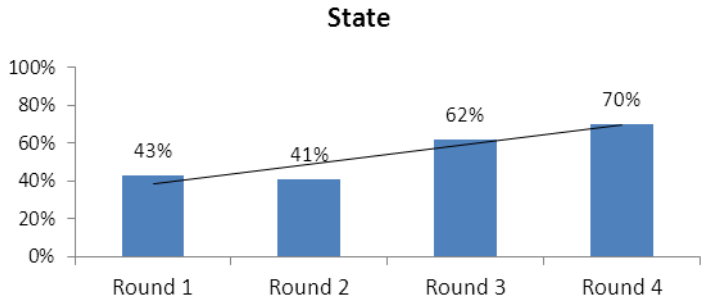
- 23% did not agree that they were involved.
- 29% somewhat agreed they were involved.
- 27% agreed they were involved.
- 9% highly agreed they were involved.

71% of respondents reported that the Reunification Plan was developed with them in the meeting.

The following data was obtained through a September 2011 phone survey of youth with a permanency goal of OPPLA:

- 81% of youth reported being invited to Family Team Meetings with 71% of the youth reported having attended a FTM in the last year.
    - 48% of the youth reported that they are not asked who they would like to invite to their FTM.
    - 43% of the youth reported that the caseworker did prepare them for the FTM.
    - 82% of the youth reported that the FTM was either 'very helpful' or 'helpful'.
    - 50% of the youth reported being involved in creating their case plan.

The ongoing quality case review data reflects that OCFS has made some improvement in this area, trending up primarily in the last two rounds of the reviews, as evidenced in the graph below.



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

- Dads not being included in the case planning process.
- Age/developmentally appropriate children not being invited to participate in case planning.
- If there is no FTM for both parents.
- If the documentation reflects that the parents were there but did not actively participate in the creation of the plan.
- If there is no documentation to reflect why the case is opened, what has to be done for the case to close and the children return home, and it is very clear from documentation that the parents have no idea what they need to do or why the case is opened.
- Parents who are incarcerated or out of state have no efforts made at all (such as phone conference for the parent at the meeting).
- Ensuring older youth are invited to participate and if they choose not to then making sure information is shared afterward.
- Frequency of FTMs being insufficient based on the facts of the case- FTMs not being held when there are significant changes in the circumstances of the case.

A key goal in the PIP was improving and sustaining the frequency and quality of Family Team Meetings. Work was done on conducting a statewide assessment on the FTM process, clarifying policy, conducting studies and surveys to help assess the efficacy of the meetings and training and mentoring staff in collaboration with outside providers on the partnership aspect of a true FTM. The surveys and QA studies completed during this period found that, while some progress was made between the reviews there were still challenges related to including informal supports for both parents but that improvement had been made in terms of being more inclusive with fathers and paternal side of the family.

Of note is that within the last 2 round of reviews there was demonstrated progress in this area which would coincide with the timing of when these new process' were in place and more ingrained in the day to day work of social workers and their supervisors. It is clear that more work needs to be done in this area and it is

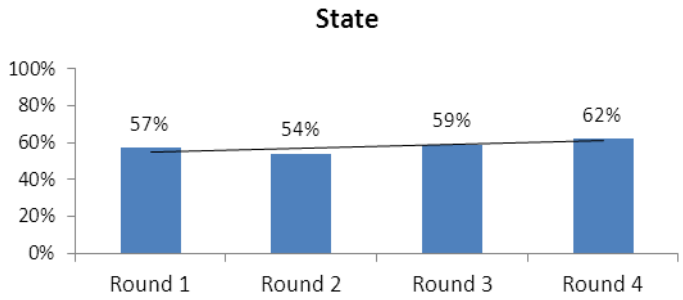
believed that the CFSP will support this through strengthening of the Family Team Meetings, Fatherhood Initiative Work, continued support and training related to OCFS Fact Finding Protocol.

Item 19 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated PIP goal for this item was 68.4% and Maine was able to exceed that goal at 69% in the sixth rolling PIP quarter, the method of measurement was through the quality case reviews.

In a September 2011 phone survey with youth with an identified goal of OPPLA the following data was obtained:

- 84% of the youth reported having face to face contact with their social worker every month.
  - 88% of those responding described these contacts as 'helpful' and/or 'very helpful'.
  - 91% of the youth reported that they had the opportunity to tell their social worker about important things going on in their life.

The ongoing quality case review data reflects that OCFS has continued to have challenge in meeting this standard as evidenced in the graph below:



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

- Not seeing the children alone.
- Particularly in In-home cases – the frequency of seeing the children is not always sufficient.
- When most of the face to face contacts were done in a different location outside of the home.
- Lack of quality visits with child(ren) that explore safety, permanency and well-being and lack of thorough observation of non-verbal children. No efforts to communicate with small children who may have some speech delays or be at a younger age even if the child is seeming to grow during the period under review and make developmental gains.
- Narratives are at times copied and pasted from month to month.

Given data extracted from the OCFS Management Reports the challenge related to contact with children is the quality of the contact versus the frequency of the contact as Maine has consistently met the federal expectations related to frequency as well as that the majority of contact happen in the home. The quality issue is also demonstrated through the information provided above related to trends.

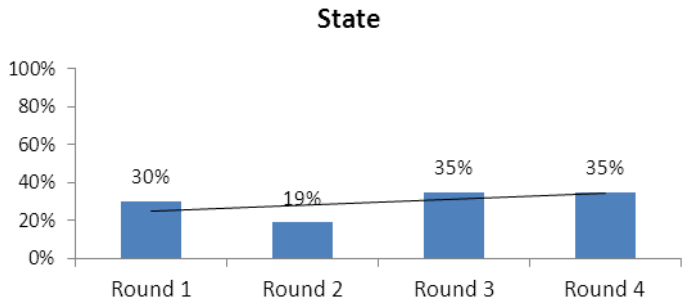
Since the 2009 review Maine has strengthened policy and management report related to contact made with children who remain in their home. Supervisors and district management have the ability to monitor and track compliance on this issue. This is an area that needs continued focus and the CFSP will support this goal. Continued use of Fact Finding Interviewing, streamlining social worker activities and redesigning documentation methodology and policy should provide support to social workers around sharpening skills to obtain the key information to assure child safety, permanency and well-being and coupled with that, giving social workers the opportunity to document that work by streamlining other activities will demonstrate that social workers are having quality contacts with children.

Item 20 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The negotiated PIP goal for this item was 40.7% and Maine was able to exceed that goal at 48% in the fifth rolling PIP quarter, the method of measurement was through the quality case reviews.

In a March 2011 phone survey with parents of children who entered foster care within 6 months or less from date of call it was found that 50% of the parent's interviews reported having monthly face to face contact. In terms of helpfulness:

- 39% reported these being not helpful.
- 33% reported these being helpful.
- 21% reported these being very helpful.

The ongoing quality case review data reflects that OCFS has continued to have challenges in meeting this standard as evidenced in the graph below:



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

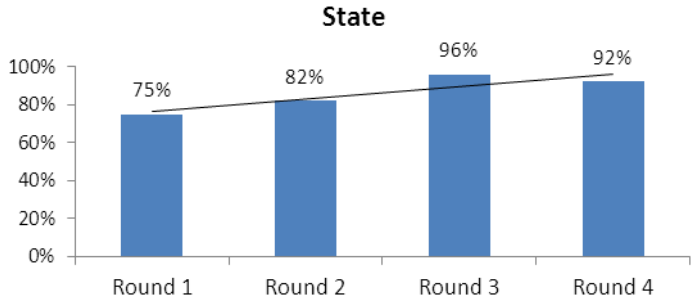
- Not seeing the fathers as frequently as needed.
- Not discussing important issues related to reunification as they come up in a case.
- Not seeing mothers as frequently as needed (this is an issue but maybe not as much of an issue as it is with the fathers).
- Diligent efforts were not made to have face to face contacts outside of one phone call.
- When most of the face to face contacts were done in a different location outside of the home.
- When there is no discussion of services, time frames, safety, well-being, and permanency of the children.
- When there is DV and mom and dad are not interviewed alone.
- Out of home parents are not met with.

As noted above the issues here are often related to the frequency of contact with fathers which have been an ongoing challenge for Maine. In addition there are some challenges related to the quality of contact with both parents. Policy supports the need to see each parent monthly if the permanency goal is reunification and to see parents involved in service cases monthly as well.

The CFSP will support the work needed in this area including the work on developing statewide Fatherhood Groups and strengthening and improving on the Family Team Meeting process.

Well-being outcome 2 includes educational needs of child(ren) being met.
Item 21 was assigned a rating of Area Needing Improvement in the 2009 CFSR. The item was rated a strength in 94% of the cases reviewed, below the 95% goal for the review.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in the last 2 rounds of reviews. The data has ranged from 75%-96% as evidenced in the graph below:



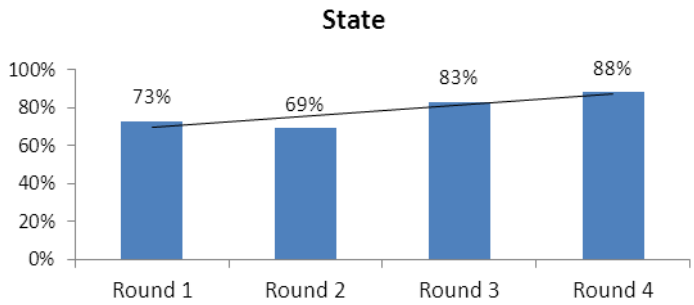
Since the 2009 CFSR Maine sharpened its focus on ensuring educational needs were being assessed and addressed. This work included:

- In 2010 language was added to Maine Statute to meet the Fostering Connections Legislation around educational stability. The final decision on which school the child/youth will attend will be made by OCFS, but done in collaboration with the school district. The law requires that the school abide by the decision made by OCFS with OCFS paying for transportation costs if needed.
- In 2011 the Citizen Review Panel established an Educational Stability Workgroup to determine how big an issue educational instability is for Maine children in foster care. A survey was distributed to social workers statewide. A total of 407 surveys were conducted on new school aged cases opened between 9/1/08-12/31/09, of those 260 (65.7%) changed school. The reasons provided included:
    - No foster placement available. (36.4%).
    - Placement with relative out of the area. (17%).
    - Other reasons, undefined. (14.7%).
    - Unsafe for the child to remain in the same school. (2.5%).
    - Multiple reasons were cited for 9% of the children who changed schools.
- The OCFS Policy Workgroup reviewed the Educational and School Transfer Policies to ensure that the policies reflected the law changes around school attendance. The decision was made to incorporate several different policies related to education into one policy. In March 2012 the finalized Education Policy and PowerPoint were disseminated to district staff.

Well-being outcome 3 includes physical health of child(ren) being met (Item 22) and mental/behavioral health of child(ren) (Item 23) both of which were rated as an Area Needing Improvement in the 2009 CFSR.

Item 22 was rated a strength in 83% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS was challenged in this area for Rounds 1 & 2; there has been steady improvement in the last 2 rounds of reviews. The data has ranged from 69%-88% as evidenced in the graph below:



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

- When the dental and medical needs are not documented.

- When the providers are unknown.
- When there is no documentation to reflect that the child has ever been seen for medical or dental care.
- Lack of assessment and addressing of all the children's health needs in in-home cases.
- Lack of addressing specific health needs of child in a timely manner (such as medical care not being provided in a timely manner); this is particularly impacted by placement moves.
- Passport Medical Screen is often significantly out of date.

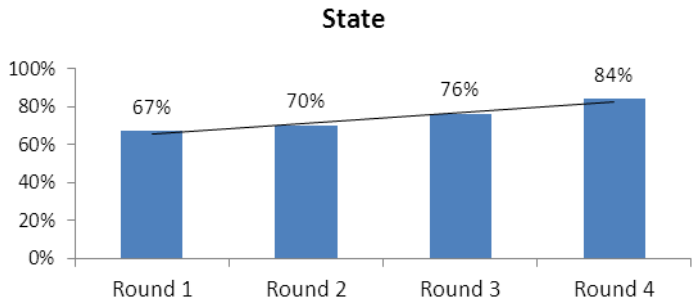
Since the 2009 CFSR, Maine has continued to work on improving meeting health care needs of children in Maine. This work has included:

- In adherence to the Fostering Connections law OCFS actively engaged in developing a Health Care Plan in collaboration with medical providers to address the pillars in the law.
- There have been ongoing activities to develop a statewide system similar to the Pediatric Rapid Evaluation Program (PREP). For 7 of the 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Additional PREP sites are in development in Southern and Northern Maine. All of these programs are either developing the medical home for the child or helping to identify a medical home if one is not currently serving the child.

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

Item 23 was rated a strength in 72% of the cases reviewed, below the 90% goal for the review.

The ongoing quality case review data reflects that OCFS remains challenged in this area but there is evidence of steady improvement. The data has ranged from 67%-84% as evidenced in the graph below:



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

- In-home cases where it was not clear that a child's mental health needs were adequately being met.
- Where an issue has come up for a child/youth, and it's not clear that this is being addressed.
- When the mental health needs of the child are unknown.
- When the child is in mental health treatment and there is no documentation as to who the provider is or how treatment is progressing.
- When there is no discharge planning documented.
- When the child is on mental health medication and policy with regards to certain medication is not being adhered to.

Since the 2009 CSFR Maine had continued to work towards improving the work conducted to assess and address children's mental health needs. Many of the policies and practices cited in the CFSR remain in place with the challenges being more around policy being fully implemented. The CFSP will support this work related to consistent implementation of policies and procedures.

Perhaps the biggest structural change that OCFS has undergone that will impact positive outcomes for children involved in child welfare services is the OCFS restructure which integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care team. This has facilitated more

collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare social workers as there are 9 MHPC's and 3 Clinical Social Workers that are housed across the state. The MHPC's provide the consultation to community providers, families, child protective colleagues, Department of Corrections, Department of Education etc., on treatment services, mental health resources, and they participate in district Permanency Review Teams.

Systemic Factors includes the following:

- Information Services (Item 24)
- Case Review System (Items 25, 26, 27, 28, & 29)
- Quality Assurance System (Items 30 & 31)
- Staff and Provider Training (Items 32, 33, & 34)
- Service Array and Resource Development (Items 35, 36, & 37)
- Agency Responsiveness to the Community (Items 38, 39, & 40)
- Foster and Adoptive Parent Licensing, Recruitment, and Retention (Items 41, 42, 43, 44, & 45)

Information Services:

Item 24 (The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child is (or, within the immediately preceding 12 months, has been) in foster care) was assigned a rating of Strength in the 2009 CFSR as MACWIS can readily identify the status, demographic characteristics, location, and goals for every child in foster care. The system gathers reliable data entered in a timely manner. Since 2009 Maine has continued to sustain a high functioning Information Services Program. The 2012 OCFS restructure joined the Information Services team with the Quality Assurance and IV-E Programs which allows for qualitative and quantitative processes to work efficiently together with the end result being a comprehensive data system/program that support the OCFS program. An array of queries can be extracted from the MACWIS system to inform internal and external stakeholders of functioning within the scope of the work

Maine DHHS continues to maintain a federally-compliant SACWIS system. MACWIS remains stable and is still considered one of the most successful systems in Maine State Government. The MACWIS system receives ongoing maintenance, with 18 certified release deployments during 2012 and 2013, continuing to meet all new federal requirements.

The State of Maine has modified foster care licensing and administration rules. In 2012, MACWIS began programming to facilitate these changes and streamline the process of foster family resource management. In November 2013 the database software was updated to ORACLE 11G. Changes in 2014 have included modifications to the resources management system, new application forms, new supervisory approval processes, and security changes. The system was also modified to respond to the recommended changes resulting from the AFCARS Test Deck. In early 2014 the MACWIS deployment process to internal and contracted users was automated. There are ongoing modifications to the system to add indexes to tables and increase database querying efficiencies to continue the commitment to data-driven program management and longitudinal cohort data analysis.

OCFS continues their contract for the 7th year with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data down to a worker level through a web-based portal. ROM is designed to provide a dash board view of the federal outcomes using data from MACWIS and available to OCFS management and supervisors to help in managing outcomes. A central Quality Assurance Unit provides the capacity for OCFS to conduct quality case review and ad hoc reviews to measure outcomes and identify areas in need of improvement.

APS Healthcare has the contract with the State of Maine's Department of Health and Human Services and provides Behavioral Health Utilization Management System for services currently purchased through the

State's Office of Maine Care Services and administered by the Adult Mental Health Services, Children's Behavioral Health Services, and the Office of Substance Abuse. They provide eligibility verification, utilization management services including: prior authorization, utilization review, and retrospective review for behavioral health services through their Web based authorization system Care Connection.

Case Review System

Item 25 (The State provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions) was assigned a rating of Area Needing Improvement in the 2009 CFSR. Although Maine had a process to ensure that each child has a written case plan that is routinely reviewed, the Statewide Assessment indicated that parents are not routinely involved in case planning. The onsite review also found this to be a challenge for Maine.

As highlighted in Item 18, Maine continues to be challenged in this area particularly with parents although the qualitative case review found Maine was trending upward in this area during the last 2 rounds of reviews.

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

- Dads not being included in the case planning process.
- Age/developmentally appropriate children not being invited to participate in case planning.
- If there is no FTM for both parents.
- If the documentation reflects that the parents were there but did not actively participate in the creation of the plan.
- Parents who are incarcerated or out of state have no efforts made at all (such as phone conference for the parent at the meeting).
- Ensuring older youth are invited to participate and if they choose not to then making sure information is shared afterward.
- Frequency of FTMs being insufficient based on the facts of the case- FTMs not being held when there are significant changes in the circumstances of the case.

A key goal in the PIP was improving and sustaining the frequency and quality of Family Team Meetings. Work was done on conducting a statewide assessment on the FTM process, clarifying policy, conducting studies and surveys to help assess the efficacy of the meetings and training and mentoring staff in collaboration with outside providers on the partnership aspect of a true FTM. The surveys and QA studies completed during this period found that, while some progress was made between the reviews there were still challenges related to including informal supports for both parents but that improvement had been made in terms of being more inclusive with fathers and paternal side of the family.

Of note is that within the last 2 round of reviews there was demonstrated progress in this area which would coincide with the timing of when these new processes were in place and more ingrained in the day to day work of social workers and their supervisors. It is clear that more work needs to be done in this area and it is believed that the CFSP will support this continued working through strengthening of the Family Team Meetings, Fatherhood Initiative Work, continued support and training related to OCFS Fact Finding Protocol.

Item 26 (The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review) was assigned a rating of Strength in the 2009 CFSR as Maine does provide periodic reviews for each child in foster care and they are generally held in a timely manner. The process in place at the time of the 2009 review remains, children in foster care are reviewed by the court at least once every 6 months. A March 2014 poll of Child Protective Assistant Attorney Generals, District Program Administrators and Assistant Program Administrators confirmed that

Judicial Reviews are consistently occurring every 5-6 months or sooner depending on the issues in the case or if the court wishes to have more frequent oversight.

The May 2013 ACF IV-E Audit also found that of the cases reviewed all were found to have the required judicial determinations explicitly documented and within the required timeframes. "The court orders reviewed typically detailed the basis for the findings and made reference to supporting affidavits and petitions, which provided additional case history and context". It was also noted that the "case records examined for the review provided evidence of Maine's emphasis on family engagement; concerted efforts to prevent removal; and efforts to achieve permanency through reunification, permanent placement with relatives, and adoptions" (*Title IV-E foster Care Eligibility Primary Review Report of Findings").*

Item 27 (The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter) was assigned a rating of strength in the 2009 CFSR as information obtained confirmed that permanency hearings are held within 12 months of a child's entry into foster care and usually every 6 months thereafter. Maine continued to utilize the same system to ensure these hearings are taking place within this same timeframe. Since 2009 Maine has undergone two Title IV-E Foster Care Eligibility Reviews, 2010 and 2013, and passed both of them which would have included a review of court activity being timely.

Item 28 (The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act) was assigned a rating of Strength in the 2009 CFSR as it was evident that Maine had a process for filing a petition for TPR in accordance with ASFA. Maine does conduct quality case reviews and, while data specific to compliance in filing TPRs is not specifically extracted to speak to the TPR process, the outcome of Item 7 may be the closest link to Maine's continued compliance in establishing the appropriate goals which would include adoption and filing a TPR to reach that goal. In the prior 4 review cycles it was noted that, particularly in the last 2 rounds Maine was increasing its compliance related to meeting the Item 7 standard.

Item 29 (The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child) was assigned a rating of Area Needing Improvement in the 2009 CFSR. At that time the Statewide Assessment and stakeholder interviews commented that courts across the State did not consistently allow the caregiver to be heard in the hearings, although there did appear to be differing opinions on whether caregivers were provided the opportunity to be heard in court.

In a September 2011 survey of youth with a permanency goal of OPPLA, 72% of the youth reported that they had been notified and/or invited to their court hearings.

One of the PIP action steps was to review randomly selected cases for court notification compliance. This review of 417 cases was conducted and reported out in Quarter 7 of the PIP and the following was found:

- In 77% of the cases reviewed there was documentation of written notification being sent to caregivers of court hearings.
- In 81% of the cases reviewed it was evident that there had been either written or verbal communication to the caregiver.

This data was disseminated to Management who developed a message to districts as well as to individual district Program Administrators related to need to ensure these notifications are being sent and that they are sent timely.

Quality Assurance System:

Item 30 (The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children) was assigned a rating of Strength in the 2009 CFSR. Maine had developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The structures in place at the time of the 2009 CFSR have remained. The 2015-2019 will support ongoing work to ensure that quality services are available to protect children. A major component to that is Foster Care Implementation which is being overseen by the OCFS Deputy Director in recognition of the importance of this development. The implementation of the services developed under the Family Stabilization Program will further support this area.

Item 31 (The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented) was assigned a rating of Strength in the 2009 CFSR as Maine had a clearly identifiable and functioning QA system that addresses key practice areas and provided feedback on key findings. Since the 2009 the work and integration of QA has strengthened.

Historically, the OCFS has recognized the need for strong quality assurance oversight and has dedicated staff to that activity. Specific activities have included monthly case reviews, reviews of client recipients appealing substantiated findings of child abuse and neglect, as well as special projects to provide senior management with qualitative data on areas of concern. The work of this group has also expanded through the restructure to include quality assurance functions that are needed for the entire OCFS.

OCFS maintains its unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts and supervised by the central office QA Team Leader. This unit is the core team conducting the CFSR-style site review process which was developed as the means for Maine to measure progress in its PIP and continued following Maine's completion of the PIP as a means to conduct quality case reviews.

OCFS has conducted a preliminary assessment of how its QA system currently meets the five key components of a sound QA/CQI system as laid out in the ACF IM. Overall Maine believes it has the basic structures in place but will need to strengthen some areas and implementation of processes.

1. Foundational Administrative Structure:
    a. Maine has dedicated staff housed in each district office and supervised centrally.
    b. QA staff are historically those who have worked within the child welfare program either as a direct care social worker and/or supervisory staff who promote or demote to the QA team. QA staff is trained in the child welfare system, knows policy and can easily navigate the MACWIS system. The QA team meets on a monthly basis. Conference calls are also utilized to allow the team an opportunity for peer group contact to discuss or plan upcoming projects or challenges faced by the team.
    c. OCFS is creating job manuals for all positions, including QA.
    d. Training, formally or informally based on the project need, is provided to QA staff prior to conducting a specific project. This ensures that staff is familiar with the tool and/or process so that all staff use the tool consistently.
    e. An informal inter-rater reliability process is utilized on most projects and combines peer to peer consults, pairing in teams and/or consulting with the QA Team Leader as an anchor point for any project/study.
2. Quality Data Collection:
    a. Maine is one of a few states with an ACF certified SACWIS program, certified in May 2009.

b. Maine has dedicated staff housed in each district office and supervised centrally.
c. Maine has utilized the ACF CFSR instrument as a review tool which provides clear instruction and guidelines on its use. The QA unit has also consulted with the Boston ACF region to ensure that the integrity of the federal tool is followed. The assessment from ACF was that the Maine team consistently uses the tool with integrity.
d. The 2012 OCFS restructure created the Accountability and Information Services Team which includes QA, Title IV-E and the SACWIS/Information Services. This group is supervised by the Associate Director of Accountability & Information Services which allows for increased collaboration between the teams, sharing of data and support from each team to collect relevant data based on Office need. Between these systems Maine is able to collect quantitative and qualitative data to address key issues.
e. The OCFS Data team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. The QA unit regularly reviews reports and notes areas of discrepancies for the OCFS Data Team. The OCFS Data Team conducts research to determine if the problems are with the data set. Data reports are tested for accuracy through a sampling audit.
f. Maine has the systems and resources in place to utilize and monitor AFCARS data, NCANDS data, CFSR, ACF data profile data and NYTD.

3. Case review data and process:
    a. QA staff is routinely conducting case reviews which could be full blown case review using the ACF review instrument or focused reviews based on agency need for data.
    b. The current case review schedule that was established to meet the needs of the PIP allows for stratification of cases as well as including the largest metropolitan area in the state to be reflected in the rolling quarter data that is submitted to ACF. Each district office is reviewed annually using the federal format and includes interviews with, at minimum caseworkers and/or supervisors and at times foster parents. In January 2014, at the recommendation of ACF, QA staff began interviewing all critical case members in 25% of the cases reviewed. The goal is to increase that percentage over time as there is great value in having these interviews as part of a comprehensive quality case review.
    c. The process includes the QA Team Leader as being the person responsible for providing QA on each of the tools which assures for inter-rater reliability as having one person always being the anchor.
4. Analysis and dissemination of quality data:
    a. OCFS utilizes monthly management reports, Kids in Care reports, annual district CFSR's and has access to the Results Oriented Management System, all combined allows for ongoing tracking of outcomes.
    b. OCFS has a data team of qualified staff to aggregate and analyzes data that can be broken down by district office.
    c. OCFS has various Steering Committees that allow stakeholders to provide feedback to the OCFS.
    d. OCFS maintains a website with current data related to outcomes.
5. Feedback to stakeholders and decision makers and adjustment of program and process:
    a. The Child Welfare Steering Committee (formerly PIP Steering Committee) has been a group of stakeholders who have been consultants for OCFS in terms of preparing for the CFSR; follow up on PIP progress and preparing for the CFSP. This has included regular meetings ranging from monthly to quarterly based on need. As OCFS has been assessing and developing the 2015-2019 CFSP the Steering Committee, committed to meeting monthly as it is a key body of stakeholders available to provide feedback on the planning related to child welfare.
    b. District staff has access to reports provided by the data and QA team although it does seem apparent that not all staff has the same level of access and this is likely based on district staff

preferences. This is an area that needs to be strengthened. The Associate Director of Coordination and Care has committed to following up with districts related to the need for plans to be developed and implemented in response to the various QA studies that are conducted.

c. OCFS is moving towards a stronger CQI approach and this will automatically involve the policy and training teams when outcomes are reported out that would indicate a need for policy review and/or strengthening of a training element.
d. In the winter of 2014 the Quality Circle process was implemented in every district which allows district staff the opportunity to identify challenges to their work, create and implement strategies to overcome those barriers. Quality Circles are supported by the Governor of Maine and the Commissioner of DHHS.

QA staffs continue to be available to provide more district-specific consultation through working on special reviews that could provide the District more relevant information for that district in its efforts to improve outcomes.

The CFSP will include strategies that will further integrate the QA Specialist in district meetings in terms of being a member of the team that will develop and measure district action plans. There will also be focus on moving towards meeting the ACF criteria that will support Maine being able to utilize the qualitative case review system/data in the Child and Family Services Review. This work will include modifying the sampling process, increasing the number of cases that include all key interviews to meet 100% level, and modifying the schedule of reviews to ensure Maine conducts the reviews within the parameters of the ACF timeframe.

Staff and Provider Training:

Item 32 (The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services) was assigned a rating of Strength in the 2009 CFSR as Maine demonstrated providing comprehensive child welfare training to new social workers and ensuring that social workers are fully trained on relevant issues prior to assuming a caseload.

Since the 2009 CFSR there has been a significant shift in staff training. The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS developed internal capacity by creating a Policy & Training Team that consists of seven Policy & Training Specialists and one Policy & Training Team Leader. Their role is to provide new social worker trainings, advanced trainings to more experienced workers and other trainings as deemed necessary to enhance staff's work with families and children. This training is done using a variety of delivery methods including onsite, regional and online modules. This approach allows for new hires to receive training almost immediately, versus having to wait for the quarterly scheduled training program to begin. This approach also allows training needs identified to be addressed immediately instead of waiting for an outside agency to conduct the training.

OCFS was given access to the training curriculum used by Muskie and although some of the material is being utilized much of it will be changed to reflect current child welfare practices, policies and the State's implementation plans.

OCFS has experienced challenges in the past couple of years in maintaining stable social worker staffing. The social worker statewide turnover rate was approximately 30.5% for 2013 and 29% for 2012; the supervisory vacancy rate in 2013 was 6.3%. Thus far, for 2014, the turnover rate is currently at 16% for social workers and 4.76% for supervisors. The numbers are roughly the same for both periods; this trend in social worker turnover is very similar to nationwide statistics. The staff turnover in child welfare is estimated to be 30-40% annually nationwide; the average length of employment is less than 2 years (GAO, 2003) but does speak to the need to have a robust, effective staff training program.

Item 33 (The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services include in the CFSP) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate requiring ongoing training for all social workers and supervisors.

Since the 2009 CFSR the shift occurred as referenced in the above item however the same standards remain as far as requiring social workers to attend core trainings on various topics over the following two years post completion of the pre-service training. Additionally, all licensed social worker staff are required by Maine social worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics. In order to monitor completion of the ongoing training requirement, the Social Work Licensing Board regularly audits a portion of license renewal application it receives.

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

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

Item 34 (The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adoptive children) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate providing initial and ongoing training for foster and adoptive parents, including licensed relative caregivers. Since the 2009 CFSR there have been changes to this training component.

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS instead developed internal capacity to provide pre-service caseworker, resource family, and core trainings using various training delivery methods including onsite, regional and online modules.

In its current resource family training, OCFS is delivering a training curriculum developed by Muskie. OCFS has identified a need to revise and update the curriculum and in the coming year, resource unit supervisors and their staff will collaborate on this effort.

A training schedule has been developed and circulated amongst district resource units. Resource family applicants are able to participate in training sessions in a neighboring district, if the applicant misses a session in their home district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services (RFSS) contract added as a new responsibility the requirement that the contractor assist district staff in delivery of the pre-service training of resource parent applicants. In a meeting between the contracted agency, Adoptive and Foster Families of Maine (AFFM) and resource unit supervisors, it was determined that this assistance would be carried out through AFFM taking over responsibility for training one specific module of the curriculum whenever it was offered in district training on a statewide basis. AFFM will also co-train with OCFS the kinship training sessions whenever these sessions are scheduled on a statewide basis.

The RFSS contract includes a requirement of on-going training provided to licensed resource families. AFFM sponsors an annual training conference which brings together speakers on relevant topics, as well as workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

Service Array:

Item 35 (The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency) was assigned a rating of Area Needing Improvement in the 2009 CFSR as it was found through the Statewide Assessment and stakeholder interviews that although Maine had established effective services to promote reunification, the amount of overall services has diminished due to budget cuts and that this has affected the State's ability to achieve permanency for some children.

To address the concerns the PIP included continued utilization of statewide services, a survey to assess service array and decision making related to key services. The action steps were met but, during the PIP period one of those key services identified, Wraparound Maine, was defunded due to budgetary challenges however other systems were in place that would continue to service families. Results from the survey of birth parents and child welfare staff confirmed the two groups as having similar experiences in terms of barriers to many of the services being distance to the service and availability of transportation. Key services were identified through this work and presented to the Steering Committee and OCFS Senior Management Team in August 2012. At that time the restructure of OCFS was being implemented and it was agreed that this provided the Office with an opportunity to further assess and address the needs of children and families in Maine from a more holistic approach, starting with prevention. The CFSP will support this ongoing development work, specifically the Foster Care Implementation, Family Stabilization Program, Fatherhood Group expansion and expansion of the CPPC program and/or OCFS support of community collaborative work.

Item 36 (The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP) was assigned a rating of Area Needing Improvement in the 2009 CFSR as it was determined that services provided by OCFS are not accessible to families and children in all areas of the State. Waiting lists for services such as psychiatric evaluations, dental services, substance abuse treatment and in home services was a barrier in this area.

Similar to 2009, it is noted that there are no measures for effectiveness specifically related to service accessibility. Maine's geography and severe weather can restrict accessibility. Public transportation remains limited and lacking in some areas. Social workers often transport or arrange transportation for case members and recently OCFS was able to allocate additional funding to transportation service.

OCFS views itself as a member of the community that works together to assure the families and children in Maine will have their needs attended to appropriately. The CFSP supports development of community programs that will be accessible statewide and include the Family Stabilization Program, Foster Care Implementation, Fatherhood Group expansion and the expansion of CPPC and/or OCFS support of other active community collaborations.

Item 37 (The services in item 35 can be individualized to meet the unique needs of children and families served by the agency) was assigned a rating of strength in the 2009 CFSR as Maine was able to demonstrate the ability to individualize services despite the limitations attributable to service availability and accessibility. At that time it was recognized that Maine was able to implement several initiatives that allowed for individualization of services to meet the unique needs of children and families.

Since the 2009 CFSR Maine has continued to work towards implementing services that could meet individualized needs of children and families. In March 2012, a new organizational structure was announced within the OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure includes four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012.

The restructure integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare social workers as there are 9 MHPC's and 3 Clinical Social Workers that are housed across the state. The MHPC's provide the consultation to community providers, families, child protective colleagues, Department of Corrections, Department of Education etc., on treatment services, mental health resources, and they participate in district Permanency Review Teams which speaks to the States ability to individualize services to meet unique need of children and families serviced by OCFS.

The CFSP will continue to support these ongoing efforts specifically through the Foster Care Implementation, Family Stabilization Program and expansion of CCPC.

Agency Responsiveness to the Community

Item 38 (In implementing the provisions of the CFSP, the State engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child-and family-servicing agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP) was assigned a rating of strength in the 2009 CFSR as the State was found to be working cooperatively with the many stakeholders to implement the goals of objectives of the CFSP.

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

- The YLAT
- The Child Welfare Steering Committee (formerly the CFSR Steering Committee)
- Maine Child Abuse Action Network
- Maine Youth Transitions Collaborative
- Moving Forward Initiative
- The REACH Workgroup
- The Community Partnerships for Protecting Children
- The Maine Child Death and Serious Injury Review Panel
- ARP Coalition
- TNT
- Child Advocacy Center Advisory Board
- Citizen Review Panel

The 2010-2014 CFSP included steps related to focusing on the work with the tribal communities in Maine. That work included working with tribal child welfare staff to develop Indian Child Welfare (ICW) Policy to provide clear direction to OCFS staff that tribal child welfare staff are co-managers in any case involving a native family in every aspect starting with the first call to Intake. At the time of the CFSP development, the vision was to have district ICWA Resource Specialists, a staff person identified as being the 'expert' on ICWA law, policy and cases, however due to ongoing challenges with staff vacancies, this has not been viable. Training for new social workers does include a presentation delivered by a representative from Tribal Child Welfare and the OCFS ICWA Liaison. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; the Truth & Reconciliation Commission process which also

explains the history of what happened to Native Americans in this country and why ICWA was necessary, the case process and flow chart for ICWA cases; and the Indian Child Welfare Policy.

The QA unit conducted two separate reviews of native children in state foster care.

The 2010 study was in collaboration with tribal child welfare staff. At the onset of this study, anecdotally it was believed that OCFS caseworkers assert control over the cases involving Native American children versus engaging in a process of co-management with tribal child welfare staff. The outcome of the review confirms that belief.

There was also a belief that, while historically child welfare caseworkers haven't included tribal staff, the state agency has improved in its collaboration with tribal staff on the 'newer' cases. This review dispelled that belief as 62.5% of the cases reviewed were those that entered the state child welfare system in 2008 & 2009.

There were a number of recommendations at the conclusion of this review which included the finalization, dissemination of the Indian Child Welfare Policy, clarification in the FTM policy related to case involving native children and families and staffing allocation suggestions to name a few.

The second study occurred in 2012 and was completed by just the QA staff as resources were more limited for tribal child welfare to fully engage in the study. In contrasting the outcome data from the 2010 review to the 2012 review, it was evident that there has been progress made in terms of how state child welfare staffs were working with tribal child welfare staff, although more progress needed to be made for it to be a true collaborative. It was also concerning that the outcomes were not stronger given that 67% of the children reviewed entered state custody in 2010 & 2011- following the first review.

Based on the data, it was apparent that the work done in the assessment phase had improved in terms of intake exploring for Native American heritage, notifying tribal staff and trying to coordinate with tribal staff at the onset of an assessment. The data supported that state social workers were doing slightly better with inviting tribal child welfare staff to the Family Team Meetings in the assessment phase however the data continued to demonstrate that state child welfare staffs were not planning with their tribal partners when scheduling the FTMs.

Based on the data it was apparent that there was also some progress made when considering the foster care portion of the review. There was a significant drop in terms of how placements were chosen as there was lack of documentation that this was a joint activity between state and tribal child welfare staff. There was an increase in the percentage of cases where tribal child welfare staff were invited to every Family Team Meeting, as well as significant increase in the number of cases where it was evident that tribal child welfare were involved in case planning as well as permanency planning.

It did appear that contact between state and tribal child welfare staff seemed to be more problematic than found in the first review. The documentation suggested that the majority of contact between the two systems was less frequently then every other month. However, based on the other numbers, it would appear that these contacts do occur at key times that facilitate joint case and permanency planning.

The results of both studies were provided to the Tribal-State Workgroup, Tribal Child Welfare Directors, OCFS Senior Management Team and social worker supervisors. A third study will be conducted during 2014 to assess progress made in this area. The Truth and Reconciliation process will continue through at least 2016 and results of that work will be shared statewide.

OCFS will continue its work on engaging key partners in development and implementation of goals. One new strategy that is in the process of being implemented is monthly Provider Calls with the OCFS Director

and an array of internal and external stakeholder groups. The purpose being to ensure consistent communication is occurring.

Item 39 (The agency develops, in consultation with these representatives, Annual Progress and Services Reports pursuant to the CFSP) was assigned a rating of Area Needing Improvement in the 2009 CFSR as the State could not demonstrate sharing of the Annual Progress and Services Reports (APSRs).

This area was addressed in the 2010-2014 CFSP and OCFS can continue to demonstrate that the federal reports are routinely shared in the Child Welfare Steering Committee, which includes a representative from the tribal community, and can be found at http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml available to the public, including state Tribal representatives.

Item 40 (The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate its coordination with other Federal and federally assisted programs.

Since 2009 Maine has continued to work towards coordinating with other Federal or federal assisted programs. In March 2012, a new organizational structure was announced within the OCFS, in order to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood and Public Services Management. The new structure includes four teams focused on Policy & Prevention, Intervention & Coordination of Care, Community Partnerships and Accountability & Information Services. The restructure was functionally implemented in the fall of 2012.

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

- Department of Corrections
- DHHS Adult Services
- Office of Public health Nursing
- Department of Education
- Penobscot Indian Nation
- Houlton of Maliseet Indians
- REACH Workgroup
- Maine Children's Trust, Inc.
- Local and State Law Enforcement
- Maine Coalition to End Domestic Violence
- Maine State Housing Authority
- Municipal housing authorities
- The Thrive initiative
- USM Muskie School of Public Service

Foster and Adoptive Parent Licensing, Recruitment, and Retention:

Item 41 (The State has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate having standards for resource family homes and child care institutions that are reflected in the OCFS and DHHS licensing procedures respectively.

The standards in place in 2009 have remained unchanged. A combination of requirements and standards for foster and adoptive homes and institutions are found in Maine statute, foster home licensing rules and OCFS policy. Family foster homes and child care institutions are subject to licensure and are included in the general licensing category of children's homes. The OCFS licenses family foster homes and also approves adoptive

homes, which must meet the same standards as foster homes. The Maine DHHS Division of Licensing and Regulatory Services licenses children's residential care facilities, child placement agency, emergency shelters and shelters for homeless children.

The Family Standards Policy and procedures combine the inquiry, informational, application, and home study process. These standards include age, health/functioning, background checks (including criminal history), and physical plan requirements (including a fire inspection and water test) in addition to a home study. The home study includes the applicant's life experiences, family relationships, support systems, family beliefs and values. The home study also includes an assessment of applicant's ability to parent safely and successfully and meet the needs of the children served by OCFS, as well as their ability to work with OCFS and service providers. Foster and adoptive parents are required to attend introductory AFFT and to participate in ongoing training as a condition of license renewal.

Foster and adoptive home approvals and licenses for facilities and programs last 2 years, with the exception of child-placing agencies, which are licensed for 1 year. Foster home licenses are generated centrally and the district foster home licensing supervisor approves licensing recommendations and assures that licensing standards and policies are followed.

Item 42 (The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate that it applies standards to all licensed residential facilities' and foster and adoptive homes, including licensed relative home.

The standards in place in 2009 have remained unchanged. Policy states that a Relative Placement Kinship Care Assessment is completed before a child is placed in a relative's home that is not licensed or formally approved. This assessment includes a request for criminal history report from the State Bureau of Identification, a criminal history check with local law enforcement, and a State Bureau of Motor Vehicles check. Finger print based criminal histories are requested if and when a relative applies for foster home licensure. Federal funds are claimed only for placements in homes that meet the full standard for licenses.

Maine successfully passed two Title IV-E reviews since the 2009 review, 2010 and 2013, which included a review of compliance related to Federal title IV-E Foster Care Program eligibility requirements.

Item 43 (The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children) was assigned a rating of Strength in the 2009 CFSR and Maine was able to demonstrate that it provides for background checks and fingerprinting as a component for all licensed foster and adoptive placements, including relatives and child care institution staff.

Maine requires all applicants for foster home licensing or adoptive home approval to complete fingerprint-based background checks through national crime information databases. All adult members of the home and people who may have unsupervised access to the foster children also must have complete background checks. DHHS family standards require criminal history checks with the State Bureau of Investigation, Maine Department of Public Safety as well as background checks with BMV and OCFS CPS. In addition if an applicant has resided out of State in the previous 5 years, out of State motor vehicle registries and child abuse registries are checked.

In order for a foster home license or adoptive home approval to be granted, the home study and supporting documentation must verify that the federally required background checks were completed. By policy,

criminal background checks must be initiated at the time of placement of any child in a home that has not yet been licensed or approved.

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

Item 44 (The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed) was assigned a rating of strength in the 2009 CFSR as Maine was able to demonstrate that concerted efforts are being made in various locations to recruit foster and adoptive families that reflect the ethnicity and race of these children.

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

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

During this period, partnerships were developed between faith-based communities and the Department. The Department facilitates/participates in regular meetings with representatives of faith-based communities, both on a statewide basis (Hope for Maine Kids initiative) and in regional areas of the state (SAFE Families). Through these meetings, the faith-based community has become increasingly aware of needs for placements in their community or region of the state. Several families who were involved with SAFE Families have expanded their interest in providing temporary care to children in the community to an interest in becoming licensed as a resource parent for the purpose of providing primary care to a child in foster care.

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

While Extreme Recruitment did not continue as an ongoing recruitment program, the tenets of the effort are incorporated into the Department's current Permanency Review Teams in which a team convenes to review past efforts to promote permanency for child who has typically been in care for more than 12 months. The team reviews what has been successful and what has not been successful with these past efforts and develops strategies towards identifying recruitment efforts which will be successful in supporting permanency. As in the former Extreme Recruitment efforts, the case is mined to identify possible fictive kin or relative connections and the youth is actively engaged in the process.

The Department contracts with the University of Southern Maine and with Adoptive and Foster Families of Maine to sponsor Community Conversations in locations across the state. These conversations are built upon the belief that recruitment is a community endeavor. These community conversations involve facilitated

discussions between attendees (including educators, members of the community mental health provider profession, members of the legal profession, resource families, birth families, and Department staff) and youth panel members and adults who provided permanency to the youth. The discussions lead to insight gained by attendees into the needs of children and youth in their communities for permanency. The youth sharing their stories are often youth who have participated as members of the Youth Leaders Advisory Team (YLAT). YLAT has worked with youth on developing their strategic sharing skills and the youth are well prepared and supported in sharing only the information about their history which they feel comfortable in sharing. These youth are strong advocates and partners with the Department in its diligent recruitment efforts.

The 2015-2019 CFSP will support Maine's work related to evaluating and redesigning the recruitment and retention of relative and resource homes to include components required to meet the Multi-Ethnic Placement Act.

Item 45 (The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanency placements for waiting children) was assigned a rating of Strength in the 2009 CFSR as Maine was able to demonstrate that it effectively uses cross-jurisdictional adoption exchanges including AdoptUsKids and the Interstate Compact on the Placement of Children (ICPC) to support permanent placements for children.

Since the 2009 there was a drop in the usage of the available websites but Maine now reports that after two years of underutilization of the AdoptUsKids website by Maine OCFS staff, we have progressed in our effective use and efficiency as a state. This is due mainly to a shift back to each district having an adoption specific unit and supervisor. We have recommitted to the need for adoption units and adoption specific training.

The only available measures of effectiveness are the statistical reports available from the DHHS ICPC manager. Findings from a review of annual ICPC statistical reports indicate that requests for out of state adoption homes studies are declining:

Year	No. of ICPC adoption request for out of state placement
2009	36
2010	9
2011	13
2012	11
2013	12

This does appear to be a nationwide phenomenon as adoptive placement requests for children in the care of another state being placed in Maine has also declined:

Year	No. of ICPC adoption requests from other states
2009	16
2010	15
2011	16
2012	13
2013	15

Plan for Improvement-Goals, Strategies, Measures of Progress

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

The established baselines were drawn from the last four cycles of the Me. Child and Family Services Case Reviews utilizing the federal case review instrument. OCFS will measure the results, accomplishments, and annual progress towards meeting the goals and strategic targets through data extracted from our SACWIS system including Management Reports and the Results Oriented Management (ROM) system, Quality Assurance data and data received from ACF.

Strategic Goal: Child Safety, first and foremost

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

Rational for selection of goal:

As addressed in the Assessment of Performance section this is an area that Maine has been challenged in sustaining progress in timely initiation of investigating reports of child abuse and neglect. In the past five APSR's the data indicates that Maine has been timely in initiating investigations of child abuse and neglect ranging between the low of 75.5% in 2010 to the high of 85.5% in 2012. The established OCFS goal in terms of Management Report is 90% which has been difficult to reach which suggests a need for focused work in this area as all children deserve a timely response when it comes to assessing their safety.

Objectives over the next 5 years:

- *Annual, periodic staff allocations among districts.*
- *Annual, periodic staff allocations within each district.*
- *When applicable based on outcome from annual case reviews, written District action plans for timely response will be developed in collaboration with the Associate Director of Intervention and Coordination of Care, Program Administrator, Unit Supervisor and Quality Assurance Specialist.*
- *Expansion and continued support of Alternative Response Programs through increased funding, renewing the Request for Proposals and providing training for staff.*
- *Creation of policy around response time of Child Advocacy Centers.*

Baseline: Item 1- Timeliness of initiating investigations of reports of child maltreatment within agency established timeframes.

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

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
69%	73%	76%	79%	82%	85%

Goal #2: Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need. *(CFSR Items 2, 3, 4, 17 &18)*

Rational for selection of goal:

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

Objectives over the next 5 years:

- *Continued support and training opportunities of the OCFS Fact Finding Interview protocol.*
- *Review/revise and strengthen Family Team Meeting Policy and Facilitated Family Team Meeting Protocol.*
- *Training on Family Team Meetings and Facilitated Family Team Meetings.*
- *Develop district repeat maltreatment written action plans based on data standards.*
- *Implementation and Utilization of the Family Stabilization Program.*
- *Develop a formal a 90-day supervisory review protocol of child and family plans.*
- *Review/reassess elements needed to strengthen the OCFS Management Reports.*
- *Management review of the components of the Signs of Safety and creation of a written action plan on how to move forward with the key elements of safety informed practice.*
- *Implement revised policies/procedures. (health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS)*
- *Assess current procedures within the Health Care Plan and identify areas that will require strengthening and implement new procedures.*

Baseline: Item 4– Were concerted efforts made to assess risk and safety concerns related to the child in their own home or while in foster care.

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

Baseline: Item 22– Agency appropriately addressing the physical health of the child including dental health needs.

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

Baseline: Item 23– Agency appropriately addressing the mental/behavioral health of child.

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

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

Goal #3: Efficient, effective casework (engagement, assessment, teaming, planning & implementation) is evident in case documentation. *(CFSR Items 3, 4, 17, 18. 19, 20 & Systemic Factor 25-written case plan)*

Rational for selection of goal:

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

Objectives over the next 5 years:

- *Increased use of the OCFS Fact Finding Interview protocol supported by annual training which is implemented and monitored.*
- *Explore alternative methods for assessment, i.e. Structured Decision Making.*
- *Redesign Documentation methodology and policy.*
- *Annual Family Team Meeting and Facilitated Family Team Meeting trainings for all staff.*
- *Management review of the components of the Signs of Safety and creation of a written action plan on how to move forward with the key elements of safety informed practice.*
- *Streamline social worker and supervisor activities.*
- *Training for Supervisors on administrative, educational and supportive supervision.*
- *Evaluate the current Fatherhood projects state wide with a plan to provide state wide leadership through the fatherhood initiative work group. The plan is to employ strategies that have a measurable, consistent, education, support and outreach components that meet the needs of fathers in all parts of our state.*

Measurement Methodology: Qualitative Case Reviews, CQI Targeted Project Reviews, Completed Policy.

Baseline: Item 4- Were concerted efforts made to assess risk and safety concerns related to the child in their own home or while in foster care.

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

Baseline: Item 19 – Frequency and quality of social worker visits with child.

CFSP Year Goal:

Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
58%	64%	70%	77%	85%	95%

Baseline: Item 20– Frequency and quality of social worker visits with parent(s).

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

Baseline: Voice Recordings of child interviews downloaded in Macwis.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
65%	100%	100%	100%	100%	100%

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

Goal #4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children. *(Systemic Factors 35, 36 & 37- Service Array & 38- Agency Responsiveness to community)*

Rational for selection of goal:

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

Objectives over the next 5 years:

- *Implementation and Utilization of the Family Stabilization Program.*
- *Continued implementation of Mandatory Reporting Training to community stakeholder groups.*
- *Effective training and implementation of the Family Team Meeting Policy and the Facilitated Family Team Meeting Protocol.*
- *Forming CPPC in Biddeford, Lewiston, Bangor and working with other communities to identify already existing coalitions and offering our support.*
- *Development and dissemination of FAMILY SHARE Policy.*
- *Ensuring FAMILY SHARE Meetings are occurring when children enter custody.*
- *Training for Resource Parents and staff regarding the need for and value of Family Share Meetings.*
- *Annual Cops & Caseworker Training*

Baseline: **While there is no specific data related to the systemic factors 35, 36 & 37- Service Array & 38- Agency Responsiveness to community that will be impacted by these strategies, there are practices that, if consistently implemented, should indicate progress made in this area.**

Those include:
Baseline: Facilitated Family Team Meeting prior to the removal of a child from their home.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
23%	29%	34%	40%	46%	50%

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

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
12%	16%	21%	28%	37%	50%

Measurement Methodology: OCFS Management Reports, QA Targeted Project Reviews.

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

Goal #5: Increase stability of placements & permanency. *(CFSR Item5, 6 & 7)*

Rational for selection of goal:

As addressed in the Assessment of Performance section Maine has been challenged in sustaining progress in the of timely and appropriate permanency goal setting. The data indicate a swing towards progress being made, however it also indicates a need for continued focused in this area given the critical nature of the indicator and the potential lifelong impact it has on children. The most recent ACF data profile also indicates a upward swing in children reentering foster care in Maine that needs to be assessed, addressed and measured.

Objectives over the next 5 years:

Review/revise and strengthen Family Team Meeting Policy and Facilitated Family Team Meeting protocol.

- *Training on Family Team Meeting and Facilitated Family Team Meeting protocol.*
- *Effective implementation of District Permanency Review Teams.*
- *Implementation and Utilization of the Family Stabilization Program.*
- *Develop districts/unit written action plans to improve performance developed in collaboration with the Associate Director of Intervention and Coordination of Care, Program Administrator, Unit Supervisor and Quality Assurance Specialist.*
- *Quality Assurance Review of ROM data related to children who re-enter care with written outcome report disseminated and plans made to address issue.*

Baseline: Item 7– Were appropriate permanency goal for child established in a timely manner.

CFSR Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
77%	80%	82%	85%	87%	90%

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

Goal #6: Increase safe and nurturing family relationships and family/community connections. *(CFSR Items 11, 13, 14, 15 & 16)*

Rational for selection of goal:

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

Objectives over the next 5 years:

- *Foster Care Redesign and Implementation.*
- *Implementation and Utilization of the Family Stabilization Program.*
- *Review/revise and strengthen Family Team Meeting Policy and Facilitated Family Team Meeting protocol.*
- *Family Team Meeting and Facilitated Family Team meeting training, monitoring and performance management.*
- *Evaluate the current Fatherhood projects state wide with a plan to provide state wide leadership through the fatherhood initiative work group. The plan is to employ strategies that have a measurable, consistent, education, support and outreach components that meet the needs of fathers in all parts of our state.*
- *Evaluate and redesign the recruitment and retention of relative and resource homes to include components required to meet the Multi-Ethnic Placement Act (MEPA and Inter-Ethnic Placement Act (IEPA).*
- *Develop a written statewide plan to fully implement foster connections statutory requirements that state exercise due diligence to notify all adult relatives when child enters foster care.*

Baseline: Item 16– Were concerted efforts made to promote, support, and/or maintain positive relationship of child in care with parents.

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

Baseline: Relative notification letters are evident in Macwis.

CFSP Year Goal:					
Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
8%	100%	100%	100%	100%	100%

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

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

Rational for selection of goal:

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

Goal #7: Further strengthen the OCFS Continuous Quality Improvement program to support district practice and operations as well as the CFSP. *(Systemic Factor 30, 31)*

- *Develop and disseminate the OCFS CQI Operational Plan.*
- *Develop and implement district Quality Circles.*
- *Develop and implement a case record review process that will meet the ACF criteria for the Child and Family Services Review.*

Baseline: Systemic Factor 30 & 31 (No baseline data available)

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

Current Services Supporting the CFSP Goals

Family Stabilization Program (FSP): The Family Stabilization Program is a preventative service designed to provide assistance to parents of children who are at risk for experiencing abuse or neglect. There is evidence to suggest that adults who as children were impacted by adverse childhood experiences (ACE) are at higher risk for developing social, emotional, and cognitive impairment, as well as at risk for a higher incidence of disease and illness. As a preventative measure to counteract this serious health and safety risk, the Family Stabilization Program will employ early intervention strategies to identify families in Maine who are either currently involved with or at risk of becoming involved with the child welfare system, due to abuse or neglect concerns. The program will partner with families through frequent, meaningful contact in developing individualized plans to meet a participating family's identified need for assistance in the form of parenting education, support, and guidance. The services provided will range from a low level of intervention, such as providing families with quality parenting education, to a higher level of support which may; for example, involve assistance with connection to qualified service providers to address a family member's mental health or substance abuse issues. Recognition of current issues negatively impacting Maine families and purposeful response to those issues through provision of relevant and high-quality services are key components for this program in fulfilling its goal to provide a safety net for our most vulnerable families while ensuring Maine's children are afforded with opportunities to develop and grow in healthy families.

The Family Team Meeting (FTM): The FTM has been a cornerstone of Maine Child Welfare practice since 2003. The FTM is a process that brings together (a) family (b) informal supports (i.e. friends, neighbors and community members) and (c) formal resources (such as child welfare, mental health, education, and other agencies). It functions to serve the child and family's achievement of safety, permanency, stability and well-

being. The child and family team brings together the wisdom/expertise of family and friends, as well as the resources, experience and expertise of formal supports.

In the spring of 2011, OCFS implemented the expectation that Facilitated Family Team Meetings (FFTM) will occur in all cases prior to removal, with the exception of when there is an after-hours emergency situation. In those cases, an FFTM must occur within three days of removal. In addition, FFTMs are convened in cases where a placement change is being recommended but is against the wishes of the current caregiver. Initially each district identified two staff lines (primary and backup) with their roles in the office being solely the facilitators of these FTMs, however due to the significant challenges Maine has faced with staff vacancies and recruitment most districts have discontinued the practice of having two staff lines and, in some instances, districts have had to utilize the FFTM staff to carry cases due to operational need.

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

Community Partnership for Protecting Children: Please refer back to Page 2 for description.

Signs of Safety (SOS): A key strategy for implementation of Signs of Safety has been the ongoing access to Dr. Andrew Turnell and/or Connected Families, Dr. Turnell's designee to work with Maine. In December 2013, the OCFS ended the contract with Connected Families who to that point had been the training partner to Maine. In early 2014, OCFS leadership and social workers identified the key components of the SOS work that will be woven into our training unit. These key areas include:

- Engaging natural and formal supports to address safety goals.
- Quality FTM's and FFTM's.
- Sustainability of family teams through the life of the case.
- Planning for Safety through the life of the case.
- Understanding the Child Welfare planning process with families.
- Sharpening Harm Statements, Danger Statements and Safety Goals that clearly define for families in plain language what is expected from them and us.
- Utilizing strengths/protective capacities to meet safety goals.
- Creating behaviorally specific goals/next steps.
- Using the Questioning Approach in interviews with our families.
- Forensic interviews (refresher).
- Parent Interviews.

Permanency Review Teams (PRT); OCFS Child Welfare developed a comprehensive Youth Permanency Review Strategy which includes Permanency Review Teaming based on Casey's Permanency Round Table model. This teaming process builds on the Family Team Meeting model and relies on collaborative teaming to ensure that youth's needs for safety, permanency and well-being are met. In the first phase, forty-eight youth were identified as meeting criteria for the comprehensive permanency review, all of which were completed in October 2011.

Casey Family Program conducted a second training in March 2013 to all members of individual district Permanency Review Teams to ensure that districts are utilizing a consistent approach in these meetings. The four key purposes of the PRT include:

1. To develop a permanent plan for each child/youth that can be realistically implemented over the next six months.
2. To expand thinking about possible permanency options for children and youth and develop a plan for the next steps starting with engaging youth in their own permanency planning process.
3. To stimulate thinking about the pathways to permanency for youth.
4. To identify and address barriers to permanency through professional development, policy change, resource development and the engagement of system partners.

District teams include Program Administrators, Supervisors, Social Workers, Quality Assurance Specialists, Mental Health Program Coordinators, and Clinical Care Specialists. These teams are reviewing all children that have been in care 6 plus months to ensure the best plans are developed for them early in their foster care experience. In each meeting several plans are developed for the youth to ensure as many supports are built into the child's life.

New England Fatherhood Initiative: The goal of this initiative is to develop and implement a unified approach to improving the manner in which OCFS interacts with fathers. A pilot project serving offices involved with the Community Partnerships for Protecting Children (Portland, Biddeford, Lewiston and Bangor) and in collaboration with the father-focused expertise of the Strong Fathers program was developed. Coordination with Casey Family Programs, the community, DHHS and the contracting agency for Strong Fathers, Opportunity Alliance, has occurred to plan for orientation for fathers, support groups, outreach to OCFS staff and other educational options. In March of 2014, Maine sent a team to the annual conference in Rhode Island to continue to support and spread this work throughout the state. The team agreed on the importance of spreading this work and will begin having quarterly meetings to begin the work of implementing fatherhood groups across the state.

Healthy Transitions Grant-Moving Forward Initiative: In 2009 Children's Behavioral Health Services was awarded a five-year SAMHSA grant. *Moving Forward* is based in Androscoggin County and serves to address the transition needs of youth with serious emotional disturbance. *Moving Forward* accomplishes this by utilizing an evidence-based practice—Transition to Independence (TIP)—which emphasizes youth-directed planning and development of essential life skills.

Hornby Zeller Associates became the lead agency on October 1, 2011. They remain the Evaluating Agency as well. Over the past five years, Moving Forward has seen notable successes:

- The Moving Forward Initiative in Maine has expanded from three partner agencies serving young adults as part of this learning collaborative to five partner agencies. This combined with additional outreach efforts has led to a 33% increase in the number of young adults being referred to the Initiative in the past year.
- The Moving Forward Initiative has received requests from additional agencies in other parts of the State to be trained in the TIP model.
- The Moving Forward Initiative has hired peer mentors to support young adults receiving services through this Initiative.
- The Moving Forward Initiative has secured TIP fidelity measures and has begun fidelity reviews with our partner agencies.

- The Moving Forward Initiative has developed a new youth transition policy and the State of Maine is in the process of implementing a Memorandum of Understanding with relevant State agencies who serve this population.
- Young Adults have told us they have benefited from these services and supports such as improving their own personal well-being, returning to and completing school, finding employment, obtaining housing and making connections.
- Young Adults have been and continue to be actively involved in this Initiative at all levels.

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

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

UKR (ROM): ROM Reports is a web-based service that provides outcome reports to OCFS. The reports provide up-to-date performance data on the federal CFSR outcomes and other program improvement measures using information provided by Maine OCFS.

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

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

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

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

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

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

Truth and Reconciliation Commission (TRC): The Wabanaki- Maine Child Welfare Truth and Reconciliation Commission aims to create a common understanding of the truth of Maine's Tribal families and their interactions with state child welfare, as well as present recommendations for achieving healing for historical wrongs experienced by Wabanaki Tribes and to move forward in a positive manner.

In the past year the work has continued with Commissioners visiting three of the tribal communities to hear the testimony from those impacted by decisions made by state child welfare.

Three workgroups have continued to meet to address various elements that could be foreseen at this stage in terms of communication needs and strategies, developing strategies for obtaining additional funding resources and for archiving the work of the TRC process/work and outcomes.

Technical Assistance

Maine been approved to receive TA from the National Resource Center for Organizational Improvement (NRCOI). The request for TA was to have assistance in developing a robust supervisory training plan. This plan will encompass training for supervisors who supervise front line social workers in child welfare. The plan will be to roll out training for new and experienced supervisors and will be delivered in a variety of venues. The goal of this plan is to have it be expandable and sustainable and to allow for continued growth of our supervisory staff. A component of the training plan will be to ensure that all trainings that roll out to front line staff has embedded within the workers training a supervisory component to ensure supervisors are able to supervise to the material learned from social workers. Another component is to ensure that our supervisory training has the flexibility to morph into programs that support and encourage mentoring and coaching of supervisors.

Evaluation

Moving Forward

Hornby Zeller Associates (HZA) has a contract to conduct evaluation for *Moving Forward*. As the Evaluator for this Initiative, HZA has produced data relevant to the goals of this SAMSHA Grant:

1. Effectiveness of the Transition to Independence (TIP) model;
2. Success of youth and young adult involvement;
3. The impact of policy change; and
4. Challenges and barriers to success.

The evaluators have been using a database and interviewing young adult participants to track outcomes that were compiled into a comprehensive Year 4 Evaluation Report. Data is showing that young adult participants in the Initiative are showing improvements based on their involvement. This year Moving Forward has also begun fidelity reviews of partner agencies and the Initiative to ensure fidelity to the Transition to Independence case management model. Evaluation meetings have resulted in changes in the referral process and an enhanced database.

Moving Forward data shows that the Initiative continues to meet its goal of serving as least 30 young people and has shown a steady increase in the total number of participants over the past four years.

Resource Family Support

As all contracts now have to include performance measurements, these were included in the Resource Family Support Services (RFSS) contract. The contractor, AFFM, is required to report the following:

Goal: Training provided to resource family increases family's ability to meet child's need for permanency and for continued connections to family and community.

Performance Measure A:
60% of surveyed resource families will report an increase in their awareness of and active support of legal permanency for children in care. Resource families surveyed are those who during the contract year participated in district training in which the provider agency delivered fundamentals training components.

Strategies to Support Performance Measure A:
AFFM will deliver components of fundamentals training to resource family applicants which increases the resource families understanding and active support of permanency outcomes for children in care.

Data Collection for Performance Measure A:
AFFM will develop annual survey methodology to measure impact of provider's delivery of fundamental's training components towards the goal of increasing awareness and active support by resource families in the importance of legal permanency outcomes for children in care.

Performance Measure B:
60% of surveyed licensed resource families will report an increase in their awareness of and active support of children in care maintaining connections with their birth and extended family members and with significant other community relationships. Resource families surveyed are those who during the contract year participated in district fundamentals training in which the AFFM delivered fundamentals training components.

Strategies to support Performance Measure B:
AFFM will deliver components of fundamentals training to resource family applicants who increase the families' understanding and active support of children in care maintaining connections with their birth and extended family members and with other significant community relationships.

Data collection for Performance Measure B:
AFFM will develop annual survey methodology to measure impact of its delivery of fundamentals training components in increasing awareness and support by resource families of the importance of children in care maintaining significant relationships with their families and communities.

Child and Family Services Continuum

Child abuse and neglect prevention services are provided by the Maine Children's Trust, Inc. and Child Abuse and Neglect Councils, which receive funding and provide services in all 16 counties in Maine. The Maine Children's Trust, Inc. communicates, coordinates, and consults with DHHS Child Welfare Services management in its efforts at prevention of child abuse and neglect. The Trust receives the Community Based Child Abuse Prevention Program federal grant from ACF.

All reports of child abuse and neglect are received and screened by a Statewide Child Protection Intake Unit at OCFS which is staffed 24 hours a day, 365 days a year. The Intake Unit forwards screened reports to child protective supervisors in district offices for assignment. Supervisors assign moderate/high severity CA/N reports to DHHS child protective social workers. Supervisors assign low/moderate severity CA/N reports to contracted Alternative Response Programs (ARP).

In September 2007 the Department initiated an even timelier 72-hour response policy. On 12/31/07, these revised intake and assessment policies (Intake decision within 24 hours; caseworker to see child within 72 hours of intake decision) were issued as final after a 4-month phase-in period.

In 2007, a Quality Assurance review of screened out child abuse/neglect reports validated stakeholder concerns regarding consistency and nature of reports designated as appropriate for CPS assignment. As a result, the Child Protective Intake Manager revised the assignment protocol. Intake supervisors now document the basis for their decision that a report is not appropriate for investigation and intake staff makes more collateral contacts to clarify information when reports lack specifics. In addition, the policy was revised so that district supervisors could no longer make a "second level decision" to screen out a report found by the Intake Unit to be appropriate for assessment.

The *Child Assessment Policy* was also revised in 2007 to include the expectation that, for in home service cases, the frequency and type of social worker's face to face visit with the child(ren) and family should be appropriate

to the family's needs and risk to the child and visits should occur at least once a month in the home. More frequent contact with families helps to establish more effective working relationships, allows for a better assessment of safety and well-being, facilitates monitoring of serve delivery, and better enables the social worker to measure and support the achievement of the agreed upon goals of the family. This policy also guides staff as to the nature and frequency of the reviews to determine if/when the Department's involvement should continue. Despite the policy revision, OCFS still struggled with having frequent, purposeful contacts with families in service cases which was evident in the data collected through the qualitative case reviews. In 2013 the OCFS Management Report was revised to include reporting of contacts made in service cases.

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

The *Child Protection Assessment Policy* was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan.
- Safety plan failure.
- Findings of maltreatment with specific signs of risk that is likely to result in recurrence of maltreatment.
- Findings of child abuse or neglect within previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.

If a child protection assessment determines that a family is in need of Child Protective Services, the caseworker convenes a Family Team Meeting (FTM) to develop a family plan to increase child safety.

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

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

When children cannot remain in their homes, initial Department social work efforts focus on kinship options. Children can be immediately placed with kin if safe kinship placements can be identified. Kinship assessment begins at the Intake phase and continues throughout our involvement with the child and family. The search for kinship placement options does not stop at removal, if kinship placement cannot be made at that time. Fictive kin placements would be the next preferred placement for the children. For example, day care providers or friends of family can be considered for placement. The next option for placement would be foster care within their home community. If therapeutic foster care is needed, the application process is streamlined state-wide

and all agencies receive a detailed application as to the needs, diagnosis, habits, behaviors, likes, and dislikes of the child.

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

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

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

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

Youth who have been appointed a permanency guardian may apply for Federal Education and Training Voucher assistance to help meet post-secondary unmet financial need up to a cap of $5000 assistance. Youth are also eligible to apply for one of the thirty college tuition waiver slots for schools within the University of Maine system.

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

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

Maine does have policies to prepare children for independent living. All Maine children in foster care, regardless of permanency goals, are required at age 16 to have a life skills strengths/needs assessment and an

independent living case plan as part of the Child Plan. The plan should have mandated education and training services as well as mandated "resource listing/training" services.

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

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

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

In 2011/2012 OCFS developed a comprehensive Youth Permanency Review Strategy which included the Permanency Review Team based on the Casey Family Program Permanency Round Table model. This teaming process built on the Family Team Meeting model and relied on collaborative teaming to ensure that youth's needs for safety, permanency and well-being were met. The first phase consisted of the identification of forty-eight youth meeting the criteria for the comprehensive permanency review, all of which were completed in October 2011.

Casey Family Program conducted a second training in March 2013 to all members of the individual Permanency Review Teams to ensure that districts were utilizing a consistent approach in these meetings. Going forward the plan is for PRT meetings to be held at least monthly reviewing children who have been in foster care at least six months.

Child Welfare continues its commitment to assist children and youth in out-of-home placement to reside in the most normative setting warranted by the child's safety and well-being circumstances. Towards that effort, Child Welfare continues the residential permanency review process, which reviews the appropriateness of a child's referral to and placement in a residential care setting. The residential reform workgroup in 2005 identified as a problem that too many children were placed for too long a period of time in residential placements. Child Welfare began reform efforts to focus upon moving children into more normalized family settings and towards assisting children with achieving permanency outcomes. Efforts to achieve these goals are an on-going process.

Residential placements were a focus of the prior 5-year plan and OCFS had developed a tracking of moves to and from residential care and was monitored on a weekly basis. The tracking included monitoring the number of moves out of residential placements each week which are made according to the plan for the child to live in a family/ community setting, as well as those which occur not according to plan and result in the child living in a

more restrictive setting. Tracking of such data allowed OCFS to show evidence of positive outcomes for children moving out of residential care programs. Given the success in reducing the rates of children being placed in residential placements, the OCFS moved from weekly tracking to monthly tracking through the OCFS Management Report.

OCFS continues to stress the importance of relative and kinship placement as the most desirable type of out-of-home placement when children cannot remain in the homes of their parents. Policy and procedure requires staff to explore the possibility of relative and kinship placements on an on-going basis throughout the period of involvement with the family. In addition to emphasizing the need for relative and kinship resource searches and placement, OCFS is also committed to funding services to help support and maintain kinship placements. In 2013 a Request for Proposals (RFP) was disseminated with a goal to streamline services to resource families by combining essential components of each previous contract into one which would serve families along a continuum of services, as needed. The RFP resulted in an award to Adoptive & Foster Families of Maine (AFFM) to provide what is now termed Resource Family Support Services (RFSS). In the current contract, effective January 1, 2013 AFFM is responsible for the following:

- Providing services statewide to all resource families (foster, kinship, adoption and permanency guardianship) who are caring for children placed by the Department.
- Providing statewide support to kinship- care providers who are caring for children not in state custody all of the services and supports available through this contract.
- The current contract specifies that families are provided with information and support to assist them in providing quality care to children placed in their home.
- It requires AFFM to maintain a List Serve to ensure prompt method of communication with all resource families.
- It also requires a website maintained and updated to disseminate information and a toll free phone number is staffed to receive calls from resource families.
- AFFM is charged with developing resource family support groups and peer mentors on a statewide basis.
- AFFM is responsible for supporting kinship families in transitioning from their former role as relative to their newly-assumed role of primary caregiver to their relative child. AFFM will work with these families to support them in their unique role as a relative working toward the goal of facilitating positive interaction between the child, the birth parent and the relative caregiver.
- AFFM will provide training to resource families, including acting as a co-trainer in all Department-delivered kinship training sessions provided to new kin families.

Performance measurement expectations are in place to monitor contract compliance in carrying out these responsibilities.

Moving forward, AFFM is very invested in serving a broad range of caregivers, both those involved in a formal manner with the Department and those who may be informally involved through a family-arranged safety plan. The Department recognizes that we need to increase awareness that our new contract for RFSS is targeted to support this broad range of caregivers, including families who have stepped forward to offer support to their relative children who are not in state custody. We will enhance our efforts to increase awareness by ensuring all of our staff is aware of this support. We will use our MACWIS opening page to ensure staff awareness. We will request our staff use every possible opportunity, including family team meetings and kinship assessment and placement home visits, to inform families of the services available to them under this contract. We will ensure families are provided with contact information for AFFM.

While we have made significant improvements in the percentage of placements with relatives and kin, we continue to view opportunity to improve in this area. A frequent dialogue with our staff relates to the importance of children maintaining connections with kin and with fictive kin. Stability in a non-relative foster home does not equate with the benefits gained when a child lives and stays connected to his or her family of origin.

OCFS Visitation Policy implemented in 2005 emphasizes the importance of visitation between children and their family members as a key service provided to assist with reunification efforts. Policy clarifies visitation purposes, visitation procedures, parental/participant responsibilities and the role of the foster parent or relative caregiver. OCFS staff collaborated with providers of contracted supportive visitation services for the purpose of finalizing performance-based measurements for the visitation contract. As a result of this effort, contracted agencies now report data relating to indicators of child safety during the visit.

Currently the Office of Continuing Quality Improvement is working on performance based measures. These performance measures will be used for contracts that provide Supportive Visitation Services for OCFS. The measures will work toward maintaining the parent-child relationship in a safe and protected environment. This will assist with the reduction of a child's sense of loss and/or abandonment and promote opportunities for reunification.

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

- Supports and supervision of visits will take place in a safe, natural, and comfortable place in the least restrictive setting.
- Collaboration with the parents and with the referent to arrange in advanced where the visit will take place and who can participate in the visit.
- A plan for a safe arrival and departure of the visiting child.
- Written policies and procedures in place that seeks to provide safety for all participants.
- Assurance that the parents follow the Visitation Guidelines relating to keeping the child safe during visit. Acknowledgement of cultural customs and practices.

As visitation support staff are expected to actively engage birth parents during the visit and to facilitate positive interaction between parents and children, one would expect that as visitation support staff respectfully engage parents, informing them of any behaviors of concern which were observed during the visit, and noting positive progress during the visit, the behaviors of concern will decrease over time, and fewer interventions to address safety issues will be required.

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

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

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

School Transfer Policy and Practice for Children in Care provides guidelines and strategies that support positive educational outcomes for children in the custody of the State of Maine. In 2010 language was added to Maine Statute to meet the Fostering Connections Legislation around educational stability. The final decision on which school the child/youth will attend will be made by OCFS, but done in collaboration with the school district. The law requires that the school abide by the decision made by OCFS with OCFS paying for transportation costs if needed.

In 2011 the Citizen Review Panel established an Educational Stability Workgroup to determine how big an issue educational instability was for Maine children in foster care. A survey was distributed to OCFS social workers statewide. A total of 407 surveys were conducted on new school aged cases opened between 9/1/08-12/31/09, of those 260 (65.7%) changed school. The reasons provided included:

- No foster placement available (36.4%).
- Placement with relative out of the area (17%).
- Other reasons, undefined (14.7%).
- Unsafe for the child to remain in the same school (2.5%).
- Multiple reasons were cited for 9% of the children who changed schools.

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

Since 2004, Maine youth in care have been able to attend Camp to Belong Maine (CTBM), a summer camp program for siblings who are separated by out of home placement. OCFS has provided significant support to CTBM by providing funding for administrative costs, paying camper fees, allowing OCFS staff to be volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in their Districts. Anecdotal information and a first year evaluation showed that campers enjoy increased frequency of contact with one another after leaving camp. Some siblings have been reunified following camp. Since its inception, a total of 476 children, ages 8 to 18, have attended camp. This represents 182 sibling groups and of the total number of campers, 189 attended more than one year. Campers have talked about how much this week means to them. OCFS also views that this is a way to increase normalcy between siblings, who otherwise do not see each other on a day-to-day basis.

The OCFS is always looking for opportunities which broaden the variety of enriching life experiences available to children and youth in care. An example of such an opportunity is one offered by Windward Sail, a sail training program offered under the umbrella of the non-profit organization Maine Sail. Summer 2014 will be the ninth summer the organization has offered full scholarships to an increasing number of youth in care. Youth participants spend five days and nights as crew members working together with other youth and captain, learning to hoist the 1000 square foot mainsail, tend the jib sheets , and perform other duties involved in sailing and living on board a traditional sailing vessel. Some youth who were former scholarship participants have during subsequent summers been hired as crew members for either Windward Sail or other Maine sailing

programs. For some youth, this sailing experience may be the beginning of a vocational interest in the maritime trade. This program is one example of our receptivity to working with others in the state to offer enriching programs to our children.

The OCFS restructure integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care Team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare district staff as there are 9 MHCP's and 3 Clinical Social Workers that are housed across the state. The MHPCs provide consultation to community providers, families, child protective colleagues, Department of Correction, Department of Education etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, and attend team meetings on youth who may need temporary residential treatment. The hope is that in the team meetings those other services can be suggested and utilized versus having the youth have to leave their home to receive effective services. We are currently looking at this role and plan to add additional duties such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community based treatment. MHPC's were trained on Permanency Reviews and have been attending those meetings in all the districts. As we continue to evolve with further integration it is anticipated that there will be more activities within the districts that can be shared by the MHPCs.

Following a review for duplication in what OCFS Child Welfare staff and OCFS Children's Behavioral Health staff provide, in order to avoid duplication of case management services, OCFS transitioned to a single case manager role in 2008 in order to avoid duplication of case management services. If a family previously receiving Children's Behavioral Case Management services becomes involved with Child Welfare, the child welfare social worker will assume the case management role.

In the spring of 2012, in collaboration with Children's Behavioral Health Services (CBHS), a process was implemented to provide consults between child welfare and CBHS psychiatric staff to review situations when a child is prescribed antipsychotic medication. These consults review the appropriateness and need for the medication, as well as anticipated duration for the medication. Staff is also expected to conduct quarterly medication reviews on children prescribed antipsychotic medication. This work could be supported by districts receiving a quarterly report of youth on antipsychotic medications as queried through Macwis and MaineCare, however running this data query has been problematic and the barriers will need to be assessed to determine the best way to collect and disseminate the information in a useful way for districts to utilize.

In response to Fostering Connections Legislation Maine engaged with several collaborative workgroups to ensure compliance. These efforts continue to address:

- Health screening and follow up screenings.
- How medical information will be updated and shared.
- Steps taken to ensure continuity of care that promote the use of medical homes for each child.
- Oversight of medication which has been addressed by a multi-system workgroup that developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
- How the state consults with medical and non-medical professions on the appropriate treatment of children.

Services offered under Title IV-B, Subpart 2- Promoting Safe and Stable Families

OCFS, Child Welfare Services will use IV-B, Subpart 2 funds to provide family preservation services, support reunification efforts, increase and support relative/kin placements, support adoption promotion, and expand services to expedite permanency within acceptable timeframes for children in the care of DHHS. Expenditures are shown on the CFS, Part 1 that follows.

Family Preservation: Approximately 20% of funds will be used for Family Preservation Services.

- Expansion and support of the Community Partnership for Protecting Children (CPPC) program.
- Each county Child Abuse and Neglect Council provides an average of 18 parenting classes/learning sessions per year.
- Kinship Care Services- information and support services to be provided to relatives who are helping care for their grandchildren, nieces and nephews to alleviate the need for those children to enter state foster care.
- Supporting evidence-based parenting skills and supportive visitation.
- Continued use of funds for family preservation services provided by direct staff intervention with families who become known to DHHS, but who, with sufficient support and referral to services, can maintain their children safely in their own homes.

Family Support Services: Approximately 20% of funds will be used for Family Support Services.

- Kinship Care Services-Through contract, information and support services will continue to be provided to relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- Support of domestic violence advocates in OCFS district offices.
- Expansion and support of the Community Partnership for Protecting Children (CPPC) program.

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

- Post Permanency Support Program.

Adoption Promotion and Support Services: Approximately 20% of funds will be used for Adoption Promotion and Support Services.

- Recruitment of foster/adoptive homes, support services for potential adoptive families, and child specific adoption promotion efforts.
- Kinship Care Services-Through contract, information and support services will continue to be provided to relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.

Other Service Related Activities: Approximately 10% of funds will be used for Other Services, Related Activities and 10% to administrative costs.

- Other related activities will include continued utilization of research, inter-state communication and sharing of information and technology and training/planning activities, statewide, which are designed to advance the goals and activities set forth in this plan.

Service Decision Making Process for Family Support Services

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

the results are reported to OCFS Management. It is the responsibility of the OCFS senior management team to approve scope and definitions of service, performance measures, payment schedules, approval of the continuation of ongoing contracts, as well as to authorize the funding amount and fund source.

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

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

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

Within 72 hours of a child entering custody they are to have an appointment scheduled for a medical evaluation in the near future. Follow up to those appointments would be developmental screening when appropriate.

In terms of family foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that "*The total number of children in care may not exceed 6, including the family's legal children under 16 years of age, with no more than 2 of these children under the age of 2. The only exception which may be made to the number of and ages of children is to allow siblings to be kept together"*. In terms of therapeutic foster parent-to-child ratio, Maine's Foster Home Licensing Rules stipulate that *"The total number of children in a Specialized Children's Foster Home may not exceed 4, including the family's legal children under 16 years of age, with no more than 2 children under to age of 2." "The only exception, which may be made to the number and ages of children, is to allow siblings to be placed together."*

Maine has taken a strong effort to prioritize placements of infants and toddler with relatives that supports timelier reunification and adoption. Maine recognizes that whether being cared for by their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life which has impact on their positive early childhood development. These young children are also a group that would be reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 6 plus months would be reviewed in this forum. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research about child development and the impact of early trauma and adversity. This promotion of evidence based programs for birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

The data indicates that these efforts have helped as since 2012 the number of children age 0-5 has decreased- 2012 (950); 2013 (848); and 2014 (763).

Maine identifies those populations at greater risk of maltreatment by following the Child Protection Assessment Policy which was revised in 2007 to give specific guidance around child protection assessment decisions as to when families are in need of child protective services. This policy was designed to reduce recurrence of maltreatment by requiring child protective services in event of:

- Signs of danger, with agreed upon safety plan.

- Safety plan failure.
- Findings of maltreatment with specific signs of risk that is likely to result in recurrence of maltreatment.
- Findings of child abuse or neglect within previous 12 months.
- Parental unwillingness to accept services or to change dangerous behaviors or conditions.
- Priority response to children under six who are more vulnerable.

In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with in-house consulting staff and statewide coalitions that social workers participate on.

Children in State Custody from Failed Inter-Country Adoptions

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

Consultation and Coordination between States and Tribes

Maine has four federally recognized tribes with five locations: the Penobscot Nation (Indian Island, Penobscot County, District 6), the Aroostook Band of Micmacs, (Aroostook County, District 8) the Houlton Band of Maliseets (Aroostook County, District 8), the Passamaquoddy Tribe (Indian Township and Pleasant Point, Washington County, District 7)

In February 2010, the Governor of Maine signed an Executive Order directing all state agencies to work collaboratively with Native American Tribes. Tribal child welfare representatives were already meeting quarterly or sooner as needed or requested. This group was referred to as the ICWA Workgroup, once the workgroup began to develop the Truth and Reconciliation process it was expanded to include other tribal community members. This became the Convening Group for the TRC. Since the Commission was seated this group is now called REACH (Reconciliation, Engagement Advocacy, Change & Healing) Workgroup whose purpose is to supporting community healing and support the TRC process. The ICWA Workgroup is still able to convene as needed but much of this work happens one on one with consultation between tribal child welfare and the OCFS liaison. This forum is one of the ways OCFS seeks to assure ICWA compliance. In July 2012, a comprehensive *Indian Child Welfare Policy* was developed by the ICWA workgroup as a stand-alone policy, rather than having pieces of ICWA interspersed throughout various OCFS policies. This policy provides clear direction to OCFS staff that the tribal child welfare staff is co-managers of the case in every aspect through the life of the case. OCFS has continued its practice of sharing draft policy with the tribal child welfare personnel for comment.

In conjunction with the development of the *Indian Child Welfare Policy* an online training was developed for staff to ensure their understanding of the policy. This online training has taken longer to roll out than anticipated as OCFS now conducts its training internally rather than through the former cooperative agreement with the Muskie School. To roll out the online training OCFS has had to purchase the correct software and needs to complete the needed testing process before the training is available to staff. A decision is pending as to how/if this training will be implemented in OCFS.

The Department has an agreement with the Penobscot Indian Nation, which was signed in 1987, to work cooperatively toward the goal of protection of children who are suspected to be or are victims of abuse or neglect. The Department also has an agreement with the Houlton Band of Maliseet Indians, which was signed in 2002 to assure that they have maximum participation in determining the disposition of cases involving the Band's children. This maximum participation has since been extended to all federally recognized tribes in Maine.

OCFS social workers receive ICWA training during their first six months of employment. This training is conducted by a Native member of the REACH workgroup and the OCFS ICWA liaison. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; the TRC process which also explains the history what happened to Native Americans in this country and why ICWA was necessary; the case process and flow chart for ICWA cases; and the Indian Child Welfare Policy. Social Workers, as part of the Child Protection Intake process and the initial CPS assessment, ask the family if they have any Native American heritage. The district court judges also ask questions regarding Native American heritage at court proceedings. When Native American heritage is known before the first contact with the family, the tribe is notified and invited to participate in the assessment. If Native American heritage is not known until after the first visit or at any other point in the assessment or case process, the tribe is invited to participate from that point forward. If the tribe is unable to accompany the OCFS social worker the social worker is still expected to contact their tribal child welfare counterpart to make joint decisions regarding the case.

In cases where ICWA applies but the tribe involved is not a tribe located in Maine, our staff follows ICWA and formally notify the tribe when a child is removed. OCFS recognizes homes that have been licensed or approved by the tribe as a fully-licensed foster home. If the family is a relative or unlicensed placement with a relationship with the child or family, that family is considered for possible placement option, as is the case with all children entering DHHS custody. DHHS works with the tribe and the family to help them become either a tribally approved resource or a State licensed resource. OCFS will accept a home study conducted by the tribe and will coordinate with them as the family moves through the State licensing or Tribal approval process.

OCFS works with Native families, as we work with all families, to prevent the removal of a child from the home. This includes an assessment of the situation and providing services to lower the potential risk of child abuse and/or neglect. In Indian Child Welfare cases the social workers also involve the tribe in planning for the family. In the policy the tribe is considered co-managers of the case with OCFS, and joint decision making is supposed to occur. It is also recognized the tribe may offer a distinct set of services and supports for families. The services/supports the tribes may be able to offer families does not negate the fact that Native children in state custody are eligible for the array of services offered to all children and families which include, but is not limited to: counseling, substance abuse services, in-home supports, and parenting classes. In addition, contract language with services such as the Alternative Response Program and transportation includes tribes, therefore, children in tribal custody may also access state funded contracts.

The Penobscot Nation and the Passamaquoddy Tribe have a tribal court system and are therefore able to take custody of tribal children residing on reservation or tribal territory without the need to have the child enter the custody of the State of Maine. Due to lack of resources, the tribes do not always request a transfer to tribal court when a native child, not living on the reservation, may enter care. The Aroostook Band of Micmacs and the Houlton Band of Maliseets do not have a tribal court system therefore; children from these tribes must enter state custody through the State of Maine District Court system.

OCFS will continue to work collaboratively with the tribes on many issues/initiatives. It is recognized that OCFS needs to update its agreements with each of the tribes; however due to staff commitments and some changes in tribal staffing, this has not yet occurred. OCFS does share drafts and final reports related to the APSR and CFSP to the tribal community through the Child Welfare Steering Committee which includes a representative from the Wabanaki Coalition. The final APSR and CFSP documents are also available on line and available to the public on http://www.maine.gov/dhhs/ocfs/provdatareport.shtml

Many of the above-cited activities are ongoing and will continue through 2015. This includes regular meeting with the DHHS, OCFS – ICWA liaison to ensure compliance with ICW policy and to allow any strengths and challenges to be discussed, training for both new staff and experienced staff.

Tribal Representation	
Tribal Affiliation	Contact Name
Houlton Band of Maliseet	Laurie Jewell , ICWA Program Director
Aroostook Band of Micmac Indians	Tania Paul, ICWA Program Coordinator
Passamaquoddy Tribe at Pleasant Point (Sipayik)	Genevieve Doughty, Social Services Director
Passamaquoddy Tribe at Indian Township (Motahkmikuk)	Dolly Barnes, Social Services Director
Penobscot Nation	Debi Frances, Human Resources Assistant Director

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

Monthly Social Worker Visits

Maine has a fully-implemented SACWIS system (MACWIS) which stores all of the data required to track monthly social worker visits. This data is provided to management and district Program Administrators through the Monthly Management Report. The Associate Director of Intervention & Coordination of Care meets regularly with District Program Administrators to review the data and support full compliance. The requirement for monthly contact is clearly stated in policy revised in 2008: *Child and Family Services Policy Manual; V.D.-1 Child Assessment and Plan.*

In order to track compliance of the ACF caseworker monthly contact expectation, Maine built a MACWIS report that automatically generates data on social worker compliance with monthly contact with at least the majority of visits occurring in the child's place of residence. This provides a statewide average, as well as broken down by district.

OCFS is responding to the need to meet the federal goal of seeing children every month by developing the following strategies:

- Each district supervisor with case carrying workers will review the face-to-face contact report by the 15th of each month to identify those children that have not been seen in that month and develop a plan with the social workers for those children to be seen before the month's end. Each supervisor shall then

send an e-mail to the Program Administrator to communicate how they have planned for the children to be seen.

- Supervisors shall engage in a preparatory supervision meeting with each social worker each month to develop a plan for a face-to-face monthly contact, including the areas to assess and questions to use in that assessment. Supervisors will document this preparation in supervision notes.
- In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. Quality will be measured by ongoing case reviews and at quarterly intervals; QA has the capacity to conduct reviews of face-to-face contacts with children on a large sample size of the most recent contacts if requested by management.

OCFS will continue to use the social worker visit funding (section 436(b)(4) of the Act) on enhancing technologies to allow more efficiencies of social worker time while out of the office, allowing more time in the home of the families they serve. This is evident through the increase in contacts made in the home which is at 88%. This technology allows social workers to have immediate contact with their supervisors while in the field, providing opportunity to consult and make timelier decisions related to the safety, permanency and well-being needs of children and families. When social workers feel supported and safe doing this difficult work, the likelihood of social worker retention is significantly increased.

Adoption Incentive Payments

Maine has not received adoption incentive funds since 2010.

Targeted Plans within the CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Foster and Adoptive Parent Diligent Recruitment Plan

The Department recognizes a need for diligent recruitment and several years ago began steps to identify how to meet this need. Efforts began to translate our recruitment and training materials to meet the cultural and linguistic characteristics of our diversified population. This is an ongoing goal, as we have assumed internal responsibility for recruitment and training needs. When we began diligent recruitment efforts in Maine, we were actively partnering with contracted providers who assumed much of the day to day implementation work.

With Department staff assuming these roles, staff encountered the demands of competing priorities involved in licensing of unlicensed kinship caregivers and non-kinship applicants who responded to general recruitment efforts. The Department recognizes that our earlier focus upon diligent recruitment has been reduced at a time the need for diligent recruitment has increased. It is very likely within the coming year; the Department will resume contracting for this needed service.

As part of our renewed focus, we will be identifying children within our population who are in need of diligent recruitment as well identifying resources needed to meet the recruitment need. We will once again need to intensify our efforts toward ensuring we have materials to disseminate which are culturally and linguistically accessible to those whom we are diligently recruiting as resource families.

OCFS Foster & Adoptive Recruitment Plan:

1. A description of the characteristics of children for whom foster and adoptive homes needed:
    - We are recruiting homes for children age birth through age 18.
        - Children currently entering foster care are those younger (0-5) and are frequently a member of a sibling group and are often drug-affected.

        - Children who are in need of placement frequently have significant behavioral challenges requiring more specialized parenting.
        - Older youth who require caregivers who have knowledge and desire to provide support and guidance to youth transitioning to independent living/adulthood.
2. Specific strategies to reach out to all parts of the community:
    - Multi-tiered approach to recruitment that includes general, targeted and child specific recruitment.
    - Recognize the diversity of parenting skills that we are seeking and target parents with that particular expertise. We will meet with community members, business and civic groups, and with schools and churches to inform them of recruitment needs and to enlist their support as partners in this endeavor.
    - We will also meet with media partners to develop television, radio and print material for distribution.
    - We understand the need to recruit diverse populations, including religious, GLBTA, racial, ethnic and cultural groups. We will assure that staff are culturally competent and that translation services are available.
    - We need to work with nursing staff and other professionals who can provide us with guidance towards meeting the care needs of medically-impacted youth.
    - Recruitment Services will be supported through a Request for Proposal.
    - We will develop strategies to assure that kinship placements are consistently explored as a priority whenever possible.
3. Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
    - Child specific recruitment will occur through the child's community such as church, social activities, school activities. Child profiles will be sent to all district offices when exploring for a particular home. Concurrent planning is considered for all applicable youth. Maine often seeks placement with relatives in other states when no in-state resources are identified.
    - Targeted recruitment identified a population of youth in care with the highlighted need for increased resource families, i.e. teenagers, drug-affected infants and sibling groups.
    - General recruitment is through media and educational programing in the community.
4. Strategies for assuring that all prospective foster/adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:
    - All licensing is completed through the OCFS.
5. Strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations:
    - Training specific to the Indian Child Welfare Act is conducted in pre-service training of all new social workers.
    - OCFS recognizes the importance of developing and implementing a culturally competent training unit that will be implemented consistently for all staff. Our intention is to enhance our current training curriculum to reflect increased diversity in our state.
6. Strategies for dealing with linguistic barriers:

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

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

Health Care Services

The OCFS restructure integrated the Behavioral Health Program Administrator with the Intervention & Coordination of Care Team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare district staff as there are 9 MHCP's and 3 Clinical Social Workers that are housed across the state. The MHPCs provide consultation to community providers, families, child protective colleagues, Department of Correction, Department of Education etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, and attend team meetings on youth who may need temporary residential treatment. The hope is that in the team meetings those other services can be suggested and utilized versus having the youth have to leave their home to receive effective services. We are currently looking at this role and plan to add additional duties such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community based treatment. MHPC's were trained on Permanency Reviews and have been attending those meetings in all the districts. As we continue to evolve with further integration it is anticipated that there will be more activities within the districts that can be shared by the MHPCs.

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In response to Fostering Connections Legislation Maine engaged with several collaborative workgroups to ensure compliance. These efforts continue to address:

- Health screening and follow up screenings.
- How medical information will be updated and shared.
- Steps taken to ensure continuity of care that promote the use of medical homes for each child.

- Oversight of medication which has been addressed by a multi-system workgroup that developed a checklist for reviewing the use of psychotropic medications for youth in foster care.
- How the state consults with medical and non-medical professions on the appropriate treatment of children.

Maine's *Rules Providing for the Licensing of Family Foster Homes* and *Rules Providing for the Licensing of Specialized Children's Foster Homes* requires the following from foster parents:

- Foster children receive preventative and ongoing medical, dental and psychological care in accordance with the directions from the physician and the Department;
- Foster parents shall request a medical history of child at the time of placement;
- Foster parents shall maintain a health record for each foster child, including medical history, examinations, medical and dental treatments, prescribed drugs and immunization records with the record accompanying the child if he/she moves from the home;
- No prescription medication will be administered to a foster child without an order from a licensed physician. Foster parents administering psychotropic medications must have received instructions regarding the administering and possible side effects in writing from either the prescribing physician or the pharmacist. Prescription medication must be kept in the original container labeled with the child's name, date, instructions, and physician's name.

Health Care Plan

1. Initial and follow-up health screenings will meet reasonable standards of medical practice.

   The office of Child and Family Services requires in policy that all children have a medical review within 72 hours of coming into care.

   OCFS currently also requires in policy The Pediatric Screening Checklist (PSC) to be completed for every child in substantiated service cases to identify any behavioral health concerns. Those children that are scored in the high range are then referred for assessment either through our collaboration with Children's Behavioral Health or community providers.

   Over the next year, OCFS plans to replace the use of the Pediatric Screening Checklist with the use of the Child and Adolescent Needs and Strengths tool. We believe this tool is more appropriate as a prospective assessment tool as it provides a more structured assessment of children challenges along a set of dimensions relevant to case service decision-making. The use of this tool will provide Case Managers better information regarding the service needs of the child and their family for use during the development of the individual plan of care. The assessment tool helps to structure the staffing process in strengths-based terms for the care manager and the family and will allow us to better plan for the child's need during their period in care as well as after.

   For ongoing care, each child will be assigned a primary care provider, continue with Child and Adolescent Needs and Strengths assessment, and received coordinated care through use of a medical home and/or behavior health home model or in conjunction with Targeted Case Management.

2. Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home.

   The Health Screening will provide immunization record, growth chart, and immunization schedule, list of other known providers (dentist), immediate treatment needs for identification of monitoring and treatment needs.

The Office of Child and Family Services includes both Child Welfare and Children's Behavioral Health Services working together to meet both the physical and behavioral health of foster children. OCFS believes strongly in the use of a trauma informed care that involves understanding, recognizing, and responding to the effects of trauma.

Use of the Child and Adolescent Needs and Strengths assessment tool include trauma screening. Identified trauma will be fully assessed and the child will be provided appropriate services.

OCFS currently provides a comprehensive health assessment in three largest districts and are preparing a request for proposal expand our current comprehensive health assessment state wide. This assessment is an in depth physical, educational, and mental health evaluation for every child entering foster care. It will be a comprehensive interdisciplinary evaluation to address the complex psychological, medical, and neurological problems that affect behavior and emotional adjustment or result in problems functioning in family, school or community. It also includes the collection of all of the child's prior health and education records, so that a full evaluation of the child's current needs can be made.

For those children who have need, targeted case management (TCM) services will be offered to insure any identified issues are addresses. For those cases without the need of TCM the OCFS social worker will ensure that any identified issues are addressed.

Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma such as Multisystemic Treatment (MST), Cognitive Behavioral Therapy and others to address emotional trauma associated with child's maltreatment and removal.

3. Medical information will be updated and appropriately shared.

   Routine medical care will be completed in the "medical home" with routine updates provided to the agency social worker.

4. Development and implementation of an electronic health record.

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

5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care.

   The State of Maine has a number of Patient Centered Medical Health Homes. The Office of Child and Family Services requires in policy that, at a minimum, every child in foster care is to have an identified medical home and a primary care provider (PCP). It is a requirement that every child's PCP be provided to MaineCare for service authorization and benefits. When appropriate, Targeted Case Managers will organize the most appropriate services to be provided to children based on the information gathered by the assessments completed, information gathered though the comprehensive health evaluation, and the input of a child's

current medical and behavior health providers. It is OCFS intent that this group of providers will work together, through coordination with the Case Manager, Social Worker and Foster Parents, to create a plan to meet the needs of each child. This team based medical delivery system would continue to be available based on the child's needs and eligibility after returning home.

6. Oversight of prescription medicines.

Maine utilized a multi-systematic workgroup to identify a process to provide oversight and protocols to monitor the appropriate use of psychotropic medications for children and youth in the foster care system. The choice of the protocol and consent guidelines were based on the T-MAY (Treatment of Maladaptive Aggression in Youth) The Rutgers CERTs Pocket Reference Guide for Primary Care Clinicians and Mental Health Specialists Copyright© 2010 Center for Education and Research on Mental Health Therapeutics (CERTs), Rutgers University, The REACH Institute (Resource for Advancing Children's Health), The University of Texas Pharmacy, New York State Office of Mental Health and California Department of Mental Health.

Child welfare workforce and providers are trained on the appropriate use of psychotropic medications through this formalized protocol/consent worksheet that addresses a process that is comprehensive and coordinated for assessment, and treatment planning to identify children's mental health and trauma-treatment needs.

Policy states it is crucial to ensure that antipsychotic medications are being used only when clinically indicated, i.e. when the likely benefit from their use would outweigh their very substantial risk. When these medications are used, proper monitoring of their metabolic side effects must take place. The OCFS Consent Worksheet is to be followed when antipsychotic medications are currently prescribed or considered and require that prior to any consideration of medication to address a child's mental health needs the treating provider must be given a full description of the circumstances of the child that is inclusive of all conditions.

The state has promoted informed and shared decision-making through the development of the Youth Guide that allows the youth to give informed consent and assent promotes methods for ongoing communication between the prescriber, the child, his or her caregivers, other healthcare providers, the child welfare worker and other key stakeholders. Effective medication monitoring at both the client and agency level is well described as a process in the Consent Worksheet.

Collaboration with partners in Children's Behavioral Health (CBH) ensures availability of mental health expertise and consultation regarding consent and monitoring issues by a board-certified child psychiatrist. In the spring of 2012, monthly consults between OCFS Medical Director, CBHS, and child welfare staff were implemented. These consults allow districts staff to review difficult cases involving psychotropic medications with children's behavioral staff and to ensure that the psychiatric needs for children in foster care are being appropriately managed.

A report of foster children on these medications has been developed and is provided quarterly by MaineCare. The report is distributed to the OCFS Social workers of the children so that ongoing oversight can occur.

7. The state actively consults with and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

   Collaboration between DHHS and MaineGeneral Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the 16 Maine counties, this program provides medical examinations and psychosocial screenings of children who have entered foster care. Two additional CHS sites have been developed through the Spurwink Child Abuse Clinic in southern Maine and Penobscot Pediatrics in northern Maine. All of these programs are either developing the medical home for the child or helping to identify a medical home if one is not currently serving the child.

   As discussed in number 2 above, Maine is in the process of contracting the comprehensive health evaluation service statewide.

8. The state is taking steps to ensure that components of the transition plan development related to health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

   The Department has taken steps to ensure that the transition planning process with young people, age 18-21, includes planning with young people to consider Health Care Proxy or Healthcare Power of Attorney by including this in the health planning section its revised Voluntary Extended Care (V9) Agreement Maine's Youth Transition Policy includes instructions for caseworkers to inform youth, beginning at age 18 about the importance of executing formal documents that define their wishes as to a Health Care Proxy or Healthcare Power of Attorney. OCFS provides young people with a website to download (free of charge) documents they would need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.

   Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org) and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney.

Disaster Plan

The Departments Disaster Plan is contained in C&FS Policy XV H. Emergency Response. This policy is hereby included in its entirety. See **Appendix E**

Training Plan

Training activities are categorized based on the subject of the training, the audience, and/or either a direct or administrative function. Training staff directly enter their workweek hours based on the training work provided. The Maine Time and Attendance Management system then send that information to the Maine Department of Health and Human Services Costs Allocation Program, so that staff costs are claimed appropriately to all beneficiating programs as required by A-87. For title IV-E training activities, the DHHS Cost Allocation Program applies, as appropriate, all allocation methodologies, penetration rates, and administrative rates as required for Title IV-E claiming. Unallowable costs are billed to state general funds.

Maine anticipates spending $940,000 annually for training costs.

See **Appendix F** for plan.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short term trainings of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. Maine OCFS has historically included the training of relative guardians in its training program. In terms of training court and related personnel, OCFS currently collaborates in training opportunities with the court but will need to further review any financial opportunities to support training in which we would then make claim through this latest legislation.

Financial Information

States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance and adoption assistance payments in FY 2015 than the than the State expended for those purposes in FFY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FFY 2005 title IV-B, subpart 1 funds that the State expended for child care, foster care maintenance and adoption assistance payments in FY 2005.

Expenditures in 2005 were $0

The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FY 2015 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 in FY 2005 (Section 424(d) of the Act). For comparison purposes, submit with the CFSP information on the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

Expenditures in 2005 were $2,408,000

DHHS assures that the state funds expended for FFY 2012 for purposes of Title IV-B, subpart 2, is $17,598,517. These expenditures were greater than the FFY 1992 base amount of $15,847,000 which was used to provide Preventive and Supportive Services, including Protective Services. That amount was provided in the annual summary of Child Welfare Services included in the Bureau of Child and Family Services FY ’91-93 State Child Welfare Services

Appendix A

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS FFY 2010-2014 REVIEW

The Maine Department of Health and Human Services submits this **five year summary for Federal Fiscal Years 2010 - 2014** under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999, and the Education and Training Voucher Fund Program.

The Maine Department of Health and Human Services, Office of Child and Family Services, continued to provide youth transition services and supports as funded by the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program. Additionally, the State of Maine implemented required national evaluations of the effects of the programs in achieving the purposes of CFCIP.

In keeping with the intent of the Chafee Foster Care Independence Program, youth currently and formerly in care were consulted regularly throughout the past five years. Youth voice is a corner stone of the policies and practices that make of the Youth Transition Program.

Section I covers the programs, services, and activities for which Title IV-E, Section 477 and Title I, Improved Independent Living Program, Public Law 106-109, Chafee Foster Care Independence Act of 1999, amending section 477 of the Social Security Act, funds will be expended between October 1, 2010 and September 30, 2014.

Section II contains information regarding the administration of the Education and Training Voucher fund program between October 1, 2010 and September 30, 2014.

SECTION I:

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

For the purposes of Youth Transition Services, the terms "child" and "youth" are used interchangeably to mean an individual up to 21 years old. The Department of Health and Human Services elects the following youth as eligible for services under its Chafee Foster Care Independence Program:

- Youth in foster care who are age 15 to 18 years old.
- Youth who turn 18 years old while in foster care and who sign a Voluntary Extended Care (V9) Agreement with the Department to the age of 21, while residing in Maine or temporarily in another state as part of their V9 Agreement by meeting the requirements outlined in V.T. Youth Transition Policy.
- Youth who turned 18 years old while in foster care, but who were legally adopted after the age of 18, when that adoption disrupts prior to the age of 21.
- Youth who is residing with birth parents, may enter into a V9 Agreement from age 18-21, when OCFS oversight and support is needed to ensure youth safety and permanency.

- Youth who experience adoption or permanent guardianship disruption, but who do not re-enter foster care may submit a letter of request for V9 status to the district office from which they were adopted or entered permanent guardianship. The Program Administrator shall review the youth's request and make a final approval decision.
- Youth in foster care who would have been eligible for adoption assistance subsidy or permanency guardianship subsidy prior to turning 18 and who signed a V9 Agreement and are subsequently adopted through Probate Court between 18 and 21 may continue to receive V9 services. The youth and adoptive parent must submit a letter of request to the District Program Administrator for approval to remain in V9 status indicating the circumstances of why adoption could not have occurred prior to age 18. The youth must also continue to meet the other educational and employment eligibility criteria.
- Youth in foster care age 18-21 who have a signed V9 Agreement and who has their parent's parental rights reinstated in accordance with Family Reunification Policy VII, F may remain in V9 status after the reinstatement of parental rights.
- Youth who was in foster care and is now experiencing factors that place the youth at risk of homelessness may request to enter into a V9 Agreement. Youth in the custody of the Department or on V9 Agreement who are pregnant and/or parenting, transitioning from residential placements, in apartment placements, homeless, and likely to need adult services will be given priority.
- Youth who were adopted, entered permanency guardianship, or were reunified with family at age 16 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds.

The Department does not discriminate with regard to Chafee youth transition services or ETV funding based on race, sexual orientation, religious affiliation, or any other factor that might prevent an older youth in care from receiving the benefit of program services.

Purposes for Which Funds will be Spent:

Chafee Foster Care Independence Program funds were expended to:

- Help youth explore and find their permanency options and connections before exiting foster care.
- Transition planning with youth beginning with a comprehensive assessment of youth strengths and needs, active participation of young people and their supports in case planning, and offering services/supports that that meets their individualized needs.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- Help older youth in care learn essential daily living skills, effective problem solving and informed decision making skills.
- Expand the resources available to youth in their community.
- Work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- Encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- Provide needed academic supports, including post-secondary education financial support using federal Education and Training Voucher program funds.
- Improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- Increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.
- Encourage and promote meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- Seek youth input in developing Departmental policies, programs, and practice to prepare older youth in

care to transition to adulthood.

Overview of Strategies to Meet the Needs of the Eligible Population:

The goal of Maine's Chafee Independent Living Program is to ensure that all older youth in care receive assistance to prepare for a successful transition to adulthood. We do this by: assisting youth to have legally permanent family and life-long connections; partnering with youth in decision-making; providing services youth want to meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.

Maine served youth eligible for Youth Transition Services primarily through seven (7) Youth Transition Workers, through a contract with the University of Southern Maine's Muskie School, through a contract with Jobs for Maine Graduates, and through contracts with therapeutic and congregate care providers.

During the past five years, changes in function and supervision were made with regard to the Youth Transition Workers. One line was moved from Central Office (performing administrative functions) to a District Office in order to provide direct service to older youth in care. Additionally, due to operational need, approximately 3 years ago, Youth Transition Workers began carrying cases as well as continuing to provide essential youth transition support.

DHHS provided a broad range of services and learning opportunities for older youth in care, including on-going efforts toward helping youth enter permanent families, through Department Caseworkers, Youth Transition Workers, by agencies with contracts with the Department, by therapeutic and non-therapeutic foster home parents, group home staff, transitional living programs, and other providers who are work with older youth in foster care. These services are funded by a combination of federal and state funds.

Maine continued to meet the needs of our older youth between the ages of 18 and 21, through Voluntary Extended Care (V-9) Agreements. In existence since 1972, V9 program provides financial and other supports to youth who voluntarily remain under the care and supervision of OCFS up to age 21. During the past five years, many policy changes were made to enhance this support to older youth from foster care. DHHS no longer ends the V9 Agreement with youth when they reach permanency after the age of 18, and youth are now permitted to return to a V9 Agreement at any time up to age 21.

Maine has held a Cooperative Agreement with the University of Southern Maine (USM) Muskie School of Public Service to provide coordination of our youth leadership activities. While there was a short break in this arrangement in order to meet the State's Request for Proposal requirements, USM Muskie was subsequently awarded the contract and resumed the youth leadership activities nine (9) months later. During this interim break, OCFS staff continued YLAT services.

From 2010 – 2014, staff continued to work with contracted agency providers (therapeutic foster care and residential care) to help youth reach their goals by providing youth transition services through individualized transition planning and life skills education. OCFS also continued to partner with the Office of Adults with Disabilities to improve transitioning of youth from the children's system to the adult serving system.

In addition to the Chafee and ETV programs, Maine provided support for post-secondary education through its Tuition Waiver program. Each year, all 30 available waivers are utilized by first year students.

Youth Transition Workers and Children's Services Caseworkers assisted youth in foster care at the age of 18 to

apply for MaineCare medical coverage. Most notably, as a result of the Affordable Care Act, OCFS and the Office of MaineCare Services worked together to expand medical coverage to youth who turned 18 while in foster care up to the age of 26, effective 1/1/14.

Maine used state funds, rather than Chafee funds, for housing support for our older youth in care. Given the limited availability of Chafee funds, Maine does not exceed the 30% limit for housing, because we support the room and board costs of older youth in care from age 18 and up to age 21 using state funds. Maine has been providing this kind of support for many years for older youth who continue in voluntary extended care.

Consultation and Collaboration:

Maine has been involved in a number of collaborative efforts at the regional, state and local levels:

Maine Tribes and Bands: Tribes and Bands have defined their service population as being youth between the ages of 14 and 21 and are youth who are under tribal or band care and responsibility. Tribes and Bands have consistently accessed available Chafee funds.

Maine Youth Transition Collaborative. Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. The Department continued to collaborate with the MYTC during 2010 to 2014 to further develop community partners and to meet the goals of the MYTC sustainability plan. DHHS continued to provide funding for Opportunity Passport (OP), a matched savings and financial literacy training program, through a contract with Jobs for Maine Graduates (JMG). This initiative continues to be very successful in Maine. This work continues to expand and grow with additional private and public support.

Homeless Youth Provider Committee is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee has been to pass legislation to clearly define homeless youth and to establish a comprehensive system of services to meet the needs of homeless youth as defined. Legislation was passed and signed by the Governor in June 2009.

New England Youth Collaborative is made up of staff, youth in care, and former youth in care, from all of the New England states first met in January 2008. Plans are currently underway to meet again in July 2008. This Collaborative aims to improve outcomes for older youth in care by looking at ways New England States can collaborate and learn from each other in order to implement innovative and best practices that strengthen the youth transition programs in all of the New England States.

Youth Leadership Development Activities:

Maine's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as being one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. Maine remains committed to enhancing youth and adult partnerships through YLAT, helping youth develop and practice their leadership skills, and to hear directly from youth in care and formerly in care about how we can improve our child welfare system to meet their needs. YLAT also developed a Facebook page at https://www.facebook.com/MaineYLAT.

YLAT groups met across the State in local districts on a monthly basis from September to May. Over the past 5 years, we added additional YLAT groups and changed format to better meet the needs of youth. During the past 5 years, over 200 YLAT meetings were held and were attended by approximately 150 youth and 75 adult

supporters.

During each of the past five years, Maine continued to hold its Annual Teen Conference and completed its 23rd Annual Conference in 2013. YLAT youth continue to be involved in the planning and execution of Teen Conference each year. Youth select themes that inspire. YLAT groups identify the skills and support that they needs as they prepare to transition from foster care which drives the workshop topics. In addition, youth and alumni are engaged in recruiting youth to attend and staffing the event. Youth leaders emcee the entire day and participate as co-presenters in a number of workshops. Consistently when surveyed, youth and adult attendees respond favorably to having gained new insights, skills, respect, and the desire to include youth in decision-making.

Through YLAT, youth learn and develop effective leadership skills. Over the past five years, at least 100 YLAT members presented at over 130 panel presentations and trainings to different groups (e.g., Guardians ad Litem, CASA volunteers, foster and adoptive parents, caseworkers, legislators, policy makers, agency staff, youth in care and employers) to inform others about the needs of transitioning youth.

Over the past five years, Youth in care and YLAT members were supported by OCFS and USM Muskie staff to serve on a variety of workgroups: The Maine Youth Transition Collaborative (MYTC) Advisory Committee; the MYTC Youth Philanthropy Grant Project; The Southern Maine Youth Transition Network; the Citizen Review Panel; and The New England Youth Coalition.

YLAT members were instrumental in policy development and practice improvements. Youth helped to guide the development of policy and practice of the foster care portion within the statewide Integrated Health Outcomes for Children project; helped develop the Medication Handbook and policy to address the overmedication of youth in care; improvements to the Life Book policy; and provided feedback which led to improvements in Family Team Meetings; Permanency strategies for older youth; and redesign of Maine's foster care system.

YLAT youth continued to inform the legislature about the needs of older youth in care by twice providing orientation to the HHS Committee of the Maine State Legislature. Youth provided testimony which led to new legislation:

- Reinstatement of Parental Rights (Title 22, §4059) which now This process will allow youth in foster care to legally reunite with their parents who may over time have resolved the issues that caused the child to be unsafe.
- LD 1623: An Act to Expand Options in the Permanency Plan for Children in Foster Care and resulted in improved legislation.

Program Goals:

Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.

Beginning in 2009, with the first Youth Permanency Summit, OCFS has remained strongly committed to improving the permanency outcomes for older youth in care. During the past five years, OCFS has:

- Developed a Permanency Policy, written in large part by an alumni of Maine's foster care system;
- Enacted legislation that allows for the *Reinstatement of Parental Rights* for a parent when termination of parental rights was made at least 12 months prior;
- Revised its foster care licensing rules to allow for an exception to the rule that "resource families shall not permit adult boarders or roomers" by allowing the family's former foster child to reside in the home without impacting the resource family's care of other foster children;

- Obtained a Fostering Connections Kinship Grant and implemented Extreme Recruitment;
- Implemented a statewide Permanency Review Teaming process;
- Hosted Community Conversations across the state where child welfare staff, resource parents and therapeutic agency staff to hear from youth, alumni and others about the need for permanency for older youth in foster care as well as to identify what is working well in the community and what needs to happen next to improve outcomes for permanency for older youth in foster care;
- With the help of youth, substantially revised the Youth Transition Policy and expanded the population of youth considered eligible for V9 Agreements, thereby reducing barriers to permanency. Additionally, OCFS established the V9 Agreement as additional time to help young adults, aged 18-21, develop permanent connections.
- Continued financial and in-kind support to *Camp to Belong Maine* (CTBM). Every summer since 2004, CTBM has allowed children and youth from across the state separated by out-of-home care to reunite for a week to bond and enjoy a typical camp experience together.

According to MACWIS data (2013), the number of youth aging out of care each year has declined substantially and now represents about 14 % of all exits from care. The percentage of youth exiting care to permanency (reunification, adoption/PG, custody to relative) represents approximately 86% of all youth. This is an increase in exits to permanency from FY 10 (41%) and FY 11 (61%) *according to AFCARS*. The number of older youth in care declined over the past five years.

Goal 2: Improve educational success for youth by improving post-secondary retention and graduation rates.

High School—New OCFS policy directs staff to find placements that will allow a youth to remain in their own school district. Maine enacted legislation to comply with Fostering Connections requirements around education stability and allows DHHS to have final statutory authority to make the determination of which school meets the best interest of the student.

Post-Secondary--OCFS continues to provide ETV funds to youth to support post-secondary education programs. For youth whose post-secondary education needs that cannot be funded through ETV because of federal restrictions, such as training programs through adult education, OCFS utilizes state funds to pay for these programs. OCFS added as an eligible category to receive ETV funds youth who were reunified with parents at age 16 or older.

Youth transition workers and caseworkers continue to meet monthly with youth on V9 Agreements, and as part of their on-going support are connecting youth to the available supports, services, and community opportunities at their post-secondary institution. The percentage of youth returning to post-secondary education the subsequent fall remains steady at around 60%.

OCFS continues to partner with the Maine Youth Transition Collaborative to develop resources and supports aimed at improving the post-secondary educational outcomes for youth in Southern Maine by hosting student gatherings where students could learn about various campus supports also receive care packages.

The Maine Youth Transition Collaborative received grants from the Cohen Foundation, Casey Foundation, and Aspen Foundation to help us expand the post-secondary educational supports to students in southern Maine.

Maine continued to support a Tuition Waiver program for youth who are in foster care at the age of 18, for youth who were adopted from foster care, and for youth under permanency guardianship. A total of 30 tuition waivers are available to freshman students per academic year to attend one of the state university system

schools, one of the state community colleges, Maine Maritime. Once a freshman student has qualified for the waiver, they have up to 5 years of waiver eligibility to complete their undergraduate degree provided they remain in good academic standing.

Goal 3: Improve the quality of permanency hearings and better incorporate youth decision-making.
Twenty-three youth participated in the statewide Court Forums to train judges, GALs, DHHS caseworkers, CASAs, attorneys, and other service providers, about how to positively engage youth in care in the court process. With youth panel presentations happening simultaneously in the 8 district courts, YLAT members' experiences impacted the 200+ attendees.

OCFS also implemented Annual permanency hearings for youth on V9 Agreements, aged 18-21, as part of the Fostering Connections legislation.

Goal 4: Expand availability of support and services to youth in all areas of the state.
OCFS continued to support the work of the Maine Youth Transition Collaborative (MYTC) by committing staff time and resources to continue work to increase resources in the life essentials areas of: education; employment; housing; and life long connections.

OCFS continued to focus on youth awareness of resources in the community at the Annual Teen Conference and through the YLAT website and Facebook.

OCFS continued to contract with Jobs for Maine Graduates (JMG) to provide financial literacy training and a $1 to $1 matched savings program, Opportunity Passport™ to youth in and from foster care, aged 14-24. Since 2003, there have been 459 youth participants. Youth have been trained in financial literacy and opened savings accounts. Since 2003, youth have saved and matched $357,075 making asset purchases for vehicles, laptops, education costs, investments, apartment costs, and medical/dental expenses.

OCFS implemented the National Youth in Transition Database (NYTD) to track services provided as well as youth outcomes.

Goal 5: Increase housing options for older youth in care and youth transitioning from care.
OCFS received a grant from the National Governor's Association (NGA) to address housing needs for youth in care by providing technical assistance.

OCFS utilized state funds to pay for the housing needs of youth on a Voluntary Extended Care (V9) Agreement. This allowed youth to remain with resource providers, move into apartments, or establish other housing options (i.e. dorm placements) that they could not afford on their own. Caseworkers regularly work with landlords to help youth secure housing. Also by collaborating with Post-Secondary Institutions, we were able to successfully explore options for continual housing with some colleges during their traditional school breaks.

Maine worked with homeless youth providers in Maine to ensure better coordination of services and funding to support youth experiencing homelessness, some of whom have experienced the child welfare system.

Housing remains a challenge for youth transitioning from foster care in Maine. However, OCFS has worked collaboratively with public and private stakeholders to apply for federal housing grants. While these were unsuccessful, it provided opportunities to explore possible new resource development.

Goal 6: Improve the outcomes for youth placed in congregate and therapeutic foster care.

OCFS established performance based contracts with all group and residential care programs and has dedicated contract staff to oversee the services they provide to ensure compliance with recently revised *Residential Standards* that emphasize working with families. With the reduction of the number of youth residing in residential group care over the past few years, Maine views this type of placement as appropriate only as a brief, medically necessary intervention.

OCFS continued to utilize the Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care as well as the level of care being received by placement treatment foster care.

National Youth Transition Database Compliance:

Maine developed systems and has complied with the requirements of the National Youth in Transition Database (NYTD). Youth continued to be informed about NYTD, through meetings at the annual Teen Conferences.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

Older youth in care are well supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs.

There are no identified statutory or administrative barriers that prevented DHHS from fully implementing the ETV program in Maine. The Chafee Independent Living Program Manager (Youth Transition Program Specialist) approved the youth's eligibility for ETV funds and makes the final determination of their ETV allocation under the guidelines of the ETV program. These expenditures are tracked separately from other expenditures under the CFCIP.

Our use of Education and Training Voucher (ETV) funds continues to be providing "gap assistance" to students who may be attending post-secondary educational institutions out-of-state or in-state, students who are attending a tuition waiver institution, or students who are attending an accredited specialized job skills training program. Youth Transition Workers work with youth to assure that the amount of ETV funds provided to students will not exceed the total cost of the program or more that $5000 per regulation.

The Youth Transition Specialist tracks the utilization of ETV funds to assure that the funds provided do not exceed $5000 or the total cost of the program, taking into account all other financial aid assistance and awards.

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for the purpose of post-secondary education.
- Youth, aged 16 and older, who were reunified from Maine DHHS
- Youth, aged 16 and older, who were adopted from Maine DHHS
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.

Youth are informed that they must maintain good academic standing as considered satisfactory academic performance at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing in order to remain eligible for ETV funds.
A determination of the amount of ETV funds to be awarded to each student is made by the Youth Transition Specialist based on the number of students needing assistance that academic year. By working with post-secondary institutions, we ensure the ETV funds provided to students in combination with other federal assistance, does not exceed the total cost of attendance or duplicate other federal assistance programs.

Post-Secondary Students:

Academic Year	New Participants	Continuing Participants	Total Participants
2009-2010	51	51	102
2010- 2011	58	65	123
2011-2012	28	52	80
2012- 2013	31	49	80
2013- 2014	23	37	60

RESPONSIBLE STATE AGENCY

The State's Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Human Services is 1-01-600-0001A6. The Department of Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program.

The Department of Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program's services.

ASSURANCES

The State assures that:

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services,

2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner,

3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1),

4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;

5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475

(1);

6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;

7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;

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

9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A- 102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80) and;

CERTIFICATIONS

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child and Family Services Plan to be submitted before the end of June 2009.

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).

2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).

3. Debarment Certification (45 CFR, Part 76.500).

Attached to the CFSP are also the additional certifications required for the Chafee Foster Care Independence Program as signed by the Governor of the State of Maine.

STATE MATCH

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program.

The State match for these funds includes the state's value of the Tuition Waiver Program, in-kind and third party contributions, and state funds which are not being used as match for other federal funding sources.
Here's the link to the NYTD videos.

Attachment F

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

	Total ETVs Awarded	Number of New ETVs

Final Number: **2012-2013 School Year** (July 1, 2012 to June 30, 2013)	80	31
2013-2014 School Year* (July 1, 2013 to June 30, 2014)	60	23

Comments:

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for the purpose of post-secondary education.
- Youth, aged 16 and older, who were reunified from Maine DHHS
- Youth, aged 16 and older, who were adopted from Maine DHHS
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.

Youth are informed that they must maintain good academic standing as considered satisfactory academic performance at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing in order to remain eligible for ETV funds.

Appendix B
CAPTA

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act 2013-2014 Update

The Maine Department of Health and Human Services' ("DHHS") completed an administrative restructuring in 2012 in its child welfare, children's behavioral health, early childhood, and public services management offices to strengthen and support greater child safety and wellbeing outcomes for children and their families. The Office of Child and Family Services' ("OCFS") commitment to ongoing improvements in its work of increasing child safety and greater wellbeing is strongly supported by the Child Abuse Prevention Treatment Act ("CAPTA") and the Children's Justice Act ("CJA") grant program requirements (CAPTA Section 106; CJA Section 107).

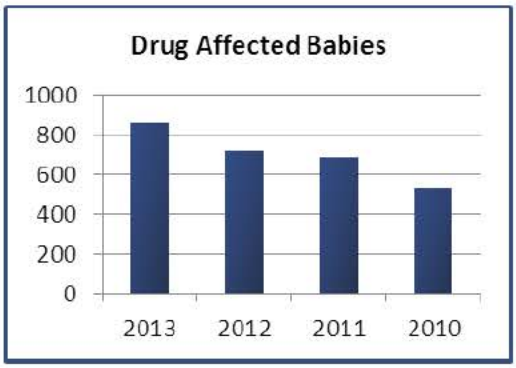
DHHS meets CAPTA Section 106 and CJA Section 107 grant requirements through a range of programs and supports in its agency child welfare work and through ongoing, strengthened, and increased inter-agency, intra-agency, interstate, intrastate, and multidisciplinary team work within our communities, supported by federal, state, and private resources, including parents and community members.

There have been no substantive changes during 2013 to state law or regulations including laws and regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA).

There have been no significant changes during 2013 from the state's plan previously approved CAPTA plan in how the state proposes to use funds to support the program areas enumerated in section 106(a) of CAPTA.

These requirements under Title 22 meet CAPTA requirements of Section 106.b.2.B.ii and iii, and support Maine's interagency response efforts in ensuring those infants' are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (legal or illegal substances) are identified as "drug affected baby" reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications which are determined to not involve allegations of child abuse and/or neglect are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106.b.2.B.v.).

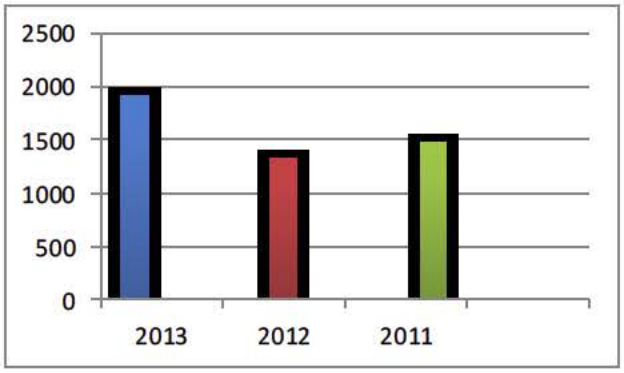
During 2013, OCFS received 866 reports of drug affected babies, 720 reports were received in 2012, 668 reports were received in 2011 and 532 reports for 2010. Of the 866 reports received by OCFS in 2013; 6 were referred to appropriate Tribal Welfare staff, 20 were referred to Home Visitors, 87 were referred to Contract Agency, 456 were assessed by OCFS child protective services and 297 were referred for the Public Health Nursing services.



FINAL DISPOSITION	# REPORTS
Assign to Contract Agency	87
Child Protection Assessment	428
DAB - Completed Assessment	28
DAB - Refer to PHN	297
DAB- Referred to Home Visitors	20
Referred to Tribes	6
TOTAL	**866**

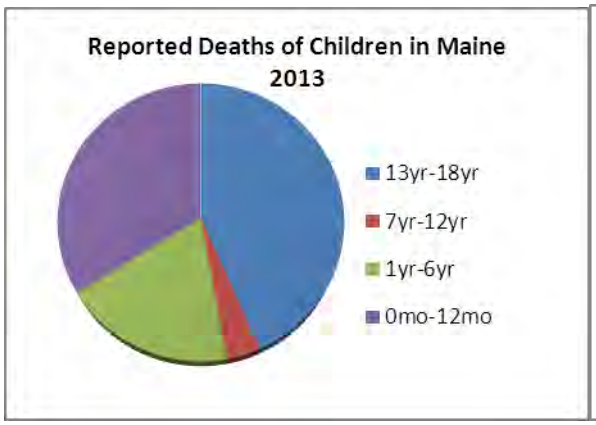
There were 12,295 children who were reported to the State during the year as victims of child abuse or neglect of those reported 3820 were substantiated and 8284 were unsubstantiated. Of these children 844 were removed from their families during the year by disposition of the case.

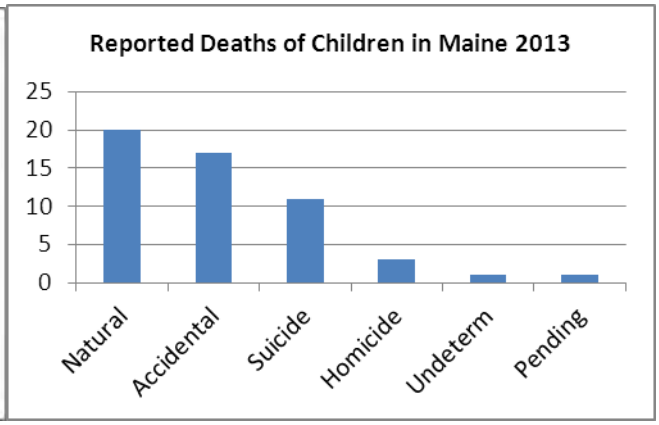
The number of children, under age 18, in State custody at the end of 2013, was 1,908, 31% higher than 2012 and 23% higher than 2011; in 2012 the number was 1,324 and 1,471 in 2011. Although, the number of children in custody in Maine declined slightly from 2011 to 2012, there has been a sharp rise during this reporting period evidenced by the respective numbers provided.



The number of children for whom individuals were appointed by the court to represent the best interest of such children varied based on children that entered and then left state custody in 2013. Therefore, this data is consistent with the number already described in the previous paragraph. Maine does not currently track the data on out of court contacts between such individuals and children.

Reported deaths of children in Maine for 2013 was 53, there were 3 deaths resulting from child abuse and neglect (homicide), 1 death undetermined and 1 death pending investigation. Maine had approximately 265,000 children under the age of 18 in 2012 based on the data estimates of the U.S Census Bureau.





OCFS experienced another challenging year for maintaining stable, child protective staffing. The child protective caseworker statewide turnover rate was approximately 30.5% for 2013 vs 29% for 2012 and for supervisors it was 6.3%. Thus far, for 2014, the turnover rate is currently at 16% for caseworkers and 4.76% for supervisors. The numbers are roughly the same for both periods; this trend in caseworker turnover is very similar to nationwide statistics. The staff turnover in child welfare is estimated to be 30-40% annually nationwide; the average length of employment is less than 2 years (GAO, 2003). The fact that there was not and is not a large difference year to year does suggest that the establishment of the Recruitment and Retention Specialist position has had a positive effect. This position continues to provide focused efforts in managing the child protective workforce. Currently supervisory positions are fully staffed and caseworker positions are at the same level as they were in 2012. OCFS child protective caseworker and combined supervisor staffing levels are currently at 92%. Caseworker applicants with good qualifications and skill sets continue to apply for open positions.

The average caseload for workers conducting assessment and investigation is 96. The agency response time with respect to each report and the initial investigation during 2013 was within 72 hours approximately 80% of the time. Maine's goal of completing assessments within 35days with the respect to the provision of services to families and children where an allegation of child abuse or neglect has been made was achieved during 2013 on approximately 80% of completed assessments.

The number of children reunited with their families or receiving family preservation services that within five years resulted in subsequent substantiated reports of child abuse or neglect, including the death of the child reached 216 for 2013.

OCFS had 327 child protective caseworkers and 65 child protective supervisors conducting the work of intake, screening, assessment, investigation, and permanency work, noted below by geographical district office, at year end 2013. (Table 1)

The U.S. General Accounting Office. (2003). Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff. Retrieved on August 18, 2009, from: http://www.cwla.org/programs/workforce/gaohhs.pdf

Table 1

District	Number of	Number of	Number of	Number of	Number

	Caseworkers	Supervisors	CPS Assessments	Children in Custody Under Age 18	Vacant Positions
1	46	9	1195	332	5
2	54	10	1224	266	0
3	51	10	1575	237	3
4	25	4	833	125	2
5	48	10	1571	321	7
6	36	9	1165	274	8
7	22	5	487	109	1
8	26	6	560	126	1
9	19	2	195	--	4
Total	**327**	**65**	**8805**	**1790**	**31**

Currently there are 26 child protective service personnel responsible for intake and screening and 95 child protective service personnel responsible for the assessment and investigation of reports. These numbers do not reflect current vacancies.

Maine OCFS child protective caseworkers and supervisors are required to have full social work Maine licensure before they can begin managing a child protective case. Newly hired caseworkers are also required to complete a Caseworker Pre-Service training program ("Pre-Service") conducted by OCFS. Pre-Service provides a comprehensive curriculum and job shadow components to ensure caseworkers have the competencies and skills to perform child protective work. Personal safety training is provided for all State employees through the State of Maine's educational training services.

In order to qualify for a Human Services Caseworker position applicants must have a Bachelor's Degree from an accredited institution in Social Work or a Bachelor's Degree in a related field such as Behavioral Science, Childhood Development, Education and Human Development, Mental Health and Human Services, Psychology, Rehabilitation Services or Sociology. Casework lines are generally exempt from the hiring freeze and open for recruitment which can be found on the government website.

The state application process includes a numerical evaluation that considers the applicant's background, training and experience. All selected applicants undergo a panel interview conducted by at least three management level staff in order to fill a district child welfare vacancy. The salary for caseworker staff ranges from $34,091 to $46,218 with health and dental benefits.

All new caseworkers are required to participate in pre-service training that covers a multitude of topics, including Introduction to Public Child Welfare in Maine, Fact Finding Interviewing, Legal Training, Family Team Meeting training, Psychosocial Assessment and Case Planning (a requirement for a Maine Social Work License), Assessing Child Safety, Risk and Danger, Introduction to ICWA, Medical Indicators of Child Abuse and Neglect, Impact of Substance Abuse on Families and Children and Impact of Domestic Abuse on Families and Children.
Within the first two years of hiring, new staff is expected to participate in several core trainings which would expand upon what they had experienced in pre-service and include: Medical Indicators of Child Abuse and Neglect, Dynamics of Substance Abuse and Domestic Violence and Batterer Intervention/Accountability.

There are district allocations for staff to continue their professional development in accordance with licensing requirements as well as to allow access to professional literature.

All supervisors hired in DHHS are required to participate in the training; *Managing in State Government*. The focus of this training is the role of the supervisor in an organization and how it differs from the task based role of the employee. The training covers policies and procedures that are unique to supervision within state government including employee selection and performance evaluations.

All new state employees receive a three month evaluation followed by annual performance evaluations. Casework supervisors are expected to conduct quarterly field observations focused on individual casework practice and provide supervisory feedback on those observations. In terms of measurement, each district has a Performance and Quality Improvement Specialist who reviews district cases and provides feedback to staff related to practice. All supervisors have access to the Results Oriented Management data system that provides information related to meeting federal outcomes. Supervisors have access to an array of management reports to monitor the key components of practice and can be used in individual supervision to help track caseworker workload, activities and help set caseload priorities based on that information.

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System if they become involved with the criminal justice system, but rather remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or guardian. CAPTA funding has supported the 2013-2014 procurement of consultation and research services in a joint DHHS and Maine Department of Corrections endeavor for staff support on issues pertaining to identifying, disseminating, implementing, and evaluating empirically supported assessment and treatment interventions concerning sexual offending, juvenile justice assessment and intervention, and child abuse and neglect. Services, including facilitating effective, community and family-based interventions, monthly Sexual Behavior Treatment ("SBT") team consults for each of the State's juvenile correctional facilities, supporting intra-agency and inter-agency periodic meetings to both educate and enhance working relationships, and to complete the validation study of the Juvenile Sex Offender Assessment Protocol II and the Treatment Needs and Progress Scale with the Maine State Forensic Service Data and then presenting those findings to State Forensic Service evaluators.

During 2013-2014, Maine's Citizens Review Panel ("CRP") continued to focus on its review of policies, procedures, and practices of State and local agencies, in accordance with CAPTA 106.c.4, on the review of:

- Kinship care challenges in respect to interactions with child welfare systems, expressed concerns for respite care services, qualification for benefit assistance denial as a result of "relative" definition exclusions and fictive kin exclusions.
- OCFS' voluntary care program for youth leaving the State's custody at age 18 to identify challenges for the youth using the program, and what is the impact on those youth upon the ceasing of the voluntary care program's services when the youth reaches age 21. The voluntary care program is able to assist those particular youth from age 18 until age 21with financial, case management, and benefit assistance while they are engaged in completing their high school or secondary school program or if they are in need of continued case management, mental health services, and financial support because of significant mental health needs.
- OCFS' implementation of a mental health assessment for each child upon the child's entry into DHHS custody is still being worked on for this period, although this process has been lengthy the outcome should result in a well thought out comprehensive evaluation from this CRP subcommittee, based on

input from the effectiveness of follow up on any resultant recommendations, and to look for any kind of outcome data that might be present in the child records.

- Community-expressed concerns in respect to legal services for parents and for children. The CRP subcommittee started the undertaking of reviewing this area of the child welfare system services. This subcommittee is also monitoring the Maine 126th Legislature's review of proposed bills potentially impacting guardian ad litem services for the children in Maine.

Members are setting priorities and showing new energy to develop a group resilient to the effects of burnout and lack of interest. The current membership is 16 and the majority of these individuals are attending regularly scheduled monthly meetings and all members are attending at least quarterly. The Panel is actively seeking new members to support its ongoing work, and though the requirements for CRP membership, under CAPTA Title 1, Section 106, are somewhat broad, the Panel has worked conscientiously to follow the membership diversity guidelines provided for the State's Multidisciplinary Task Force under CAPTA Title 1, Section 107.

The Panel's last annual report was for the period 2010-2011. The CRP will issue a biennial report for the period of 2011-2013 summarizing its work of reviewing specific areas of the child welfare systems, the recommendations made resulting from those reviews, and OCFS' response to the Panel's recommendations. Maine's CRP will be submitting on an annual basis a summary of CRP activities and recommendations. To help ensure this happens, a strategy of spreading work initiatives of the Panel over a two year period, in lieu of a one year period, will allow Panel members to respond more efficiently to meet with the CAPTA guidelines. This idea was conceived during the strategic planning retreat in October 2013, as the panel was allowed to receive technical assistance from the Director of NCRP.

Maine's Child Death and Serious Injury Review Panel ("CDSIRP") is a multi- disciplinary team of professionals with expertise in the prevention, treatment, and investigation of child abuse and neglect and with expertise in the conduct of child protective, juvenile, and criminal legal proceedings. CDSIRP receives and reviews reports of all child deaths and serious injuries reported to OCFS and are goal oriented to reduce the number of child deaths and serious injuries to children. CDSIRP has been effective in its approach of identifying trends in causes of child deaths and child injuries and in identifying interventions, such as public education and community services that have had positive impact on decreasing particular causes of child deaths and serious injuries. In 2013 the CDSIRP reviewed the proposed federal legislation, S.314, and drafted a letter advocating for that federal legislation, in support of the work of the National Center for Child Death, in the hope that, this could result in the State's efforts for engaging in consistent protocols for the investigation of sudden unidentified infant deaths. The panel also engaged in drafting letters to Maine's U.S. Congressional members and members of the Senate. "There are more than 4,600 sudden unexpected infant deaths each year and another 200 children between the ages 1 and 4 die without any obvious cause for their death." The Maine CDSIRP is currently in the early stages of work on their annual report and hope to accomplish this project by the summer of 2014.

Maine's Child Death and Serious Injury Review Panel ("CDSIRP") agreed to conduct another initiative in the Triple P positive parenting program. Developed in Australia, this parenting training program has been studied in countries around the world and has shown great effectiveness in reducing the incidence of child abuse and neglect. This is an evidenced based program that can make a difference in preventing child abuse and neglect, even in drug affected parents. This type of program would complement the sudden unexpected infant death issue as it would educate the parents who provide care for this much more difficult group of drug affected babies. The CDSIRP Chair met with the DHHS Commissioner of Maine to discuss and draft a letter of recommendation concerning this work. The CDSIRP also reviewed 12 cases during 2013 which included themes such as, ingestions, unsafe sleep, and home births.

CAPTA funding continues to support the work of the CRP and the CDSIRP.

DHHS has used a portion of its CAPTA funds, a portion of its Promoting Safe and Stable Families Title IV-B funds, and State funds, in equal shares, to support the work of the Maine Children's Trust (Maine Revised Statute Title 22, Chapter 1058) in its administration of the CAN Council grant program for the promotion and delivery of parent access to evidence-based parent education. The Maine Children's Trust has issued nineteen financial awards to community parent education program providers located throughout the State's communities. Those parent education programs include the Nurturing Fathers Program, 123 Magic, 1234 Parents, Incredible Years, and Parents as Teachers, Active Parenting Now, Guiding Good Choices, Nurturing Program for Teen Parent, and Nurturing Program for Families. The Maine Children's Trust is currently accepting applications for 2013-2014 child abuse and neglect prevention grants. There is a total amount of $60,000.00 available for grants intended to prevent child abuse and neglect. The Maine Children's Trust is required to submit quarterly reports on the progress of the goals as agreed to with DHHS.

DHHS will continue to use CAPTA funding for continued support of CRP and CDSIRP in its collective work. CAPTA funds and Title IV-B funds will be utilized to support improved access to evidence-based parenting education programs for the parents in our communities. Those parenting education services will include the development and implementation of the Maine Parents Place Project virtual learning center. This type of parenting education delivery option will initially work with a pilot group of parents whom have been mandated by the State to complete a parenting education curriculum. CAPTA and Title IV-B funds will also be utilized for the development and implementation of a Community-Based Physician Education Project. Key areas of this work will be mandated reporter training and prevention training, including "Safe Sleep" strategies for infants and the "Period of Purple Crying". The mandated reporter education will use a peer-to-peer training model. It is intended the education be provided to a small network of physicians interested in being peer trainers. Development of the training syllabus for the Community-Based Physician Education Project will be accomplished under the guidance of a Board-certified child abuse pediatrician. The Project has identified a goal of training fifteen physicians, who will then provide trainings in their region of the State.

Maine currently uses MACWIS (SACWIS) and information gathered from the child death and serious injury review panel, law enforcement agencies, and the medical examiners' office (the Chief Medical Examiner for Maine is also a member of the CDSIRP) when reporting child maltreatment fatality data to NCANDS.

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Appendix C

Maine Citizen Review Panel Annual Report 2011-2013

Table of Contents

Citizen Review Panels (CRP) are groups of volunteer citizens throughout the nation who are federally mandated to provide an evaluation of their State's child protective services system.

The Federal Child Abuse Prevention and Treatment Act (CAPTA) is the enabling legislation for Citizen Review Panels (CRPs). CAPTA allows the Federal government to provide leadership and assist communities in their child and family protection efforts by:

- promoting coordinated planning among all levels of government
- generating and sharing knowledge relevant to child and family protection, including the development of models for service delivery
- strengthening the capacity of States to assist communities
- allocating financial resources to assist States in implementing community plans
- helping communities to carry out their child and family protection plans by promoting the competence of professional, paraprofessional, and volunteer resources; and
- providing leadership to end the abuse and neglect of the nation's children and youth.

Summary of Legislative History:

The Child Abuse Prevention and Treatment Act (CAPTA, P.L. 93-247) was originally enacted in 1974 and was later amended by the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (P.L. 95-266, 4/24/78). The law was completely rewritten in the Child Abuse Prevention, Adoption and Family Services Act of 1988 (P.L. 100-294, 4/25/88). It was further amended by the Child Abuse Prevention Challenge Grants Reauthorization Act of 1989 (P.L. 101-126, 10/25/89) and the Drug Free School Amendments of 1989 (P.L. 101-226, 12/12/89).

The Community-Based Child Abuse and Neglect Prevention Grants program was originally authorized by sections 402 through 409 of the Continuing Appropriations Act for FY 1985 (P.L. 98-473, 10/12/84). The Child Abuse Prevention Challenge Grants Reauthorization Act of 1989 (P.L. 101-126) transferred this program to the Child Abuse Prevention and Treatment Act, as amended.
A new title III, Certain Preventive Services Regarding Children of Homeless Families or Families at Risk of Homelessness, was added to the Child Abuse and Neglect Prevention and Treatment Act by the Stewart B. McKinney Homeless Assistance Act Amendments of 1990 (P.L. 101-645, 11/29/90).
The Child Abuse Prevention and Treatment Act was amended and reauthorized by the Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (P.L. 102-295, 5/28/92) and amended by the Juvenile Justice and Delinquency Prevention Act Amendments of 1992 (P.L. 102-586, 11/4/92).

CAPTA was amended by the Older American Act Technical Amendments of 1993 (P.L. 103-171, 12/2/93) and the Human Services Amendments of 1994 (P.L. 103-252, 5/19/94).
CAPTA was further amended by the Child Abuse Prevention and Treatment Act Amendments of 1996 (P.L. 104-235, 10/3/96), which amended title I, replaced the title II Community-Based Family Resource Centers program with a new Community-Based Family Resource and Support Program and repealed title III, Certain Preventive Services Regarding Children of Homeless Families or Families at Risk of Homelessness. In 2003, CAPTA was reauthorized and amended by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36, 6/25/03). CAPTA was most recently reauthorized and amended in 2010 by the CAPTA Reauthorization Act of 2010.

INTRODUCTION

MAINE CITIZEN REVIEW PANEL

The Maine Citizen Review Panel (CRP) was created in 2008 as an addition to the Child Death and Serious Injury Review Panel (CDSIRP) and the Child Abuse Action Network (CAAN), fulfilling compliance with the Child

Abuse Prevention and Treatment Act (CAPTA). All three panels are financially supported through a Children's Justice Act grant that provides funding for financial resources to support the work of the panels.

The CRP is a federally mandated group of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective responsibilities pursuant to CAPTA. The mission of Maine's CRP is to ensure that the state system is meeting the safety, permanency and well-being needs of children and families. This is accomplished through assessment, research, case reviews, advocacy and greater citizen involvement. It is the "greater citizen involvement" that is key to creating transparency within the Child Welfare system and increasing accountability and ownership in the outcomes for Maine's children and families. The CRP publishes an annual report of activities, research, and reviews. Recommendations are made addressing relevant and current child welfare issues. The recommendations can be made immediately to the Commissioner of Health and Human Services or through the annual report. Recommendations can also be made to the Department liaison of the Office of Child and Family Services.

Who are we? The CRP is comprised of 15-25 members representing providers, consumers of the child protective services, former foster children over the age of 18, adoptive parents, civic representatives, and members of the community at large. Membership of the CRP attempts to achieve a broad and diverse representation of the community including, but not limited to, law enforcement, biological parents, former youth in care, researchers, foster/adoptive/kinship parents, domestic violence professionals, mental health therapists, clergy, Court Appointed Special Advocates (CASA), disabilities specialists, teachers, and medical professionals. Membership recruitment also weighs diversity of age, race, ethnicity, gender and class as critical to the makeup of the CRP. The DHHS, Office of Child and Family Services, Associate Director, Policy and Prevention Office serves as a liaison to the panel and is an ex officio member of the panel. The panel also recruits ad hoc members who have expertise in the areas of current panel focus. (See Appendix 2).

The CRP year runs from October 1st to September 30th. The year begins with a daylong strategic planning retreat. At the retreat, the state liaison provides the panel with updates on state and

federal level policies and practices, and the panel is provided with training. In the afternoon, the CRP focuses on strategic planning for the upcoming year. The panel chooses two to three topics for review, based on information from the liaison, member proposals and community input. The CRP meets on the first Tuesday of the month from 1pm – 3pm, September – June, at the Wings Agency at 900 Hammond St. in Bangor. Meetings are open to the public, unless there is a need for a closed session due to confidentiality concerns. The first hour of the meeting is typically focused on updates from the state liaison about state and federal policies and practices, reports and updates from panel members, guest speakers and administrative issues to the panel, such as membership recruitment. During the second half of the meeting, the CRP might break into subcommittee/s to allow time within the meeting to work on one, two, or three topics chosen during the strategic planning retreat. The subcommittee/s conduct work through research, case reviews, focus groups, etc.

For more information about Citizen Review Panels, go to the National Citizens Review Panels Virtual Community at www.uky.edu/SocialWork/Crp. For more information about Maine's Citizen Review Panel, go to: www.childabuseactionnetwork.com.

CRP ACTIVITIES 2011-2013

Strategic Planning

In October 2012, the Citizen Review Panel (CRP) convened a Strategic Planning Retreat at the Morgan Hill Event Center in Hermon, Maine. In the morning the panel and guests heard from Therese Cahill-Low, Director of the Office of Child and Family Services who provided and update on DHHS and the reorganization of the Office of Child and Family Services. The panel listened to Molly Newell and Penthea Burns on the Maine Wabanaki-State Child Welfare Truth and Reconciliation

Commission, (TRC).

The focus of the TRC is to uncover and acknowledge the truth about what happened to Wabanaki children and families involved with the Maine child welfare system. This TRC is focused on what has happened to Wabanaki children and families between now and 1978, when the Indian Child Welfare Act (ICWA) was passed. It is specifically centered on the State of Maine's child welfare practices. Molly Newell, Passamaquoddy DHS Director at Sipayik and Penthea Burns, Policy Associate, Muskie School of Public Service gave an overview of the work of the Commission to date.

During this session the election of Executive Committee officers for the upcoming 2012-2013 year was conducted and members selected.

The Strategic Planning session was facilitated by Bonnie Dodson, Chair; Vicki Fischer, Vice Chair and Panel Coordinator, Gretchen Ossenfort. Topics were generated by the group. Each panel member voted for three choices out of the generated list of topics and the three topics with the most votes were chosen for the 2011-2012 work.

The first topic the panel chose to work on was on the kinship family both formal and informal systems in the State of Maine. The committee will explore the limited supports for relatives who are raising their relatives' children.

The second topic chosen by the CRP was the impact of older children who are aging out of foster care in the State of Maine, also known as V-9 cases. The committee will request a file review and interview young people who were placed in foster care and are now young adults living in Maine.

In September 2013, the Citizen Review Panel (CRP) convened another Strategic Planning Retreat at the Morgan Hill Event Center in Hermon, Maine. In the morning the panel and guests heard from Blake Jones, MSW, LCSW, Ph.D., of the National Citizen Review Panel. Blake presented 'CRP 101', providing the panel an overview of CRP history and the evolution of best practices for this work. This was followed by conducting a SWOT analysis. Another topic of discussion revolved around the

challenges of staffing. It was suggested that the panel would benefit from working together on selected projects because of its size. A critical piece is getting the panel staffed.

Topics for the 2012-2013 subcommittees were voted on an approved as follows:

- Quality of legal representation for children and families /education of probate judges
- Measuring outcomes for mental health wellbeing/ screening for trauma.
-

Executive Committee and Leadership

In the summer of 2010, the responsibility for coordination of the three panels was transferred from the University of Maine's School of Social Work to the Department of Health and Human Services. This change was made to free up more money to support the work of the three panels and create the potential for better access by the panel to records and data needed in the CRP work.

The Executive Committee met every month prior to the full CRP meeting. The Executive Committee was comprised of the DHHS liaison, the panel coordinator, a chair, a vice chair, a secretary and a member at large. The major tasks of the Executive Committee were: A) to complete the updates of the by-laws; which were approved by the panel in December 2011. (See Appendix 3), B) recruit new members for the CRP; and C) review the work of the subcommittees, identify resources needed, and address barriers in the work.

In assessing the Panel's work during the 2011-2012 year and the 2012-2013 year, it is important to note that responsibility for coordination for the three Children's Justice Act (CJA) panels was assigned to a DHHS staff member with pre-existing duties. The major barrier to leadership of the CRP was that the coordinator was not able to consistently attend the meetings or attend to tasks, due to other work duties.

The DHHS staff person assigned to coordinate the three panels was placed in another position within DHHS in September 2011. There was a delay in hiring a new coordinator; the lack of staff support continues to be a concern of panel members. The resignation of the DHHS liaison and the Chair of

the Panel during this time compounded the situation. Consequently, the resources needed to facilitate the work of the subcommittees were often delayed for months; for example, and communication issues arose around consistent note taking, distribution of panel minutes, and meeting reminders. The compilation and writing of the annual reports is the responsibility of the coordinator, and, consequently, Maine's CRP is behind. This is an ongoing concern; duties were picked up by various panel members during this transition period. Coordination is crucial to retaining members, facilitating recruitment, creating timely and relevant reports, and having meaningful and helpful input into the child welfare system. The staff hired to replace the previous coordinator of the three panels resigned in November 2013.

This report is being finalized this year to help ensure that the State of Maine continues to support this much needed group of volunteers. There is hope that the strong project related work ethic of this group will continue with the same energy and focus as it has done for so many years.

Educational Opportunities

For 19 years, the Bangor area has hosted an Annual Child Welfare Conference, organized by a group of volunteers from child welfare stakeholders, including the Bangor Police Department, Eastern Maine Medical Center, Penobscot Community Health Center, DHHS, National Coalition to End Child Abuse Death, Casey Family Services, and Community Health and Counseling Services (as well as other agencies over the years). The mission of the Child Welfare Conference is to provide quality, low-cost child welfare training to Maine.

On June 13, 2012, The 18th Annual Child Welfare Conference, *Hot Topics in Child Welfare*, was held at the Wells Conference Center, University of Maine, Orono. There were over 200 people, including caseworkers, attorneys, therapists, case managers, doctors, nurses, GALs, CASA volunteers, police, resource parents (foster, adoptive and kinship), supervisors and state administrators, in attendance (Appendix 5).

On June 20, 2013, The 19th Annual Child Welfare Conference, *Hot Topics in Child Welfare*, was held at the Wells Conference Center, University of Maine, Orono. Once again, there were over 200 people, including caseworkers, attorneys, therapists, case managers, doctors, nurses, GALs, CASA volunteers, police, resource parents (foster, adoptive and kinship), supervisors and state administrators, in attendance (Appendix 6).

These conferences provided a unique educational opportunity for all those who attended.

National Citizen Review Panel Conference

Three members of the Panel were given the opportunity to attend the 11th annual National Citizen Review Panel conference held in conjunction with the Children's Bureau 100 Year Celebration and 18th National Conference on Child Abuse and Neglect, in Washington D.C.

The Maine CRP was selected to present a workshop at the conference. Virginia Marriner, DHHS Liaison and Win Turner, PhD, Panel Research Consultant presented the findings on education stability from the analysis of the survey data that were collected during the past fiscal year. This national conference is a wonderful opportunity to network with other states and learn what they are doing to support and improve the child welfare systems across the country.

The attendees received training on federal policies and legislation. Bryan Samuels, Commissioner of the Administration for Children and Families

provided an overview of the strategic work of the Children's Bureau. He encouraged states to fully integrate a focus on social and emotional well-being into the child welfare work in their state that will improve the outcomes of children who receive services.

Two members of the Panel were given the opportunity to attend the 12th annual National Citizen Review Panel conference held in Jackson Hole, Wyoming. This was a very positive experience for the attendees and they were able to obtain resources and knowledge from CRPs that have been in existence longer, and created a network of support for Maine's CRP. Many topics have already been addressed by other states and the attendees had an opportunity to collaborate with panel members from those states. The attendees received training on strategic planning, mandated reporting and the education community, rethinking citizen empowerment and the connection between Citizen Review Panels and Child Fatality and Near Fatality Review Panels.

CITIZEN REVIEW PANEL SUBCOMMITTEES 2011-2013

Follow up 2010-2011 Annual Report

Educational Stability Subcommittee

The survey conducted by the MCA, of school superintendents and principals concerning Maine's implementation of the federal Fostering Connections law is being presented here as a follow up to the 2010-2011 Annual Report. It should be mentioned, that an examination by the subcommittee was never completed. Two online surveys were administered to gather information from school principals and superintendents about the changes in state and federal law. Of the 475 principals surveyed, 81 (17%) responded; of the 115 superintendents surveyed, 18 (15.7%) responded. More than a quarter (25.7%) of the principals and 18.8% of the superintendents stated that they learned of the change in law from Maine Children's Alliance's (MCA) letter of invitation to take the online survey. Most survey respondents heard of the change through Maine Department of Education (MDOE). The majority of survey respondents were neutral about the change in law. Principals reported more than superintendents that the change was positive: 36.3% vs. 18.8%. While many respondents reported that no problems were created by the new law, more than a third of superintendents thought that transportation issues were a problem. The most frequent problem cited by principals was a lack of

communication with DHHS (12.3%) (MCA 2011).

V-9 SUBCOMMITTEE

Literature Review

Youth transitioning from out-of-home care to self-sufficiency are a vulnerable sub-population of the foster care system (Daining and DePanfilis 2007). The majority of the research concludes that Daining (2007) is correct in that statement. Foster care youth exiting state systems often lack adequate resources and skills to make the transition to adulthood. Studies suggest that many youth who age out of the foster care system are less prepared for adult roles in terms of educational completion, independent living skills and job preparedness (Keller, Cusick, and Courtney 2007).
In a study completed by Anderson (2003), it was identified that former foster care youth experience higher rates of homelessness, unemployment, and involvement with the criminal justice system. They are also less likely to attend college than their peers who did not experience the child welfare system. Atkinson's (2008) research also identified that homelessness, unemployment, poverty, lack of health care and criminal activity are the realities that the youth who age out of foster care system face.

One of the most significant challenges facing youth who are aging out of care is employment (Hening 2009). The issue of employment is especially pervasive and participants attribute the significance of the problem to a lack of adequate educational and career preparation services (Freundlich and Avery, 2006). According to the Children's Advocacy Institute, the unemployment rate among former foster youth is staggering with 60% of these youth being unemployed at 19 years old compared to 42% of their peers who have had no foster care involvement.

The outcome for American Indians and Alaskan Natives alumni in comparison to White alumni is even more distressing. According to Obrien et al. (2010), White alumni were more likely to complete high school with a diploma, complete college, have stable housing, a household income at or above the poverty line, and not receive public assistance after age 18. Though this study disclosed that White

alumni compared to American Indians and Alaskan Natives fared much better, the statistics are low for White alumni compared to the general population of non-foster care youth.

Through the analysis of research it has become apparent that youth aging out of foster care face many unique difficulties and disadvantages that their non-foster care peers do not experience and they need more support. Youth formerly in foster care are among the most underrepresented and disadvantaged students and of these youth they report that the main reason for leaving college without completing a degree is due to lack of financial resources. (Davis 2006).
This has promoted legislation to act and provide assistance during this transition. The Foster Care Independence Act of 1999 (FICA) and the Chaffee Foster Care Independence Program (CFCIP) allows states to create and implement programs in the areas of education, housing, life skills, and other needed supports (Collins 2004). The CFCIP expanded eligibility for financial support for foster youth to 21 years of age and included Medicaid coverage. The Chaffee Education and Training Voucher (ETV) focuses on economic assistance for post-secondary education. Another piece of legislature, The Promoting Safe and Stable Families Amendment of 2001, provides additional emphasis on higher education, allowing youth to participate in the voucher program until they reach 23 years of age. This amendment allows foster care youth who are enrolled in a post-secondary education or training program to receive up to $5000.00 per year (Collins 2004). With all of this support there are still barriers to foster care youth getting a higher education and becoming self-sufficient.

“Youth who age out of care are significantly less likely than their peers to graduate from high school and rarely obtain higher education” Atkinson (2008). According to Dworsky and Courtney (2010), 40 % of youth in care had to repeat a grade in their elementary or secondary education and over one third had changed schools five or more times delaying their high school graduation and entry into college. Often times these students are still pursuing their first college degree at age 23 or 24 years old. Most states only provide support until the age of 21 years so it is unlikely that many of these youth will be able to sustain themselves and graduate from college once the resources are no longer there. The rates of college graduation among former foster care youth ranges from 1-11% (Dworsky and Courtney 2010).

The results from the Northwest Foster Care Alumni Study show that many alumni were in fragile economic status (Pecora et al 2006). This study also concluded that the rates for post-secondary education were low with one in six alumni completing a vocational/technical degree and only one in fifty completing a bachelor’s degree or higher (Pecora et al 2006).

Foster care youth are at great risk for mental health problems such as depression and psychological distress (Daining and DePanfilis 2007). The detrimental effect of abuse and neglect on children’s psychological, cognitive and behavioral development can cause problems for these youth into adulthood (Daining and DePanfilis 2007). Studies associate maltreatment with increased risk for poor academic achievement, teen pregnancy, drug abuse and criminal activity (Atkinson 2008). Due to traumatic experiences, foster care youth often lack basic skills such as finding housing, managing a bank account, finding housing, cooking meals and grocery shopping, using public transportation and driving a car (Atkinson 2008). Youth aging out of foster care may not have a parent, family member or other support to cosign loans for a car or leases for housing. Furthermore, non-foster youth transitioning into adulthood often have the support of their parents to assistant them to self-sufficiency.

Youth aging out of foster care identified the following challenges in planning for their future. Some of these challenges included lack of awareness of resources by their case workers, an absence of

communication between case workers, foster parents and the youth and no one stable support person or system when they left care (Scannapieco, Connell-Carrick and Painter 2007). What they thought would be helpful was one person to coordinate services, more financial support and safe housing (Scannapieco et al 2007).

Another study, using foster care youth in focus groups, revealed the need for clothing, a driver's license and assistance with purchasing an affordable vehicle and community-based hands on life skills training with a focus on personal finance (Mares 2008).

The need for transition services for foster care youth is also apparent in the rate of homelessness this population experience. A study revealed that 17% of 264 youth who aged out of foster care experienced homelessness at least once since leaving care (Dworsky and Courtney 2009). Studies show that youth who receive intervention in the form of transitional living programs that operate on a prevention model may offer some protection against negative outcomes in the transition to adulthood (Brown and Wilderson 2010). An issue unique to college students in relation to housing is that they have no place to go during holidays and school breaks when the dormitories are closed.

Some studies are optimistic in reporting programs which have proven to be helpful to foster care youth transitioning to self-sufficiency. A two year summer camp involving foster care youth transitioning from high school to college provided a life skills training program. An evaluation of the intervention provided revealed the following positive results; participants had a greater self-awareness, improved self-esteem and a better understanding of information about college life, funding and admissions procedure (Kirk and Day 2011).

Further research has uncovered that youth aging out of foster care are similar to the general freshmen population in their academic confidence and several areas of coping (Unrau, Font and Rawls 2011). Foster youth report being generally more academically motivated as well as more receptive to student services and less receptive to career counseling, have less family support, and a low academic performance compared to non-foster care youth (Unrau et al 2011).

The V9 Subcommittee is looking at V9 policy for youth transitioning out of foster care in Maine. Under Title IV-E of the Social Security Act; Sections 471, 472, 474, 475, and 477; Title I, Improved Independent Living Program, Public Law 106-109, Foster Care Independence Act of 1999 youth age 18 to 21 are eligible to voluntarily enter into an agreement that will provide a caseworker to continue to work with them. The V9 Agreement also provides assistance with housing and education expenses. The goal of the V-9 Subcommittee is to address unmet needs and access to services for

youth who are eligible for V-9 including those who access and don't access V-9 benefits, and to identify gaps between policy and present services.

The V-9 Subcommittee has determined that in order to thoroughly review state policy and how the V-9 is currently being administered, and the effectiveness of the V-9 Agreement the research will need to take two years to complete. For this reason we are not currently ready to report on any conclusions, findings, or results at this time. During the first year we have conducted case reviews of randomly selected youth who are currently on the V9 Agreement. The cases were provided to the Subcommittee by Dulcey Laberge who is the Youth Transition Specialist for the Office of Child and Family Services. The Subcommittee asked Dulcey Laberge to provide a random sample selection of V-9 cases. The Subcommittee asked for only the past one year of each case. The Subcommittee reviewed 8 cases from across the State. As a Subcommittee, we have determined that it will be helpful to take two of the cases that were reviewed this year and have Dulcey Laberge provide their complete file and not just the previous year.

In addition to the case reviews the Subcommittee also wanted to conduct a survey of youth who are currently on the V-9 Agreement. Michael Augustine, who is in his advanced year of his MSW program through the University of Maine, presented the research proposal to his classmates. Robin Russel, who is the Professor of the Research class, is overseeing the research project. The research will be conducted by four members of MSW program. They have compiled a survey that will be administered using Survey Monkey to youth who are currently on the V-9 Agreement. The students started the research proposal by completing an in-depth literature review. They determined that there was indeed a need for further research on youth transitioning out of foster care. Their research will be completed and submitted to the Subcommittee by January 2013.

Over the next year the V-9 Subcommittee will be reviewing and analyzing their findings from the 8 cases that were reviewed and the two complete cases that will also be conducted during the year. Michael Augustine and classmates will also provide copies of the research project and all the findings. The V-9 Subcommittee will review those findings and compile them with the rest of their work at which time the V-9 Subcommittee will report their complete findings and make their recommendations.

V9 Subcommittee Discussions and Recommendations:

Strengths:

In most cases, caseworkers are meeting with youth at least monthly and demonstrating a good level of engagement with youth.

For the most part, youth are being included in Family Team Meetings.

Youth are being offered the V9 Agreement at age 18.

When there is a crisis the caseworker responds in a timely manner.

For the most part, efforts are being made to preserve family connections when possible. In one case a youth was adopted after the age of 18. In another case the caseworker was a great advocate for youth to maintain contact with peers from past placements.

Youth are being consulted about planning and OCFS is accommodating youth wishes when they are different than caseworker's wishes.

Efforts are being made with families to prevent the youth from entering care.

In some cases there is quick and good caseworker response to crisis situations.

Legal permanency occurred in a couple of cases after the age of 18.

Challenges:

Documentation is a consistent concern and very lacking in

several cases:

Some documentation is missing or incomplete.

In some cases, given the lack of detail, it is difficult to determine if services to the youth meets Youth Transition Policy requirements such as frequency of caseworker visits, FTM's and updated V9 Agreements.

In some cases, youth have multiple moves, changes in schools and different caseworkers

Family Team Meetings (FTMs) are not occurring in all cases and not every 6 months to update the V9 Agreement in accordance with policy.

Case plans/V9 Agreements are not always updated according to policy.

Family Team Meetings (FTMs) are not occurring before placement changes (violation of a policy requirement).

Some youth entered as young teens and aged out of care.
Youth appear to need support around developing and maintaining healthy relationships and dealing with conflict.

When placements appear to be disrupting, it is not clear what efforts were made to preserve the placement/relationship

It appears that some youth may benefit from counseling, but refuse to go. There are also concerns around underage drinking, drug use, and pregnancy.

It appears that when youth are doing well in school, other behavioral issues might be overlooked, such as substance use, fighting.

In some cases, youth are being informed about community resources and how to access them, but in other cases it does not appear to be happening.

In some cases it was noted how daily life skills were being taught, but in many cases there is no mention of life skills development with youth before or during the V9 Agreement.

Youth have had difficulty affording health care after turning 21.

Youth have difficulty paying for school related and living expenses at the end of the V-9 agreement period. Most cannot complete their education by age 21. They are incurring huge amounts of debt, and some struggle with having sufficient amounts of food and adequate shelter. (This fall alone I have known of two former youth in care who were on V-9 agreements and are still in school, who spent time in homeless shelters this past semester.)

V9 Recommendations:

Recommendation:

Each office should have a Youth Transition Worker who will assist youth in developing life skills as outlined in policy and to provide supports to them.

Response:

Recommendation:

Engage in foster parent recruitment that will increase options for older youth in care. Matching is critical and attempts/supports to prevent disruptions should occur.

Response:

Recommendation:

Youth should be provided with opportunities and appropriate supports to help them address their trauma.

Response:

Recommendation:

Mentors (adults and peers) are needed for youth in care

Response:

Recommendation:

There should be a formalized process to present the V9 Agreement to youth, such as a brochure.

Response:

Recommendation:

The State should fund support for youth beyond age 21, while they are completing their technical or undergraduate education; this should include funds for tuition, living expenses, and case management services if requested.

Response:

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KINSHIP CARE SUBCOMMITTEE

The Kinship Care Subcommittee met during this last year to discuss various concerns and questions the group had in regard to the lack of substantial supports for kinship families who are raising their relative's children. These families step in to care for a child and provide a safe place to live. Kinship caregiving equates to fewer children requiring state custody and assistance from child and family services.

"The number of Maine children in kinship care has more than doubled over the past decade, and the relatives and family friends taking care of them are in need of more support".

"The number of Maine children in kinship care has more than doubled over the past decade, and the relatives and family friends taking care of them are in need of more support".

The Annie E. Casey Foundation says in its report that there are approximately 8,000 kids in kinship care in Maine, up from 3,000 a decade ago. While the study warns of the stresses on relatives and friends caring for children not in state custody, Claire Berkowitz of the Maine Children's Alliance calls the report a "celebration" of kinship care. This type of care helps reduce stress when going through a traumatic period. However, the financial burdens put on a family member, specifically if someone is older and on a fixed income, having another person to take care of is difficult in terms of their economics.

When the Department of Health and Human Services ("DHHS") Office of Child and Family Services ("OCFS") responds to a report and it is determined that child protective services are needed, and before OCFS makes any decision regarding services for the family or legal intervention, OCFS will schedule a Facilitated Family Team Meeting ("FFTM"). The child's parent(s) are asked to attend this meeting along with any of their providers, family members, and other supportive individuals. The assigned caseworker and his/her supervisor will attend the FFTM, which is run by a trained facilitator with no other involvement in the case. Both child protective assessments and FFTMs follow protocol

to request contact information for family members who can be a source of support for the parent(s) and child(ren) and, if need be, take placement of the child(ren) while the parent works to remediate the identified risks posed to the child(ren). A safety plan may be developed with the family immediately upon the opening of an assessment if it is felt the family can remediate alleged risks by taking specific steps to do so. That safety planning can include temporary placement of the child(ren) with an appropriate family member. OCFS does complete criminal and motor vehicle background checks on all proposed placements for children. A safety plan is also addressed at the FFTMs and can also include at that point an alternative placement for the child if the family has continued to demonstrate an inability or an unwillingness to remediate the identified risks to the child(ren). If OCFS does request legal intervention for the placement of the child(ren) in State custody, its primary placement focus is to identify appropriate family member(s) who are willing and able to provide care for the child while the parent(s) engages in the family reunification work intended to alleviate jeopardy and reunite the child(ren) and parent(s).

Other times, a decision and agreement is made at a family team meeting by the parents and kinship family members to have the kin apply for guardianship and if approved by the Probate Court, the child goes to live with the kinship family. The financial supports for kinship families who are caring for children under a safety plan are very limited within the current system as compared to kinship families who are caring for children in state custody. Caregivers for the children in the State's custody are paid a daily per Diem for room, board, and clothing. Family members who take placement of a child in State custody will receive the lowest rate paid for those services. OCFS will work with that family/caregiver to support them in gaining foster care licensure, which enables OCFS to compensate those families at the licensed foster care rate. Children in State custody with high level of needs and without family placement may be placed in a therapeutic level foster home, which pays the highest per diem rate. The families who have stepped in to provide placement for another family member's child(ren) do not qualify for that financial assistance. This is true, too, if the family legally adopts the child. If a child who has entered State

custody is adopted, whether it is by a family member who has gained foster care licensure or another licensed caregiver, the adopting family will receive a daily per diem rate plus the assurance of Maine Care coverage for the child until the child turns the age of 18. Such financial assistance is not available to those family caregivers who are providing care to children that are not in State custody.

In other informal situations, a relative steps in to care for a child because the living situation with the child's parents is not seen as a safe environment by the relative and DHHS involvement is not warranted. Often in these situations there is no legal relationship between the child and the relative/kin provider which can create financial and other barriers to support for the child in this situation.

Kinship Recommendations:

1. Review the medical needs of children in kinship placements under a safety plan case (also referred to as a service case where the child(ren) has not been placed in State custody but the family has been determined to have some level of risk requiring remediation or it has been determined the level of family functioning would benefit from specific services).

After some discussion, it was found that some of the children's medical needs are not being met as a result of lack of transportation, access to providers, no legal relationship between kinship/fictive kin provider and child, sometimes the kinship family is not aware of medical history, or if a child is up to date with immunizations. Some birth parents are not forthcoming with any medical knowledge or history about the child. Access to medical care for children living with kin who have no legal relationship with the child can be challenging, if there is no parental consent for care.

Recommendation:

To require DHHS caseworkers to review any medical needs and providers for a child at the FIRST family team meeting and list those needs in the safety plan; to make sure all parties at the family team meeting have a copy of the safety plan and understand their role in caring for the child; and to identify any need to develop relationship and parental consent for medical care for the child.

Response:

2. Are referrals to Child Development Services (CDS), as required, being made for children placed with kin that have a safety plan and not in state custody? When referrals are made who takes on the responsibility to insure the appointments are made in a time consistent with the needs of the child? There appears to be inconsistent referrals made by caseworkers to CDS for these children.

OCFS Policy, "Mandatory Referrals to Child Development Services", states, "This policy sets forth the guidance that provides for this Bureau to carry out its legal mandate as it is described above. (CAPTA Title 1, Section 106: "provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act." This policy requires, after supervisory approval of the substantiated safety assessment, the caseworker will inform the parents a referral to CDS will be made, will discuss with them the benefits of those services, and will give the parent(s) a copy of the informational brochure from CDS that explains the program to them. When the substantiation notification letter to the parent(s) is generated, a referral form for CDS will also be generated for any children in the home under the age of 3. Referral can be made by the caseworker without parental consent. When the child has been screened by the Pediatric Rapid Response Program, the Program will make the referral to CDS when it determines a child needs to undergo a full evaluation.

Recommendation: Office of Child and Family Services take steps to ensure referrals to CDS are consistently being made as required under CAPTA Title 1, Section 106.

Response:

3. The subcommittee reviewed the DHHS Caregiver Agreement form now being used in some districts with families that have engaged in safety planning with DHHS. The subcommittee has developed an edited version of the form to use for dissemination among the informal kinship families. (Appendix 1)

Recommendation:

To incorporate the Caregiver Agreement checklist into all the districts to use during family team meetings for both safety plan and custody cases.

Response:

Recommendation:

Disseminate a caregiver checklist for all kinship providers to use when they take a child into their care. This would be done via community providers such as AFFM, WIC, pediatricians, dentists, Head Start, and child care providers.

Response:

4. Discussion of the challenges of school enrollment for kinship families who do not have proof of legal guardianship. LD 978 was signed on March 6, 2012 and will address some of the concerns by extending the duration of a guardianship from 6 months to 12 months. LD 170 was signed on April 20, 2011 and it expands the powers of attorney document for kinship families from 6 months to 12 months to allow more time to figure out the longer term placement for the child and legal relationship. The two legislative documents are attached as part of (Appendix 6).

5. AFFM, Maine Children's Alliance and interested parties continue to work with school personnel to understand the complexities and challenges kinship families face when trying to make decisions about what kind of legal relationship is needed for children being raised by kin and there is a need to enroll a child in a different school system due to living with a relative instead of their parents.

6. The sub-committee members reviewed the eligibility requirements for Child Only TANF and compared the state statute definition of relative. The subcommittee had feedback from kinship providers that are not eligible for Child Only TANF because the existing criteria do not include all blood relatives. This benefit is one of the few financial supports kinship families have available to offset the cost of raising a relative's child.

Recommendation:

Review the definition of a relative in Maine Statute, and revise the definition to include great-great-grandparents, great grandparents, aunts, uncles, and cousins.

Response:

Recommendation:

Request the Office of Child and Family Services to convene a meeting with the TANF Agency and with representation from Adoption and Foster Families of Maine and other interested parties to discuss Child Only TANF and the accurate interpretation of benefits for kinship families caring for a relative's child.

Response:

An accurate interpretation of TANF (Temporary Assistance for Needy Families) was provided to Panel members. A representative from the Office of Family Independence provided information related to eligibility, along with defining the terms deprivation, financial support, family structure, and absent parent, as it relates to eligibility requirements. It is suggested that if an individual/s has a question/s about the possibility of being eligible to receive TANF benefits, that they should be referred to their local district office for complete information.

Mental Health Outcomes Subcommittee

The following is a summary of the work completed by the Mental Health Outcomes for Youth in Care subcommittee. It is the recommendation of our committee that we continue with this topic area for the next year, however, with a more narrow focus.

Work Completed:

- A review of current Maine law regarding timeframes for assessments and other mandates for youth entering care.(Appendix 7)
- A review of current assessment tools (Pediatric Symptoms Checklist, AC-OK, CAFAS, CANS, and CHAT) that the Office of Child and Family Services has recommended for their contracted programs.
- The subcommittee reviewed the differences between mandates placed on community-based contracted agencies and what the Department requires from its staff.
- A thorough record review of youth in care across districts in Maine with the development of a file review checklist.(Appendix 8)
- A meeting was held with Maine's Medical Director to help clarify the Department's vision for this work group and outcomes.
- Participation in an annual retreat for the CRP to help clarify goals and objectives of this subcommittee.

Observations:

- There is a lack of consistency between the districts in how documentation is made in youth files.
- There is no baseline available of a youth's mental health needs as they are entering care, unless seen by one of the 3 PREP clinics across the state or the youth is involved with a community-based agency.
- Treatment recommendations are not clearly documented.
- Maine's laws regarding assessment and evaluation time lines are not being followed (out of compliance with these timelines across regions).
- It is difficult to ascertain whether treatment recommendations, when made, are followed. "Unmet needs" are not tracked, as they are in community mental health agencies.

- There is a clear lack of parity between expectations on community-based agencies and the Department of Health and Human Services.
- There are inconsistencies around the types of assessments conducted when youth enter care.
- There is no evidence of Trauma Informed practices being utilized by OCFS staff.
- The vast majority of youth in care do not have community based targeted case management involved in their care.

MH Outcomes Recommendations:

Recommendation:
Narrow the focus of the subcommittee to address issues of assessment, evaluation, and consistency of documentation between all regions.
Response:

Recommendation:
Explore how community-based targeted case management and Behavioral Health Homes can assist OCFS in meeting the needs of youth in care

Response:

Recommendation:
Explore the recommendations of the Academy of Pediatrics' guidelines for youth in foster care as it may apply to Maine.

Response:

Recommendation:
Need to engage leadership of all DHHS districts.

Response:

Recommendation:

Assist districts in adhering to Maine law and mandates around assessment and evaluation.

Response:

Next Steps:

- Follow-up meeting with OCFS leadership
- Further explore the recommendations of the Academy of Pediatrics
- Research national trends with assessment tools with youth in care
- Work with leadership in the Districts to take a closer look at current practice
- Work with stakeholders to further develop recommendations
- Determine barriers to including community-based mental health agencies (TCM and BHH) in work with youth in care

Appendix 1

SAFETY PLAN CAREGIVER AGREEMENT

The Safety Plan Caregiver Agreement is a voluntary agreement between the birth parent/s and a relative or other caregiver who has agreed to care for the children. The Caregiver agrees to provide safety and security for the children, to be a part of a team to support eventual safe return home for the children or to consider more permanent care should that need become apparent.

Child/ren's names:
_____DOB:_____

Caregiver Names:_____Phone:_____

Address:_____

Parents Names:_____

• Medical

Ensuring a child's physical and mental health is a primary task of parenting. Caregivers will need to assume responsibility for ensuring all health needs are met while the child is in their care. _____(Caregiver Name and relationship to the child) has permission to provide necessary medical care for Child. This includes administering prescription and non-prescription medication, arranging routine medical appointments as well as emergency treatment. Caregiver will notify and consult Parents about any emergency medical situation. If advance notification is not possible, Caregiver agrees to contact Parent immediately following emergency response (or specify below):

_____
_____

Child's Maine Care #:_____
Child's Physician_____Phone_____

Caregiver has permission to provide for child's mental health care. This includes transporting child to diagnostic evaluations, counseling appointments, meeting with mental health providers and dispensing medication as prescribed by doctor (or specify below)

_____
_____

Child is currently receiving services at _____

• Educational

Parents have various rights and responsibilities regarding children's education.
Caregiver has permission to provide necessary educational support for the child. This includes enrolling child in school, permission granted for pick-up and drop-off, authorizing school-related activities, attending parent-child conferences and school meetings as well as special educational meetings. Caregiver will notify and consult parent of scheduled meetings in order to make shared educational decisions. Child is currently enrolled at _____.

• Discipline: Caregiver agrees to discipline the child using individual talks, removal of privileges or other non-physical punishment that is consistent for his/her developmental level.

• Visitation: To support regular and consistent visitation, the parents and caregivers agree to the following:
Frequency of Visitation:_____
Level of supervision Required_____
Who has permission to attend visits_____
Additional types of contact (such as phone, email, correspondence, etc.):

_____

• Financial/Other

Parent(s) will provide the following financial or other contributions in support of the child's care or follow child support order that may be in place:
$/per month toward food, clothing and other living expenses (specify)

_____

_____

Other support (specify)

_____

_____

_____

Parent(s) agree to work with the Caregiver(s) to support the child's placement stability in their home. _____ (Name of Birth Parent(s)) and _____ (Name of Caregiver(s)) have discussed and agreed to the above, on behalf of_____ (Name of Child(ren)). This agreement is entered into in good faith and reflects our mutual commitment to supporting _____ (Name of Child(ren)) remaining safe and stable in his/her family network.
This Agreement may be revoked at any time with 72 hour notice by any of the undersigned.

_____ _____

Signature of Parent(s) Date

_____ _____

Signature of Parent(s) Date

_____ _____

Signature of Caregiver(s) Date

_____ _____

Signature of Caregiver(s) Date

_____ _____

Signature of Caseworker Date

For resources or support contact:
Adoptive and Foster Families and
Kinship Program of Maine (AFFM)
www.affm.net

Appendix 2

Maine Citizen Review Panel Members

March 2014

Executive Committee	
Tracy Cooley P.O.Box 89 Winterport, Me. 04496 (207) 223-5976 cell 233-9344 tacooley@onebox.com	Executive Committee Vice Chair Mental Health Sub-Committee - 2014 Started: January 2012 Member at Large/Domestic Violence
Robin Russel, JD, PhD, School of Social Work University of Maine 5770 School of Social Work Orono, Maine 04469 Robin.russel@umit.maine.edu	Executive Committee Chair Continuum of Care Sub-Committee - 2014 Adoptive and Foster Parent/Social Work

robinrussel@aol.com cell735-5442 home848-8444	
Angie Bellefleur Associate Director, Policy and Prevention Office of Child and Family Services 2 Anthony Ave Augusta ME 04333 Angie.m.bellefleur@maine.gov 207-624-7973	DHHS Office of Child and Family Services – CRP Liaison Started: 2013
Chris McLaughlin, LCSW Providence Human Services Bangor, ME 04401 cmclaughlin@provcorp.com Cell phone is 478-0884.	Executive Committee - Secretary Mental Health clinical expert Mental Health Sub-Committee 2014 Started: February 2013
Janet May Coordinator Transition and Adults Center for Community Inclusion and Disability Studies University of Maine Janet.May@umit.maine.edu 207-581-1383	Executive Committee – Member at Large – Nov. 2013 Continuum of Care Sub-Committee - 2014 Started: December 2011
AD HOC	
Win Turner PO BOX 422 Blue Hill ME 04614 Win.Turner@umit.maine.edu 207-374-2542	Panel research consultant Non-Voting Member Mental Health Sub-Committee – 2014 Started:
Robin Whitney, APA Bangor DHHS OCFS 396 Griffin Rd, Bangor 04401 Robin.Whitney@maine.gov (207)561-4281	Ad Hoc DHHS Liaison Non-Voting member Started:
Linda Brissette DHHS 2 Anthony Ave Augusta, Maine 04333 (207)624-7964 Linda.Brissette@maine.gov	Ad Hoc member Non-Voting member Started: October 2013
John Jacobs DHHS 2 Anthony Ave	Panel Coordinator Non-voting member February 2014

Augusta, Maine 04333 (207)626-8660 john.jacobs@maine.gov	
PANEL MEMBERS	
Tracy Leigh, Esq. CASA Volunteer Coordinator 24 Stone St SHS171 Augusta ME 04333 Tracy.Leigh@courts.maine.gov 207-287-5829	Family Law Division Started: September 2013 Continuum of Care - 2014
Christanne Libby, LCSW Community Care 40 Summer St. 2nd Fl. Bangor, Me. 04401 clibby@comcareme.org 299-1138	Mental Health Clinical Expert Started: June 2013 Mental Health Sub-Committee – 2014
Adrienne Carmack, M. D. Penobscot Pediatrics PO Box 439 1068 Union St Bangor ME 04402 acarmack@pchcbangor.org 207-947-0147	Medical Expert Started: October 2010 Mental Health Sub-Committee – 2014
April Turner UMO student	Kinship Provider
Bette Hoxie Adoptive and Foster Families of Maine, Inc. 294 Center St. Suite 1 Old Town ME 04468 bette@affm.net 207-827-2331	Adoptive and Foster Families of Maine & the Kinship Program Started: October 2010 (Vice Chair Dec 2011-March 2012)
Evelyn Ricker - admin staff from Bangor DHHS office – evelyn.ricker@maine.gov	
Jenny Dow	WINGS
Angel Wardwell	Former Youth in Care
Virginia Ledford	Grandfamily/Kinship provider expert

1160 Ohio St., #406 Bangor, ME 04401 Tel. 207-942-0910 / has no email /mail documents	Started: January 2012 Mental Health Sub-Committee – 2014
Samantha Davis Graduate Student, University of Social Work, University of Maine Orono Samantha.Jan's1984@gmail.com 299-6109	Former Youth in Care expert Started: Sept. 2012 Mental Health Sub-Committee - 2014
Amy Faircloth, Esq. 88 Hammond St. Suite 321 Bangor, ME 04401 AmyF@Pelletier-Faircloth.com Tel. 941-8443	Legal Expert Started: October 2013 Continuum of Care Sub-Committee 2014
Jessica Henderson – Student at UMO Jessica_Henderson@umit.maine.edu	Former youth in care – cannot attend spring 2014 meetings due to classes

Appendix 3

The Maine Citizen Review Panel
By-Laws
(Approved December 6, 2011)

Article I
NAME AND LOCATION

(1) The name of the organization shall be The Maine Citizen Review Panel (hereinafter referred to as the "Citizen Review Panel").

(2) The principle site of this organization shall be in Penobscot County, Maine.

Article II
MISSION AND PURPOSE

(1) The Citizen Review Panel was established to comply with the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and subsequent amendments. It is comprised of citizen volunteers, professionals and private citizens, whose purpose is to examine the policies, procedures, and practices of the State child protection agency and to determine whether state and local agencies are effectively discharging their child protection responsibilities. The

mission of the Citizen Review Panel is to assure that the State system is meeting the safety, permanency, and well-being needs of children and families served by the child protection agency. To achieve its mission, the Citizen Review Panel engages in activities such as assessment research, review of individual cases, advocacy, holding public hearings, and promoting greater citizen involvement. It is hoped that the activities of the Citizen Review Panel will improve child safety and the quality of services to children, families, and local communities.

Article III
MEMBERSHIP

(1) Membership shall consist of no less than fifteen (15) and no more than twenty-five (25) members. Citizen Review Panel membership is required to be comprised of a balance of providers of services to abused and neglected children, local citizens including consumers of the child protective services system who no longer have an open child protective case, former foster children over the age of 18, adoptive parents, civic representatives, and members of the community at large. The Director of Child Welfare Policy and Practice or her/his designee acting as a liaison to the panel will be encouraged to become an ex officio member of the panel. Members shall include, but not be limited to the following disciplines: law enforcement, courts, legal, clergy, legislator, education, health care provider, substance abuse provider, domestic violence provider, mental health provider, early childhood development, social work, and tribal representation.

(2) There shall be no discrimination on the basis of race, color, ethnicity, sex, creed, origin, socio-economic status, or sexual preference. There shall be no discrimination against an otherwise qualified individual by reason of disability or age, as defined in statute. There shall be special efforts in recruitment of persons from underrepresented ethnically, economically, and racially diverse groups and persons with disabilities.

(3) The Executive Committee shall nominate individuals for membership on the Citizen Review Panel. In considering individuals for nomination, the Executive Committee shall be mindful of the statutory and regulatory requirements regarding composition of the Citizen Review Panel.

(4) Members shall be elected to the Citizen Review Panel by the current membership at the annual meeting for three (3) year terms. Terms shall be staggered so that approximately one-third (1/3) of the membership is elected each year. Members may serve not more than two (2) consecutive terms, except after an absence from panel membership of a minimum of one (1) year. Former members are encouraged to serve as consultants or participants in ad-hoc committees or focus groups without voting privileges.

(5) Citizen Review Panel members who fail to attend three (3) meetings annually will be contacted by the chairperson for follow-up and may be requested to resign from the Citizen Review Panel.

(6) Attendance at meetings by electronic means is allowed, provided members physically attend one (1) meeting annually.

(7) Any interim vacancy on the Citizen Review Panel will be filled by appointment from the Executive Committee.

(8) A Citizen Review Panel member may be removed by a majority vote of the Citizen Review Panel membership.

(9) The Secretary shall be responsible for maintaining a list of the names, addresses, and other contact information of Citizen Review Panel members. The Secretary shall also include the initial date of election and the year the member's current term expires.

ARTICLE IV
CONFIDENTIALITY

ARTICLE IV
CONFIDENTIALITY

(1) The Citizen Review Panel shall safeguard and treat as confidential all information pertaining to any individual under review. In addition, the Citizen Review Panel shall safeguard information which pertains to individual staff or panel members, which is believed to have a detrimental effect on families or the community at large, or which is obtained or shared among members during full and committee members. This clause shall specifically exclude formal reports, media releases, and other information which had been approved by the Citizen Review Panel or which is generated to meet mandatory reporting guidelines.

(2) Members, staff, and case reviewers shall sign a confidentiality agreement at the start of all their terms on the Citizen Review Panel and at the beginning of each meeting by signing the attendance sheet, which will contain the confidentiality agreement. Guests will sign a confidentiality agreement before full panel and committee meetings. Failure to uphold confidentiality will result in the member's termination from the panel and could result in civil actions by the State of Maine or the affected party.

(3) Members of the Citizen Review Panel and nominees for membership shall disclose any personal or professional relationships that may represent a conflict of interest to the Citizen Review Panel. If a conflict of interest arises that may compromise the individual or the work of the Citizen Review Panel, the panel may vote to limit, revoke, or deny the individual memberships on the panel.

ARTICLE V
OFFICERS

(1) At the annual meeting, members of the Citizen Review Panel shall elect a chairperson, vice-chairperson, and secretary as set out in this Article.

(2) The chairperson shall preside at all meetings of the Citizen Review Panel, establish (after

consultation with the Executive committee) other committees as needed, and perform any other duties established by membership vote. The chairperson may serve as a member of all committees with voting privileges.

(3) The vice-chairperson shall perform the duties of the chairperson in the event of her/his absence, resignation, or inability to perform duties, in addition to other duties that may be delegated by the chairperson or by membership vote.

(4) The secretary is responsible for ensuring that minutes of all meetings of the Citizen Review Panel as a whole and the Executive Committee are kept. The Secretary shall also insure that membership information as described in Article III above is maintained. The membership may establish other duties for the secretary.

(5) The term of all officers is 3 years. Upon expiration of the term of chairperson, the vice-chairperson is expected to move to the position of chairperson. In the event the vice-chairperson is unwilling or unable to move to the position of chairperson, the membership shall elect a chairperson at the annual meeting. Officers may serve maximum of two consecutive terms.

(6) The vice-chairperson shall be elected in odd numbered years. The secretary shall be elected in even numbered years.

(7) In the event an officer resigns or is otherwise unable to perform her/his duties, the membership shall elect a replacement at a regularly scheduled meeting to serve until the officer's term expires.

ARTICLE VI

EXECUTIVE COMMITTEE

(1) The executive committee shall be comprised of the chairperson, vice-chairperson, secretary, and one member-at-large. The immediate past chairperson (if available), the CRP Coordinator and Director of Child Welfare Policy & Practice or designee may sit as an ex officio member of the executive committee.

(2) The executive committee shall meet as necessary to supervise the affairs of the Citizen Review Panel between full panel meetings and shall take action as appropriate as delegated by the Citizen Review Panel. The executive committee shall set the agenda for each meeting of the Citizen Review Panel.

(3) A quorum shall consist of a majority of the executive committee.

(4) The officers will be elected as set out in Article V. The member-at-large will be elected annually at the annual meeting.

(5) Executive committee members may be removed by a majority vote of the Citizen Review Panel membership.

(6) Vacancies in the executive committee will be filled by vote of the membership.

ARTICLE VII
MEETINGS

(1) The annual meeting of the Citizen Review Panel will be held each year in October at a time and place determined by the executive committee.

(a) Any member of the general public may attend the annual meeting.

(b) The first order of business at the annual meeting is the election of members. The Executive Committee shall present its nominees for membership at that time.

(c) Once elected, the members shall elect officers and the member-at-large serving on the executive committee in accordance with these by-laws.

(d) The members shall receive a report from the finance committee at the annual meeting.

(e) At the annual meeting, members shall discuss issues of concern regarding operation of the State Child welfare agency and shall choose which areas to focus upon during the following year.

(2) Regular meetings of the Citizen Review Panel will be held at the least six (6) times annually.

(3) All members will receive notice of meetings in a timely manner. Notice of meetings to the public at large will be provided in a manner determined by the executive committee.

(4) All meetings of the Citizen Review Panel are open to the public subject to the following exception. When reviewing individual case records dealing with personnel issues or considering other matters made confidential by law, the Panel shall vote to go into closed session and non-members shall be excluded.

(5) Modern Rules of Order when not in conflict with these by-laws shall govern the proceedings of all meetings.

(6) A quorum shall consist of a majority of members of the Citizen Review Panel.

ARTICLE VIII
STANDING AND OTHER COMMITTEES

(1) The chairperson, in consultation with the Executive Committee, or the Citizen Review Panel may appoint such committees as deemed necessary. Committees to investigate areas of concern identified at the annual meeting shall be established at the annual meeting.

(2) A finance committee shall be appointed each year to review and report upon expenditures made by or on behalf of the Citizen Review Panel.

(3) Committees in the following areas may be considered by the chairperson or membership.

(a) Intake, initial assessment, and in-home services — issues relating to safety services, to incoming child abuse and neglect reports and assessment, and to staff providing services.

(b) Out-of-home care — issues relating to services for children who have been removed from their homes and to recruitment, licensing, support, and training of foster care and kindred care resources.

(c) Health — issues relating to the physical, dental, and mental health of children served by the State child welfare agency.

(d) Adoption and subsidized guardianship — issues relating to children for whom parental rights have been terminated.

(e) Cross systems — issues relating to barriers for networking and service provision to families and children with the goal of promoting efficient use of resources available to the community.

(f) Public policy — issues relating to legislative and regulatory proposals that impact families and children served by the state child welfare agency with the goal of developing positions and strategies for public policy advocacy by the Citizen Review Panel and its members.

(g) Committees to address issues not listed above may be appointed by the chairperson or membership.

ARTICLE IX
AMENDMENTS

(1) These By-laws may be amended by a majority vote of Citizen Review Panel members.

(2) A motion to amend these by-laws may not be voted upon until the next official meeting. Notice of the nature of the proposed amendment shall be provided to all members in advance of the meeting at which the vote will occur.

Appendix 4

2012 Conference Agenda

8:00 - 8:45 Registration

8:45 - 9:00 Introductions

9:00 - 10:00 ***Keynote****: "Learning from Trauma Narratives: A Qualitative Examination of Psychological, Neurobiological, & Developmental Derailment". Daniel Johnson, Ph.D.*

10:00 - 10:15 Break

10:15 -11:45 ***Breakouts***

a. Supervision with the Brain in Mind: Helping Social Workers Move from Reactivity to Planfulness in Dealing with Crises. *Candace Saunders, LICSW*

b. Maine Childhood Obesity: Defined, Treatment Goals and Community Involvement. *Valerie O'Hara, DO, FAAP, Diana L. Prescott, Ph.D., & Starr Johnston, RN*

c. Potential Brain and Behavioral Effects of Prenatal Alcohol Exposure*. Paula Lockhart, MD*

11:45-1:00 Lunch (Will be provided)

1:00 - 2:30 ***Breakouts***

a. Ethical Considerations in the Decision to Team or Not to Team. *Candace Saunders, LICSW*

b. Perinatal Substance Abuse: Providing Compassionate and Competent Care*. Mark Moran, LCSW*

c. Poverty: Its Impact and Legacy on Children's Lives. *Marjorie Withers, LCPC*

2:30 - 2:45 Break

2:45 - 4:00 ***Plenary****: Trauma Informed Child Protective Practice: A Model of Collaboration to Increase Contained States of Thoughtfulness in Our Clients and Ourselves. Candace Saunders, LICSW*

4:00 - 4:30 Closing Remarks

2012 HOT TOPICS IN CHILD WELFARE

Keynote: "Learning from Trauma Narratives: A Qualitative Examination of Psychological, Neurobiological, & Developmental Derailment". *Daniel Johnson, PhD*.

1) Participants will be able to describe at least three ways healthy development can be derailed through traumatic exposure.
2) Participants will be able to discuss the difference between resilience and malleability in terms of children exposed to traumatic experiences.
3) Participants will be able to identify two to three key descriptive factors in hyper arousal and in dissociation for children.

Morning Breakouts:

a. Supervision with the Brain in Mind: Helping Social Workers Move from Reactivity to Planfulness in Dealing with Crises. *Candace Saunders, LICSW*

Our brains naturally drive us to act quickly in response to feelings activated by crises. The more reactive we are, the less we have access to our most complex thinking. This workshop will provide supervisory strategies to identify, empathize with, and reduce social workers' understandable reactivity to crises. It will provide ways to help practitioners reconnect with their highest capacities to focus on and make plans that engage their client's and their own strengths.

b. Maine Childhood Obesity: Defined, Treatment Goals and Community Involvement: *Valerie O'Hara, DO, FAAP, Diana L. Prescott, Ph.D., & Starr Johnston, RN*

The objective is to review Pediatric Obesity, etiology and statistics both National and Statewide. We will review what our State is currently doing to address the epidemic of pediatric obesity as well as the mission of the WOW Program. We will review the recent issue of DHHS involvement and the rarity of that need.

c. Potential Brain and Behavioral Effects of Prenatal Alcohol Exposure: *Paula Lockhart, MD*

Alcohol is a highly toxic substance when exposed to the developing central nervous system. This presentation will describe how brain and behavior are possibly affected when women drink alcohol during pregnancy. Participants will understand the potential neurobehavioral sequelae of prenatal alcohol exposure. They will leave with a basic knowledge of the different fetal alcohol spectrum disorders and have a broader appreciation of the reasons that women who are planning to get pregnant or who are already pregnant should not drink any alcohol during pregnancy.

Afternoon Breakouts:

a. Ethical Considerations in the Decision to Team or Not to Team. *Candace Saunders, LICSW*

There are few professions in which decisions made by its members have more impact on the future lives for their clients than in the profession of child welfare. Few social workers face a greater complexity of issues to consider in making their decisions than do child protective social workers. This workshop addresses the important ethical considerations of the practice of teaming for social workers that are committed to the most effective child protective decision-making possible. It engages social workers in considering its benefits for clients, and as importantly, its benefits for social workers, including a reduction in secondary traumatic stress.

b. Perinatal Substance Abuse: Providing Compassionate and Competent Care: Mark Moran, LCSW

Pregnant women who are substance abusing or in early recovery present a critical opportunity for positive and effective intervention. This workshop will address the neurological, psychological,

and developmental underpinnings of addiction, approaches to addiction treatment with emphasis on addiction as a chronic disease, and common experiences of perinatal substance abusing women and their families. The workshop will conclude by providing participants with simple methods of effectively engaging these women and their families during the perinatal period while supporting their entry into or successful continuation of their recovery process.

c. Poverty: Its Impact and Legacy on Children's Lives: Marjorie Withers, LCPC
Participants will learn about the impact of poverty on health and mental health of infants and children. They will also learn about the results of increased trauma exposure in children's lives as it relates to poverty and how it potentially affects the future.

Plenary: Trauma Informed Child Protective Practice: A Model of Collaboration to Increase Contained States of Thoughtfulness in Our Clients and Ourselves. Candace Saunders, LICSW
The current behaviors of many child welfare clients have evolved as natural adaptations to repeatedly having had to survive overwhelming, traumatic experiences, alone. When child protective social workers collaborate with others to help clients deactivate their stress response systems, they carry enormous power in helping clients change their brains and their patterns of adaptive reactivity. In this presentation social workers learn a "Model of Relational Containment" to assist clients to deactivate and track their defensive stress responses and to harness strengths that can shape new expectations of their futures.

Speakers

Daniel Johnson, Ph.D.

Dr. Johnson is the Director of Educational Services at Acadia Hospital in Bangor, ME, where he has been employed since 1993. A graduate of Amherst College, Dr. Johnson has earned a Master's Degree in Education from Smith College, a Certificate of Advanced Study in Counseling from the University of Maine, and a Doctorate in Counselor Education from the University of Maine. Dr. Johnson is an adjunct faculty member in the University of Maine Counselor Education program, the Smith College School of Social Work, and the Husson University Graduate Counseling Program. He is a member of both the Acadia Hospital and Eastern Maine Medical Center Ethics Committees, as well as the EMMC Neonatal Abstinence Syndrome workgroup. Dr. Johnson has extensive experience working with patients who have experienced significant trauma over the lifespan.

Marjorie Withers, LCPC

Marjorie Withers, LCPC, is the director and co-founder of the Community Caring Collaborative, a network of tribal, state and community agencies and members creating a holistic and strength based system of care for infants, young children and their families. A mental health professional for over 32 years, Marjorie's passion is working with families of infants and young children through strength based, culturally competent systems of care to increase wellness and reduce risk factors specifically in rural areas and tribal communities. She has worked with infants while developing programing at Duke University Medical Center, has created mental health and substance abuse programs in host agencies across 4 northeast states and within tribal communities, and has worked as a therapist, consultant and program designer for the past 26 years in Maine on systems of care.

Valerie O'Hara, DO, FAAP

Valarie O'Hara, DO, FAAP is a graduate of the University of New England College of Medicine and completed her pediatric residency at Barbara Bush Children's Hospital in

Portland, Maine. After several years of providing primary pediatric care in Northern Maine, she joined Husson Pediatrics in Bangor, Maine. Dr. O'Hara has been the director of Eastern Maine Medical Center's Way to Optimal Weight program since 2009.

Diana L. Prescott, Ph.D.

Dr. Prescott completed her B.A. in Psychology and Spanish at Butler University in Indianapolis, Indiana. After completing her bachelor's degree, she completed an MA and PhD in psychology at the University of Nebraska-Lincoln. She was trained under an NIMH grant in rural mental health, obtaining a major in clinical psychology and minors in developmental and community psychology. Dr. Prescott completed a predoctoral internship at the Indiana University School of Medicine. She has been employed at St. Mary's Medical Center in Evansville, Indiana and at The Acadia Hospital in Bangor, Maine and maintains a psychology license in both Indiana and Maine.

Dr. Prescott has recently developed a rural health consulting practice in a small town in Maine (Hampden Psychological Consultation, PLLC), evaluating and treating women and children. As part of this practice, she has helped develop the integrated behavioral health portion of Eastern Maine Medical Center's new pediatric obesity program, Way to Optimal Weight (WOW).

Starr Johnston, RN

Starr Johnston , RN, Nursing 19 years Pediatric Nursing: 1998-present includes Missouri- Rolla Children's Clinic, Hawaii- Haleiwa Health Care and Wahiawa General Hospital, Alaska- Anchorage Pediatric Group Anchorage Urgent Care Center, Child/Adolescent Psychiatric Nursing- 2004-2011 includes, Maine- Acadia Hospital, Pediatric Office Nurse: 2004- present, Maine: Husson Pediatrics WOW Program 2009- present, Involved with MYOC: 2006- completion, Patient Center Medical Home : 2011-presentLogician (EMR) Committee : 2008- present.

Paula Lockhart, MD

Paula Lockhart, MD is a Child and Adolescent Psychiatrist at Penobscot Community Health Center in Bangor, Maine. She received her MD from Georgetown University School of Medicine in Washington DC and was Chief Resident in Child and Adolescent Psychiatry at Johns Hopkins Hospital in Baltimore, MD. She has experience working in private practice, school based, inpatient, and outpatient programs. Dr. Lockhart has lectured extensively both nationally and internationally on FASD. She has produced multiple publications on FAS/FASD, and has been the recipient of several grant awards to support her FAS/FASD related research.

Mark Moran, LCSW

Mark Moran, LCSW is the Family Service and Support Team Coordinator at Eastern Maine Medical Center. He is a former Child Protective Services caseworker and is a member of the Maine Child Death and Serious Injury Review Panel. Mark also participates in multiple statewide work groups and committees related to improving the care of substance abusing families and their children. He received both a Bachelors and Master's degree in Social Work from the University of Maine.

Candace Saunders, LICSW

Candace Saunders, LICSW is a clinical instructor at Simmons College School of Social Work and coordinates its Clinical Certificate Program in The Relational and Multi-Contextual Treatment of Psychological Trauma. She is a consultant and trainer in trauma informed practice for The Massachusetts Department of Children and Families and has a private practice in Newton, Massachusetts.

Appendix 5

2013 Conference Agenda

8:00 - 8:45 Registration

8:45 - 9:00 Introductions

9:00 - 10:00 ***Keynote****:* ***"Missed Opportunities for Prevention: Sentinel Injuries in Infants"*** *Lynn K. Sheets, M.D.*

10:00 - 10:15 Break

10:15 -12:00 Workshops

A ***Child Maltreatment and Children with Disabilities:*** *Lynn Sheets, M.D.*

B ***Ethical and Legal Issues in Mandated Reporting: Implications for Practice:*** *Robert Madden, LCSW, JD*

C ***Physical Indicators of Child Abuse and Neglect*****:** *Lawrence Ricci, M.D.*

12:00 – 12:45 Lunch (Will be provided)

12:45 – 2:30 Workshops

A ***Physical Indicators of Child Abuse and Neglect:*** *Lawrence Ricci, M.D.*

B ***Looking Beyond Labels: Strategies for Collaborating with Parents Who Have Disabilities:*** *Janet May, M. Ed.*

C ***Child Protective Issues with Children and Parents Who Have Disabilities:*** *Robert Madden, LCSW, JD*

2:30 - 2:45 Break

2:45 - 4:00 ***Plenary:*** **"Surviving the Impact of Our Work: Creating an Ethical System Responding to Compassion Fatigue and Vicarious Trauma":** Marjorie Withers, LCPC

4:00 - 4:15 Closing Remarks

2013 HOT TOPICS IN CHILD WELFARE

Keynote: "Missed Opportunities for Prevention: Sentinel Injuries in Infants": Lynn Sheets, M.D.

When young children are diagnosed as physical abuse victims, previously unidentified abusive injuries are sometimes discovered in the course of evaluation. Drawing from her recently published (March 2013) research in *Pediatrics*, Dr. Sheets will define and explain the significance of sentinel injury, explain how to screen for sentinel injuries, and discuss appropriate injury surveillance for suspected abuse in a child under age two.

Morning Workshops:

A Child Maltreatment and Children with Disabilities: *Lynn Sheets, M.D.*

Dr. Sheets will identify and discuss the various reasons why children with special needs are more vulnerable to abuse than children without special needs. Utilizing a developmental perspective, she will describe the assessment of physical injury in children with disabilities, as well as discuss some of the conditions that can be mistaken for child abuse.

B Ethical and Legal Issues in Mandated Reporting: Implications for Practice: *Robert Madden, LCSW, JD*

This workshop is designed to provide information to direct care staff about how to manage the range of practice situations where child abuse or neglect is suspected. Mandated reporters face conflicting duties between acting within legal expectations and practice standards when making a report, and safeguarding family privacy, and maintaining the therapeutic relationship. The workshop will review ethical topics including evaluating actions covered by mandated reporting duties, managing boundary issues, practicing within areas of expertise, recognizing conflict of interest situations, responding to dangerous client behaviors, balancing client protection and self-determination, and maintaining professional behaviors in challenging circumstances. Ethical standards have legal consequences that can impact practitioners and agencies. Strategies and procedures for managing ethical dilemmas safely in mandated reporting situations will be reviewed.

C *Physical Indicators of Child Abuse and Neglect*: *Lawrence Ricci, M.D.*

Proper identification of and response to suspicious child injuries is essential in helping ensure a child's health, safety, and well-being. Dr. Ricci will discuss and present various types of injuries that could be the result of child abuse/neglect. Participants of various disciplines will develop a stronger ability to recognize and respond appropriately to a spectrum of childhood injuries ranging from accidental or minimally suspicious to inflicted or highly suspicious. Photographs and specific case examples will be used to enhance learning and facilitate discussion.

Afternoon Workshops:

A Physical Indicators of Child Abuse and Neglect: *Lawrence Ricci, M.D.*

Proper identification of and response to suspicious child injuries is essential in helping ensure a child's health, safety, and well-being. Dr. Ricci will discuss and present various types of injuries that could be the result of child abuse/neglect. Participants of various disciplines will develop a stronger ability to recognize and respond appropriately to a spectrum of childhood injuries ranging from accidental or minimally suspicious to inflicted or highly suspicious. Photographs and specific case examples will be used to enhance learning and facilitate discussion.

B *Looking Beyond Labels: Strategies for Collaborating with Parents who have Disabilities*: *Janet May, M.Ed.*

The National Council on Disability reported in 2012 that there are 4.1 million parents with disabilities in the United States. This workshop will provide strategies to assist child welfare workers and others in their work with parents who have disabilities. A framework will be provided to assist with decision-making and enhance collaboration. Case studies will be used to enrich learning and foster discussion.

C Child Protective Issues with Children and Parents Who Have Disabilities: *Robert Madden, LCSW, JD*

This session will explore the ethical and legal implications of professional decision-making about management of child safety when children with disabilities are involved in the child welfare system. Many children with disabilities are more vulnerable and have greater needs for physical care and supervision than children where a disability is not present. Caregivers may become overwhelmed with behavioral and other caregiving

responsibilities leading to questionable situations. In addition, some children may be less likely to recognize abusive situations or to communicate their situation effectively to others leading to underreporting of abuse and neglect. Professionals also must manage family situations in which one or more parents or caregivers may have a disability that could affect their ability to safely care for their child. How does a professional advocate for the rights of a person with a disability while simultaneously protecting the safety of a child who is being cared for? This workshop will provide guidance on managing these circumstances safely while maintaining practice standards.

Plenary*: "**Surviving the Impact of Our Work: Creating an Ethical System Responding to Compassion Fatigue and Vicarious Trauma":** Marjorie Withers, LCPC*

The impact on professionals involved with child welfare work can be substantial and career altering. After defining concepts such as compassion fatigue and vicarious trauma, participants will develop a clear understanding of the impact these factors can have, as well as develop a personal roadmap of signs and symptoms that indicate the degree of that impact. Ethical implications for systemic management of and response to the challenges inherent to the work, specifically with regard to critical incidents, will be discussed.

Speakers

Lynn K Sheets, M.D.: is a board-certified child abuse pediatrician who has over twenty years of experience in evaluating children who are suspected to be maltreated. She is an Associate Professor in the Department of Pediatrics at the Medical College of Wisconsin (MCW) and section chief of the Child Advocacy and Protection Division. She is also the Medical Director of Children's Hospital and Health System's Child Advocacy and Protection Services (CAPS) which provides services to children in foster care and children suspected of being maltreated at the hospital and at multiple Child Advocacy Centers in Wisconsin. Community partnerships have played a major role in her professional activities and accomplishments. Before January, 2006, Dr. Sheets was the medical director of a hospital-based child abuse program in Kansas City, Kansas for 17 years. There, she worked with community partners to found the first Child Advocacy Center in Kansas and was active in many community boards and committees. Since moving to Wisconsin, Dr. Sheets has participated in many community projects including the Child Abuse Response Team, Wisconsin Child Death Review Team, Fostering Hope, Project Respect, Fostering Futures, and the Family Justice Center. She is a co-founder of the Wisconsin Child Abuse Network (WI CAN) to improve access to high quality medical information in child abuse investigations. In addition to her clinical experience and community activities, Dr. Sheets is an educator on child maltreatment. She is an active member of the Injury Research Center at MCW and teaches community groups, medical students, residents and fellows about violence, intentional and unintentional injuries, child maltreatment and conditions that can be mistaken for child abuse. She was instrumental in developing the accredited child abuse pediatrics fellowship at MCW which is one of the first to be accredited. Her research interests include child abuse prevention, early detection of abuse and abusive head trauma. In her clinical role, she provides expert child abuse consultations and court testimony in cases of suspected child maltreatment. She has a strong commitment to child maltreatment and violence prevention efforts in Milwaukee and Wisconsin.

Robert G. Madden, LCSW, JD: is a Professor of Social Work and Chair of the Department of Social Work and Latino Community Practice at The University of Saint Joseph in West Hartford, Connecticut. He teaches social policy and social work practice in the Baccalaureate Social Work Program and also teaches graduate courses in related fields at USJ. Professor Madden is a periodic adjunct instructor at UConn Law School and Smith

College Graduate School of Social Work. From 2009-2012, Professor Madden served in a half time capacity as *Special Assistant to the President* of The University of Saint Joseph. Professor Madden holds a BSW from Providence College, a MSSW from Columbia University, and a law degree from the University of Connecticut. He is a member of the Connecticut bar, a licensed clinical social worker, and a trained family mediator. He has extensive social work practice experience and currently maintains a private practice providing consultation and training on legal and ethical issues in mental health and family law, as well as providing clinical supervision to several practicing therapists. He serves as a pro bono mediator in high conflict custody cases for the *Children's Law Center of Connecticut* where he has been on the Board of Directors for many years.

Professor Madden is the author of three books, *Relationship-Centered Lawyering: Social Science Theory for Transforming Legal Practice* (with Susan Brooks; Carolina Academic Press), *Essential Law for Social Workers* (Columbia University Press, 2003), and *Legal Issues in Social Work, Counseling, and Mental Health: Guidelines for Clinical Practice in Psychotherapy* (Sage, 1998). He has published many articles, law review pieces and book chapters on issues at the intersection of law and human services.

Janet May, M.Ed.: is Coordinator of Transition and Adults at the Center for Community Inclusion & Disability Studies at the University of Maine. Janet has worked at the Center since 1997 on multiple projects, many involving families and children who have disabilities. Janet received her Master's Degree from the University of Maine and is currently pursuing a degree in Rehabilitation Counseling from the University of Southern Maine.

Marjorie Withers, LCPC: is the director and co-founder of the Community Caring Collaborative, a network of tribal, state and community agencies and members creating a holistic and strength based system of care for infants, young children and their families. A mental health professional for over 32 years, Marjorie's passion is working with families of infants and young children through strength based, culturally competent systems of care to increase wellness and reduce risk factors specifically in rural areas and tribal communities. She has worked with infants while developing programing at Duke University Medical Center, has created mental health and substance abuse programs in host agencies across 4 northeast states and within tribal communities, and has worked as a therapist, consultant and program designer for the past 26 years in Maine on systems of care.

Lawrence Ricci, M.D.: Dr. Ricci, a board certified child abuse pediatrician, is co-director of the Spurwink Child Abuse program, Director of Pediatric Advocacy and Child Abuse Services at Barbara Bush Children's Hospital, and Associate Professor of Pediatrics at the Maine Medical Center-Tufts University School of Medicine.

Appendix 6

LD170 - An Act To Extend the Maximum Time Period for Powers of Attorney for Minors and Incapacitated Persons

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 18-A MRSA §5-104, sub-§(a), as enacted by PL 1997, c. 455, §7, is amended to read:

(a). A parent or guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding ~~6~~12 months, any of that parent's or guardian's powers regarding care, custody or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward. A delegation by a ~~court appointed~~court-appointed guardian becomes effective only when the power of attorney is filed with the court.

Sec. 2. 18-A MRSA §5-213 is enacted to read:

§ 5-213. Transitional arrangements for minors

In issuing, modifying or terminating an order of guardianship for a minor, the court may enter an order providing for transitional arrangements for the minor if the court determines that such arrangements will assist the minor with a transition of custody and are in the best interest of the child.

SUMMARY

This bill extends the maximum time period for a power of attorney for a minor or incapacitated person from 6 to 12 months and authorizes the Probate Court, in issuing, modifying or terminating an order of guardianship of a minor, to include in the order transition arrangements as determined to be in the best interest of the child.

LD978 - An Act To Amend the Probate Code Regarding Powers of Attorney, Education of Children and Guardianship

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 18-A MRSA §5-104, sub-§(a), as enacted by PL 1997, c. 455, §7, is amended to read:

(a). A parent or guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding ~~6~~12 months, any of that parent's or guardian's powers regarding care, custody or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward. A delegation by a ~~court appointed~~court-appointed guardian becomes effective only when the power of attorney is filed with the court.

Sec. 2. 18-A MRSA §5-213 is enacted to read:

§ 5-213. Transitional arrangements for minors

In issuing, modifying or terminating an order of guardianship for a minor under this Part, the court may enter an order providing for a transitional arrangement for the minor if the court determines that the arrangement is in the best interest of the minor and will assist the minor with a transition of custody.

Sec. 3. 20-A MRSA §5207 is enacted to read:

§ 5207. Kinship family children

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Kinship family" means a family consisting of a kinship family child, the kinship parent or kinship

parents and any other children in the family.

B. "Kinship family child" means a child for whom a kinship parent cares and assumes responsibility.

C. "Kinship parent" means an adult who is not the parent of a kinship family child and assumes responsibility for the kinship family child and: is related to the kinship family child by birth, adoption or marriage; has strong emotional ties to the kinship family child; or has been designated as the kinship parent by the parent of the kinship family child.

2. School enrollment and participation in educational decisions permitted. Notwithstanding section 5202, upon application by the kinship parent, a kinship family child may enroll in a school in the school administrative unit where the kinship family resides and a kinship parent may participate in educational decisions for the kinship family child if:

A. The kinship parent is named in a properly executed power of attorney by the parent or legal guardian of the kinship family child under Title 18-A, section 5-104; or

B. The kinship parent provides to the school administrative unit written certification from the Probate Court that the kinship parent has applied for guardianship of the kinship family child, a court date has been set for a hearing on the application and the application is uncontested.

3. Denial of enrollment. The superintendent may deny permission for a kinship family child to enroll in a school in a school administrative unit under subsection 2 if the superintendent determines that enrollment is not in the best interest of the kinship family child. Within 7 days of a denial of enrollment under this subsection, the superintendent shall send written notice to the kinship parent informing the kinship parent of the denial of enrollment, the reason for the denial and the right to appeal under subsection 4.

4. Appeal of denial of enrollment. Notwithstanding Title 5, chapter 375, subchapter 4, a kinship parent may appeal in writing to the commissioner a denial of enrollment under subsection 3 within 21 days of receipt of the notice of denial under subsection 3.

5. Enrollment after denial. A kinship family child may enroll or remain enrolled in a school in a school administrative unit after a denial of enrollment in that school under subsection 3 until the end of the appeal period under subsection 4, or if the kinship parent appeals the denial of enrollment under subsection 4, until final disposition of the appeal, including an appeal of the commissioner’s decision to the Superior Court pursuant to Title 5, chapter 375, subchapter 7.

SUMMARY

This bill:

1. Extends the duration of a guardianship under the Probate Code for a minor or incapacitated person from 6 months to 12 months;

2. Authorizes the Probate Court in issuing, modifying or terminating a guardianship of a minor to enter an order providing transition arrangements that are in the best interests of the minor;

3. Defines "kinship parent" as an adult who assumes responsibility for a child but is not a parent of that child. The kinship parent must hold power of attorney for the kinship family child or apply to the Probate Court for guardianship of the kinship family child in order to enroll the kinship family child in school and participate in educational decisions made for the kinship family child; and

4. Allows a superintendent to deny enrollment of a kinship family child in the superintendent's school

administrative unit if the superintendent determines that enrollment is not in the best interest of the kinship family child and provides an appeal process for the kinship parent to appeal this denial.

Appendix 7

Title 22: HEALTH AND WELFARE

Subtitle 3: INCOME SUPPLEMENTATION HEADING: PL 1973, C. 790, §1 (AMD)

Part 3: CHILDREN

Chapter 1071: CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT

Subchapter 7: CARE OF CHILD IN CUSTODY

§4063-A. Medical and psychological examination

1. Physical examination required. The department shall ensure that a child ordered into its custody receives an appointment for a medical examination by a licensed physician or nurse practitioner within 10 working days after the department's custody of the child commences.

[1991, c. 194, (NEW) .]

2. Psychological assessment. If the physician or nurse practitioner who performs a physical examination pursuant to subsection 1 determines that a psychological assessment of the child is appropriate, the department shall ensure that an appointment is obtained for such an assessment within 30 days of the physical examination.

[1991, c. 194, (NEW) .]

SECTION HISTORY

1991, c. 194, (NEW).

Title 22: HEALTH AND WELFARE

Subtitle 3: INCOME SUPPLEMENTATION HEADING: PL 1973, C. 790, §1 (AMD)

Part 3: CHILDREN

Chapter 1071: CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT

Subchapter 7: CARE OF CHILD IN CUSTODY

§4063-B. Establishment of early counseling

Whenever a child is ordered into the custody of the department under this chapter and the child is not expected to be returned to the home within 21 days, the department shall obtain counseling for the child

as soon as possible, unless the department finds that counseling is not indicated. [1991, c. 882, §2 (NEW); 1991, c. 882, §4 (AFF).]

SECTION HISTORY 1991, c. 882, §2 (NEW). 1991, c. 882, §4 (AFF).

Appendix 8

CRP, Mental Health Outcomes Subcommittee

File Reviews Checklist

Case ID#: _____

District Office: _____

Date Youth Entered Care: _____

Age of Youth at time of Entry into Care: _____

Is there documentation of a Pediatric Symptoms Checklist (PSC) completed by the Case Worker for youth ages 6-17? _____

Was the youth seen by a medical provider within 10 days (for all ages)? _____

Is there documentation of a Comprehensive Medical Assessment? _____

If “yes”, date of Comprehensive Medical Assessment (_____)

(Number of days after youth entered care: _____)

Were there recommendations provided for mental health services? _____

If “yes”, were referrals generated for mental health services? _____

COMMENTS: _____

_____

If under 5, was the youth referred to CDS? _____ By Whom? _____

Date of CDS referral: _____


Maine

Appendix D

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS- FFY 2015-2019 Plan

The Maine Department of Health and Human Services submits this five year plan for Federal Fiscal Years 2015 - 2019 under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999, and the Education and Training Voucher Fund Program.

The Maine Department of Health and Human Services, Office of Child and Family Services, plans to continue to provide youth transition services as funded by the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program. Additionally, the State of Maine plans to continue to participate in required national evaluations of the effects of the programs in achieving the purposes of CFCIP.

In keeping with the intent of the Chafee Foster Care Independence Program, youth currently and formerly in foster care are consulted regularly. OCFS views youth voice as a corner stone of the policies and practices that make up Maine's Youth Transition Program.

Section I covers the programs, services, and activities for which Title IV-E, Section 477 and Title I, Improved Independent Living Program, Public Law 106-109, Chafee Foster Care Independence Act of 1999, amending section 477 of the Social Security Act, funds will be expended between October 1, 2014 and September 30, 2019.

Section II contains information regarding the administration of the Education and Training Voucher fund program between October 1, 2014 and September 30, 2019.

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

For the purposes of Youth Transition Services, the terms "child" and "youth" are used interchangeably to mean an individual up to 21 years old. The Department of Health and Human Services elects the following youth as eligible for services under its Chafee Foster Care Independence Program:

- A youth in foster care between the ages of 15 and 18.
- A youth who turned 18 years old while in foster care and who signed a Voluntary Extended Care (V9) Agreement with the Department, while residing in Maine or temporarily in another state to attend post-secondary education, and who meets the requirements outlined in V.T. Youth Transition Policy.
- A youth residing with birth parents may enter into a V9 Agreement when OCFS oversight and support is needed to ensure youth safety and permanency.
- A youth who experienced adoption or permanent guardianship disruption, but who did not re-enter foster care when approved by OCFS.
- A youth who would have been eligible for adoption assistance prior to age 18, but was adopted after the age of 18, may retain their V9 Agreement with OCFS approval.
- A youth may remain in V9 status after legal reinstatement of parental rights.
- A youth who was in foster care and is experiencing factors that place the youth at risk of homelessness may request to enter into a V9 Agreement.

- Youth in the custody of the Department or on V9 Agreement who are pregnant and/or parenting, transitioning from residential placements, in apartment placements, homeless, and likely to need adult services will be given priority.
- Youth who were adopted, entered permanency guardianship, or were reunified with family at age 16 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds.

The Department does not discriminate with regard to Chafee youth transition services or ETV funding based on race, sexual orientation, religious affiliation, or any other factor that might prevent an older youth in care from receiving the benefit of program services.

Purposes for Which Funds will be Spent:

- Help youth explore and find their permanency options and connections before exiting foster care.
- Engage youth in their case planning, beginning with a comprehensive assessment of their strengths and needs, and by offering services/supports that that meets their individualized needs.
- Create a normalized growing up experience for youth in care that is comparable to their peers not in foster care.
- Increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- Help older youth in care learn essential daily living skills, effective problem solving and informed decision making skills.
- Expand the resources available to youth in their community.
- Work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- Encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- Provide needed academic supports, including post-secondary education financial support using federal Education and Training Voucher program funds.
- Improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- Increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.
- Encourage and promote meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- Seek youth input in developing Departmental policies, programs, and practice to prepare older youth in care to transition to adulthood.

Overview of Strategies to Meet the Needs of the Eligible Population:

The goal of Maine's Chafee Independent Living Program is to ensure that all older youth in care are prepared to make a successful transition to adulthood. We plan to accomplish this by: assisting youth to have legally permanent family and life-long connections; partnering with youth in decision-making; providing services youth want to meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.

Maine provides youth transition services to eligible youth primarily through seven (7) Youth Transition Workers, caseworkers, a contract with the University of Southern Maine's Muskie School, a contract with Jobs for Maine Graduates, through contracts with therapeutic and congregate care providers, and in collaborating with community providers and individuals.

Maine plans to continue to meet the needs of our older youth between the ages of 18 and 21, through Voluntary Extended Care (V9) Agreements. In existence since 1972, Maine's V9 program provides financial and other supports to youth who voluntarily remain under the care and supervision of OCFS up to age 21. During the past five years, many policy changes were made to enhance our supports to older youth and we intend to continue to partner with youth regarding policy and practice improvements.

As part of the Affordable Care Act, beginning 1/1/14, youth who turned 18 while in foster care will be eligible for Medicaid (MaineCare) coverage until the age of 26. With this change, youth no longer have to prove income eligibility. Youth Transition Workers and Caseworkers will continue to assist youth in foster care at the age of 18 to apply for MaineCare medical coverage.

Maine used state funds, rather than Chafee funds, for housing support for our older youth in care. Given the limited availability of Chafee funds, Maine does not exceed the 30% limit for housing, because we support the room and board costs of older youth in care from age 18 and up to age 21 by using state funds and allowable room and board funds through ETV funds.

Consultation and Collaboration:

Maine has been involved in a number of collaborative efforts at the regional, state and local levels and intends for these collaborations to continue:

Maine Tribes and Bands: Tribes and Bands have defined their service population as being youth between the ages of 14 and 21 and are youth who are under tribal or band care and responsibility. Tribes and Bands have consistently accessed available Chafee funds and we believe this will continue.

OCFS Transition Policy provides staff with expectations related to engaging with all youth in state foster care (to include tribal children in state foster care) to conduct an annual credit report as well provides the specific logistical information required to do so. Tribal child welfare is also developing policy to guide their staff working with children in tribal foster care.

Maine Youth Transition Collaborative. Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. The Department continued to collaborate with the MYTC during 2010 to 2014 to further develop community partners and to meet the goals of the MYTC sustainability plan. DHHS plans to continue funding for Opportunity Passport (OP), a matched savings and financial literacy training program, through a contract with Jobs for Maine Graduates (JMG). This initiative continues to be very successful and continues to grow with additional private and public support.

Homeless Youth Provider Committee is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee has been to pass legislation to clearly define homeless youth and to establish a comprehensive system of services to meet the needs of homeless youth as defined. Legislation was passed and signed by the Governor in June 2009.

New England Youth Collaborative is made up of staff, youth in care, and former youth in care, from all of the New England states first met in January 2008. This Collaborative aims to improve outcomes for older youth in care by looking at ways New England States can collaborate and learn from each other in order to implement innovative and best practices that strengthen the youth transition programs in all of the New England States.

Youth Leadership Development Activities:

Maine's *Youth Leadership Advisory Team* (YLAT) (www.ylat.org) is nationally recognized as being one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. Maine remains committed to enhancing youth and adult partnerships through YLAT, helping youth develop and practice their leadership skills, and to hear directly from youth in care and formerly in care about how we can improve our child welfare system to meet their needs.

Through our contract with USM Muskie School of Public Service, YLAT groups will continue to meet across the State in local districts on a monthly basis from September to June.

Maine will also continue to support youth by funding an Annual Teen Conference each summer. YLAT youth will continue to be involved in the planning and execution of Teen Conference. Consistently when surveyed, youth and adult attendees respond favorably to having gained new insights, skills, respect, and the desire to include youth in decision-making.

We anticipate that youth in care and YLAT members will continue to serve on a variety of workgroups, such as the Maine Youth Transition Collaborative (MYTC) Advisory Committee; The Southern Maine Youth Transition Network; the Citizen Review Panel; and The New England Youth Coalition.

OCFS views YLAT members as instrumental in policy development and practice improvements. We intend to regularly seek input from youth to guide OCFS.

YLAT youth will continue to inform the legislature about the needs of older youth in care by providing orientations testimony for proposed legislation.

Program Goals:

Goal 1: Improve permanency outcomes for older youth in foster care, ages 15-18.

Strategy 1: Utilize Permanency Review Teaming Statewide.
Strategy 2: Explore using additional tools to prepare older youth in care for permanency.
Strategy 3: Involve youth in training staff, parents and others regarding the needs of older youth in care.
Strategy 4: Continue to involve older youth in care and formerly in care youth involved in the redesign of foster care and foster parent recruitment.
Strategy 5: Continue to revise policies related to youth transition services including the focus on permanency, and life-long family and sibling connections.
Strategy 6: Restructure staffing to provide post-placement supports to youth and families to reduce disruptions.
Strategy 7: Integrate Sibling Bill of Rights into practice.

Goal 2: Improve post-secondary options and success for youth transitioning from foster care.

Strategy 1: Work with youth and others to identify barriers to successful post-secondary retention and graduation.
Strategy 2: Pilot new post-secondary support programs.
Strategy 3: Explore mentor opportunities for youth entering post-secondary education.
Strategy 5: Map all support resources available at each college/university and develop a

process to inform students of available resources.

Goal 3: All young people leave foster care prepared for adulthood.

Strategy 1: Develop and implement a life skills curriculum to teach essential life skills to youth.
Strategy 2: Explore additional training opportunities and transition tools to support work with older youth.
Strategy3: Improve the quality of Family Team Meetings and better incorporate youth decision-making.
Strategy 4: Continue to promote youth leadership development and activities through YLAT.
Strategy 5: Implement Memorandum of Understanding for Department of Health and Human Services, Department of Education, Department of Corrections and Department of Labor to direct transition services to youth involved in any of these systems.

Goal 4: Expand availability of support and services to youth in all areas of the state.

Strategy 1: Continue to partner with the Maine Youth Transition Collaborative to expand resources in the areas of: education; employment; housing; and life-long connections.
Strategy 2: Explore implementing peer supports for youth in care.
Strategy 3: Ensure youth are informed and have access to available community resources.
Strategy 4: Implement the National Youth in Transition Database (NYTD) and use this and other key outcome data to develop needed services and supports for transitioning youth.

Goal 5: Increase housing options for older youth in care and youth transitioning from care.

Strategy 1: Explore development of new options for housing for youth through our foster care redesign process.
Strategy 2: Work collaboratively with public and private stakeholders to explore possible new resource funding and development.
Strategy 3: Further develop expectation for congregate care settings and ensure resources are meeting the needs of older youth in care.

Goal 6: Improve youth opportunities to achieve economic success.

Strategy 1: Explore electronic records options and ensure all youth leave care with their vital documents.
Strategy 2: Ensure widespread knowledge about expanded MaineCare coverage to youth who age out of foster care.
Strategy 3: Continue to provide life skills development opportunities for youth around work readiness, financial literacy, and job success.

To ensure that training is aligned with the goals of the CFCIP Maine has/will be implementing the following:

- Permanency training for all new caseworkers focusing on working with older youth.

    - Topics covered:
        - Youth voice
        - Youth choice in placement, visitation, child planning, court involvement, physical and mental health,
        - Youth engagement
- Training for all OCFS staff on OCFS Youth Transition Services Policy
- Training and mentoring youth on adolescent skill development to assist youth in:
    - Obtaining legally permanent family and life-long connections
    - Decision-making
    - Obtaining services and supports youth want to meet their needs
    - Ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.
- Training to OCFS staff, who work with youth on the Transition to Independence (TIP) model, an evidence-informed practice which emphasizes youth-directed planning and development of practical life skills leading to independence. (if awarded the HIT-NIT grant).

National Youth Transition Database (NYTD):

Maine has complied with and intends to continue to comply with the requirements of the National Youth in Transition Database (NYTD). Additionally, over the next five years we will work to better inform youth about NYTD through meetings at the annual Teen Conferences, as well as to better utilize NYTD data for program improvements.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

Older youth in care are well supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs.

There are no identified statutory or administrative barriers that prevented DHHS from fully implementing the ETV program in Maine. The Chafee Independent Living Program Manager (Youth Transition Program Specialist) approved the youth's eligibility for ETV funds and makes the final determination of their ETV allocation under the guidelines of the ETV program. These expenditures are tracked separately from other expenditures under the CFCIP.

Our use of Education and Training Voucher (ETV) funds will continue to serve as "gap assistance" to students who may be attending post-secondary educational institutions out-of-state or in-state, students who are attending a tuition waiver institution or students who are attending an accredited specialized job skills training program.

The Youth Transition Specialist will continue to track the utilization of ETV funds to assure that the funds provided do not exceed $5000 or the total cost of the program, taking into account all other financial aid assistance and awards.

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state for the purpose of post-secondary education.

- Youth, aged 16 and older, who were reunified from Maine DHHS
- Youth, aged 16 and older, who were adopted from Maine DHHS
- Youth, aged 16 and older, who enter permanency guardianship from Maine DHHS.
- Youth who were receiving ETV funds at the age of 21, are eligible for continued ETV funds until the age of 23, when making progress toward completing their post-secondary undergraduate degree.

Youth are informed that they must maintain good academic standing as considered satisfactory academic performance at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing in order to remain eligible for ETV funds.

A determination of the amount of ETV funds to be awarded to each student is made by the Youth Transition Specialist based on the number of students needing assistance that academic year. By working with post-secondary institutions, we ensure the ETV funds provided to students in combination with other federal assistance, does not exceed the total cost of attendance or duplicate other federal assistance programs.

In addition to the Chafee and ETV programs, Maine intends to continue to provide support for post-secondary education through its Tuition Waiver program. Since its inception, each year, 30 available waivers are utilized by first year students.

Post-Secondary Students:

OCFS will continue to track and report the following data:

Academic Year	New Participants	Continuing Participants	Total Participants
2014-2015			
2015-2016			
2016-2017			
2017-2018			
2018-2019			

RESPONSIBLE STATE AGENCY

The State's Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Health & Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Health & Human Services is 1-01-600-0001A6. The Department of Health & Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E and well as administer the Education and Training Voucher Fund Program.

The Department of Health & Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program's services.

ASSURANCES *The State assures that:*

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs,

or any other state funds that may be available for Independent Living programs, activities, and services;

2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner;

3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1);

4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;

5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);

6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;

7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;

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

9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A- 102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80).

CERTIFICATIONS

The certifications shown below will be certified by the Department's Commissioner as part of the submission of the Title IV-B Child and Family Services Plan.

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).
2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).
3. Debarment Certification (45 CFR, Part 76.500).

Attached to the CFSP are also the additional certifications required for the Chafee Foster Care Independence Program as signed by the Governor of the State of Maine.

STATE MATCH

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program. The State's match for these funds will continue to be the state's value of the Tuition Waiver Program.

Appendix E

Effective February 2014

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide; copies should be with each employee, the Child Welfare Disaster Plan and addendum. The Child Welfare Disaster Plan is activated when ordered by the Director of the Office of Child and Family Services or designee and when Central or District Offices can no longer follow their usual procedures due to natural or man-made disasters. Complementing The Plan will be the sound judgment of Office of Child and Family Services (OCFS) leadership and staff, ongoing communication among affected parties and improvisation as needed to meet the specific conditions of an actual disaster.

Child Welfare Disaster Plan

Leadership

The Director of the Office of Child and Family Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the OCFS Deputy Director, Associate Director of Intervention and Care, Associate Director of Policy and Prevention, Associate Director of Community Partnerships, Associate Director of Accountability and Information Services, Director of Mental Health Services, OCFS Medical Director, Child Protective Intake Manager, and Child Welfare Program Administrators of affected districts will assist the Director with the management of the emergency which includes ensuring that essential functions of the agency continue.

Emergency Management Team

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

Responsibilities of Emergency Management Team members include:

- Initiate plan operation
- Deliver communications to staff, clients and providers
- Communicate with Commissioner or designee and with the Director of Public and Employee Communication
- Coordination with DHHS officials and other departments of state government as necessary
- Ensure Intake continues to function: receive reports, communications hub if necessary
- Facilitate relocation if necessary
- Other responsibilities assigned by the Director of the Office of Child and Family Services

Continuing Essential Functions of Child Welfare Services

Essential Functions

Child safety is the highest priority to be attended to during and after a disaster. Knowing that staff as well as families we work with will be affected during a disaster, each office may not be functioning at full capacity. To assure that essential functions are covered, staff may need to take on functions not normally part of their daily duties. All caseworkers, Quality Assurance staff, and other qualified staff could be called upon to perform any casework or support function as needed. Essential functions include:

- Child Protective Intake: ensuring reports of CAN are received and assigned.
- Responding to reports of CAN. Includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home an alternative plan must be developed and/or court action initiated.
- Ensuring safety of children in state custody. includes assessment of child safety as needed for children in DHHS custody or care and determining that child(ren)'s and caregiver safety needs are met.
- Prompt family contact to share information on child/family situation related to the disaster.
- ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines
- Court Hearings unless otherwise determined by the court.

Communications Plan

Emergency Management Team, coordinating with the Director of Public and Employee Communication, develops messages for families, providers and staff. Message is communicated through a variety of means to ensure the broadest reach. Means to be used for families and providers include:

News releases to radio and television stations, cable tv, newspapers
Information on the state (maine.gov) and OCFS (http://www.maine.gov/dhhs/ocfs/) websites.

Intake

- Means used to communicate with staff include the above and the use of phone trees.
- Information could include office closures, current status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, information for staff, status of MACWIS.

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

Each district has a phone tree as determined by the Program Administrator.

Emergency Management Team is connected to District phone trees through the Program Administrator and designee.

Program Administrator and designee have the Emergency Management Team contact information
Staff to contact caregivers and children.

Staff have programmed caregivers' and supervisor's contact numbers into their cell phones.
Supervisors have programmed staff and other essential contact numbers into their cell phones.
Intake to be hub for communication in the event that the District Office is down.
Intake to temporarily relocate to a district office, MEMA or Public Safety if necessary.

Information System Plan

- Develop MACWIS Disaster Recovery Plan: Contract to develop DRP that meets federal SACWIS requirement awarded to i-CST. Plan to be completed by 12/31/07.
- Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- Information Services Manager or designee to load the following reports onto the SMT folder weekly.
- Children in Care – Current Primary Open Placement Report.
- Worker Demographic Report.
- Listing of Assessments Report.
- Listing of Service Cases Report.
- Resource Capacity Availability: Foster Care-Regular Report.
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report.
- AAG and judges contact information.
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Back-up system off-site is in place.

Office Disaster Supply Kit

The Program Administrator or designee will have a thumb drive containing the following information:

- USB thumb drive with important documents loaded including: Calling Tree
- Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

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

- Supply of paper forms: Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Paper copies of :Calling Tree
- Employee and management contact information and their disaster plan contact information (Worker Demographic Report under development)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report

- Listing of Protective Cases Report
- AAG and judges contact information
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit
- Agency vehicles with at least ¾ full gas tanks

Emergency Management Team and Central Office Disaster Supply Kit

The Emergency Management Team will have a disaster supply kit consisting of the following:

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner's Office and other state departments, federal liaison contact info, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of the Office of Child and Family Services will determine who will have access to the thumb drive.
- Employee and management contact information including their emergency contact information (Worker Demographics Report under development)
- Children in Care – Current Primary Open Placement Report
- Supply of paper forms.
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit

Staff

Encourage staff to develop personal disaster kit

Staff identify 2 contacts who would know where they are; at least one of them should be out of the area.

All employees will enter their name, address, home phone, work phone, work cell and both emergency contact numbers in MACWIS Worker Demographics

Staff will report to the next closest Child Welfare Services office in the event of office closure related to the disaster if directed by the Director of the Office of Child and Family Services, Program Administrator or designee.

Staff must check in after a disaster with Intake or other entity as identified by the Emergency Management Team or Program Administrator

Recognizing that staff would also be affected by a disaster CWS supervisors will work with staff to ascertain their need for assistance so that they may be able to attend not only to their professional responsibilities but also to their own safety issues.

Providers

Family caregivers will complete the Family Resource Disaster Plan as part of their Foster or Adoption Application and at their annual update and biennial renewal. Each district will designate a caseworker to assist relative and fictive kin caregivers to complete the plan if the caregivers will not apply to become a license/approved resource. Included in the plan are relocation and emergency contact information and agency contact requirements. Each family will have an Emergency Supply Kit consisting of:

- Water, one gallon per person per day for at least 3 days
- Food, 3 day supply of non-perishable food
- Battery powered or hand crank radio
- Flashlight and extra batteries
- First aid kit
- Whistle
- Moist towelettes, garbage bags
- Wrench or pliers
- Can opener
- Medications
- Medical equipment
- Wired phone

Resource family disaster plan

Resource families will inform local first responders when a child with special medical needs is placed with them.

Residential facilities will follow emergency procedures as required by residential licensing regulations.

District staff will contact children in residential facilities to assess for safety as soon as possible.

MACWIS includes the resource family physical address, primary phone number and secondary phone number and fields as well as relocation and emergency contact information.

Caseworkers with youth in independent living situations, children in trial home placements and in other unlicensed placements will acquire two emergency contact names and their phone numbers and addresses and record in MACWIS.

Coordination with Courts

The Director of the Office of Child and Family Services will inform the court administration of the development of the Child Welfare Emergency Response Plan. Program Administrators and district Assistant Attorneys General will coordinate with local courts during an emergency.

Liaison with Federal Partners and Neighboring States

Director of the Office of Child and Family Services or designee will initiate and maintain contact with federal partners to communicate about waivers and about what is happening on state and federal levels in regard to the disaster.

Staff should document overtime and work done related to the disaster for possible reimbursement.

Director of the Office of Child and Family Services or designee will identify liaison in neighboring states, work with them to coordinate and share information when children and families cross state lines and will maintain complete contact information for those liaisons and their alternates.

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

Districts

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and inform Intake. Districts will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of MACWIS. District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

- Develop a plan for continuation of services to include:
  - Assessment of new reports within 72 hours of the report.
  - Service provision to Child Protection service cases within 5 days of the disaster.
  - Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible.
  - Contact with parents of children in custody to give them updates on child's situation and to learn of parent's situation, service provision as soon as possible.
  - Coordinate with other agencies that have information about child and family location, needs.
- In the event that a child needs to be moved due to the emergency and another placement cannot be quickly located, with approval of the supervisor and PA the social worker may take the child home with him/her.
- Per the Director of the Office of Child and Family Services, Policy V. D-4 which restricts placement of children in state custody or care with employees will be temporarily abrogated.
- Develop staff phone tree.
- Maintain list of District Court judges and AAG's home phone number, cell phone, and address.
- When youth are participating in off-grounds activities, the trip leader or other adult leader will have control of medications and emergency and first aid supplies.

- The Plan will need to be implemented incrementally in order to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

- 155B **HOSTAGE TAKING**
- <u>If a hostage situation occurs, staff on the scene should follow the following guidelines</u>:

1)Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
2)Isolate the perpetrator from innocent bystanders or potential victims if possible.
3)Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
4)Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
5)Remain calm and attempt to keep others calm.
6)Dial 9-1-1 or attempt to have someone contact help.
7)Negotiate if possible if a rapport is existent. Do not be condescending or sarcastic – be bold, confident and calm.
8)Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
9)Think about potential escape plan for yourself and other.

136B **<u>Roles of Management In Hostage Taking</u>**

1)Notify local law enforcement immediately and provide them with any pertinent information necessary.
2)Utilize cellular phones between the safe and crisis zones.
3)Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)
4)If staff or clients are advised to stay put, stay away from windows, drop to the floor, take cover, and wait for a signal.

5)Stay in constant communication with law enforcement.
6)Have a designee secure the doors to avoid innocent bystanders from complicating the situation.
7)Meet law enforcement officials at a pre-designated location and provide them with good directions to and description of the site.
8)Identify a safe place away from the building for interviews.
9)Once the situation has been resolved, the "all clear" signal should be announced.
10)Make sure master keys are readily available to responding law enforcement.

Appendix F- OCFS Training Plan

Training	IV-E Eligibility	Venue	Trainers	Hours	Target Audience
New Worker Training This training is for new Child Welfare Social Workers prior to working with children and families. The topics in this training include assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance abuse, medical indicators of abuse, domestic violence, family team meetings, and permanency.	Yes	Held in house	Policy & Training Team Staff Community experts.	56 hours not including field instruction. Held every other month	New Child Welfare Staff
Indian Child Welfare Act (ICWA) Working with Native American Tribal Child Welfare This training provides the background and rationale for specialized child welfare policy and practice in working with Native American children. A historical perspective of child welfare practice in Native American communities is provided, leading to an overview of the Indian Child Welfare Act (ICWA). Guest presenters from Maine's Tribal Child Welfare system are contracted with to facilitate the session, lending their expertise and first-hand perspective in working with this population. Also discussed is the Truth and Reconciliation Commission.	Yes	Held in various locations throughout Maine	Contracted staff from Maine's Tribal Child Welfare	4 hours Held quarterly	Child Welfare Staff
Psychosocial Assessment Training This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiate's participants thinking in a more complete manner about what additional information may be needed regarding a caregiver. This process can assist social workers in developing key questions that would be asked of the mental health professional around caregiver functioning and capacity to change as it relates to child safety, permanence and well-being.	Yes	Held in House	Policy& Training Team Staff	6 hours Held Quarterly	Child Welfare Staff who hold conditional Social Work Licensure
Permanency Session II This Training is to inform staff on	Yes	Held in House	Policy & Training	12 hours	Child Welfare Staff

placement and educational stability by stressing the knowledge of the child's needs and developmental level. Policy around selecting placement and considering kin first is discussed explaining community based placements that are least restrictive. Different placement types are defined and a brief introduction to ICPC is covered. The fostering Connections Act is discussed and the procedure for school transfer is explained. Adoption and Permanency Guardianship are discussed.			Team Staff	Held Quarterly	
Legal Training The training begins by discussing substantiated, indicated and unsubstantiated findings. The training moves into case flow focusing on law and procedure during each part of a case. Petition writing is explained, preparing for court and discovery is reviewed. Factual documentation is stressed throughout the training. The various types of hearings are explained from initial court action to TPR and how to prepare for court.	Yes	Held in House	Policy & Training Team Staff Assistant Attorney General	6 hours Held at least quarterly	Child Welfare Staff
Intake This training provides an overview of the Child Protective Intake Unit. Topics include writing a report of child abuse and neglect, mandated reporting, what makes a report appropriate verse inappropriate, how decisions on child abuse and neglect are made as well as learn how to make an Out of Home Investigation (OOHI) report, a Drug Affected Baby (DAB) report, a report to the District Attorney, and learn various databases that Intake uses to gather more information about a family's composition and demographics.	Yes	Held in House	OCFS Intake staff	6 hours Held monthly	Child Welfare Staff
Advance Medical Indicators This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect. This training also includes information to help social workers understand when to seek further medical evaluations and tests, and how to give meaning to information	Yes	Held in various locations throughout Maine	Policy & Training Team Staff Dr. Lawrence Ricci- medical expert on child abuse	6 hours Held Quarterly	Child Welfare Staff Resource Parents Community Partners.

obtained, in light of what we know about the dynamics of child abuse and neglect.			and neglect.		
Trauma Informed Practice This training is conducted using the curriculum from the National Child Traumatic Stress Network (Child Welfare Trauma Training Toolkit). This training is to educate OCFS staff about the impact of trauma on children and families as well as how to recognize vicarious trauma and promote self-care for OCFS staff.	Yes	Held in the District offices	Policy & Training Team Staff Mental Health Program Coordinators Community Partners	12 hours	Child Welfare Staff
Failure to thrive Diagnosis, treatment and family support This training provides information on Failure to Thrive i.e. what it looks like, how to seek medical intervention, what has to happen within the family to treat this condition and how to provide supports to the child and family in order to provide safety to the child and have successful outcomes.	Yes	Held in various locations in Maine	Policy & Training Team Staff Dr. Lawrence Ricci-medical expert on child abuse and neglect	3 hours	Child Welfare Staff Resource Parents Community Partners
Commercial Sexual Exploitation and Sex Trafficking in Maine This training is for Child Welfare staff to understand the demographics and dynamics of sex exploitation and sex trafficking in Maine, to understand the red flags and signs of sex exploitation and trafficking, and to understand how to meet the needs of victims regarding trafficking.	Yes	Held in various locations in Maine	Policy & Training Team Staff Maine Coalition Against Sexual Assault staff	4 hours	Child Welfare Staff
Medication Assisted Treatment Training This training is to inform social worker staff and Resource Parents the intricacies of medication assisted treatment with the intent of increasing knowledge and awareness of this form of treatment and decreasing myths.	Yes	Held in various locations in Maine	Policy &Training Team Staff DHHS-Office of Substance Abuse and Mental Health Services Staff	4 hours	Child Welfare Staff Resource Parents
Understanding the Dynamics of Sexual Assault This training is on the dynamics of	Yes	Held in various locations in	Policy & Training Team Staff	3 hours	Child Welfare Staff Resource Parents

sexual assault and how this impacts our work with families – topics to include victimization, protecting their children from abuse and the trauma they have endured.		Maine	Maine Coalition Against Sexual Assault Staff		
Substance Abuse and Youth This training will focus on substance use in our youth. Types of substance abuse, relevance to the work we do with youth, signs of substance abuse/use, prevention and recovery.	Yes	Held in various locations in Maine	Policy &Training Team Staff DHHS-Office of Substance Abuse and Mental Health Services staff	4 hours	Child Welfare Staff Resource Parents
Clinical Pathways This training is centered on five of the most common mental health diagnosis of children in our care, what case management activities are required to ensure that proper treatment modalities are being utilized.	Yes	Held in various locations in Maine	Policy & Training Team Staff OCFS Medical Director Dr. Lindsey Tweed OCFS Clinical Care Specialist Team Staff	3 hours	OCFS Staff
Office of Child and Family Services (OCFS) Orientation Training The OCFS New Employee Training is designed to inform new employees within OCFS of the various aspects of OCFS. The OCFS mission statement is reviewed as well as other major DHHS offices. The OCFS organizational charts and staff roles are reviewed stressing that OCFS is all one team working together for the children and families of Maine. Statistics of the populations served are reviewed as well as confidentiality, where to find policy and law, professionalism, and the work environment. Retention and recruitment efforts being done within OCFS.	No	Held in House	Policy & Training Team Staff Recruitment & Retention Specialist	6 hours Held every other month	OCFS Staff
Mandated Reporter Training This training is to provide training for OCFS staff and Child Abuse and	No	Held in various locations	Policy & Training Team Staff	3 hours held as needed	Child Welfare staff Community Partners

Neglect Council staff to become trainers for the community on mandated reporting. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS.		throughout Maine			

Appendix G: Assurances