

MAINE STATE LEGISLATURE

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Office of Child & Family Services
State of Maine
2020-2024 Child & Family Services Plan



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Introduction of Maine 2020-2024 CFSP

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

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

State Agency Administering the Programs

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS), will administer IVB programs under the 2020-2024 CFSP.

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

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

The OCFS Organizational Chart can found at the following link:

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

Practice Model

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

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

functioning and work to resolve any identified child safety concerns. It is also critical for child welfare services to look upstream to prevent any future involvements.

Collaboration

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

Over the past year, activities have included: education related to Maine’s Truth and Reconciliation process, Structured Decision Making, and the Maine Enhanced Parenting Program. MCWAP also participated in the CFSR Stakeholder focus group; the CFSR Exit Meeting; and reviewed, and provided feedback on the OCFS’ updated Family and Child Plans. These activities support the goals of the OCFS Strategic Plan.

MCWAP Membership (eff 03/1/19):

| First | Last | Position | Organization |
|--------------|-------------|--|---|
| Christine | Alberi | Child Welfare Ombudsman | State of Maine |
| Stephanie | Barrett | Panel Coordinator | Department of Health and Human Services |
| Chris | Bicknell | Executive Director | New Beginnings |
| Betsy | Boardman | Child Protection and Children’s Judicial Liaison | State of Maine Judicial Branch, Family Courts |
| Marie | Briggs | Director | Beloved Children |
| Jamie | Brooks | Parent Partner | Parents as Partners |
| Daniella | Cameron | Associate Director | Preble Street |
| Adrienne | Carmack | Pediatrician | Penobscot Community Health Care, FQHC |
| Lyn | Carter | Rural Grant Program Coordinator | Maine Coalition to End Domestic Violence |
| Susan | Clardy | Research Assistant | Office of the Maine Attorney General |

| | | | |
|-----------|-----------------|--|--|
| Tracy | Cooley | Director | Safe Families-Safe Homes National Training Project |
| Kelly | Dell'Aquila | CPPC Parents as Partners Program Coordinator | The Opportunity Alliance |
| Debbie | Dembski | Citizen, LCSW | Grandparent whose family's substantiation was overturned upon appeal |
| Debra | Dunlap | Southern Maine Senior Director | Community Partnership for Protecting Children |
| Justin | Frank | Pastor | Penny Memorial United Baptist Church |
| Lanelle | Freeman | Social Services Director | Kennebec Valley Community Action Program |
| Jim | Hatch | Director of Operations | Adoptive and Foster Families of Maine |
| Meg | Hatch | CAC Network Coordinator | Maine Coalition Against Sexual Assault |
| Destie | Hohman Sprague* | Associate Director | Maine Coalition Against Sexual Assault |
| Bette | Hoxie | Kinship Specialist | Adoptive and Foster Families of Maine, Inc. |
| Christine | Hufnagel | Director of Family Services | Community Concepts |
| Jim | Jacobs | Psychologist | Maine General Medical Center |
| Bobbi | Johnson* | Associate Director of Child Welfare Services, OCFS | Department of Health and Human Services |
| Alana | Jones | | |
| Caroline | Jova | Family Division Manager | State of Maine Judicial Branch, Family Courts |
| Pam | Lahay | Executive Director | Maine Children's Trust |
| Tracy | Leigh-Jacques | GAL Services Coordinator | State of Maine Judicial Branch, Family Courts |
| Colleen | Madigan | Representative District 110 | Maine House of Representatives |
| Dave | McCluskey | Executive Director | Community Care |
| Debra | McSweeney | Licensed Physical Therapist | Maine General Medical Center |
| Sarah | Minzy | Family Services Director | Home Counselors Inc. |
| Alivia | Moore | Tribal Representative | |
| MaryAnn | Ryan | Treatment Specialist, SAMHS | Department of Health and Human Services |
| Cindy | Seekins | Director | G.E.A.R. Parent Network |
| Nora | Sosnoff | Chief, Child Protection Division | Office of the Maine Attorney General |
| Briana | White | AAG, Child Protection | Office of the Maine Attorney General |
| Todd | Landry | Director, OCFS | Department of Health and Human Services |
| Jean | Youde | Program Coordinator | Maine General Medical Center |

*Panel Co-Chair

Maine Children's Trust (MCT): The Trust serves as administrator for the statewide network of Child Abuse and Neglect Prevention Councils (CANs). CANs promote and deliver evidence-based/informed family strengthening programs, including, but not limited to: public awareness

activities, child safety education, parenting education, support and information for parents, referral to services as needed, and training for professionals. Each CAN conducts an annual Community Needs Assessment within its coverage area and uses the information gathered to develop a plan for prevention programming in their coverage area targeted to address the needs. MCT works collaboratively to maintain a list of core activities which are coordinated and implemented through the efforts of the CANs and their communities. Key areas addressed previously include mandated reporting, infant safe sleep, and the Period of PURPLE Crying. The identified priorities for this grant period are programs that promote protective factors, such as, parental resilience, social connections, knowledge of parenting, parenting and child development, concrete support in times of need, and social and emotional competence.

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP's governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

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

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

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

Youth Leadership Advisory Team (YLAT): Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are, or have been, in foster care. Youth involved in YLAT provide feedback to OCFS that is used in developing policy and practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS on foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT partner with OCFS on regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly, and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

Alternative Response Program (ARP): This group is made up of OCFS staff and providers of ARP services statewide. In 2017, this group began meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using data, the group has looked at outcomes to include: engagement with families, initial contact with alleged child victims

within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to most effectively meet identified needs. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports. A key component of this model is the Parent Partners Program in which parents who had previously been involved with child welfare services and successfully resolved the child abuse and neglect concerns mentor parents currently involved with the system.

Indian Child Welfare Act (ICWA) Workgroup: The ICWA Workgroup has been in existence since 1999. Originally, the workgroup consisted of OCFS staff, Indian Child Welfare staff, as well as staff from the University of Southern Maine, Muskie School of Public Service. In addition to these three areas of representation, the workgroup currently includes representatives from the Office of the Attorney General, the Family Division of the Courts, a representative from Wabanaki Health and Wellness, and a former youth in tribal care. The role of this group is to provide a forum for collaboration between State and Indian Child Welfare programs. Topics of discussion include, but are not limited to, the following: co-case management of ICWA cases from intake through to permanency, identifying areas of concern regarding the handling of ICWA cases within OCFS or the court system, any updates or changes to OCFS policy and/or practice, areas in which to build relationships and strengthen collaboration, resource sharing and development, training for staff, and recruitment and training of Qualified Expert Witnesses. The ICWA Workgroup takes the lead on developing many of the partnership projects between the State and the Tribes to enhance understanding of the law, as well as tribal culture. In addition to continuing to support a system of co-case management partnering between OCFS and Indian Child Welfare staff, the ICWA

Workgroup is also currently working on the following: continuing to develop a comprehensive brochure for OCFS staff, which will incorporate both law and practice issues; continued recruitment and training for Qualified Expert Witnesses; beginning discussions about how to better recruit native foster homes; and enhancing the partnership with the court system to ensure Guardians ad Litem (GALs) and attorneys understand ICWA and how OCFS partners with the Tribes.

OCFS Child Welfare Business Process ReDesign (BPR) Collaborative: The purpose of the work group is to provide a focused, consistent, and empowered cohort of agency staff to engage in the development and implementation of recommendations to improve agency practices, performance, and outcomes.

The objective of the group will be to validate potential changes with agency staff, ensure strong communication around change, and to closely manage the implementation process for any recommendation on which the agency wishes to move forward.

The group is comprised of staff from across each unit of the child welfare team; some participants may be supervisors or managers, but the majority will be caseworkers and other staff carrying out the day to day work of the agency.

The Collaborative group will take on the following collective responsibilities:

- Take a proactive role in the development of recommendations
- Validate mapping of current business processes
- Assist with development of updated business processes
- Gather input from staff who are not a part of the collaborative group, and share information with colleagues
- Develop communication protocol for the rollout and implementation of recommendations
- Develop implementation timelines for selected recommendations

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- The most recent available data demonstrating the state's performance is included for each of the two safety outcomes. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- A brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators is developed based on this data and input from stakeholders, tribes, and courts.

State Response:

Safety Outcome 1 includes timeliness of initiating investigations of reports of child maltreatment (**Item 1: Timeliness of initiating investigations of reports of maltreatment**). This item was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 73% of the applicable cases reviewed. Performance was higher in this item for service cases (75% strength) compared to foster care cases (70% strength).

The 2017 CFSR PIP improvement goal for Item 1 is 84.2%, with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|------------------------------------|---|
| 1 Timeliness of initiating investigations of reports of child maltreatment | 84.2% Strength | 72.88% Strength |

OCFS identified three factors impacting Maine’s performance in Safety Outcome 1, the strategies identified to improve performance on Safety Outcome 1 are meant to address those factors. The factors include:

- Delays in reports being reviewed and assigned to districts and/or ARP through the Centralized Intake Unit. In May 2017, Maine implemented the Structured Decision Making (SDM) model in Centralized Intake. SDM in Intake guides decision making related to responsible timeframes for assessment practice. The PCG report also included recommendations to ensure that every report receives second level, supervisor review and approval within 24 hours to ensure accurate decision-making and timely response.
- Maine’s utilization of contracted Alternative Response Program (ARP) providers to conduct assessments on low-severity reports of child abuse and neglect. In the CFSR it was determined that these agencies were not always meeting the contract performance expectations, including timeframes for initial contact with the alleged victim. The PCG report included recommendations to reassess the ARP program to align to best practice and define the referral process.
- Maine, like many other states, has been challenged in maintaining a stable workforce. Staff turnover and the time needed to train new staff and bring them up to speed with OCFS’ policies and procedures impacts caseworker workload, supervisory workload and priorities, and the agency’s ability to meet requirements for initial contact. In addition, OCFS saw a significant increase in the volume of reports of maltreatment during calendar

year 2017, which subsequently increased the number of appropriate reports received by intake and then subsequently assigned to OCFS staff for investigation

OCFS is actively engaged in workload management within the District offices. OCFS utilizes multiple points of data to manage workloads across types of caseworkers and the district offices. In May 2017, Maine implemented the Structured Decision Making (SDM) model in Centralized Intake. SDM in Intake guides decision making related to responsible timeframes for assessment practice. In the winter of 2017, several face-to-face templates were implemented. These tools streamline the work for both caseworkers and supervisors, leading to more effective utilization of time and increased workload management. The PCG report included recommendations to ensure that every report received a second level, supervisory review within 24 hours to ensure accurate decision making and timely response.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

Safety Outcome 2 includes services to families for protection of the child(ren) in the home, and prevention of the removal of the child(ren), or re-entry of the child(ren) into foster care (**Item 2 - Services to prevent removal**) and risk assessment and safety management (**Item 3 - Risk and safety management**). Both items were assigned a rating of Area Needing Improvement in the 2017 CFSR.

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

The 2017 CFSR PIP improvement goal for Item 2 was 65.1% with the method of measurement being the quality case reviews.

Maine has historically been challenged in providing services to a family to prevent removal of children however performing well in the national standard related to re-entry into foster care. The most recent ACF Data Profiled (January 2019) reflects that Maine fell within the appropriate range in this measure at 7.9%.

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|------------------------------------|---|
| 2 Services to family to protect children in the home and prevent removal or re-entry into foster care. | 50% Strength | 42.2% Strength |

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

- The quality and timeliness of post-assessment involvement by contracted Alternative Response providers;
- Issues related to safety plans, including:
 - Lack of a consistent tool to evaluate the success of safety plans and determine next steps for working with the family; and
 - Difficulty in ensuring that families engage in services to address the concerns that led to the need for a safety plan.
- Lack of assessment skills and tools necessary to fully assess families, particularly those that are struggling with domestic violence and/or substance abuse;
- Inconsistency in the transition between child welfare program areas (for example, when a case transfers from assessment to permanency); and
- Workload issues, primarily related to an increase in the volume of reports of abuse and neglect and the rate of staff turnover.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

The 2017 CFSR PIP improvement goal for Item 3 is 47.8% with the method of measurement being the quality case reviews.

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|------------------------------------|---|
| 3 Risk and safety assessment and management. | 40% Strength | 36.15% Strength |

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

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

The OCFS child welfare service assessment practices were reviewed and, as a result, more emphasis will be on investigation rather than assessment. Emphasis will be placed on enhancing interview techniques and investigative methods with support through trainings on critical thinking, problem solving and motivational interviewing. Supervisory oversight will also be enhanced to support staff.

There were also several practice changes made to ensure that child safety is ensured through the cycle of child welfare intervention and include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child's best interest related to the child's needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The originally submitted 2015-2019 CFSP included the expectation of district actions plans for districts struggling in recurrence of maltreatment. Since that submission, the decision was made to include strategies to address this concern in the DHHS OCFS Child Welfare Strategic Plan (SFY 2016-2018). Update on key action steps include:

- Structured Decision Making has been implemented in Intake and Assessment. The permanency tools are in development.
- A centralized QI Unit has been formed and is developing a process of review for OCFS key projects.
- The OCFS Family Plan and Child Plans have been implemented. Next steps include determining timeframes for completion and providing action planning training to staff to ensure statewide consistency in developing behaviorally specific action steps to resolve child welfare concerns.
- The Supervisory Tool Kit has been implemented. Next steps include evaluating supervisory expectations and integrating the tool kit with other practice expectations.
- Additionally, due to the increase workload, OCFS put the implementation of the teaming model on hold. The OCFS Executive Management will review the current teaming implementation process and determine next steps to ensure staff have the skills they need to effectively engage with families and their supports.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 2: Strengthen safety through statewide implementation of Structured Decision Making (SDM) in assessment casework practice to build consistency through improved outcomes related to timely response to reports.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators, and relevant available case record review data.
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1 includes the following:

- Item 4 - Stability of placement;
- Item 5 - Permanency goal for child;
- Item 6 - Achieving reunification, guardianship, or permanent placement with relatives; and
- Item 7 - Placement with siblings.

Item 4: (Stability of placement) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 75% of the applicable cases reviewed.

The 2017 CFSR PIP improvement goal for Item 4 is 83.8% with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--------------------------|------------------------------------|---|
| 4 Stability of Placement | 75% Strength | 75.0% Strength |

The most recent ACF Data Profiled (January 2019) reflects that Maine fell within the appropriate range in this measure. The National Performance measure is 4.44 or below and Maine met this measure at 3.91.

An analysis of the ME CFSR data found the primary strength in the review was the majority of cases where the child/youth experienced a placement move however the move was appropriate to meet the child’s goal, i.e. move closer to home community, placed with relative, move to adoptive or permanency guardianship home. The primary challenge was multiple cases where the placement change was requested by the foster parent. In addition, resource issues related to children requiring a high level of care for which there is no appropriate placement readily available when needed.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

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

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

The 2017 CFSR PIP improvement goal for Item 5 is 88.1% with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|-----------------------------|------------------------------------|---|
| 5 Permanency goal for child | 80% Strength | 61.25% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- Goals were established timely and were appropriate.
- Reunification goals were establishing in the majority of the cases within 1 day of child/youth entering foster care.

Challenges:

- In just two thirds of the cases reviewed was it found that the agency filed a TPR timely either before the period under review or before.
- Appropriateness of adoption goals when that goal has been in place for an extended period of time yet achieving goal unsuccessful due to significant needs of the youth/child and/or youth/child clearly indicates not wanting to be adopted.
- Parents were given extended periods of time to reunify despite little demonstration of progress being made in services to alleviate jeopardy issues.

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child's best interest related to the child's needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety

of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

Key strategies that will address these issues include strengthening the Family Team Meeting process to ensure that all parties involved in the case are participating and actively involved in the case planning; Child Specific Recruitment activities (including the Heart Gallery); and full implementation of the Structure Decision Making. During permanency, staff will utilize the Case Plan Tool to help determine what interventions could address child and family needs, building upon their strengths, and individualizing the interventions to the family. The Reunification Assessment Tool helps staff to determine if the child can return home, and looks again at the initial risk factors, whether the safety concerns have been addressed, if there are any new safety concerns, and progress toward meeting the goals in the case plan. The last tool is the Risk Reassessment that helps decide if a case should be closed.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 1: Court improvement Project (CIP)/Coordination with the Court's and the AAG's office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Item 6: (Achieving Reunification, Permanency Guardianship, Adoption, Other Planned Permanent Living Arrangement) This item is a consolidated item to determine if the identified permanency goals have been achieved through reunifications, guardianship, adoption, or other planned permanent living arrangement.

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

The 2017 CFSR PIP improvement goal for Item 6 is 65.1% with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---|------------------------------------|---|
| 6 Achieving Reunification, PG, ADO, OPPLA | 55% Strength | 31.25% Strength |

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

- A disconnect in ensuring appropriate supports are available to foster parents;
- Inconsistency between the trainings available for foster parents and their stated and apparent desire to increase their knowledge of complex family systems and their role within the child welfare system as foster care providers;
- A lack of consistency in practice with regard to ensuring field staff engage meaningfully with both parents;
- Systemic factors related to court delays;
- Gaps in knowledge based on lack of quality trainings available in the following areas:
 - Assessing situations to identify the best interests of children and continually updating that assessment during the life of the case;
 - Engagement of all critical case members;
 - Concurrent planning for permanency;
 - Timeframes to permanency and strategies to ensure those timeframes are met; and
 - Engagement of key players in case planning and process, including relatives, family supports, and foster parents; and
- Staff retention.

The ACF Data Profile (January 2019) reflects that Maine meets the national performance standard for children/youth achieving permanency within 12 -24 months; the issue is for children/youth to achieve permanency within 12 months of entry into care. Maine’s outcome was 30.6%, well below the 42.7% national performance standard.

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child’s best interest related to the child’s needs and the safety of the child.

- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 1: Court improvement Project (CIP)/Coordination with the Court's and the AAG's office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Strategy 2: Increase the effectiveness of the child welfare workforce and foster and adoptive parents, as well as successful recruitment and retention of both groups.

Strategy 3: Improve the frequency and quality of caseworker visit with parents.

Strategy 4: Complete a statewide service inventory and a system for mapping service array and availability.

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

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---------------------------|-----------------------------|--|
| 7 Placement with siblings | 91% Strength | 93.62% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- Efforts made to place siblings together when entering foster care.
- Assessment evident in those situations where siblings couldn't be placed together, either due to the high specialized need of the child, or his/her sibling(s).

Challenges:

- There were only a few cases that were rated as an area needing improvement in this item. In the first case, there was no ongoing contact with a sibling while that sibling's relative caregiver considered the timeframe for possible placement of the target child with her. In the second case, there was no documentation of ongoing assessment of whether or not the siblings should remain separated. Lastly, the last case didn't have any documentation as to why the siblings could not all be placed together.

Maine was rated a strength in this area in the 2017 CFSR and thus not required to directly address this in its PIP. However, the strategy that should continue to strengthen this item is more effectively teaming with families, and including the voices of youth in this process.

Permanency Outcome 2 includes the following:

- Item 8- Visiting with parents and siblings in foster care;
- Item 9- Preserving connections;
- Item 10- Relative Placements; and
- Item 11- Relationship of child in care with parents.

Item 8: (Visiting with parents and siblings in foster care) was assigned a rating of Area Needing Improvement in the 2017 CFSR achieving the standard in 58% of the applicable cases reviewed.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---|------------------------------------|---|
| 8 Visiting with parents and siblings in foster care | 58% Strength | 66.13% Strength |

An analysis of the ME CFSR 4/1/18-3/31/19 data found the following:

Strengths:

- In almost all of the cases reviewed concerted efforts were made to ensure the quality of visitation between the child and the mother were sufficient to maintain or promote the continuity of the relationship.
- In almost all of the cases reviewed concerted efforts were made to ensure the quality of visitation between the child and the father were sufficient to maintain or promote the continuity of the relationship.

Challenges:

- In many of the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship.
- In many of the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship.
- In many of the cases reviewed concerted efforts were not documented that reflected visitation between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--------------------------|-----------------------------|--|
| 9 Preserving connections | 85% Strength | 62.03% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- In the majority of the cases reviewed there was a sufficient inquiry conducted with the parent, child, custodian, or other interested part to determine whether the child may be a member of, or eligible for member in, a federally recognized Indian Tribe.
- When the child was found to be a member of, or eligible for membership in, a federally recognized Indian Tribe, the Tribe was provided timely notification of its right intervene in state court proceedings and was placed in foster care in accordance with ICWA placement preferences.

Challenges:

- In just slightly over half of the cases reviewed concerted efforts were made to maintain the child’s important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, Tribe, school and/or friends).
- Lack of efforts demonstrated to preserve connections with extended maternal or paternal sides of the family- beyond the grandparents.

Timely relative notification when children enter foster care is key in ensuring that the agency is involving family members, and provides an opportunity for grandparents, and other adult relatives to engage with the agency to ensure that connections are preserved. Historically, the QA unit has conducted quarterly reviews on the level of compliance in providing written notification to all grandparents, and all known adult relatives. Although there has been progress in this area, it was apparent that OCFS needed to develop a more sustainable plan in ensuring the notifications were timely. In 2017, OCFS gathered feedback from staff, community partners, and the legal community regarding the new OCFS Family and Child Plans. These plans were reviewed to ensure that OCFS was meeting federal and state obligations to families, children, and the courts, and accurately capturing information that meets CFSR requirements. In the spring of 2018, the OCFS Family and Child Plan became accessible in the MACWIS system. Included within this plan is a relative notification checklist that identifies the relative, the relative's relationship to the child, the relative's address, and date the notification was sent to the relative. Building this into the Family Plan in MACWIS allows for reporting functions that will replace the QA quarterly reviews. In addition, the supervisory tool that was implemented in the spring of 2018 ensures that supervisors are consistently working with the caseworkers they supervise to ensure relative notification is occurring.

The Lexis Nexis search engine has been available to child welfare staff since May 2015 to help support locating family members, once identified. A training webinar was created, and is available to staff as a guide to this resource. A review of the resource was provided at a statewide supervisors meeting in the summer of 2016.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|-----------------------|------------------------------------|---|
| 10 Relative Placement | 87% Strength | 80.77% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- Reviews found concerted efforts to locate and assess relatives, but they were ruled out for good cause (i.e. extensive CPS history, unwillingness to care for the child, family situation prevented them from caring for the child, physical environment unsafe).

Challenges:

- In a number of the cases reviewed with the child placed with a relative, the placement was not determined to be appropriate and stable.
- In just two thirds of the cases reviewed were concerted efforts documented related to identifying, locating, informing and evaluating maternal and paternal relatives for potential placements for the child.

The OCFS Management Report provides monthly tracking for OCFS management to monitor the level of relative placements. For the 2018 calendar year, relative placements ranged from 34% to 39%, averaging 36.5%.

Maine has strengthened policy to reflect expectations that comply with Fostering Connections specific to relative notifications. The data and challenges related to this were highlighted in the previous item. 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.

The 2020-2024 CFSP will support this work, and includes increased funding for family visitation. Strategies will be developed to include a specific focus on outreach to fathers and the paternal side

of the child’s family. Through the development of the Family and Child Plan modules in MACWIS, OCFS has the capacity to pull reports related to Family Team Meeting participants, including fathers and paternal relatives.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---|-----------------------------|--|
| 11 Relationship of child in care with parents | 64% Strength | 71.7% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- Both parents were invited/encouraged to attend medical appointments, and school activities, and were often provided transportation to support this involvement.

Challenges:

- In two thirds of the cases reviewed, concerted efforts were made to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In two thirds of the cases reviewed, concerted efforts were made to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Following the 2017 CFSR, Maine reassessed its priorities and progress made in key strategies developed for the 2015-2019 CFSP. It was determined that the quarterly reviews conducted by QA related to Family Share Meetings, Relative Notifications, and Voice Recordings would be discontinued, as the data is available through alternative data pulls (i.e. Family Plan and Child Plans). The QA unit's primary function is to provide data for the PIP Measurement Plan, as well as complete additional reviews as needed, and requested by the OCFS Executive Management Team.

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child's best interest related to the child's needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The OCFS child welfare service assessment practices were reviewed and, as a result, more emphasis will be on investigation rather than assessment. Emphasis will be placed on enhancing interview techniques and investigative methods with support through trainings on critical thinking, problem solving and motivational interviewing. Supervisory oversight will also be enhanced to support staff.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data, and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data, and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-being Outcome 1 includes the following:

- Item 12- Needs and services of child, parents, and foster parents;
- Item 13- Child and family involvement in case planning;
- Item 14- Caseworker visits with child; and
- Item 15- Caseworker visits with parent(s).

Item 12: (Needs assessment and services to children, parents, resource parents) was assigned a rating of Area Needing Improvement in the 2017 CFSR, achieving the standard in 38% of the applicable cases reviewed.

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

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

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

The 2017 CFSR PIP improvement goal for Item 12 is 46.2%, with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|------------------------------------|---|
| 12 Needs and services of child, parents and foster parents | 68% Strength | 33.85% Strength |
| 12A Needs Assessment of Children | | 66.62% Strength |
| 12B Needs Assessment of Parent(s) | | 28.85% Strength |
| 12C Needs Assessment of Foster Parents | | 72.5% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- In a majority of the foster care cases reviewed, the agency conducted an initial and/or ongoing comprehensive assess that accurately assessed the children's needs.
- In a majority of the foster care cases reviewed, the agency conducted an initial and/or ongoing comprehensive assess that accurately assessed the foster parent's needs.

Challenges:

- In only a little over half of the cases reviewed, the agency provided appropriate services to meet the children identified needs.
- In less than half of the reviewed, the agency conducted an initial and/or ongoing comprehensive assess that accurately assessed the mother's needs.
- In only a little over half of the cases reviewed, the agency provided appropriate services to meet the mother's identified needs
- In only a little over half of the foster care cases reviewed, the agency conducted an initial and/or ongoing comprehensive assess that accurately assessed the father's needs.
- In only a little over half of the in-home service cases reviewed, the agency conducted an initial and/or ongoing comprehensive assess that accurately assessed the children's needs.

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child's best interest related to the child's needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The OCFS child welfare service assessment practices were reviewed and more emphasis will be on investigation rather than assessment. Emphasis will be placed on enhancing interview

techniques and investigative methods with support through trainings on critical thinking, problem solving and motivational interviewing. Supervisory oversight will also be enhanced to support staff.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 2: Increase the effectiveness of the child welfare workforce and foster and adoptive parents, as well as successful recruitment and retention of both groups.

Strategy 3: Coordination, implementation and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU) and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill set of Department staff and foster, adoptive and kinship parents.

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

Strategy 5: Complete a statewide service inventory and a system for mapping service array and availability.

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

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

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

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

The 2017 CFSR PIP improvement goal for Item 13 is 48.7%, with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|-----------------------------|--|
| 13 Child and family involvement in case planning | 55% Strength | 30.7% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- The agency demonstrated more concerted efforts to engage with children and parents in case planning when the child was in foster care than found in in-home service cases.

Challenges:

- Cases involving domestic violence concerns yet the FTMs were held with both parents present.
- In less than half of the foster care cases reviewed there was there concerted effort to engage the child/youth in the case planning process.
- In just half of the foster care cases reviewed was there concerted effort to engage either parent in the case planning process.

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child’s best interest related to the child’s needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.

- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

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

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

The 2017 CFSR PIP improvement goal for Item 14 is 70.7%, with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---------------------------------|------------------------------------|---|
| 14 Caseworker visit with child. | 63% Strength | 54.62% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- In almost all of the foster care cases reviewed, the frequency of contact between the caseworker and the child was sufficient to address issues pertaining to safety, permanency and wellbeing.

Challenges:

- In just a little over half of the foster care cases reviewed, the quality of contact between the caseworker and the child was sufficient to address issues pertaining to safety, permanency and wellbeing.
- In less than half of the in-home service cases reviewed, the frequency of contact between the caseworker and the child was sufficient to address issues pertaining to safety, permanency and wellbeing.
- In just over a third of the in-home services cases reviewed, the quality of contact between the caseworker and the child was sufficient to address issues pertaining to safety, permanency and wellbeing.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

The 2017 CFSR PIP improvement goal for Item 15 is 43.4%, with the method of measurement being the quality case reviews.

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|------------------------------------|------------------------------------|---|
| 15 Caseworker visit with parent(s) | 35% Strength | 17.31% Strength |

An analysis of the ME CFSR data found the following:

Strengths:

- Frequency and quality of contact with parents were met more frequently in foster care cases than in in-home service cases.
- Concerted efforts demonstrated in case reviews that led to a strength rating in this area included multiple efforts to contact parents through home visits, reaching out to relatives who have contact with the parent(s), letters, use of Lexus Nexus.
- Quality contacts evident in case reviews that led to strength rating including home visits where discussions with parent(s) focused on progress being made, or not; case planning conversations and clarify with parent(s) regarding expectations.

Challenges:

- In less than half of the cases reviewed, the frequency of contact with the mother(s) were sufficient to address safety, permanency and well-being needs of the child and promote achievement of case goals.
- In less than half of the cases reviewed, the quality of contact with the mother(s) were sufficient to address safety, permanency and well-being needs of the child and promote achievement of case goals.
- In just over a third of the cases reviewed, the frequency of contact with the father(s) were sufficient to address safety, permanency and well-being needs of the child and promote achievement of case goals.
- In less than a third of the cases reviewed, the quality of contact with the father(s) were sufficient to address safety, permanency and well-being needs of the child and promote achievement of case goals.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

Item 16: (Educational needs of child) was assigned a rating of Strength in the 2017 CFSR, achieving the standard in 95% of the applicable cases reviewed.

Performance was higher in this item for foster care cases (97% strength) compared to in-home service cases (50% strength).

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---|------------------------------------|---|
| 16 Educational needs of child assessed and addressed. | 95% Strength | 78.31% Strength |

An analysis of the ME CFSR 4/1/18-3/31/19 data found the following:

Strengths:

- In most of the foster care cases reviewed, concerted efforts were demonstrated to accurately assess the child’s educational needs.
- In most of the foster care cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.

Challenges:

- In less than half of the in-home service cases reviewed, concerted efforts were demonstrated to accurately assess the child(ren) educational needs.
- In less than half of the in-home service cases reviewed, concerted efforts were made to address the educational needs of the identified child(ren) through appropriate provision of services.

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

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

Well-being Outcome 3 includes physical health of child(ren) being met (**Item 17 - Physical health needs of the child**) and mental/behavioral health of child(ren) (**Item 18 - Mental/behavioral health of the child**), both of which were rated as an Area Needing Improvement in the 2017 CFSR.

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|---|------------------------------------|---|
| 17 Physical health needs of child assessed and addressed. | 64% Strength | 59.26% Strength |

An analysis of the ME CFSR data found the following:

Strength:

- The agency demonstrated stronger performance in assessing and addressing children’s physical health needs in foster care cases than in-home service cases.

Challenges:

- In just over two thirds of the cases reviewed the information supported that the agency had accurately assessed the child’s physical health needs.

- In just over two thirds of the cases reviewed the information supported that the agency had accurately assessed the child’s dental health needs.
- In just over two thirds of the cases reviewed the information supported that the agency had appropriately addressed the child’s physical health needs.
- In just over two thirds of the cases reviewed the information supported that the agency had appropriately addressed the child’s dental health needs.
- In only half of the foster care cases reviewed it was found that the agency provided appropriate oversight over prescription medications to address physical health issues.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -3/31/19 |
|--|-----------------------------|--|
| 18 Mental/behavioral health needs of child assessed and addressed. | 67% Strength | 43.42% Strength |

An analysis of the ME CFSR data found the following:

Strength:

- The agency demonstrated stronger performance in assessing and addressing children’s physical health needs in foster care cases than in-home service cases.

Challenges:

- In just over half of the cases reviewed the information supported that the agency had accurately assessed the child’s mental/behavioral health needs.
- In just over half of the cases reviewed the information supported that the agency had appropriately addressed the child’s mental/behavioral health needs.
- In just over a third of the foster care cases reviewed it was found that the agency provided appropriate oversight over prescription medications to address mental/behavioral health issues.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

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

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

The MACWIS system continues to readily identify for its users the status, demographic characteristics, location, and goals for every child in foster care. The system reliably tracks and stores the data. The system time stamps each entry, and this stamp, along with additional information, can be reported out for review. These reports can be produced dependent on the necessary frequency required or requested, daily to state fiscal, federal fiscal, or calendar year. The entry of demographics within MACWIS is a combined effort between OCFS staff, and the state’s eligibility system, ACES, which is the default and single client repository for demographics. ACES exchange demographic data with MACWIS hourly. MACWIS utilizes validation and system controls for data accuracy, as well as element, and entry requirements prior to saving and exiting from screens. Supervisory approval of staff entries is required throughout the business processes of intake, assessment, and cases. Supervisory oversight ensures that the status of a child

is entered accurately and timely. Audit reporting for AFCARS and NYTD elements, and for the quality requirements of OCFS Child Welfare policy and practice, are run monthly. But any of the standardized reports can be run as needed for auditing, as previously stated. Timeliness of a child's placement, and the entry of the child's goals into the Child Plan is also assured through weekly reporting and review. MACWIS maintains the capability of producing IV-E eligibility reporting, as well as financial reporting for foster care and adoption. This reporting allows staff to verify inaccuracies, correct data errors, and/or identify system issues that need to be addressed by the Information Services Team. Staff can submit data fix helpdesk tickets for correction of the data, or submit requests for application changes that may enhance a user's accuracy and timeliness. During the past 7 years, Maine has continued to sustain a high functioning Information Services Team and Program, which is responsive to the needs of MACWIS users, while also upholding federal, state, and department rules, policies and practices.

Throughout the year, the MACWIS system receives ongoing maintenance. Eleven certified release deployments were completed during 2018, continuing to improve the support of all new federal requirements. The eleven certified releases which OCFS completed in 2017 included approximately 147 requirement tickets.

On June 29th, 2018 Maine submitted their Annual Planning Document, CCWIS Notice of Intent and Cost Allocation Plan to the Children's Bureau. The state declared that they will transition MACWIS to meet the Comprehensive Child Welfare Information System(CCWIS) regulations. The state is exploring strategies to develop new data exchanges as required and is also requesting technical assistance to determine whether the state has agencies that meet the definition of a Child Welfare Contributing Agency(CWCA). At this time, we do not anticipate changes to the project cost allocation. On July 31, 2018 Jerry Milner, Associate Commissioner Children's Bureau acknowledged receipt of and provided his approval of Maine's 2018 APD.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s), and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSR. "In the statewide assessment, Maine described challenges in jointly developing written case plans with

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

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

Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child’s best interest related to the child’s needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn’t attend and offer those individuals the ability to provide feedback.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

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

The CFSR relied on file reviews, stakeholder interviews, and focus groups to collect the data. The file review data was pulled strictly from the MACWIS, and neither a Maine Judicial Information System (MEJIS) analysis of data nor an in-person review of the court files was completed. Following release of the CFSR, the judicial branch conducted a manual file review and analyzed data from MEJIS for the cases that were selected for the CFSR. A total of 37 cases were hand reviewed by judicial branch employees who are attorneys and experts in child protective law. Data collection indicated the following about periodic reviews:

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe;
- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% (t=21) judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the Judicial Reviews held were timely. The discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscores the need for improved communication between the judicial branch and OCFS on data provided to the Children's Bureau for its reviews.

The recent PCG report outlined recommendations for potential improvements within the Court system to aid in improving the experience for children and families and included:

- Provide training to judges and other court staff on child welfare, OCFS' practice model, policy and additional compliance standards.
- Develop a clear policy regarding continuances and pre-trial hearings. PCG recommended that courts develop a firm policy regarding continuances in child welfare cases in order to ensure that their usage is minimized and that child welfare cases remain prioritized.
- Ensure better inclusion of natural/informal supports in the courtroom. PCG recommended that OCFS work to ensure a practice whereby informal supports are included in the court process so that their involvement is acknowledged and continued.

The ACF Data Profile (January 2019) reflects that Maine meets the national performance standard for children/youth achieving permanency within 12 -24 months; the issue is for children/youth to achieve permanency within 12 months of entry into care. Maine's outcome was 30.6%, well below the 42.7% national performance standard.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038 mandates that "If a court has made a jeopardy order, it shall review the case at least once every 6 months, unless the child has been emancipated or adopted."

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038(5) stipulates "After hearing or by agreement, the court shall make written findings that determine:

- A. The safety of child in the child’s placement;
- B. The continuing necessity for and appropriateness of the child’s placement;
- C. The effect of a change in custody on the child;
- D. The extent of the parties’ compliance with the case plan and the extent of progress that has been made toward alleviating or mitigating the causes necessitating placement in foster care;
- E. A likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship; and
- F. If the child is 16 years of age or older, if the child is receiving instruction to aid the child in independent living.”

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 1: Court improvement Project (CIP)/Coordination with the Court’s and the AAG’s office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response

This item was assigned a rating of Strength in the 2017 CFSR, as information obtained confirmed that initial and ongoing permanency reviews were held on a timely basis in almost all the cases, and that these reviews met the federal requirements.

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) mandates: “Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing and shall determine a permanency plan within the earlier of:

- A. Thirty days after a court order to cease reunification; and

- B. Twelve months after the time a child is considered to have entered foster care. A child is considered to have entered foster care on the date of the first judicial finding that the child has been subject to child abuse or neglect or on the 60th day after removal of the children from the home, whichever occurs first.”

In addition, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4038-B(1) states “Unless subsequent judicial reviews are not required pursuant to section 4038, subsection 1-A, the District Court shall conduct a permanency planning hearing within 12 months of the date of any prior permanency planning order.”

On an annual basis, the OCFS IV-E Financial Review Eligibility Specialists conduct a review to ensure that case records contain the appropriate court documentation demonstrating that permanency review hearings occur within 12 months from the date the child entered foster care, and no less frequently than every 12 months thereafter. While no raw data is available, the IV-E Program Manager reports that errors found during these reviews are very rare.

Item 23: Termination of Parental Rights

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

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

State Response:

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

Three strategies implemented in 2016 will impact children’s permanency goals and timeframes related to meeting those goals include:

- A district review process has been implemented where all youth in care for 6 months are reviewed to identify barriers to timely permanency, and identifying strategies to mitigate those barriers.
- Monthly report out by District Managers on specific youth who have been in custody for an extended period, and monitoring the progression being made toward achieving permanency for these youths.

- In 2017, Teaming Specialists were trained in the revised Family Team Meeting model, and began training and coaching district staff. Teaming, in combination with the new Family and Child Plan process, will improve engagement with families and their supports, and lead to an increased focus on permanency needs for children in care.

2018 Practice changes include:

- Renewed focus on ensuring that all decisions involving children served by OCFS child welfare services must first and foremost be made based on what is in the child's best interest related to the child's needs and the safety of the child.
- Any decision that directly impacts the safety of a child must be reviewed and approved including, but not limited to, decisions about the level of supervision during visitation and medical decisions. Decisions related to safety planning, kinship assessments, trial home visits and permanent placement with the parent must be reviewed and approved by the district Program Administrator and/or Assistance Program Administrator.
- The teaming model that Maine was pursuing during and following the Maine CFSR has also been reviewed. The modifications made included ensuring that all caretakers of children involved with OCFS child welfare services must be included in the planning process for children. Maine recognizes that a team meeting is based on the needs and safety of the children, and therefore all individuals involved in this must be invited and included in the meetings. It was clarified for staff that, if for some reason not everyone could attend the meeting, it is the responsibility of the caseworker to provide an update to those that couldn't attend and offer those individuals the ability to provide feedback.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

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

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

This item was assigned a rating of Area Needing Improvement in the 2017 CFSSR. “Information in the statewide assessment, and collected during interviews with stakeholders identified significant barriers to ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the children in their care. Stakeholders said that the trailing docket used in many courts, and rescheduling hearings at the last minute, made it difficult for participants to be available. Stakeholders also reported that the caregiver’s ability to be heard, varied according to the judge.” (*Child and Family Services Report Maine Final Report 2017*)

Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 4, §4033(5) mandates that “The department shall provide written notice of all proceedings in advance of the proceeding to foster parents, pre-adoptive parents and relatives providing care. The notice must be dated and signed, must include a statement that foster parents, pre-adoptive parents and relative providing care are entitled to notice of and a right be heard in any proceeding held with respect to the child and must contain the following language:

‘The right to be heard includes only the right to testify and does not include the right to present other witnesses or evidence, to attend any other portion of the proceeding or to have access to pleadings or records.’

A copy of the notice must be filed with the court prior to the review or hearing.”

Barriers identified in meeting this expectation includes:

- Trailing docket system in Court impacts the ability to provide the caregiver with an exact date and time for the review;

- Continuances occur and foster parents aren't provided notification of the rescheduled hearing;
- Inconsistency with the Courts as to how well foster parents are invited to be heard during the hearing.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

Strategy 1: Court improvement Project (CIP)/Coordination with the Court's and the AAG's office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the 2015-2019 CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

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

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. "Information in the statewide assessment showed that Maine has a fully functioning quality assurance system operating in all jurisdictions that uses data to evaluate the quality of services, and to identify the strengths and needs of the service delivery system. The state's case review system uses a model based on the federal review process to conduct targeted case reviews. The state shares data with both internal

and external stakeholders, and solicits input from them to inform policy and practice improvements.” (*Child and Family Services Report Maine Final Report 2017*)

- Historically, OCFS has recognized the need for strong quality assurance oversight, and has dedicated staff to that activity. OCFS maintains a unit of staff dedicated to Quality Assurance (QA) with one QA Specialist housed in each of the eight Districts. The QA Specialists are supervised by the QA Program Manager based in the central office. Five members of this team have been identified as the core team conducting case reviews, which was developed as the means for Maine to measure progress in its PIP following the 2009 CFSR. This process continued following Maine’s completion of the PIP, and was approved by ACF to conduct the 2017 CFSR state option for Maine. Specific activities have included monthly case reviews, as well as special projects to provide senior management with qualitative data in areas of interest or concern. The work of this group has also expanded through the restructure to include federal audits of the Child Care Subsidy Program.
- Maine has developed, and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The 2020-2024 CFSP included strategies to support ongoing work to ensure that quality services are available to protect children.
- The OCFS Data Team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data. Data reports are tested for accuracy through a sampling audit. QA staff conducts monthly case reviews, which consist of comprehensive case reviews using the ACF review instrument and focused reviews based on the agency’s need for data.
- District staff has access to reports provided by the Data and QA Teams, although it does seem apparent that not all staff has the same level of access. This is likely based on district management dissemination of this information.

Currently, the QA unit’s primary functions are to provide data for the PIP Measurement Plan, as well as providing real time feedback to district staff utilizing the Eckerd Rapid Safety Feedback review model.

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

1. Foundational Administrative Structure:

- a. Maine has dedicated staff housed in each district office and supervised centrally.
- b. QA staff are historically those who have worked within the child welfare program, either as a direct care caseworker, and/or supervisory staff who promote or demote to the QA team. QA staff are trained in the child welfare system, understand policy, and can easily navigate the MACWIS system. The QA team meets routinely,

minimally quarterly. Conference calls are also utilized to allow the team an opportunity for peer group contact to discuss or plan upcoming projects, or challenges faced by the team.

- c. Training, formally or informally, based on the project need, is provided to QA staff prior to conducting a specific project. This ensures that staff are familiar with the tool and/or process so that all staff utilize the tool consistently. The QA unit has access to the Online Monitoring System (OMS) through the federal CFSR Portal, and has moved to using that system to conduct individual case reviews. The unit also completed the Onsite Review Instrument (OSRI) Item Specific training modules to ensure the team is meeting the requirements for maintaining the integrity of the tool during case review, the team has received certificates verifying this completion. As new QA staff are hired, they are trained in this process through teaming with their peers, as well as reviewing the training modules on the OMS.
 - d. An informal inter-rater reliability process is utilized on most projects, and combines peer to peer consults, pairing teams, and/or consulting with the QA Program Manager as an anchor point for any project/study.
 - e. In the past year, the QA unit has continued to utilize the Questions & Answer Database for the CFSR. This tool is updated each time a new question is asked and appropriately answered and allows for consistency in conducting both review processes.
2. Quality Data Collection:
- a. Maine has an ACF certified SACWIS program, which was certified in May 2009.
 - b. Maine has dedicated staff housed in each district office and supervised centrally.
 - c. Maine has utilized the ACF OSRI as a review tool, which provides clear instruction and guidelines on its use. The QA unit has also consulted with the Boston ACF region to ensure that the integrity of the federal tool is intact. The assessment from ACF was that the Maine team consistently uses the tool to fidelity. The ACF Boston regional staff, and the JBS consultants meet with the OCFS QA staff annually to discuss the OSRI, and provide feedback to questions asked by the QA Unit.
 - 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 Operations, which allows for increased collaboration between the teams, sharing of data, and support from each team to collect relevant data based on Office need. In 2015, there was further realignment which resulted in an expansion of this group with the name change to the Operations Unit. The goal of this realignment was to increase fiscal accountability and effective and efficient services through appropriate quality assurance programs. Between these systems, Maine is able to collect quantitative and qualitative data to address key issues.

- e. The OCFS Data team and QA Unit utilize a consistent process to collect and extract accurate quantitative and qualitative data across the state. Data reports are tested for accuracy through a sampling audit.
 - f. Maine has the systems and resources in place to utilize, and monitor AFCARS data, NCANDS data, CFSR, ACF CFSR Statewide Data Indicators, and NYTD.
3. Case review data and process:
- a. QA staff routinely conduct case reviews, which could be comprehensive case reviews using the ACF review instrument, or focused reviews based on the agency's need for data.
 - b. The case review schedule that Maine has utilized since the 2009 CFSR was established to meet the needs of the PIP, and allows for stratification of cases, as well as including the largest metropolitan area in the state to be reflected in the rolling quarter data that is submitted to ACF. Maine will utilize this same structure/process adopted to conduct case reviews which will provide PIP measurement data.
 - c. In late 2015/early 2016 work was completed to strengthen this process in terms of developing a defined sampling methodology. This methodology has since been approved by federal review team data experts.
 - d. The case review process includes the QA Program Manager as the person responsible for providing QA on each of the tools, which assures for inter-rater reliability as one person is identified as the anchor. Maine developed a backup plan for the QA process should additional staff be required going forward. These staff were trained by the QA Program Manager, and then observed by ACF to ensure they could appropriately manage the QA component of the CFSR process.
 - e. In the spring of 2018, Maine's PIP Measurement Plan was approved by ACF. This Plan includes an annual review of 130 cases, using the approved sampling methodology and OSRI. These reviews began in April of 2018 and will continue throughout the PIP measurement period.
 - f. In January of 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans, using a review tool that reflects best practices. QI staff are responsible for providing feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately the outcomes for children and families.

4. Analysis and dissemination of quality data:
 - a. OCFS utilizes monthly management reports, Kids in Care reports, CFSRs, and access to the Results Oriented Management System, which all combined, allows for ongoing tracking of outcomes.
 - b. OCFS has a data team of qualified staff to aggregate and analyze data that can be broken down by district office.
 - c. OCFS has various stakeholder groups to provide feedback to the OCFS.
 - d. OCFS maintains a website with current data related to outcomes.

5. Feedback to stakeholders and decision makers, and adjustment of program and process:
 - a. In the fall of 2015, the decision was made to restructure the various panels and committees facilitated by OCFS to increase efficiencies and enhance the overall quality of review, discussion, and feedback provided from the stakeholder groups. In December, OCFS facilitation of the Child Welfare Steering Committee and the Citizen's Review Panel were ended. The members of both of those groups were encouraged to continue involvement by participating in the newly convened, Maine Child Welfare Advisory Panel (MCWAP). This group meets monthly, and is co-chaired by the Associate Director of Child Welfare. Each month, the agenda includes an updated related to the Child and Family Services Review (CFSR).
 - b. OCFS is moving towards a more robust CQI approach which will automatically involve the policy and training teams when outcomes are reported out that indicate a need for policy review and/or strengthening of a training element.
 - c. In the winter of 2014, the Quality Circle process was implemented in every district, which allows district staff the opportunity to identify challenges to their work and create and implement strategies to overcome those barriers. Quality Circles are supported by the Governor of Maine and the Commissioner of DHHS.
 - d. QA staff continue to be available to provide more district-specific consultation through working on special reviews that could provide the district relevant information specific to that district efforts to improve outcomes.
 - e. The Quality Assurance Team began conducting surveys related to teaming in conjunction with the Child and Family Services Review in 2017. These surveys consisted of interviews with youth, parents, resource parents, and GAL/CASAs. The data collected was inputted into a database that allowed OCFS to establish baseline data prior to the full implementation of the Teaming Initiative. This measurement process will be sustainable through the QA Team as case review is an ongoing model utilized by OCFS.
 - f. In March of 2017, the Caseworker Advisory Team was created, consisting of a caseworker representative from each district. The purpose of this team is to create a platform for sharing information between front line staff and the Executive

Management Team, and to work together on improving practice, resulting in successful outcomes for the agency.

- g. In January 2018, Quality Improvement (QI) staff were hired, and trained to provide an additional level of QI support in each district, specific to the implementation of the Family Plan and Child Plan. These staff are responsible for peer review of Family Plans and Child Plans, using a review tool that reflects best practices. QI staff are responsible for providing feedback directly to their peers in the moment. It is believed that having this model of real time review and feedback will help improve practice and ultimately the outcomes for children and families.

OCFS implemented a real-time review model, Eckerd Rapid Safety Feedback (ERSF), on 3/7/16, to better support the work of district caseworkers and supervisors. Staffing consists of Quality Assurance staff, overseen by the ERSF Program Supervisor. Based on a comprehensive review of five years of data in MACWIS and other sources, critical case practice issues were identified. These critical case practices showed that, when completed to standard, there was a reduction in the probability of high severity child abuse. Among those critical case practices were quality safety planning, quality supervisory reviews, and the quality and frequency of home visits. Once a case is pulled into the ERSF process, a review is completed using a standardized tool. If safety concerns are identified, or if the case file does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team (ERSF Program Supervisor and the QA Specialist who reviewed the case), the caseworker, and his/her supervisor.

The goals of the ERSF staffing are:

- Mitigate safety concerns in cases with a high probability of a poor outcome;
- Child Welfare staff to utilize the feedback provided by ERSF staff to allow for case practice changes in real time; and
- ERSF staff to provide mentoring, coaching, and support to child welfare staff.

ERSF staff uses a four-step process to meet the program goals:

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

Since implementation on 3/7/16 through 11/26/18 there have been 1,015 cases assigned for review with 1,089 reviewed (these include quarterly reviews) and 796 staffing's held. In the fall of 2018

this program was required to be placed on hold due to those staff being promoted to supervisory positions within child welfare. The program will be relaunched once those positions are replaced.

For an eleventh year, OCFS has renewed their contract with the University of Kansas for use of the Result Oriented Management (ROM) system to provide CFSR outcome data. Maine continues their membership with thirteen other states on the ROM Leadership Council. The development agenda for ROM enhancements is undertaken with the advisement of the ROM leadership Council. The Maine Information Services Unit staff worked with the ROM Director, and University of Kansas team to complete 7 software releases for both maintenance and enhancements during 2018. Besides the various software fixes, internal architectural changes, refined validations and enhancements for application usability, the January 2018 release provided a new feature, development of the initial phase of an Application Program Interface. Other major releases of 2018 included the creation of 5 new ROM Core reports and the ability to print dashboard reports. We continue to work and meet monthly with our ROM Liaison for technical assistance, problem solving, information on statuses of releases, User Acceptance testing, production implementation and discussion on data extracts and analysis.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the 2020-2024 CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2020-2024 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. "In the statewide assessment, Maine reported data and information to show that new caseworkers must complete the 12-day initial training as a condition of employment. The state provided information on caseworkers'

evaluation of initial training, showing that they found it relevant to effectively performing their job functions.” (*Child and Family Services Report Maine Final Report 2017*)

The cooperative agreement between the OCFS and the University of Southern Maine, Muskie School of Public Services was not renewed for SFY 2013. OCFS developed internal capacity by creating a Policy and Training Team that consists of six Policy and Training Specialists supervised by the Policy and Training Program Manager. Their role is to provide new caseworker trainings, advanced trainings to more experienced caseworkers, and other trainings as deemed necessary to enhance staff’s work with families and children. This training is done using a variety of delivery methods, including onsite, regional, and online modules. These training methodologies allow for new hires to begin training almost immediately. Through building in-house capacity to provide trainings, staff training needs can be met more immediately instead of waiting for an outside agency to conduct the training.

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

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

- Random Moment Time Study Training (to complete as soon as possible after their start date)
- Mandated Reporter Training
- DHHS New Employee mandatory on-line Modules:
 - Confidentiality 101 (PowerPoint)
 - Domestic Violence
 - Ergonomics/Video Display Terminal
 - Harassment
 - Language Access
 - New Employee Orientation (PowerPoint)
 - Records Management
 - Americans with Disabilities Act
 - Family Medical Leave Act
 - Office Attire
 - Reports of Injury
- Infant Safety; Abuse Prevention and Unsafe Sleep Related Death Prevention

REQUIRED REGISTRY

- National Center Sign Up & Period of Purple Crying

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

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

Complete Foundations Training (This is a 12-day training over four weeks offered centrally and was offered seven times in 2018).

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

| | |
|-------------------|--|
| WEEK ONE | |
| Day 1 | Introduction to OCFS; Laws, Policy, and Practice; Dynamics of Child Abuse and Neglect; Partnering with Families; Health Information Privacy & Security |
| Day 2 | Introduction to Domestic Violence; Introduction to Substance Use Disorder |
| Day 3 | Medical Indicators of Child Abuse/Neglect; Parents as Partners; Debrief of Week One |
| WEEK TWO | |
| Day 1 | Introduction to Intake Structured Decision-Making Process; Introduction to Child Protective Investigation Process; Exploring Biases; Fact Finding Child Interview Protocol |
| Day 2 | Continue Fact Finding Child Interview Protocol; Parent Interviews; Visiting the Home; Period of Purple Crying and Safe Sleep |
| Day 3 | Continue Child Protective Investigation Process; Collateral Contacts; Analysis & Decision Making; Structured Decision Making; Child Abuse & Neglect Findings; Notifying Parents & Guardians of Findings; Assessment Simulation; Debrief of Week Two |
| WEEK THREE | |
| Day 1 | Introduction to Family Team Meetings; Referring to Services; Inclusion of Out of Home Parent; Documentation; Family Plan; |
| Day 2 | Maine Coalition Against Sexual Assault (MECASA); Human Trafficking; Children’s Advocacy Centers; Meaningful Monthly Contact; Assessing Safety Through the Life of the Case |
| Day 3 | Youth in Care Panel Discussion; Assessing and Creating Permanency; Assessing Well-Being; Monitoring Progress Towards Goals; Conversations with Service Providers; Observing Parent Child Interactions; What Youth, Family & Resource Parents Need When Children Enter Custody; Debrief of Week Three |
| WEEK FOUR | |
| Day 1 | Working with Resource Parents; Resource Parent Panel; Introduction to the Court Process; What’s Involved During a Permanency Case When Children are in Foster Care; Structured |

| | |
|-------|---|
| | Decision Making; PPO on Mock Family; Legal Responsibility; Court Process; Planning in Reunification Cases; Mock FTM |
| Day 2 | Placement Decisions; Child Health Assessments; Family Share; Family Visitation; Sibling Connections; Role of Case Worker; Work with Biological Parents; Meaningful Monthly Contact; Concurrent Planning; Well-Being; Child Plan; ACES; Reasonable and Prudent Parenting Standards; Permanency Plan; Resource Parents Involvement in Reunification; Parents Responsibility in Reunification; Trial Home Placement; Legal Obligations; Rights of Youth in Care; School Stability; |
| Day 3 | Staff Safety; Self-Care & Various Trauma; Debrief of Week Four |

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

Breakdown of the MACWIS/Technology Training is as follows:

- Using a voice recorder for child interviews and properly storing the recording.
- Using the JPMA on-line learning system.
- Review the information on the OCFS/Training Web page & review the MACWIS training Library
- Using MACWIS; searching for a client, reviewing and completing an assessment.
- Opening a case, reviewing some of the case management module.
- Preparing the documents needed for a court action to bring a child into DHHS care and custody.
- Using Dragon Naturally Speaking with your voice recorder for dictation and transcription.
- New staff need to bring their assigned laptop, a voice recorder, and their state issued cell phone.

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

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

Populations/Skills Reflection:

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

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

Skills Reflections:

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

like/what are the expectations? What do their unit meetings look like/what are the expectations?

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

- Job shadow 2 investigations (involving child interviews) and at least one monthly face-to-face contact of a child in DHHS custody or a service case (it is recommended that documentation of the interviews be completed by the new caseworker, and reviewed by the supervisor).
- Job shadow a FTM, and document the FTM in the narrative window, using the FTM/FTM Summary Sheet, and review with supervisor.
- Job shadow a C-1/Summary Hearing, which could include a waiver and discuss with the supervisor.
- Read at least two PPO petitions, and two straight petitions.
- Read at least four investigations (2 substantiated, 1 indicated, and 1 with no findings), and discuss with supervisor.
- Listen to three fact finding interviews that are associated with the investigations.
- Attend a FTM, document the plan from this meeting, and review with supervisor.

Once the above is completed, the caseworker can be assigned investigations/cases. The caseworker's supervisor is required to accompany the new caseworker on their first investigation/family visit (service cases/other cases). The supervisor will assume the role of observer, and assist the caseworker as needed. The supervisor may also determine that additional job shadowing/observations in the field should occur, and will make a plan with the caseworker for this to occur.

The supervisor is responsible for reviewing the Customer Service Acknowledgement Form, the Policy Signature Sheet, and the Employee's Confidentiality Statement sheet with the caseworker, and obtain their signature. This discussion should include instructions outlining that the caseworker should only access MACWIS records they are working on, and that all computer entries can be tracked as to their usage.

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

- Legal Training
- Introduction to the Indian Child Welfare Act
- Social Work Ethics (6 hour for those with a conditional Social Work License)
- Psychosocial Assessment (only for those with a conditional Social Work License)
- Family Team Meetings for Caseworkers (This training is currently in development)

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

- Conduct at least two investigations

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

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

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

To be coordinated by the supervisor:

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

In 2018, there were 7 rounds of New Worker Foundations Training conducted which included 106 child welfare caseworkers and 8 Alternative Response Program staff participants.

In January 2019, a New Worker Foundations Survey was disseminated to the 106 new caseworkers who had been hired since January 1, 2018 and had completed this training. The response rate was 52% (out of the 106, 61 responded).

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

| | Not helpful at all (Number Indicates # of Respondents) | Not really helpful (Number Indicates # of Respondents) | Neither helpful nor unhelpful (Number Indicates # of Respondents) | Somewhat helpful (Number Indicates # of Respondents) | Very helpful (Number Indicates # of Respondent) |
|---|--|--|---|--|---|
| How helpful was New Worker Training in enhancing your skills on engaging with families? | 0 | 4.92% (3) | 4.92% (3) | 47.54% (29) | 42.62% (26) |
| | Not prepared at all | Not really prepared | Neither prepared or unprepared | Somewhat prepared | Very prepared |

| | | | | | |
|---|----------------------------|----------------------------|---------------------------------------|--------------------------|----------------------|
| How well did New Worker Training prepare you for new assessments and/or newly assigned cases? | 1.64% (1) | 13.11% (8) | 8.20% (5) | 63.93% (39) | 13.11% (8) |
| | Not prepared at all | Not really prepared | Neither prepared or unprepared | Somewhat prepared | Very prepared |
| How well did New Worker Training prepare you to work with families in the following areas? | | | | | |
| a. Safety | 0 | 3.28% (2) | 11.48% (7) | 42.62% (26) | 42.62% (26) |
| b. Permanency | 0 | 8.33% (5) | 11.67% (7) | 56.67% (34) | 23.33% (14) |
| c. Well-being | 0 | 3.33% (2) | 8.33% (5) | 46.67% (28) | 41.67% (25) |

Not all participants responded to the questions below:

| Which of the following additional New Worker Training did you find: | Helpful (Number Indicates # of Respondents) | Least Helpful (Number Indicates # of Respondents) |
|--|---|---|
| Working within OCFS | 49.12% (28) | 12.12% (4) |
| Technology/Macwis | 33.33% (19) | 36.36% (12) |
| Legal Training | 49.12% (28) | 12.12% (4) |
| Psychosocial Training | 17.54% (10) | 24.24% (8) |
| Indian Child Welfare Act (ICWA) | 5.26% (3) | 3.03% (1) |
| Ethics Training | 17.54% (10) | 15.15% (5) |
| Children's Behavioral Health in Maine | 24.56% (14) | 12.12% (4) |

Since 2016, the survey has included the respondents name on the survey. This was done to enable Policy and Training staff to have follow-up conversations with the new worker(s) on questions

where they responded that they were dissatisfied, or did not feel that the training met their needs. This information is then taken into consideration regarding any revisions to the training curriculum or process.

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

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the 2020-2024 CFSP?

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's 2020-2024 CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the 2020-2024 CFSP.

State Response:

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

Maine does have a statewide tracking system that it utilizes to maintain logs of trainings for staff. The information from this training data base can be pulled to determine how many staff attend any one particular training or can be pulled to show all trainings any one particular staff person has

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

As referenced in Item 26 related to training, the same standards remain regarding the requirement that caseworkers attend core trainings on various topics during the two years following completion of the Foundations New Caseworker Training. Additionally, all casework staff are required by Maine social worker licensing rules to complete 25 hours of training for licensing renewal every 2 years, including 4 hours of training in Ethics and a Mandated Reporter Training that needs to be completed every 4 years. To monitor completion of the ongoing training contact hour requirement, the Social Work Licensing Board regularly audits a portion of license renewal applications it receives. While there is no formal interface between OCFS and the Board, if the Board audits a caseworker and the caseworker cannot demonstrate having the required amount of contact hours, that caseworker's license would not be renewed.

OCFS does not require all staff to be licensed, as there are many different job classifications within OCFS that do not require licensure. However, all Child Welfare supervisors, and caseworker staff are required to be licensed. When new caseworkers are hired, the training liaison from the Policy and Training unit meets with the supervisor and new caseworker. During this meeting, the liaison checks on the status of the new caseworker's conditional or full social work license to ensure they are licensed, or have started the process, as caseworkers cannot be assigned cases until they have a conditional or full social work license. All staff with social work licenses are initially put into the OCFS training database, but OCFS does not monitor each caseworker's license and renewal dates, as it is the responsibility of the caseworker to track their contact hours needed, and date of license renewal.

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

interview are examined and practiced. This model is based on the same model and protocol that new workers are introduced to in the initial Forensic Interviewing training.

Participants who attended one of the two Advanced Forensic Interviewing Trainings that were offered in 2018, were given a pre-test and post-test. Results of the percentage of people exhibiting an increase in knowledge for both trainings are below:

March session: Total participants= 13
 Total # exhibiting increase in knowledge= 7 (4 participants pre/post score stayed the same, 2 participants post test score dropped)
 Total % exhibiting an increase in knowledge= 53.84615%

October Session: Total participants= 19
 Total # exhibiting increase in knowledge= 14 (4 participants pre/post score Stayed the same, 1 participants post test score dropped)
 Total % exhibiting an increase in knowledge= 73.68421%

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

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

| Question | March | October |
|---|---|--|
| Child Forensic Interviewing: Current Research, Issues and Controversies | 4.4 Comments: Helpful references to research and study Knew much of it, but learned a couple things about preschooler. Was clear and focused. Excellent handouts/packet with a list of resources for addition education Lots of reference to current research and direction on how to access that research referenced and additional research to look @ on our leisure There was lots of recent research provided to the group | 4.4 Comments: Helpful information supporting forensic interviewing, and why it is used Enjoyed hearing about the different researchers. Very interesting and helpful Loved all reference material Up to date info |
| Skill-Based Forensic Interviewing | 4.3 Comments: Learned a few things that we are taught are not recommended for good reason like “first and last” questions Excellent handouts/packet with a list of resources for addition education Seemed very basic | 4.4 Comments: Helpful tips on interviewing Really like the refreshing. Good to have the update on some of the things we Originally learned that aren’t recommended no ex. first, worst, last Liked the skill review Great examples |

| | | |
|---|---|---|
| Interviewing Preschoolers | 4.5 Comments: Many helpful ideas discussed Lots of helpful developmental information and how to and how not to interview little ones. Excellent handouts/packet with a list of resources for addition education Lots of walk through and feedback on our specific experiences/struggles | 4.5 Comments: Really good tips around time! Helpful info Very informative Good tips Differences are important Great examples |
| Introduction to Peer Review and Practicum | 4.3 Comments: Excellent handouts/packet with a list of resources for addition education | 4.1 Comments: Did not cover Didn't cover N/A We had a very good discussion so we didn't get to this part We didn't do this section NA time/in-depth discussions N/A – great discussions, didn't get to peer reviews |
| Strategies for Gathering Details when Children Experience Repeated Abuse | 4.1 Comments: Good thoughts on labeling episodic vs. script language Due to weather, we did not do this section. Tips on listening for Episodic leads and labels was helpful as a way to try to get more details about individual incidents. Excellent handouts/packet with a list of resources for addition education | 4.4 Comments: Learned useful tools for these types of interviews Was able to get a better understanding of script and episodic language. Really like learning about episodic and structured type of disclosure. Great overall review Great examples |
| Effective Interviewing and Communication Skills with Children with Disabilities | 4.5 Comments: Some repetition but overall informative and good/useful ideas presented Very helpful conversation, pointers and discussion Very helpful. Talk to caregiver about child's abilities not just disabilities | 4.5 Comments: The tips were great, including seeing the videos. Good review. Enjoyed seeing the videos so I could put a context on it. Great detailed discussions Great example used |

Since 2016 the Maine Coalition to End Domestic Violence has been offering an advanced training series in Domestic Violence for OCFS staff. Prerequisite for this training is at least 6 months in field experience. The first training in the series is “Advanced Topics in Domestic Violence: In Her Shoes”. “In Her Shoes” is an interactive activity that helps participants understand the ups and downs a survivor of domestic violence experiences over the course of many years. The scenarios in "In Her Shoes" are based on true stories-the experiences of women with abusive partners as told to us by them. The stories reflected in the training typify the complex and dynamic nature of domestic violence while also calling out the more specific barriers that survivors face when poverty is part of their reality. The goals of this training are to increase awareness of the multifaceted issues and complicated dynamics experienced by domestic violence survivors,

highlight struggles and barriers survivors and their children are forced to deal with when they are confronted with economic issues and demonstrate that we all have a role to play and work to do in ensuring all community members are free from domestic violence. This training encourages everyone to think creatively and act intentionally to assist victims and their children.

"In Her Shoes" evaluation results:

(37 participants)

| Did Today's Presentation: | YES |
|--|------------|
| Increase your content knowledge, skills and capacity to serve victims? | 65% |
| Change any of your beliefs or attitudes about Domestic Abuse? | 27% |
| Teach you to recognize Domestic Abuse? | 42% |
| Provide Information about Domestic Abuse resources? | 60% |
| Prepare you to respond to people affected by abuse in your work? | 68% |
| Provide useful practical information? | 77% |

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

The Choice to be Violent: Mandel's Mapping Perpetrators Patterns" evaluation results:

(41 Participants)

| Did Today's Presentation: | YES |
|--|------------|
| Increase your content knowledge, skills and capacity to serve victims? | 80% |
| Change any of your beliefs or attitudes about Domestic Abuse? | 56% |
| Teach you to recognize Domestic Abuse? | 78% |
| Provide Information about Domestic Abuse resources? | 80% |
| Prepare you to respond to people affected by abuse in your work? | 90% |
| Provide useful practical information? | 92% |

Staff Educations and Training Unit (SETU)

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

Supervisory Academy ‘Putting the Pieces Together’

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

In 2018, six new Child Welfare supervisors participated in, and completed the training (they started the training in 2017 and completed it in 2018). During 2018 a survey was disseminated to the participants, out of the six, zero completed the survey.

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

LAS

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

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

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

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

In addition to new caseworker trainings, ongoing trainings that were available in 2018, and the number of staff trained as well as trainings for community providers have been provided in Appendix G.

In 2019 the Maine Coalition to End Domestic Violence will be adding a third training to the Advanced Topics in Domestic Violence training series, “The Importance of Effective DV Related Narratives”. This training will focus on the power of holding abusive partners accountable and enhancing victim's safety. Participants will learn to use DV tools (i.e. Duluth's Power & Control Wheel) as a guide while writing letters, narratives and petitions. Tools and practice will help participants accurately portray the context and details of coercive control, domestic violence and abuse. Advocates will support an abuse survivor as she shares portions of her story to develop practical skill building. This training will include; lecture, video, experiential small group activities and an OCFS Supervisor's panel. The pre-requisite for this training is to have attended the “In Her Shoes Experience” training.

Other 2019 Trainings:

The Importance of Effective DV Related Narratives
Permanency/Structured Decision Making

Motivational Interviewing
Critical Thinking

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 5: Coordination, implementation, and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU) and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff and foster and adoptive parents.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties regarding foster and adopted children.

State Response:

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

In its current resource family training, OCFS continues to deliver a training curriculum developed by the University of Southern Maine, Muskie School of Public Service, that was revised and updated in 2016. A workgroup was formed in 2015 for this purpose. The workgroup included district staff who were trainers of the current curriculum. The revised curriculum includes six training modules. Among the topics covered are those relating to why children enter care; why children think they enter care; reunification; supporting birth family connections; adoption and permanency guardianship; policies relating to positive discipline; Family Team Meetings; optimal child development; understanding the impact of abuse and neglect upon brain development; and bonding, attachment, and trust. The revised curriculum adds some topics including video presentations, which were not previously included, such as the Period of Purple Crying video, and the safe sleep environment video, both of which are focused upon ensuring safety of infants and babies under the age of one year old.

The workgroup created a PowerPoint presentation to accompany the Trainer and Participant Training Manuals, as well as updated the resource guide for applicants. When forwarding this revised curriculum to management at the end of March of 2016, the workgroup recommended that at least once annually, the group of trainers of this curriculum meet to review the success of the curriculum in meeting the initial training needs of applicant families. The annual meeting of trainers provides an opportunity to suggest further need for revision or updates to continually assure that the curriculum is as up-to-date with the most current information possible.

The workgroup recognized that due to the amount of information presented to new applicants, this initial training presents more of an overview and orientation, rather than in-depth training on any one topic. The workgroup recommended that on-going trainings be available to resource parents to provide more in-depth trainings relevant to their role than can be provided during the introductory training.

During the summer of 2016, the revised Resource Family Introductory Training (RFIT) was piloted in several districts. Necessary revisions were identified, and the RFIT revision workgroup reconvened on several dates to complete these revisions. On October 28, 2016, a train-the-trainer meeting was held for all potential trainers who would be delivering this training in district offices. While resource unit staff are primarily responsible for the delivery of introductory training, adoption and permanency unit staff may also participate as co-trainers. Training staff from the contracted Resource Family Support Services entity (AFFM) are primarily responsible for delivery of the final session of the introductory training. This final session consists of ensuring applicants are familiar with the resources that will be available to support them in their role as resource families. The final session also includes a facilitated discussion with currently licensed resource parents.

The RFIT training workgroup met on several occasions during 2016 to revise the 6-hour kinship training, which is required in circumstances in which a waiver is granted to relative and fictive kin who are caring for a child in custody. When granted this waiver, the kinship family may participate in the abbreviated 6-hour kinship-specific training in lieu of the full 18-hour RFIT training. The kinship-specific training provides the caregiver with an overview of the system, as well as information regarding their new role as a licensed resource parent, and the expectations of that role. Revisions to the curriculum included adding information about the impact upon the developing brain when a child experiences traumatic events and strategies to support a child's normative development. The revised kinship training was approved for implementation and has been in use throughout the state. All staff providing the training are included in feedback sessions to determine if there are any changes or revisions necessary. Any recommended changes are discussed by the initial workgroup who developed the training.

A Resource Family Introductory Training and a kinship-specific training calendar is regularly updated and circulated amongst district resource units. Resource family applicants can participate in training sessions in a neighboring district, if the dates and times of training are more convenient for them than those offered in their home district. Similarly, if the applicant misses a session in their home district, then the applicant is invited to participate in that session when it is offered in an adjoining district. Neighboring districts in some parts of the state are collaborating in delivery of kinship training sessions.

The Resource Family Support Services contract includes a requirement to provide on-going training to licensed resource families. The contractor (AFFM) sponsors an annual training conference which brings together speakers on relevant topics. They also provide workshops and resource information to support caregivers in fulfilling their role and in enhancing their skills.

Throughout the year AFFM delivers, or arranges for training to be delivered, in resource family support group settings. The contractor also maintains a listserv, which notifies resource families of trainings delivered by various community partners in various parts of the state. The contractor maintains a lending library of books and video training materials, which are available to resource families. In 2019, AFFM will start offering adoption specific support groups to provide post adopt families an opportunity to meet and receive training specific to the needs of this group.

In January of 2016, OCFS conducted a survey of licensed foster and kinship parents to obtain a better understanding of how the foster care program is functioning. Among the topics upon which the survey focused, was the topic of training needs. Fifty percent of respondents reported interest in attending trainings on the following topics:

- Foster parents' rights
- Attachment disorder
- Effective discipline techniques
- Caseworker and foster parent relationships

- Substance exposed infants and children
- Adoption

In 2016, the OCFS invited foster parent representatives from each district office to meet with the OCFS Deputy Director and other program managers on a quarterly basis, with the purpose of identifying and supporting foster parents with the types of supports that are beneficial to their roles. The OCFS Director also met with foster parents in 2018 to seek input from them. The Foster Parent Advisory Committee was created in 2017 and has met quarterly since its formation though attendance at quarterly committee meetings declined significantly in 2018. OCFS is looking at creative ways for the committee to provide feedback while keeping busy schedules in mind (conference call or web based interaction). The Committee identified four key areas to focus its attention initially. Among those areas identified was training and a sub-committee was formed to address this need. The following topics were identified by the Training sub-committee as examples of trainings which they would like to see offered to foster parents in all parts of the state. These topics have been offered in a variety of settings throughout the state in 2017 and again in 2018:

- Parenting teens/preteens in custody;
- Caring for substance exposed children;
- Positive/Alternative discipline;
- The impact of trauma and strategies on how to deal with the resulting behaviors;
- The court process and the legal responsibilities of obtaining custody;
- Grief and loss (focusing upon the foster parent's perspective from the time a child is placed in their home until the child reunified with their birth parents, identify the different kinds of losses, and how to cope with them, ways to practice self-care related to grief and loss);
- Strategies for resource parents to work effectively with birth parents, caseworkers, and Guardians ad Litem; and
- Facilitated Family Team Meetings - What is the foster parent's role?

In 2018, new trainings were offered as well:

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

In 2018, AFFM provided 78 training sessions on 35 different topics to foster parents throughout the state. The topics covered are below:

- ACES
- Adoption & supporting the family
- Adoption with Kristi Poole
- Resources for Success Training

- Be Ask-able Parent
- C.A.S.A., their roles, and responsibilities
- Challenger Center Reps
- DHHS Staff, Policies and procedures Q&A
- Do you Speak Teen?
- Domestic Violence
- Emotional Stress in Children
- Fire Marshal Q&A
- Family Team Meeting
- Headstart informational presentation
- In It For The Child
- Therapeutic Foster Care
- Liaison Services
- Managing Difficult Behaviors
- Mandated Reporter
- resources and support - Project Sparrow
- Q&A with DHHS licensing staff
- Q&A with DHHS Adoption unit
- Q&A with DHHS permanency unit
- School Advocacy
- Self Care
- Special Education Training
- Strengthening Families 101
- Child Development: "They said what, They did what"
- Impact of Trauma
- Trauma 101
- What Happens After Adoption
- Mental Health Considerations and Treatment for Kids in Foster Care
- Instru“MEN”tal, Involving dads in child welfare
- Preventing and Addressing Traumatic Responses Through Movement, Music, Art and Creation
- Parenting A Child Who Has Experienced Trauma and Traumatic Separation

In 2016, foster parents who participated in grant-funded trauma training expressed very high levels of satisfaction with the training, which was delivered by Heather Bigger, implementation manager of Maine Children’s Trauma Response Initiative, Maine Behavioral Health Services; and Arthur Grant, foster care program specialist at Community Health and Counseling Services. This training provided resource parents with information about children’s exposure to trauma and information on how best to support these children. This grant ended and OCFS agreed to explore avenues to

continue to provide this highly desirable training to a wider array of resource families. In November of 2016, a faith-based community of foster parents in southern Maine requested an abbreviated training provided by these two trainers. Feedback provided by participants of this abbreviated training was positive. AFFM provided the Bigger Trauma Training in 2018 at its annual conference where foster parents from throughout the state gather for a two-day training.

In 2016, OCFS provided training to resource parents related to implementing the Reasonable and Prudent Parenting Standards. At the annual spring conference for resource families, the Resource Parent Program Manager and a trainer from the OCFS Policy and Training unit co-trained a workshop on this topic.

Following that initial training, the PowerPoint presentation used during the training became a foundation upon which a webinar training was built that is easily accessible to resource parents. This webinar can also be used during resource parent support groups or district events/meetings to familiarize resource parents and OCFS staff with the Reasonable and Prudent Parenting Standards. The Reasonable and Prudent parenting training is now available on line for all foster parents. AFFM intends to provide this training throughout 2019.

The OCFS Policy and Training unit has also developed training on appropriate use and installation of child car seats. This one and one-half hour training is available to resource families in various venues throughout the calendar year. Trainings on additional topics are provided at foster parent support groups as a required part of their meetings. Training topics include: the court process, grief and loss, the impact of trauma, working with birth families, Mandated Reporter Training and others

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

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 5: Coordination, implementation, and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU) and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill base of Department staff and foster and adoptive parents.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the 2020-2024 CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the 2020-2024 CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the 2020-2024 CFSP.

State Response:

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

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

- CradleMe: A collaboration between OCFS, Public Health Nursing (PHN), and the Maine Families Home Visiting Program to improve statewide service delivery to families with a child born substance exposed. This program creates a centralized referral process for PHN and home visiting services with the goal to improve timely service delivery and outcomes for families in need of these services.
- Through the State of Maine's Sexual Assault Forensic Nurse Examiner Program, 36 nurses were trained statewide in 2018 to conduct forensic interviews within local emergency rooms with sexual assault victims. The training is separated into two components: pediatric/adolescent victims and adult victims.
- The Office of Violence Prevention (OVP), housed within OCFS, participated in the expansion of the Child Advocacy Centers (CAC). This work includes supporting multidisciplinary teams in each of the CACs. There are currently 6 CACs fully operational within the state and two others in development in the remaining parts of the state. The expansion to 8 fully operational CACs will ensure adequate access for families statewide. Trained forensic nurses are part of the multi-disciplinary teams.
- Maine Enhanced Parenting Program (IV-E Demonstration Project): Through a collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS) and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with the mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations (children ages 0-5 years). This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. To be eligible for this service, a family must have at least one child between the ages of 0-5 years old, who is at risk of entering custody, or in state custody; and a recent substance abuse assessment that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available statewide.
- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine launched the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the

goal to fully implement the mental health component of the training did not lead to the decision to mandate it and thus there was only a 10% completion rate.

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

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 4: Complete a statewide service inventory and a system for mapping service array and availability.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

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

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

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

In the 2009 CFSR, Maine demonstrated the ability to individualize services despite limitations attributable to service availability and accessibility. At that time, it was recognized that Maine had implemented several initiatives that allowed for individualization of services to meet the unique needs of children and families. Effective case planning, including engaging family, children/youth, and their informal supports is one manner to assess and provide individualized

services for the families. Another example is the efforts to improve the teaming process with families to develop effective plans that will address each person's unique needs.

Staff works with families with developmental challenges and from various cultural backgrounds. To ensure services are provided in a developmentally and culturally competent manner, OCFS utilizes resources such as interpreters, translation of documents and cultural brokers. They also work with a family's team to ensure that the family understands information presented and are competent to make decisions.

Since the 2009 CFSR, Maine has continued to work towards implementing services that could meet individualized needs of children and families. In March 2012, a new organizational structure was announced within OCFS to provide a more streamlined approach to what were formerly four divisions: Child Welfare, Children's Behavioral Health, Early Childhood, and Public Services Management. The new structure included four teams focused on Policy and Prevention, Intervention and Coordination of Care, Community Partnerships, and Accountability and Information Services. The restructure was functionally implemented in the fall of 2012. In February of 2015, a realignment of the Community Partnership team was implemented to increase fiscal accountability and to increase effective and efficient services through appropriate quality assurance programs. This realignment created an Operations Team that included a Finance Team and Contracted Services Quality Assurance Team (CSQA). It also established distinct Child Welfare, Children's Behavioral Health and Early Intervention and Prevention Teams.

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

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

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

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

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

Strategy 4: Complete a statewide service inventory and a system for mapping service array and availability.

F. Agency Responsiveness to the Community

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the 2020-2024 CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2020-2024 CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the 2020-2024 CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the 2020-2024 CFSP.

State Response:

This item was assigned a rating of strength in the 2017 CFSR. “Information in the statewide assessment, and collected during interviews with stakeholders showed that the agency partners with stakeholders in the development of the CFSP and the APSR. Stakeholders generally agreed that the agency shares information and uses stakeholder input to develop CFSP/APSR goals with strategies, and to assist the agency in implementing those strategies. Stakeholders said that the agency’s engagement with Tribal stakeholders was very positive, and could be used as a model for other states.” (*Child and Family Services Report Maine Final Report 2017*)

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

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

Maine Child Death and Serious Injury Review Panel (CDSIRP): This panel is a multidisciplinary team of professionals established by state law in 1992 to review child deaths and serious injuries to children, with a focus on improving the state systems related to child safety and care. The CDSIRP follows a review protocol to meet the purpose defined within the CDSIRP’s governing statute, Maine Revised Statutes, Title 22, Chapter 1071, Subchapter 1, Section §4004. The panel recommends to state and local agencies, methods of improving the child protective system, including modifications of statutes, rules, policies and procedures. The CDSIRP is comprised of representatives from many different disciplines, including the following: Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement, OCFS staff, and attorneys.

The CDSIRP meets monthly to review cases; evaluate sentinel events and patterns of injury and/or death; and analyze the effectiveness of state programs that provide for child protection, safety, and care. The CDSIRP’s goal is to help reduce the number of preventable child fatalities and serious injuries in the state; accomplishing this by comprehensively reviewing cases, summarizing findings, and making recommendations for changes to the current system with the goal of increasing protection, safety, and care for Maine’s children. The members of the CDSIRP are volunteers who represent both public and private agencies with an interest in the welfare of Maine’s children. Through the commitment of the Panel’s members, the Panel has been able to build a collaborative network to foster teamwork, and to share the CDSIRP’s recommendations with the larger community. Additionally, the CDSIRP meets annually with the Child Fatality Review Teams from all New England states to share experiences and information, and review cases that involve services from more than one state, or which represent a challenge that all States are trying to address. Each month, CDSIRP reviews the child deaths, serious injuries, and ingestions reported to OCFS in the prior month. In the past year, the CDSIRP reviewed and/or discussed cases of the following nature: failure to thrive, youth suicide, serious injuries of children involved with OCFS, unsafe sleep deaths, and serious injuries that occur during domestic violence

incidents. The CDSIRP has participated in dual case reviews with Maine’s Domestic Violence Homicide Review Panel whenever a case touches on both Panel’s statutorily mandated subject area.

Maine Child Welfare Advisory Panel (MCWAP): MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA) and the Children’s Justice Act (CJA). This multidisciplinary panel was formed in 2015 with the following mission: “The mission of MCWAP is to assure that the state system is meeting the safety, permanency and well-being of children and families through assessment, research, case reviews, advocacy, and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth and families. The members of this group were formerly part of two separate groups, the Child Welfare Steering Committee and Maine’s Citizen Review Panel. Given the overlap in the roles and responsibilities, a decision was made to combine the work of these two groups into a single cohesive group. The members of MCWAP are volunteers who represent both public and private agencies with an interest in the welfare of Maine’s children. MCWAP has been focused primarily on advising OCFS on matters related to the assessment of child safety, and providing feedback and oversight to both OCFS’ Strategic Plan and the Child and Family Services Review (CFSR) process, including the Program Improvement Plan. Over the past year, activities have included: education related to Maine’s Truth and Reconciliation process, Structured Decision Making, and the Maine Enhanced Parenting Program. MCWAP also participated in the CFSR Stakeholder focus group; the CFSR Exit Meeting; and reviewed, and provided feedback on the OCFS’ updated Family and Child Plans. These activities support the goals of the OCFS Strategic Plan.

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

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

Youth Leadership Advisory Team (YLAT): Through a contract with University of Southern Maine, Muskie School of Public Service, YLAT supports youth and adult partnerships that are committed to improving the short-term and long-term outcomes for youth who are, or have been, in foster care. Youth involved in YLAT provide feedback to OCFS that is used in developing policy and practice expectations for casework staff. For example, youth involved in YLAT have provided feedback to OCFS around foster parent recruitment, the Youth Transition Policy, as well as improving normalcy for youth in care. Youth involved in YLAT also provide training to staff, foster parents, other caregivers, community providers, and legal representatives who support youth in foster care. Youth who are involved in YLAT partner with OCFS on regional workgroups, such as the New England Youth Coalition, which is focusing on education, foster parent recruitment, and normalcy for youth in care. YLAT offers low barrier youth leadership opportunities across the State through monthly YLAT meetings and the annual Teen Conference.

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

Foster Family-Based Treatment Association (FFTA) - Maine Chapter: This Association is made up of representatives from each of the Treatment Foster Care agencies. The group meets monthly, and OCFS participates every other month. OCFS has utilized this opportunity to improve communication with these agencies, and has built statewide consistency in expectations. In addition, meeting with this group allows OCFS to respond to the needs of providers, resource families, and children served through treatment foster care.

Alternative Response Program (ARP) Coalition: This coalition is made up of providers of ARP services statewide. In 2017, this group has been meeting to improve the quality and timeliness of ARP services provided to families in need of community support. The goal of this work is to prevent a higher level of child welfare intervention with these families. Using data, the group has looked at outcomes to include: engagement with families, initial contact with alleged child victims within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts include building statewide consistency in service delivery and reporting, as well as collectively defining systemic gaps for families, and developing strategies to most effectively meet identified needs. Over the past year, there has been a focus on strengthening the continuum of services for families between OCFS and ARP to ensure that there is continuity of support and families in need of intervention are served.

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone's responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports. A key component of this model is the Parent Partners Program in which parents who had previously been involved with child welfare services and successfully resolved the child abuse and neglect concerns mentor parents currently involved with the system.

OCFS continues to routinely share federal reports in the CAAN Meetings. Tribal representation is being sought to participate in this meeting. The 2015-2019 CFSP and associated APSRs and can be found at http://www.maine.gov/dhhs/ocfs/prov_data_reports.shtml available to the public, including state tribal representatives.

OCFS will continue its work on engaging key partners in development and implementation of goals. The OCFS Director and Children's Behavioral Health staff are setting up regular provider calls for an array of internal and external stakeholder groups. The purpose is to ensure consistent communication is occurring. Child Welfare Services has convened a Stakeholder Group to

provide feedback on assessment and implementation activities as part of the Child Welfare Evaluation and Business Process ReDesign.

Item 32: Coordination of 2020-2024 CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state’s services under the 2020-2024 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state’s services under the 2020-2024 CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

This item was assigned a rating of Strength in the 2017 CFSR. “Information in the statewide assessment, and confirmed during interviews with stakeholders verified the various agreements and Memoranda of Understanding (MOU) the agency has with other state agencies that receive federal funding. Agency senior managers meet with, or participate in workgroups with agencies, such as Temporary Assistance for Needy Families, Head Start, Child Welfare Substance Abuse Committee, and Maine’s Children’s Trust Fund. The MOUs and the agency senior managers’ participation in these workgroups have resulted in prioritization and better coordination of services for agency clients.” (*Child and Family Services Report Maine Final Report 2017*)

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

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

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

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

As the Maine Administrative Service Organization (ASO), KEPRO continues to provide eligibility verification and utilization management services that include: prior authorization, utilization review, and retrospective review for behavioral health services through their web-based authorization system, Care Connection. This system, in collaboration with the State of Maine web based Enterprise Information System collects, tracks and produces data associated with children's behavioral health assessment, treatment, transitional services, and reportable events that supports the continuum of care of services for children who are in foster care, as well as those who are not.

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

- Department of Corrections
- Office of Aging and Disability Services
- Public Health Nursing Program
- Department of Education
- Penobscot Indian Nation
- Houlton Band of Maliseet Indians
- Maine Children's Trust, Inc.
- Local and State Law Enforcement
- Maine Coalition to End Domestic Violence
- Maine State Housing Authority
- Municipal Housing Authorities
- The Thrive Initiative
- Maine Center for Disease Control
- Office of Substance Abuse and Mental Health Services
- Maine Coalition Against Sexual Assault
- Maine Families Home Visiting Services

Examples of coordination of other federal programs include:

- Maine Enhanced Parenting Program (IV-E Demonstration Project): Through a collaboration with the Office of Substance Abuse and Mental Health Services (SAMHS)

and Maine Care, OCFS has designed a child welfare demonstration project that is closely aligned with the mission of ensuring the safety of all Maine youth, and is aimed at improving outcomes for one of our most vulnerable populations (children ages 0-5 years). This service is for parents with substance abuse and parenting challenges which have resulted in a service case with substantiated findings, or a child entering state custody. To be eligible for this service, a family must have at least one child between the ages of 0-5 years old, who is at risk of entering custody, or in state custody; and a recent substance abuse assessment that recommends Intensive Outpatient Service (IOP) as the appropriate level of care for treatment. This service is available statewide.

- **MaineCare Services:** Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as MaineCare's new MIHMS system rolls out. OCFS currently has access to Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Immpact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
- In 2016, Maine OCFS was selected as a pilot state to work with the National Adoption Competency Mental Health Training Initiative (NTI) to implement the C.A.S.E. training statewide. The purpose of this training is to enhance the skill set of caseworkers to guide children and families through the process of adoption and guardianship. In 2017, 397 Maine OCFS staff completed the Adoption and Permanency Guardianship Competency training, with a completion rate of 91%. Staff showed growth in their adoption and permanency guardianship competency knowledge in all 8 modules, which include Adoption Competency; Complex Mental Health Needs; Attachment and Bonding; Race, Ethnicity, Culture and Diversity; Impact of Loss and Grief; Impact of Early and Ongoing Trauma; Positive Identity Formation; and Promoting Family Stability and Preservation. In the Spring of 2018, Maine will launch the mental health component of the training with five Mental Health agencies, as well as several private therapists. The goal is to have at least 250 participants complete the training. A web-based informational meeting was held for these providers in February of 2018. Unfortunately, due to unforeseen circumstances the mental health agency mandate was not able to happen and, as a result, there was only a 10% completion rate by the agencies.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

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

Kinship and non-kinship families are required to meet the same licensing standards except for a shortened kinship training. If a kinship home decides to take placement of non-related children, they are expected to complete the full Resource Parent Training. While the Resource Family Licensing Standards were revised, and are again in the process of being reviewed, there are no substantive changes to the standards outlined in the previous 2008 standards policy. The latest revision was instead, an effort to provide more succinct policy guidance and incorporate new expectations, such as the requirement for foster parents to apply the reasonable and prudent parenting standard. The newly inserted information in the Resource Family Licensing Standards policy is as follows:

Reasonable and Prudent Parenting

The reasonable and prudent parenting standard is defined as the standard characterized by careful and sensible parental decisions that maintain a child's health, safety, and best interests, while at the same time encouraging the child's emotional and developmental growth, that a caregiver must use when determining whether a child in foster care under the responsibility of the state/tribe may participate in extracurricular, enrichment, and social activities. These decisions will be based upon ensuring a child's safety, while also ensuring the child can participate in normal childhood activities. Caregiver (for this purpose only) is a foster parent or designated official at a child care institution. As defined in Title IV-E of the Social Security Act, section 475(10).

Foster Home Licensing: The foster homes, adoptive homes, and institutions in Maine are regulated by statute, licensing rules, and agency policy. Family foster homes and child care

institutions are subject to licensure, and are included in the general licensing category of children's homes. The Department licenses resource family homes, which must meet the uniform standards prior to approval. Once approved for a resource family license, the licensee can choose from an array of service provision, including foster care, adoption, permanency guardianship or respite. The approval of resource homes, as opposed to the former practice of separately licensing foster homes and approving adoptive homes, allows the licensee to seamlessly transition amongst various types of service provision during the term of the license without encountering barriers, such as submitting a new application or completing additional background checks when one chooses to provide a different service type.

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

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

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

The home study includes a review of various life domains, including the applicant's life experiences, family relationships, support systems, family beliefs, and values. It also includes an assessment of the applicant's ability to safely parent and meet the needs of children served by

OCFS, as well as the applicant’s ability to collaborate as a team partner with OCFS, and service providers. Foster and adoptive parents are required to attend an initial 18-hour Resource Family Introductory Training (RFIT) and to participate in ongoing training as a condition of license renewal. While this initial 18-hour training is frequently waived for kinship families who are caring for a relative child placed in their home, the kinship family is required to participate in an alternative 6-hour kinship-specific introductory training. Resource family licenses are issued for a two-year term.

While Maine doesn’t have any specific quantitative or qualitative data related to standards being applied equally, if we license a home, then the license itself is evidence that the home met standards. The Department can grant waivers for non-safety standards for kinship homes. In the process of licensing a home, the home study process ensures that the home and caregiver are safe. DHHS does not grant waivers for basic safety standards. These basic safety standards include the need for a home to pass a satisfactory fire inspection, and for a caregiver to demonstrate that any past involvement which involved a concern relating to child welfare, criminal, or motor vehicle charges or convictions has been resolved to the point that there is no concern regarding child safety. The DHHS process of licensing approval ensures that no individual with a disqualifying type of felony conviction is approved for licensure.

An example of a non-safety waiver, which is commonly granted, allows a relative or kinship family to meet the introductory training requirement through their participation in kinship training, rather than requiring them to participate in the full Resource Family Introductory Training. Waivers are documented in the OCFS MACWIS system in the Resource module, in the waiver documentation screen. Due to the regulatory nature of the licensing process, OCFS regards every licensed home as meeting uniform standards.

Resource Unit Supervisors meet as a group monthly with the Resource Parent Program Manager, to ensuring consistent statewide licensing practice. Through review of policy and practice, as well as through discussion of complicated licensing scenarios, the Resource Unit staff strives to reach consensus regarding consistent practice relating to application of licensing standards.

| Maine DHHS, OCFS, MACWIS Information Services | |
|--|-----|
| Foster Home Application & Approval Data 1/1/18-12/31/18 | |
| Initial Applications | 737 |
| Renewal Applications | 295 |
| Approved Renewal Applications | 447 |
| Approved Initial Applications | 308 |

data as of 2/15/2019

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

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

Maine requires all applicants for resource family licensing to complete fingerprint-based background checks through national crime information databases. DHHS Resource Family Licensing Standards policy additionally requires in-state background checks, including State Bureau of Investigation (SBI) criminal background checks, Bureau of Motor Vehicle background checks, and OCFS Child Protective Services background checks. If the applicant has resided out of state in the past five years, then out of state child abuse registries for all household members above age 18 are also checked. For a resource family license to be approved, the home study, and supporting documentation must verify that the federally required background checks were completed.

In 2017, Maine OCFS again trained all staff who are required to have access to fingerprint-based background checks with a new revised and Maine SBI approved online training to ensure that these staff are aware of security measures required by the FBI CJIS Division. The training completions are monitored by a Maine State Police liaison. Each office is required to comply with the expectation to store criminal background check results in locked cabinets. As new staff are hired, the training is completed by the new employee.

DHHS policy for Relative Placement and Kinship Care, including Fictive Kin, requires in-state criminal background checks and OCFS CPS background checks be initiated at the time of

placement of any child in a home that has not yet been licensed. Prior to placement in an unlicensed kinship home, policy requires completion of a kinship assessment. This assessment determines the safety of the home, as well as safety and capacity of the caregiver. Due to situations in which OCFS casework staff has approved placements in homes, which once these homes applied for licensing, were determined not able to meet standards, there is increased focus upon the need for quality kinship assessments. The Resource Program Manager is often consulted in situations where there is complex history to ensure that standards are applied consistently. Resource unit staff has been challenged when presented with situations in which a child has been placed in a home and the child's needs appear to be met by the caregiver, yet there are circumstances which prevent the home from being licensed. Some of these factors may include insufficient space in the caregiver's home, inability to pass a fire and safety inspection, or past criminal or child welfare history which has not been satisfactorily resolved to ensure confidence in the caregiver's capacity to provide safety to the child. Due to these situations, OCFS requires all kinship assessments to be approved by the Resource Unit Supervisor who is more likely to identify issues which may present licensing challenges. OCFS has, however, identified that not all kinship assessments are channeled through the resource unit supervisor, especially when placement in a kinship home occurs on weekends or after-hours. This issue of ensuring quality kinship assessment of caregivers who can meet licensing standards will continue to be a focus of OCFS managers, supervisors, caseworkers and resource unit staff as we progress into another year of improving practice in this area.

OCFS practice requires that within 30 days of placement of a child in an unlicensed home, the caregiver must apply for a resource family license, and is expected to complete, as part of the application process, fingerprint-based background checks of national criminal databases.

The June 2016 Title IV-E Foster Care Eligibility Primary Review also found that OCFS follows the background provisions: "Maine's criminal background checks system is effective. The completion of fingerprint-based checks of the national crime information database to ensure compliance with section 47 (a) (20) of the Act are clearly documented in the licensing file. The OCFS has designated staff that works with state police to ensure criminal background checks are completed and processed timely".

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who

reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

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

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

Youth were invited to participate in various workgroups and meetings, including panel participation during district resource family informational meetings and pre-service training for prospective resource families. Hearing the youth voice has been described by both Department staff and community members as instrumental in providing education about the need for resource families willing and interested in meeting a youth’s developmental and cultural needs.

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

During the summer of 2015, OCFS initiated a new contract service focused upon recruitment of foster families who can provide temporary care to children in foster care, as well as recruitment of adoptive homes for children in care who are awaiting an adoptive family.

Near the end of the first contract year, it became apparent to both the contract agency and to OCFS that the provider was not successful in efforts to recruit families to provide placement to children for whom OCFS has identified a target need. A mutual decision was made to terminate the contract after the first year of services.

OCFS has contracted with another agency, Spurwink, to provide this service, which began its work in November 2016. The contract includes very specific outcomes for recruitment of new families in each district, as well as statewide, and includes the following:

- Tracking unique inquiries;
- Tracking those who attend informational meetings;
- Tracking those who apply and eventually become licensed providers; and
- The contract agency is to create a recruitment plan with approval from OCFS management.

The contract does not include retention activities, as retention of families is the responsibility of OCFS, and another contracted agency, Adoptive and Foster Families of Maine. Retention activities are provided through mentoring appreciation events, an advisory committee, advanced and improved trainings, district specific events, our Resource Parent Care Team and support groups.

Maine DHHS OCFS has been challenged during the past year in locating appropriate placements for children in the following groups which are targeted for focus of recruitment efforts:

- Youth who are nearing readiness for discharge from residential programs with no identified step-down placement in the community;
- Infants who are born drug-affected and who are in the process of reunification with birth family; and
- Larger sibling groups, especially those with older children.

Accompanying the need to recruit families who can provide placement to these targeted populations, is the need to focus upon matching of these children to caregivers who can maintain connection to their culture, extended family and community of origin, while recognizing and supporting the racial and ethnic diversity of children in foster care in Maine. OCFS collaborates with tribal partners to enhance and focus recruitment on tribal families who can provide placement to children in care with tribal connections. In 2019, our contracted recruitment agency, A Family for Me (through Spurwink) will partner with state LGBTQ leaders and be able to connect with the public through their sponsored events and annual conference. There will also be new partnerships with the religious communities and military communities.

The OCFS PIP is still awaiting federal approval. The anticipated final PIP includes the following goals and strategies to address the concerns raised in the 2017 CFSR:

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

Strategy 2: Increase the effectiveness of the child welfare workforce and foster and adoptive parents, as well as successful recruitment and retention of both groups.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

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

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

OCFS utilizes the following program/resources:

- AdoptUsKids to ensure that Maine families can see all available kids in Maine;
- Wendy's Wonderful Kids for recruitment;
- Recruitment Contract through Spurwink that includes child specific recruitment;
- Adoption supervisors send child profiles to the Adoption Program Manager and their peers across the state when they are struggling to find a match;
- Families sometimes contact the Adoption Program Manager if they are concerned they haven't been matched with a child. The Program Manager has the family send their profile which is then sent to all adoption supervisors.

The OCFS ICPC Program Specialist maintains a spreadsheet to track the ICPC home studies Maine completes for children in the custody of the state. The spreadsheet allows the Program

Specialist quick access to determine which studies are pending to ensure timely completion of the home studies. The types of home studies completed include parent, relative, and adoption. In 2018, a total of 93 home study requests were received and assigned. This includes parent, foster care and adoption. However, 2 of those requests were withdrawn before a report was completed. Of the remaining 91 cases, 79 (87%) of those requests were completed within the 60 day timeframe allowed under the Safe and Timely Interstate Placement of Foster Children Act of 2006.

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

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

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

Plan for Improvement-Goals, Strategies, Measures of Progress

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

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

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

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

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

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

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

(Items covered: SO 1 Item 1: Timeliness of Initiating Assessments; SO 2 Item 2: Services to prevent removal; SO 2 Item 3: Risk and Safety Management)

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

Root cause analysis: OCFS has historically been challenged in ensuring that all reports of child abuse and neglect are responded to within an appropriate timeframe to meet the needs of the alleged victims of abuse. This was evidenced in the 2017 CFSR data as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team, although it should be noted that the ME CFSRs conducted 4/1/18-3/31/19 reflects a decrease in performance:

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|---|-----------------------------|---|
| 1 Timeliness of initiating investigations of reports of maltreatment. | 73.1% Strength | 72.88% Strength |

OCFS identified three factors impacting Maine’s performance in Safety Outcome 1, the strategies identified to improve performance on Safety Outcome 1 address those factors. The factors include:

- Delays in reports being reviewed and assigned to districts and/or ARP through the Centralized Intake Unit. In May 2017, Maine implemented the Structured Decision Making (SDM) model in the Central Intake Program. The purpose of the screening and response priority tool is to assess whether a referral meets the statutory threshold for an in-person OCFS response and if so, the response timeframe (within 24 or 72 hours of receipt of the report).

In 2018, OCFS changed the intake approval process to decrease the timeframe for assignment of appropriate reports. Appropriate reports are sent directly to the district supervisors for review and assignment. Intake supervisors review all reports deemed inappropriate and any child death/serious injury reports. The PCG report included recommendations to ensure every report receives second level review and approval by a supervisor within 24 hours to ensure accurate decision-making and timely response.

- Maine utilizes contracted Alternative Response providers to conduct assessments on low-severity reports of child abuse and neglect. In the CFSR, it was determined that these agencies do not always meet contract performance expectations, including timeframes for initial contact with the alleged victim. The PCG report included recommendations to reassess the ARP program to align expectations with best practice and further define the referral process.
- Maine, like many other states, has been challenged in maintaining a stable workforce. Staff turnover and the time required to train new staff on OCFS policies and procedures impacts caseworker workload, supervisory workload and priorities, and the agency’s ability to meet requirements for initial contact. In addition, OCFS saw a significant increase in the volume of reports of maltreatment during calendar year 2018, which subsequently resulted in an increased number of assessments assigned to OCFS staff for investigation.

Key activities over the next five years:

- Update the Structured Decision Making Intake Tool.

Status Update: n/a

- Provide coaching to Intake supervisors and caseworkers to build increased consistency and fidelity in the use of the SDM Intake Tool.

Status Update: n/a

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

Status Update: n/a

- Implement use of the new call center software in the OCFS Intake Program to increase the number of live calls answered.

Status Update: n/a

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

Status Update: n/a

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

Status Update: n/a

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

Status Update: n/a

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

Status Update: n/a

- Annual, periodic staff allocations among districts.

Status Update: n/a

- Annual, periodic staff allocations within each district.

Status Update: n/a

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

Root cause analysis: Maine has historically been challenged in adequately assessing risk and safety throughout a family's involvement with child welfare services. Maine also struggled to

provide services to families to prevent removal of children however performed well in the national standard related to re-entry into foster care. The most recent ACF Data Profiled (January 2019) reflects that Maine fell within the appropriate range in this measure at 7.9%. Maine’s challenges in the area of assessing risk and safety and providing services to prevent removal was evidenced in the 2017 CFSR data and the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|--|------------------------------------|--|
| 2 Services to family to protect children in the home and prevent removal or re-entry into foster care. | 50% Strength | 42.42% Strength |
| 3 Risk and safety assessment and management. | 40% Strength | 36.15% Strength |

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

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

A key project to improve child welfare practice related to comprehensively addressing the concerns listed above is the utilization of the Structured Decision Making (SDM) Safety and Risk Assessment and Permanency Tools.

Key activities over the next five years:

- Monitor implementation of the SDM Safety and Risk Assessment tools based on QI reviews, feedback from internal and external stakeholders and data reports.
Status Update: n/a
- Monitor implementation of the Child Welfare Investigation Policy based on QI reviews, feedback from internal and external stakeholders and data reports.
Status Update: n/a
- Complete development and testing of the SDM Permanency Tools in consultation with NCCD.
Status Update: n/a
- Provide training for all staff in the utilization of the SDM Permanency tools
Status Update: n/a
- Revise the OCFS Permanency Policy to provide practice guidance and incorporation of SDM tools and procedures.
Status Update: n/a
- Coordinate coaching support for supervisors in partnership with NCCD on the SDM Assessment and Permanency tools to ensure fidelity and sustainability.
Status Update: n/a

Measurement table for evidence of completion for Goal 1:

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

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

(Items covered: SO 2 Item 2: Services to prevent removal; SO 2 Item 3: Risk and Safety Management; PO 1 Item 4: Placement Stability; PO 1 Item 5: Permanency Goal for Child; PO 1 Item 6: Achieving Reunification RR, PG, ADO, OPPLA; PO 2 Item 8: Visiting with parents and siblings in foster care; PO 2 Item 9: Preserving connections; PO 2 Item 10: Relative Placement; PO 2 Item 11: Relationship of child with parents; WBO 1 Item 12: Needs Assessment of Children, Parents and Foster Parents; WBO 1 Item 13: Child and Family involvement in Case Planning; WBO 1 Item 14: Caseworker Visits with Child; WBO 1 Item 15: Caseworker Visits with Parents; WBO 2 Item 16: Educational needs of Child; WBO 3 Item 17: Physical Health of Child; WBO 3 Item 18: Mental/Behavioral Health of Child; Systemic Factor Item 20: Written Case Plan; Systemic Factors Item 21: Periodic Case Review; Systemic Factor Item 23: Termination of Parental Rights; Systemic Factors Item 24: Notice of Hearings and Reviews to Caregivers; Systemic Factors Item 27: Ongoing Staff Training; Systemic Factors Item 28: Foster and Adoptive Parent Training; Systemic Factor Item 29: Service Array-Accessibility; Systemic Factor Item 30: Individualizing Services)

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|---|------------------------------------|--|
| 12 Needs of services of child, parents and foster parents | 38% Strength | 33.85% Strength |
| 12A Needs assessment and services to children. | 69% Strength | 64.62% Strength |
| 12B Needs assessment and services to children. | 33% Strength | 28.85% Strength |
| 12C Needs assessment and services to foster parents. | 63% Strength | 72.5% Strength |
| 13 Child and family involvement in case planning. | 40% Strength | 30.7% Strength |

| | | |
|------------------------------------|--------------|-----------------|
| 14 Caseworker visits with child | 63% Strength | 54.62% Strength |
| 15 Caseworker visits with parents. | 35% Strength | 17.31% Strength |

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

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

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

Key activities over the next five years:

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

Status Update: n/a

2. Provide staff with training to assist in the development of skills required to effectively engage with families and provide quality child welfare services:

- a. Forensic Interviewing;
- b. Motivational Interviewing;
- c. Principles of Teaming;
- d. Action Planning;
- e. Conflict Management; and
- f. Facilitation.

Status Update: n/a

3. Revise the OCFS Family Team Meeting Policy to provide practice guidance for staff to utilize in their work with families.

Status Update: n/a

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

Status Update: n/a

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

Status Update: n/a

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

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|---|------------------------------------|--|
| 13 Child and family involvement in case planning. | 40% Strength | 30.7% Strength |

An analysis of the 2017 CFSR data found the following: challenges in involving parents and youth in case planning; a lack of clarity for parents regarding what needs to happen to resolve the child safety concerns and close the case; parents' voices not being heard and valued and a lack of focus on case planning outside of formal team meetings.

In-depth surveys were conducted between late-June and early-November 2016 of youth between the ages of 14-25 who were in, or had recently transitioned out of foster care in Maine. The majority (74%) were between 16 and 20 years of age. Survey respondents were asked if they felt included in the overall decision making during their time in foster care. Of the 117 respondents, 48% indicated they 'always' felt included; 46% indicated they 'sometimes' felt included, and 6% indicated they 'never' felt included. Youth were asked who they thought had listened to their

voice, or opinions during their time in care (with the option to check as many as they wanted), three quarters of youth checked that their caseworker listened to them. A high percentage of respondents also indicated that their relatives, foster parents, and staff (73%) listened, and the GAL (51%). Among the lower percentages of groups that respondents felt listened to them were attorneys (14%) and CASAs (3%), 5% of respondents checked they felt that no one listened to them.

Over many years, OCFS has gathered feedback from stakeholders and staff related to the functionality of the agency's case planning tools. The themes have remained similar and the agency has responded by developing and implementing the OCFS Family and Child Plan tools. These new plans were initially implemented in paper format statewide while the data team built the modules in the SACWIS system. Although considered a technical fix, the Family and Child Plan include specific documentation requirements that address concerns related to case planning. Two examples are reasonable efforts to prevent removal and the engagement of families to create solutions which address child safety and wellbeing.

Key activities over the next five years:

1. Develop curriculum to train all staff in the completion of the OCFS Family and Child Plans, including a core set of skills to strengthen the ability of staff to more effectively engage family in the case planning process.
Status Update: n/a
2. Train all staff in the practice expectations for completing the OCFS Family and Child Plans.
Status Update: n/a
3. Convene a statewide Supervisor Advisory Team to review and make recommendations for revisions of the Macwis Supervisory Tool.
Status Update: n/a
4. The Child Welfare Management Team will determine which recommendations to implement to increase the effectiveness of the Macwis Supervisory Tool as a strategy for coaching staff on the development of Family and Child Plans.
Status Update: n/a
5. Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to completion of the Family and Child Plans.
Status Update: n/a

Measurement table for evidence of completion for Goal 2:

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

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

(Items covered: SO 2 Item 2: Services to prevent removal; SO 2 Item 3: Risk and Safety Management; PO 1 Item 4: Stability of Placement; PO 1 Item 5: Permanency Goal for Child; PO 1 Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency Living Arrangement; WBO 1 Item 12: Needs Assessment of Children, Parents and Foster Parents; Item 13: Child and Family involvement in Case Planning; Systemic Factor Item 29: Service Array-Accessibility; Systemic Factor Item 30: Individualizing Services)

Strategy 1: Court improvement Project (CIP)/Coordination with the Court’s and the AAG’s office to improve the experience of families involved with the court system and increase the timely achievement of permanency for youth in care.

Root Cause Analysis: Multiple factors contribute to the challenges faced in Maine related to achieving permanency goals within an appropriate timeframe. These challenges include internal barriers as well as systemic factors, all of which must be examined and addressed to improve outcomes for Maine children and families involved with the child welfare system. The results of these challenges were evident in the data from the 2017 CFSR, as well as ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18 -9/30/18 |
|-----------------------------|-----------------------------|--|
| 5 Permanency goal for child | 80% Strength | 61.25% Strength |

| | | |
|--|--------------|-----------------|
| 6 Achieving Reunification, PG, ADO, OPPLA | 55% Strength | 31.25% Strength |
|--|--------------|-----------------|

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

- A disconnect in ensuring appropriate supports are available to foster parents;
- Resource issues for children requiring a high level of care for which there is no appropriate placement readily available when needed;
- Inconsistency between the trainings available for foster parents and their stated and apparent desire to increase their knowledge of complex family systems and to better understand their role within the child welfare system as foster care providers;
- A lack of consistency in practice with regard to ensuring field staff engage meaningfully with both parents;
- Systemic factors related to court delays;
- Gaps in knowledge based on lack of quality trainings available in the following areas:
 - Assessing situations to identify the best interests of children and continually updating that assessment during the life of the case;
 - Engagement of all critical case members;
 - Concurrent planning for permanency;
 - Timeframes to permanency and strategies to ensure those timeframes are met; and
 - Engagement of key players in the case planning process, including relatives, family supports, and foster parents; and
- Staff retention.

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

- The statewide average for days between judicial reviews in Maine was 119 days. This average is far less than the statutorily required 6-month, approximately 180-day, timeframe;
- Of the 37 cases reviewed, there were 256 judicial reviews held and only 8.2% (t=21) judicial reviews were outside of the required timeframe.

Based on the judicial analysis of the cases reviewed, 91.8% of the Judicial Reviews held were timely. The discrepancy between the data gathered from the in-person review of the court files and the data in MACWIS underscored the need for improved communication and collaboration between the judicial branch and OCFS, particularly on data provided to the Children’s Bureau for its reviews. Recognizing the need and benefit of improved collaboration, all of the strategies in this program improvement plan that involve the courts were developed with substantial input from both the courts and the OFCS, including their respective leadership.

In addition to the areas of improvement that were identified in the CFSR, the recent PCG report outlined recommendations for potential improvements within the Court system to aid in improving the experience for children and families, including the need to:

- Provide training to judges and other court staff on child welfare, OCFS’ practice model, policy and additional compliance standards; and
- Ensure better inclusion of natural/informal supports in the courtroom. PCG recommended that OCFS work to ensure a practice whereby informal supports are included in the court process so that their involvement is acknowledged and continued.

Furthermore, ACF Data Profile (January 2019) reflects that while Maine meets the national performance standard for children/youth achieving permanency within 12 -24 months, Maine does not meet the national standard for children/youth to achieve permanency within 12 months of entry into care. Maine’s outcome was 30.6%, well below the 42.7% national performance standard.

OCFS has responded to the information and feedback provided in the CFSR, PCG Report, and ACF Data Profile through various strategies, including implementation of the teaming model and the Structured Decision Making (SDM) Permanency Tools. In addition, strategies related to court, workforce, and service array factors have been developed to respond to these needs as these are key areas that contribute to delays in achieving timely permanency.

Case Planning: “Challenges in jointly developing written case plans with parents, especially fathers. Stakeholders said that plan were usually written by caseworkers and to parents. It was also noted challenges with actively involving parents in case planning, including parents not understanding the process; FTMs occurring shortly after removal when parents were overwhelmed and not able to effectively participate;” (*CFSR Maine Final Report 2017*). This strategy also

responds to the PCG report recommendation that natural/informal supports be better included in the courtroom.

Key Activity to improve family involvement in case planning will consist of the following:

1. The Maine Judicial Branch will provide a training at its 2019 Child Protective Conference on *Effective Team Meetings and Writing Individualized Reunification Plans*. The session will also address OCFS' commitment to schedule Family Team Meetings considering the schedules of the parents as well as any barriers to attendance including transportation.

Projected Completion Date: Quarter 1

Status Update: n/a

2. OCFS will track attendance at Family Team Meetings to determine the level of participation by GALs and CASAs and share the data with the Maine Judicial Branch at the quarterly *OCFS/MJB/AAG Collaborative* meeting.

Projected Completion Date: Quarter 1 and ongoing

Status Update: n/a

3. OCFS will coordinate the creation of a work group which will meet regularly to make recommendations for the most effective model for engaging case participants in the development of Rehabilitation and Reunification Plan that forms the basis of the Judicial Review Orders. Specifically, the work group will explore implementation of a transformation zone for required settlement conferences before every judicial review and contested proceeding. The work group will consist of all child protective stakeholders, including OCFS, the AAGs office, the Maine Judicial Branch, a parent attorney, a guardian ad litem, former youth in care, a former court-involved parent, and a foster parent. The work group will produce a report of its recommendations, which it will present to the Commissioner of the Department of Health and Human Services and judicial branch leadership for their consideration.

Projected Completion Date: Quarter 5

Status Update: n/a

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

Key Activity to improve coordination of timely periodic reviews will consist of the following:

1. The Maine Judicial Branch and OCFS will compare data on a semi-annual basis of a sample of cases to ensure consistency in reporting outcomes related to timely periodic reviews. This will occur at the *OCFS/MJB/AAG Collaborative* meetings.
Projected Completion Date: Quarter 2 and ongoing
Status Update: n/a
2. The Maine Judicial Branch will provide a training at its 2020 annual Child Protective Conference on elements to ensure quality judicial review hearings with regard to stakeholder participation and engagement. This session will also discuss the impact that conducting quality judicial review hearings has on improved timelines to permanency.
Projected Completion Date: Quarter 5
Status Update: n/a
3. Following the training on quality judicial review hearings at the 2020 CIP conference, the judicial branch will develop bench cards with feedback from OCFS for judicial officers outlining best practices for review of written judicial review orders during court proceedings. Bench cards will be placed on the benches of judicial officers who handle PC dockets as a quick reference guide when reviewing the judicial review order to ensure quality judicial review hearings that include stakeholder participation.
Projected Completion Date: Quarter 6
Status Update: n/a

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

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

1. OCFS will review the current process for providing proper written notification of court dates and continuances to caregivers and develop strategies to improve this process.
Projected Completion Date: Quarter 3
Status Update: n/a

2. OCFS will file a copy of the written notification provided to caregivers with the court. OCFS will review a sample of Judicial Review Orders on which the Judicial officers will indicate if notice to caregivers was filed with the court. This data will be reviewed at the *OCFS/MJB/AAG Collaborative* meetings for oversight on compliance related to notification.
Projected Completion Date: Quarter 4 and ongoing
Status Update: n/a

3. The judicial branch will develop a card with the link to the judicial branch child protective webpage, which provides information and resources regarding the child protective court process. OCFS will include a card with each notice it sends to caregivers. The card will provide recipients an option to request that printed materials be mailed to them. The MJB will update all informational materials as needed to reflect any changes in the law or court procedure.
Projected Completion Date: Quarter 4
Status Update: n/a

4. The judicial branch will provide training to clerks about the need to docket the notification to caregivers in the court file.
Projected Completion Date: Quarter 4
Status Update: n/a

5. In order to improve the trailing docket system, the judicial branch will generate quarterly reports for each district court showing the total PC filings as compared to the previous year. By providing a point of comparison, the information gathered from these quarterly reports will give judicial officers a better sense of case volume and allow them to adjust resources to accommodate for changes in protective custody filings.
Projected Completion Date: Quarter 5
Status Update: n/a

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

Theory of change: A key component of the case process is full inclusion of all members of the case including parents, youth, GALs/CASAs, resource parents, DHHS, and parent's legal representation. The key activities listed above collectively focus on educating stakeholders and

improving consistent participation of all stakeholders in child welfare related case activities. This focus on meaningful participation by all stakeholders should improve permanency outcomes in three significant ways.

First, when all members of the case actively participate in the case planning process, the result is a written plan that is endorsed by the family and includes action steps that will, if completed, mitigate the issues that led to the child welfare intervention. Case participants also actively engaged in the planning process throughout the life of the case to review whether progress to mitigate jeopardy issues is being made should ensure that meeting the permanency needs of children in foster care will be timely.

Second, full engagement in the case planning process by all members of the case should lessen the need for court hearings to be continued or contested as all parties will be aware of the ongoing barriers to achieving the established permanency goals. The reduction in the number of continuances and contested hearings should also improve timely permanency for children.

Third, including the resource parents in the case planning process will also ensure that they are given an opportunity to be included in the court process and have their voices heard in these procedures, and should also result in improved permanency outcomes for children.

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

Strategy 2: Increase the effectiveness of the child welfare workforce and foster and adoptive parents, and improve successful recruitment and retention of both groups.

Root cause analysis: OCFS has historically been challenged in recruiting and retaining experienced staff. PCG cited some of the challenges as unmanageable caseloads, forced overtime and inadequate training. These factors have resulted in significantly high turnover rates. Between 2016-2018, the vacancy rate has varied from 21.81% in 2016 to 18.7 in 2017 to 37.24% in 2018. PCG recommended that OCFS should align new caseworker trainings and training techniques with national best practices and develop an ongoing training management plan for future implementations. Another source of information regarding workforce is the OCFS Recruitment and Retention Specialist who, in addition to onboarding new staff, also sends exit surveys and conducts exit interviews with staff upon their request. OCFS recognizes the need to formalize the data collection process as the information is currently provided to management as feedback is received.

OCFS has also historically been challenged in recruiting and retaining experienced foster, adoptive and kinship parents. Focus groups held during the 2017 CFSR found that stakeholders reported that the initial training does not prepare resource families to perform their role as caregivers. Stakeholders also reported that while resource parents must complete 18 hours of training every 2 years to renew their licenses, relevant training is often not available and that the same trainings are

offered year after year. In addition, the 2017 CFSR found that, at that time, Maine didn't have a statewide recruitment plan. Maine has since contracted with an agency to recruit foster and adoptive resource families.

Key activities over the next five years:

1. Evaluate the current caseworker exit interview process and identify strategies to more effectively retain staff based on the information gathered in that process.
Status Update: n/a
2. Conduct focus groups of current casework staff, convened by length of service, to identify retention strategies.
Status Update: n/a
3. In collaboration with public and private universities and colleges, develop Field Instruction Units statewide for child welfare interns.
Status Update: n/a
4. Evaluate the efficiency and effectiveness of the Foster Parent Recruitment contract, including strategies to strengthen the collaboration between the OCFS district offices, community stakeholders and the contracted provider with a focus on outreach efforts to targeted populations.
Status Update: n/a
5. Develop and implement a survey to be administered by the district foster parent liaison that will assess foster, adoptive and kinship parent needs and satisfaction.
Status Update: n/a
6. Collate the results of the survey listed in #5 above and provide results to the OCFS Executive Management Team for decision making and action planning.
Status Update: n/a
7. In collaboration with the Resource Parent Care Team contracted providers, strengthen utilization of the district foster parent liaisons to align their activities with the needs of foster, adoptive and kinship parents.
Status Update: n/a
8. Implement recommendations from the PCG Child Welfare Evaluation and Business Process ReDesign final report that will ultimately improve business processes focused on outcomes related to child safety including:
 - a. Quick wins;
 - b. Technology;
 - c. Policy and practice; and
 - d. Training;Status Update: n/a

9. Utilize the OCFS Child Welfare Business Process ReDesign (BPR) Collaborative to inform recommendations to improve the effectiveness and efficiency of caseworker and supervisor activities.

Status Update: n/a

10. Evaluate and redesign the recruitment and retention process for relatives and resource homes to include components required to meet the unique needs of youth in foster care.

Status Update: n/a

Strategy 3: Coordination, implementation and tracking of training opportunities with the OCFS Policy and Training Unit, DHHS Staff Education and Training Unit (SETU) and Adoptive and Foster Families of Maine (AFFM) to strengthen the skill set of Department staff and foster, adoptive and kinship parents.

Root cause analysis: Focus groups held during the CFSR and subsequently, found that Maine remains challenged in ensuring that trainings for child welfare staff and foster, adoptive and kinship parent are sufficient to ensure that both groups have the opportunity to sharpen their skills related to child welfare practice. Specifically, the CFSR found that there is a lack of training for experienced child welfare workers, OCFS does not have a tracking system for participation in trainings and trainings are not evaluated for their relevance to the learning objectives. In respect to foster, adoptive and kinship training, it was reported that the initial training does not prepare resource families for their role as caregivers. Foster and adoptive parents also reported that relevant trainings to renew their licenses are not available and that the same trainings are offered year after year. Trainings related to supporting foster parents in recognizing and address any discomfort they may in working with parents would be important.

Key activities over the next five years:

1. Develop a ‘level system’ (associated with a number of years and/or previous trainings completed) that guide staff in selecting trainings based on knowledge and experience.

Status Update: n/a

2. Develop a statewide training database that includes a list of all required trainings, as well as other trainings available, and allow an individual to log in to track completed trainings, including OCFS, SETU and community based trainings; track social work licensure and renewal dates; and serve as a place to store and print training certificates.

Status Update: n/a

3. Review and revise the Pre-Service Training curriculum for new caseworkers.

Status Update: n/a

- Review and revise the Resource Family Introductory Training (RFIT) curriculum for Foster, Adoptive and Kinship parents.

Status Update: n/a

- In collaboration with AFFM, OCFS will survey foster, adoptive and kinship parents six months after their initial training to identify needs and gaps.

Status Update: n/a

- Collaborate with AFFM to increase knowledge of and access to training opportunities for foster and adoptive parents through the training directory and monthly newsletter.

Status Update: n/a

Strategy 4: Improve the frequency and quality of caseworker visit with parents.

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

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|------------------------------------|------------------------------------|--|
| 15 Caseworker visit with parent(s) | 35% Strength | 17.31% Strength |

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

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

- Difficulty in addressing secondary trauma for district staff which impacts their ability to provide frequent and quality contacts with parents.

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

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

Key activities over the next five years:

1. Train staff on the utilization of the face-to-face contact with parents templates to address the quality of contacts.
Status Update: n/a
2. Full implementation of the Child Welfare Supervision Tool.
Status Update: n/a
3. Monitor implementation of the District Clinical Support contracts for caseworker and supervisory staff to ensure the provider is meeting performance measures related to providing case consultation and staff support related to secondary trauma.
Status Update: n/a
4. Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to their reviews of the face to face contact narratives and the templates utilized to document the contact between caseworkers and parents.
Status Update: n/a
5. Implement recommendations from the PCG Child Welfare Evaluation and Business Process ReDesign final report that will ultimately improve business processes focused on outcomes related to child safety including:
 - e. Quick wins;
 - f. Technology;
 - g. Policy and practice; and
 - h. Training;Status Update: n/a

Strategy 5: Complete a statewide service inventory and develop a system for mapping the service array and availability.

Root cause analysis: The CFSR focus groups found that Maine remains challenged in that there are wait lists for core services and gaps in services in rural areas of the state. Distance and a lack of transportation prevent clients from accessing services in rural areas. In addition, OCFS relies on clients having access to MaineCare to receive many services. Beginning January 2019, Maine applied for MaineCare Expansion. This will allow many parents, who would otherwise lose their MaineCare eligibility once a child enters foster care, to maintain this insurance coverage.

Key activities over the next five years:

1. Utilize current data sources to map the resources available statewide to identify gaps in the service array. Utilize this information to advocate for additional funding and provide direction to current providers regarding future program development.

Status Update: n/a

2. Disseminate results of #1 to internal and external stakeholders, including the Health & Human Services Legislative Committee.

Status Update: n/a

Measurement table for evidence of completion of Goal 3:

| CFSP Year Goal | | | | | | |
|----------------|----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| CFSR Item | Baseline | Year 1 6/2020 submission | Year 2 6/2021 submission | Year 3 6/2022 submission | Year 4 6/2023 submission | Year 5 6/2024 submission |
| 2 | 50.0% | 55% | 60% | 65.1% | 70% | 75% |
| 3 | 40.0% | 42% | 45% | 47.8% | 52% | 58% |
| 4 | 75.0% | 78% | 80% | 83.8% | 90% | 95% |
| 5 | 80.0% | 83% | 85% | 88.1% | 90% | 95% |
| 6 | 55.0% | 58% | 62% | 65.1% | 70% | 75% |
| 12 | 38.5% | 41% | 43% | 46.2% | 50% | 55% |
| 13 | 40.4% | 43% | 45% | 48.7% | 55% | 60% |

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

(Items covered: SO 2 Item 2: Services to prevent removal; SO 2 Item 3: Risk and Safety Management; PO 1 Item 4: Stability of Placement; PO 1 Item 5: Permanency Goal for Child; PO 1 Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanency)

Living Arrangement; PO 2 Item 8: Visiting with parents and siblings in foster care; PO 2 Item 9: Preserving connections; PO 2 Item 10: Relative Placement; PO 2 Item 11: Relationship of child with parents; WBO 1 Item 12: Needs Assessment of Children, Parents and Foster Parents; Item 13: Child and Family involvement in Case Planning; WBO 1 Item 14: Caseworker Visits with Child; WBO 3 Item 17: Physical Health of Child; WBO 3 Item 18: Mental/Behavioral Health of Child; Systemic Factor Item 20: Written Case Plan)

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

Root cause analysis: OCFS has historically been challenged with ensuring that wellbeing needs of children are consistently met. The result of these challenges was evident in the data from the 2017 CFSR as well as the ongoing CFSR reviews conducted by the OCFS ME-QA CFSR team:

| Item | State Performance CFSR 2017 | State Performance ME CFSR Period 4/1/18-3/31/19 |
|--|------------------------------------|--|
| 12A Needs Assessment of Children. | 69% Strength | 64.62% Strength |
| 13 Child and family involvement in case planning | 55% Strength | 30.7% Strength |
| 14 Caseworker visit with child. | 63% Strength | 54.62% Strength |
| 17 Physical health of child. | 64% Strength | 59.26% Strength |
| 18 Mental/behavioral health of child | 67% Strength | 43.42% Strength |

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

- Gaps in the assessment process for determining the needs of children and a lack of available appropriate services to address the needs when identified;
- Inconsistencies in the assessment of and response to children’s medical, dental, and behavioral health needs;
- A lack of tools and strategies to effectively engage with children in quality case planning;
- Challenges related to the array of services available to meet the needs of children;
- An inability to conduct regular and consistent ongoing assessments of how children are progressing in the services as necessary to enable family rehabilitation and reunification;
- Frequent changes in the caseworker assigned to a family;
- The quality of caseworker contacts with children in the Department’s care; and
- Challenges with workload for both caseworkers and supervisors.

Two OCFS initiatives that support strengthening the quality of contact with children are implementation of the Child Plan and teaming which guide and promote quality interactions between caseworkers and children. Successful implementation of key activities related to workforce recruitment and retention is important as having multiple caseworkers assigned to cases impact the consistency of the child welfare case process and, more importantly, the relationship between caseworkers and children. In addition, key activities related to the development of improved interviewing skills for caseworkers will assist them in having crucial conversations with children on their caseload.

Key activities over the next five years:

1. Train staff on the utilization of the face-to-face contact with children template to address the quality of contacts.
Status Update: n/a

2. Review and modify the MACWIS Supervisory Tool to ensure appropriate utilization of the tool related to supervisory coaching with caseworkers on face-to-face contacts.
Status Update: n/a

3. Develop and implement a Courtesy Visit Protocol statewide.
Status Update: n/a

4. Full implementation of the centrally supervised Quality Improvement (QI) team to provide real time direct feedback to casework staff related to their reviews of the face to face contact narratives and templates utilized to document the contact between caseworkers and children/youth.
Status Update: n/a

Measurement table for evidence of completion for Goal 4:

| CFSP Year Goal | | | | | | |
|----------------|----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| CFSR Item | Baseline | Year 1 6/2020 Submission | Year 2 6/2021 Submission | Year 3 6/2022 Submission | Year 4 6/2023 Submission | Year 5 6/2024 Submission |
| 2 | 50.5% | 55% | 60% | 65.1% | 70% | 75% |
| 3 | 40.0% | 42% | 45% | 47.8% | 52% | 58% |
| 4 | 75.0% | 78% | 80% | 83.8% | 90% | 95% |
| 5 | 80.0% | 83% | 85% | 88.1% | 90% | 95% |
| 6 | 55.0% | 58% | 62% | 65.1% | 70% | 75% |
| 12 | 38.5% | 41% | 43% | 46.2% | 50% | 55% |
| 13 | 40.5% | 43% | 45% | 48.7% | 55% | 60% |
| 14 | 63.1% | 65% | 68% | 70.7% | 80% | 90% |

As indicated in the OCFS Training Plan (Appendix G), the trainings available to staff are designed to build foundational knowledge and practice skills that support the delivery of quality child welfare services and advance the goals identified in the 2020-2024 CFSP.

OCFS recognizes that training alone will not improve practice and therefore as part of any implementation plan, OCFS will consider the type of support necessary to sustain and build these into the design of the plan. Some of these activities will include coaching, the use of quantitative and qualitative data, and any changes to the technology systems to align practice and policy expectations.

Child and Family Services Continuum

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

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

OCFS consistently file petitions to terminate parental rights for children who have been in care for 15 of the most recent 22 months, unless case-specific information legally exempts a child. Team decision-making is used to determine if a Termination of Parental Rights (TPR) petition should be filed. If the criteria are not met, this is documented in the case record along with a justification for an alternative permanency plan, which is 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 no longer be a permanency option for the child; the child must meet the definition of “special needs”; the adoption option must have been fully explored and ruled out; the permanency guardianship must be determined to be in the best interests of the child; and the family must meet all the required standards to qualify for permanency guardianship. Inherent in permanency guardianship is a respect and value for maintaining connections with family and with the cultural norms of the family. Subsidies are available to families who choose this option, with the rate, which is not to exceed the rate of reimbursement for regular foster care, negotiated with the family, based upon the level of need and the family’s resources.

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

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

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

Maine does have policies to prepare children for independent living. All Maine children in foster care, regardless of permanency goals, are required at age 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.

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. Through 2018 districts participated in permanency reviews although there were variances in the models utilized during this period. In 2019 OCFS will reevaluate its process for reviewing permanency goals and steps towards timely achievement of those goals.

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

Residential placements were a focus of a prior 5-year plan and OCFS developed a tracking of moves to and from residential care and was monitored on a weekly basis. The tracking included monitoring the number of moves out of residential placements each week which are made according to the plan for the child to live in a family/community setting, as well as those which occur not according to plan and result in the child living in a more restrictive setting. Tracking of such data allowed OCFS to show evidence of positive outcomes for children moving out of residential care programs. Given the success in reducing the rates of children being placed in

residential placements, the OCFS moved from weekly tracking to monthly tracking through the OCFS Management Report.

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

AFFM is responsible for the following:

1. Providing services statewide to all resource families (foster, kinship, adoption and permanency guardianship) who are caring for children placed by the Department.

Client Services Eligibility: Clinical/Income/Demographic Requirements to Receive Client Services and Provider Process for Eligibility Determination and Provider Methods for Provider Intake/Outreach

All Resource Families in Maine are, by their role, as an alternative caregiver for Youth, eligible to receive services from the Provider. The Provider will ensure that all Resource Parents who wish to receive the service are able to receive the service, and that Resource Parents are not subject to fees or any additional special eligibility criteria. Resource Family/Parent: As defined in 22 M.R.S.A. §4002(9-D).

2. Providing statewide support to kinship care providers who are caring for children not in state custody all of the services and supports available through this contract.
3. 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.

The purpose of this Agreement is to provide Resource Family support services which assist Resource Parents in their role of caregivers for Youth placed in their homes by the Department. Resource Family support services enhance the caregiver's skills as a Resource Parent, and support Resource Parents' increased understanding of the role shared with the Department in promoting timely Permanency outcomes (including Reunification) for Youth in Care.

4. It requires AFFM to maintain a List Serve to ensure prompt method of communication with all resource families.

The Provider will maintain the following information dissemination methods for Resource Families:

- Provide a Warm-line;
 - Provide Allegation Prevention and Protocol Training and support related to allegations of Abuse and Neglect, upon request by a Resource Family; and
 - Maintain a ListServe to provide prompt communication between the Provider and the Resource Families to include, but not limited to, the following:
 1. Department-generated communication to be shared with the Resource Family Parent(s);
 2. Notification of social events and training opportunities for Resource Families;
 3. Information on accessing available Material Goods provided by the Provider; and
 4. Opportunities to network with peers.
5. 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.

The Provider shall maintain a toll-free telephone Warm-line which is accessible to callers twenty-four (24) hours a day, seven (7) days a week, with an answering service, as well as an after-hours number.

6. AFFM is charged with developing resource family support groups and peer mentors on a statewide basis.

Client Services to be Provided to Qualified Client

1. The Provider shall continue to provide Peer Support Groups statewide to ensure that all Resource Families have access to a Peer Group.
 - A. At minimum, there will be one (1) Peer Support Group in each county;
 - B. The number of Peer Support Groups shall not be reduced unless approved by the Department; and
 - C. The Provider will either facilitate the Peer Support Group or will work with OCFS district staff and other Community Partners in providing administrative or other forms of assistance to an existing Peer Support Group within the county.
 - D. Each Peer Support Groups shall:
 - Be held at least once per month;
 - Provide childcare for attendees;
 - Provide trainings, related to the needs of Resource Families; and
 - Offer support.

2. The Provider shall offer Adoption Specific Support Groups to Resource Families.
 - A. Trauma-informed trainings shall take place during the Adoption Specific Support Groups;
 - B. Adoption Specific Support Groups shall, at a minimum, be held in the following locations:
 - a. Bangor;
 - b. Augusta; and
 - c. Portland.
 - C. The number of Adoption Specific Support Groups shall not be reduced unless approved by the Department;
 - D. There shall be at least three (3) meetings held per month for the duration of this Agreement (one (1) meeting per location specified in IV(D)(2)(b)(i-iii), above); and
 - E. Provide childcare for attendee's.
3. The Provider shall offer a Mentoring service to all newly licensed Resource Families who express a need for a Mentoring relationship.
 - A. The Mentors will be recruited and trained by the Provider; and
 - B. Mentors will be provided to Resource Families requesting them within thirty (30) days

2. 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.
3. AFFM will provide training to resource families, including acting as a co-trainer in all Department-delivered kinship training sessions provided to new kin families.

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

Moving forward, AFFM is very invested in serving a broad range of caregivers, both those involved in a formal manner with the Department and those who may be informally involved through a family-arranged safety plan. The Department recognizes the need to increase awareness that the new contract for RFSS is targeted to support this broad range of caregivers, including families who have stepped forward to offer support to their relative children who are not in state custody.

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

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

Visitation support staff are expected to respectfully engage parents, inform them of any behaviors of concern which were observed during the visit, and note positive progress during the visit. As a result of this feedback it anticipated the behaviors of concern will decrease over time, and fewer interventions to address safety issues will be required.

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.

Since its inception in 2004, children in Maine's foster care have been able to attend the annual Camp to Belong Maine (CTBM)—a summer camp program for siblings who are separated by out of home placements. OCFS has provided significant support to CTBM by providing funding for administrative costs, paying camper fees, allowing OCFS staff to be volunteer counselors without having to use vacation time, helping to plan for camp during the year, and coordinating camper referrals in their Districts.

Since its inception, well over 600 children, ages 8 to 18, have attended camp. There have also been more than 2000 volunteers. CTBM ensures that siblings can spend a week together during the summer, bonding and having fun together. Campers have talked about how much this week means to them. OCFS also sees CTBM as a way to increase sibling's bonds through normal childhood experiences for children who otherwise do not see each other on a daily basis. It has also been found that, after attending, some campers enjoy an increase in the frequency of contact with their sibling(s), and some siblings have even been reunited following their stay at CTBM.

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.

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.

Service Coordination:

OCFS plans to utilize the Family First Prevention Services Act as an opportunity to align child welfare intervention services with prevention activities to support families and reduce the likelihood of future maltreatment. Prevention strategies target the multitude of risk factors that impact child safety – for example, homelessness, substance abuse, domestic violence, and past trauma. OCFS will collaborate with community partners to determine the most effective methods for addressing service gaps, particularly in more rural and remote areas. These activities will require collaboration with other DHHS programs and community partners.

OCFS currently has three active stakeholder groups which are made up of a diverse group of participants that provide feedback and share unique perspectives on the system to inform policy and practice decisions. These include the Maine Child Welfare Advisory Panel, the Child Death and Serious Injury Review Panel and the Maine Justice for Children’s Taskforce. Through this engagement with community partners, OCFS can move the work of child welfare from an agency responsibility to a community goal. This focus of these efforts is on prevention, intervention and improving outcomes related to child safety, permanency and well-being.

Current Services Supporting the CFSP Goals

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

It was recognized that the last time child welfare staff had been comprehensively trained in Family Team Meetings was during the initial implementation of the process in 2005. The Teaming Model (formerly known as FTM and FFTM) rolled out in the spring of 2017 and included district based training and coaching. District Teaming Specialists were identified in every district office and certified as a Teaming Facilitator and Coach. Supervisors of Teaming Specialists were also certified as FTM facilitators. Each district office developed an implementation plan for training staff.

In the spring/summer of 2018, the following practices were implemented to ensure that family team meetings focus on the best interests of a child and promote engagement with parents/caregivers to address child safety and risk:

- The goals of the team meetings are to address the needs related to the best interested and safety of the child. Agency staff guide the meetings in order to effectively address these needs. Meetings will be collaborative with the family and remained focused on issues related to the Department's involvement.
- Family Team Meetings will be convened at the following critical decision points:
 - ✓ Safety Planning for children to remain in the care and custody of their parents (facilitated by a Teaming Specialist or Supervisor);
 - ✓ At least once every 3 months; and
 - ✓ Prior to trial home placement, reunification and case closure.
- OCFS Staff will ensure that all required team members are invited to attend Family Team Meetings. These participants include: the parents/caregivers, resource parents, tribal partners, Guardian Ad Litem, parents' attorneys and the youth (if appropriate). The caseworker and parents will identify other team members together.
- Staff Engagement/Prep and Family Engagement/Prep are critical components to a successful meeting and should be incorporated into casework supervision and monthly face-to-face contacts with parents/caregivers.
- The Teaming Matrix outlines the agenda for the meeting and will be used to document the Family Team Meeting in MACWIS.

- Teaming Specialists will facilitate meetings and assist in other ways as determined by the PA/APA.

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

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

Community Partnership for Protecting Children (CPPC): CPPC is an initiative based on the premise that keeping children safe is everyone’s responsibility, and that no single person, organization, or government agency alone, has the capacity to protect all children and strengthen all families. CPPC in Maine began as a pilot program in 2005 in Portland, and expanded over the next eight years to include six additional communities. The goal of this work is to utilize the CPPC model as a continuum of care which targets families identified as at-risk for child welfare involvement, and provide supports to increase protective and promotive family attributes with the goal of maintaining child safety and well-being. A large component of the CPPC work is Neighborhood and Community Networks. These networks include public and private agencies, key stakeholders, faith based organizations, family, and youth/young adults. Through the work of these networks, Community Hubs are developed in the geographic areas where critical need is identified (based on the frequency of child protective and police reports). The Hub is a central location that brings together services, programs, people, and supports. A key component of this model is the Parent Partners Program in which parents who had previously been involved with child welfare services and successfully resolved the child abuse and neglect concerns mentor parents currently involved with the system.

Permanency Review Teams (PRT): OCFS Child Welfare developed a comprehensive Youth Permanency Review Strategy which includes Permanency Review Teaming based on Casey's Permanency Round Table model. This teaming process builds on the Family Team Meeting model and relies on collaborative teaming to ensure that youth's needs for safety, permanency and well-being are met. Over the past year due to increase workload demands, the focused efforts to improve permanency outcomes through the Permanency Review process were replaced by a team decision making meeting in which the program administrator reviews decisions to reunify children with parents or terminate parental rights to ensure these decisions were appropriate to ensure the safety of children.

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

AdoptUsKids: provides a Weblink service that allows for a seamless link between children available for adoption listed by DHHS and families and national resources. This partnership is essential in promoting permanency for children in the child welfare system.

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

Maine Coalition to End Domestic Violence (MCEDV): The MCEDV provides support for domestic violence advocates (DV-CPS Advocates). 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: OCFS provide physical plant funding to assist relatives who are caring for children in their home to meet the licensing standards, for example to obtain a satisfactory fire and safety inspection. While certain standards may be waived on a case-by-case basis for relatives to allow them to be approved for licensing, a satisfactory fire and safety inspection is a statutory requirement which cannot be waived. Physical plant funding is most frequently requested for the purpose of assisting with the replacement of windows in a relative home to allow the windows to meet the egress-sized dimension required by the Life Safety Code. The maximum amount of physical plant assistance which may be provided to any kinship family applicant is \$5000, although the majority of requests are for far lesser amounts.

Alternative Response Program (ARP): OCFS and ARP providers meet to improve the quality and timeliness of ARP services provided to families in need of community support. Using data, the group will continue to monitor outcomes including: engagement with families, initial contact with alleged child victims within 72 hours of the approval of the appropriate report, seeing critical case members at least monthly, successful completion of the ARP service, and repeat maltreatment rates for families receiving ARP services. Other efforts will include building statewide consistency in service delivery and reporting, as well as defining systemic gaps for families, and developing strategies to most effectively meet identified needs.

Family Visitation: This service (provided by trained visit support workers) offers skilled observation and assessment of parent/child(ren)'s interactions, as well as modeling and teaching parenting skills, to ensure a safe environment in which children in the care or custody of DHHS can visit with their parents and other important people in their lives. This service is available statewide. OCFS is in the process of implementing a Family Visitation Pilot program in a rural and urban area that would provide time-limited, intensive coaching services. The goals of this service are to assist parents in identifying and adapting parenting strategies to the needs of their children and develop improved parenting skills and attachment with their children.

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

Services for Children Under the Age of Five:

The Office of Child and Family Services places an emphasis on the best interest of the child. This means that when deciding on a permanency plan for a child the agency is taking into consideration the length of time a child is in care, the progress of the parent in ameliorating the causes of jeopardy, the current placement of the child, and the child's needs related to safety and wellbeing.

OCFS does this with a critical focus on the parent's ability to change behavior that led to the child coming into custody in a timely manner that meets the child's emotional and physical needs.

Initial Standard Medical Care for Children in Custody

All children in the custody of the OCFS are seen by a medical professional within ten days of coming into care. The purpose of this medical appointment is to ensure children that come into care are evaluated for any physical injuries and/or medical needs. The children also receive appropriate treatment which includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

In several parts of the state, Maine has a comprehensive medical/behavioral assessment that occurs within thirty days of a child coming into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The assessment team includes a medical doctor, a psychologist, and a social worker. A report is sent to the child welfare caseworker outlining a child's medical, behavioral, and dental needs. OCFS is working on strategies to expand this service statewide.

For all children that are four years old and older a Pediatric Symptom Checklist is completed which assesses a child's need for behavioral health services.

Children's Developmental Services

All children under 3 are referred to Children's Developmental Service (CDS). CDS reaches out to the foster parents to evaluate the child. If the evaluation identified the need for developmental, speech, physical therapy services, then CDS will ensure these services are provided either in the home or through out-patient services.

Kinship Priority

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

Visitation is offered between parents and their children to support parental bonds and evaluate parent's success in alleviating jeopardy. These visits are either supervised, monitored, or unsupervised and can occur multiple times per week and in a variety of venues.

Family and Child Plans

Family Plans and Child Plans are specifically designed to meet the needs of the child in order to ensure child safety. These plans outline the current safety and risk factors that led to state involvement. Additionally, the plans outline the services and steps required for the parent to mitigate the identified risk in order for the family and children to achieve permanency. These plans are reviewed in a team setting as well as one-on-one with the parent, foster family, child

(when appropriate), and service providers. The focus of the family plan is to ensure the case is moving in a trajectory that ensures timely permanency. Additionally, the focus of the child plan is to guide the individual care for the safety and wellbeing of the child based on the child's specific needs.

Childcare Services

Childcare is offered for a variety of reasons for children in care, one of those reasons is for children who are identified as needing to develop socialization skills. This allows a child to attend a licensed childcare facility with the focus on play, communication skills, and social skills with peers and adults. Children in foster care also participate in Headstart programs.

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

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

Within 72 hours of a child entering custody, a child needs to have an appointment scheduled for an initial medical evaluation to occur within 10 days. Follow up to those appointments would include developmental screening when appropriate.

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

Maine has made a strong effort to prioritize placements of infants and toddler with relatives to support timelier reunification and adoption. Maine recognizes that whether being cared for by

their parents, by kinship caregivers, or by child care providers, young children require stability in all areas of their life, thus positively impacting their positive early childhood development. These young children are also reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 6 plus months would be reviewed through this process. Maine has worked to identify and implement practices to support early childhood service delivery that are based on research specific to child development and the impact of early trauma and adversity. This promotion of evidence based programs for the birth to five population and their families is furthered through shared knowledge of the research and collaboration with home visiting and nursing partners.

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

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

In 2018, OCFS implemented the Structured Decision Making Safety and Risk Assessment Tools and updated the Child Welfare Investigation Policy. Through these tools, staff have a decision-making support system to assist them in determining which families are most likely to experience a recurrence of maltreatment without intervention services.

In addition, the state addresses the needs of families affected by substance abuse and domestic violence, key indicators of risk for child abuse and neglect, with co-located consultants from the fields of substance abuse and domestic violence, as well as statewide coalitions that child welfare staff participate on.

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

Child Maltreatment Deaths

The Child Death and Serious Injury Review Panel, supported through CAPTA funds, effectively coordinates and accesses information on child maltreatment deaths through the Medical Examiner's Office, the Department of Health and Human Services, the Department of Public Safety and the Maine Center for Disease Control Office of Vital Records (representatives of each entity sit on the panel) to better understand trends related to child abuse and neglect. This process

allows the panel to review cases with a focus on particular areas of concern and maximizes the expertise and data systems that exist within the criminal justice system, the child welfare system and the public health system to address child maltreatment.

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

The Maine Medical Examiner's Office also compiles data on child fatalities due to abuse and neglect, but does not report out whether the deaths are the result of maltreatment.

Steps to Track and Prevent Child Maltreatment Deaths:

OCFS receives reports of child deaths through several sources, including reports to child protective intake from law enforcement, medical providers, and the medical examiner. Each report is screened, to determine if it is appropriate for child welfare intervention based on the reported information. At a minimum, all child death reports are tracked for reporting purposes. If a report screens as appropriate for child welfare intervention at intake, the family receives a comprehensive child welfare investigation and in follow-up any interventions determined necessary as a result of the findings.

OCFS has made several key changes within the Maine Automated Child Welfare Information System (MACWIS) to enable reporting to NCANDS regarding fatalities associated with child abuse and neglect. The data team has added the ability for Intake to indicate that the report involves a child death. In addition, a change was made to require that the supervisor overseeing the assessment answers a question at the close of any assessment where Intake has indicated that there was a child death related to whether the child died as a result of abuse and/or neglect and/or abuse and/or neglect was a contributing factor in the child's death. The data team can then query the results of this question to report fatalities within NCANDS. OCFS has an internal case review process for child deaths and serious injuries determined to be the result of child abuse or neglect. The district program administrator reviews the case record to identify any policy, practice, training or staff support needs.

In addition, Maine also has a statutory requirement to convene the State's Child Death and Serious Injury Review Panel (CDSIRP). The panel is a cross-disciplinary group that engages both public and private partners to review cases involving child death or serious injury. CDSIRP develops recommendations for improvements both within OCFS and beyond. CDSIRP's membership includes physicians, mental health providers, law enforcement, representatives of the courts and Attorney General's Office, staff from the Maine CDC (Maine's public health agency), child welfare staff, and others. The CDSIRP is staffed and supported by an OCFS employee who coordinates case selection, facilitates the gathering of materials, coordinates witnesses for panel reviews, etc. The CDSIRP makes recommendations for systems improvements to prevent child fatalities (both maltreatment related and non-maltreatment related).

OCFS is in the process of exploring ways to improve the reporting and review of child fatalities and serious injury cases. One option being explored is the SSIT (Safe Systems Improvement Tool) through the Praed Foundation. The SSIT is a systems analysis of agency operations as they relate to child deaths and serious injuries that emphasizes reviewing and learning from these incidents, as well as building teams to identify systems concerns and promote organizational improvements. The SSIT utilizes specially trained OCFS staff to conduct internal case reviews and interviews with staff involved with the family to support efficient and reliable analysis of the event and promote data-driven recommendations. The information gathered using SSIT is expected to inform the work of the CDSIRP, making the panel's process of analyzing cases more streamlined and efficient so that the CDSIRP members can focus on making recommendations for systemic improvements.

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

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

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

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

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

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

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

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

- Post Permanency Support Program.

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

- Recruitment of foster/adoptive homes, support services for potential adoptive families, and child specific adoption promotion efforts.
- Kinship Care Services are provided through a contract and include information and support services for relatives who are helping raise their grandchildren, nieces and nephews. These services are available to all families, not just those who are caring for children in the custody of DHHS.
- OCFS is in the process of developing a pilot with a community partner that will focus efforts on youth matching without an identified adoptive placement to a family.

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

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

Monthly 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 Child Welfare meets regularly with District Program Administrators to review the data and support full compliance. The requirement for monthly contact is clearly stated in policy revised in 2008: Child and Family Services Policy Manual; V.D.-1 Child Assessment and Plan:

“....the caseworker will make at least one purposeful face-to-face contact each month with the child in all cases, with the parents in reunification cases and with the foster parents/caregivers. The plan for how contact will occur will take into consideration the wishes of the child, however the majority of the visits will take place in the residence of the child.” “New placements need to be seen more frequently at the

onset of the placements with a visit at least once within the first 2 weeks of the placement.”

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

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

- Monitoring by district supervisors to identify children that have not yet been seen to develop a plan with the caseworker for those children to be seen before the month’s end.
- Through regular supervision each month, supervisors will develop a plan for a face-to-face monthly contact, including the areas to assess and questions to explore in that contact.
- In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. Quality will be measured by ongoing case reviews; QI 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 has proven to be a successful use of this funding as Maine has continued to meet the federal goals related to monthly contact. The Federal goal for monthly contact with youth in custody for FFY 2018 was 95% with at least 50% of the visits occurring in the child's residence. Maine exceeded the requirement with **97%** seen and **82%** seen in home.

This technology allows caseworkers to have immediate contact with their supervisors while in the field and provides the opportunity to consult and make timelier decisions related to the safety, permanency and well-being needs of children and families. When caseworkers feel supported and safe doing this difficult work, the likelihood of caseworker retention is significantly increased. To improve the quality of documentation of monthly face-to-face contacts, templates were developed to align practice expectations with federal requirements. In 2019 the OCFS QI staff will review these templates, to assess for, and provide immediate feedback to staff, on the quality of the contacts.

Adoption Incentive Payments

In 2017, Maine initially received \$69,366 out of \$717,500.00 for the Adoption and Legal Guardianship Incentive Grant. In 2018 our federal partners released the remaining funds. Maine

is still spending the grant funds from 2016, therefore there is currently \$812,155.91 in available funds.

- The OCFS is providing \$60,900 to our AFFM contract to be used to support physical plant funds for fictive kin who are in the process of finalizing a permanency guardianship or adoption. This will be approved at the discretion of the Licensing or Adoption Program Manager.
- The OCFS continues to provide short term emergency respite for permanency guardianship or adoptive families at serious risk of disruption when respite resources are available. This will only be approved when all other alternatives have been ruled out. The respite would be used while staff and the family work with a Mental Health Program Coordinator and other service providers to implement the services needed to help prevent disruption. This will be at the discretion of the Adoption Program Manager.
- In 2018 OCFS allotted \$45,909 to the Resource Parent Care Team, CTI contract to add an adoption liaison position to support post adoption and post permanency guardianship families statewide who are experiencing challenges due to an increase in mental health needs of the child or other family members.
- OCFS has utilized these funds to assist PG and Adoptive families, especially relatives with child care costs.
- Initial delay in spending the grant funds:
 - Lack of consensus with how to best utilize the funds.
 - Availability of staff time to create new services.
 - The contracting process.
- OCFS is in the final approval process of implementing a statewide pilot project to assist district adoption staff statewide in increasing the number of recruited adoptions for children without an identified permanent family. The OCFS Director has approved the pilot and the agency is currently in the contracting process. The goal is to begin implementation in May 2019. Once approved we will spend \$501,840.35 in the first year of the project.

Adoption Savings:

OCFS is in the final approval process of implementing a statewide pilot project to assist district adoption staff statewide in increasing the number of recruited adoptions for children without an identified permanent family. The OCFS Director has approved the pilot and the agency is currently in the contracting process. The goal is to begin implementation in May 2019. Once approved we will spend \$501,840.35 in the first year of the project.

Consultation and Coordination between States and Tribes

There are four federally recognized tribes located in Maine with five locations: the Penobscot Nation (Indian Island, Penobscot County, located within District 6); the Aroostook Band of Micmacs (Aroostook County, located within District 8); the Houlton Band of Maliseets

(Aroostook County, located within District 8); and the Passamaquoddy Tribe at Motahkomikuk (Indian Township, Washington County, located within District 7) and at Sipayik (Pleasant Point, Washington County, located within District 7).

History:

The ICWA Workgroup began meeting in 1999 and focused on training and strengthening partnerships. This work included delivering training to OCFS staff, holding regular meetings between tribal and state child welfare and organizing two summits which included OCFS District Program Administrators, ACF, representatives from the courts including a Judge, and representatives from the Office of the Attorney General.

In 2010, the ICWA Workgroup recognized that the issues of generational trauma and healing needed to be addressed to be able to move forward with working collaboratively with native families. The ICWA Workgroup shifted its focus and began to develop the Truth and Reconciliation Commission (TRC) to discover the truths about native people's experiences with the state's child welfare agency. This process expanded the current group's membership to include other tribal and non-tribal community members. This became the Convening Group for the TRC. The Convening Group was responsible for developing the TRC's Declaration of Intent, its Mandate, and to help with seating the Commission. Once the Commission was seated, this group became the REACH (Reconciliation, Engagement Advocacy, Change & Healing) Workgroup whose purpose was to support community healing and the TRC process. Within this forum, OCFS worked with the tribes to assure ICWA compliance. In 2015, the TRC concluded its work, and its findings were presented. At this time, REACH continued its work to help with healing in native and non-native communities, and to expand the ally base through ally training. Also, the ICWA workgroup was reestablished with representatives from the state child welfare system, tribal child welfare system, the Office of the Attorney General, and the Family Division of the Court. The goal of the ICWA Workgroup is to have ongoing discussions regarding agency concerns, specific case concerns, policy and training development, strategies to continue the work related to building collaborative relationships between state child welfare and tribal child welfare, and to look at how to implement recommendations from the TRC.

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

In July of 2012, a comprehensive Indian Child Welfare Policy was finalized. This policy was developed by the ICWA workgroup as a stand-alone policy, rather than having pieces of ICWA

interspersed throughout various OCFS policies. This policy provides clear direction to OCFS staff indicating that the tribal child welfare staff are co-managers of the case in every aspect throughout the life of the case. In the fall of 2015, the ICWA Workgroup began to modify the policy to include the new BIA Guidelines.

In February of 2016, the updated Indian Child Welfare Policy was finalized and distributed to OCFS staff and tribal child welfare staff. A training on the policy changes regarding the BIA guidelines developed by the ICWA Workgroup and was presented in each of the 8 OCFS districts between June 1 and August 2, 2016. In September of 2016, work was done to update the ICWA training that new caseworkers must attend to incorporate the changes in policy/BIA regulations. The Workgroup also developed training and recruited and trained more Qualified Expert Witnesses (QEW) for ICWA cases.

Also in 2016, OCFS helped the tribes prepare to have their own IV-E plan, OCFS' IV-E Program Manager provided in-person training on three occasions, and there were numerous email and phone discussions with tribal staff. The Program Manager has explained the Department's determination process, and sent several OCFS policies, training tools, manuals, and links to IV-E information. OCFS continued to work collaboratively with the tribes on issues and initiatives.

In 2017, 86 people attended the ICWA training. Most attendees were new OCFS caseworkers, as they are required to receive ICWA training during their first six months of employment. The training was also attended by staff at the Maine CDC, Division of Environmental and Community Health (DECH), as, at that time, they were overseeing the regulatory portions of foster home licensing; and by representatives of the Maine Coalition Against Sexual Assault. In 2017, this training was also lengthened, and is now three and a half hours.

In 2017, the state and the tribes also continued to recruit and train Qualified Expert Witnesses (QEW) from tribal communities. Training for potential QEWs was held in March and May of 2017. These trainings have increased the pool of QEWs available in state ICWA cases.

In addition to continued discussion regarding ICWA cases and co-case management, in 2017 the film *Dawnland*, which is a documentary following the TRC process, was screened for comment and feedback, and the ICWA workgroup was in attendance.

Representatives of tribal child welfare also participated in the CFSR focus group for tribes held on May 12, 2017. In addition, a project was begun with the Annie E. Casey Foundation. The two goals of the Data Development Project are to identify what data exists, and what data is needed to improve capacity to track progress on implementing ICWA and the TRC recommendations, as well as to clarify and establish processes for collecting data necessary to monitor implementation of ICWA, and progress of the TRC recommendations. The first meeting with Casey was held in December 2017.

In 2018 the following events occurred:

1. The ICWA Training for new caseworkers was revised to add an experiential activity. This activity has all participants engaging in the story of the Native American experience in what is currently the State of Maine from the time of first contact until the present. This activity incorporates different treaties the tribes entered into with the federal government, wars, and the boarding school mandates. It demonstrates how the Native population was depleted through policies and shows why the Indian Child Welfare Act is needed. This training is conducted by a Native member of the ICWA workgroup and the OCFS ICWA liaison. This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases, as well as the spirit behind the law. The training, in addition, to the experiential activity 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 experiences in state foster care and their feelings of not belonging; historical trauma; a video of how people are still affected today in their Native communities and the TRC process; how to co-case manage ICWA cases; and the BIA guidelines. 71 new staff attended the ICWA Training in 2018. The ICWA Workgroup has begun work on how Tribal Child Welfare staff can be better integrated into this training for new caseworkers so new OCFS caseworkers can be introduced to the tribal child welfare staff.
2. In April 2018, the ICWA Workgroup was invited to a meeting of the District Management Team, which is comprised of the Associate Director for Child Welfare, the Regional Director of Child Welfare, the Program and Assistant Program Administrators of the district offices, the Intake Program Manager, and the Resource Parent Program Manager. This meeting discussed ways to better support partnership at the district level and for people to get to know each other.
3. The ICWA Workgroup also had several meetings with the supervisor from the Maine CDC, Division of Environmental and Community Health (DECH). In 2017 DECH began overseeing the regulatory portions of foster home licensing. These meetings were to address problems the tribes were having with the regulators that were unfamiliar with tribal foster home licensing. Progress was made but in the fall of 2018 this regulatory function was returned to OCFS supervision.
4. The ICWA Workgroup began rotating the location of the meetings to have different tribes host the meeting. This has helped with attendance at the meetings as it cuts down on travel time when the meeting is a tribe's community.

5. OCFS ensured that tribal child welfare was aware that the state could cover the room and board costs, as these expenses are not covered by MaineCare, for therapeutic foster care and residential treatment for children in tribal custody. This eliminates the need for native children to enter the state foster care system for strictly financial reasons as they can be better served in tribal custody.
6. The ICWA Workgroup continues to work on the ICWA Brochure. This brochure incorporates law, practice, and policy into an easy reference for caseworkers to ensure they are adhering to ICWA.
7. In September 2018 members of the ICWA Workgroup conducted a webinar hosted by the Capacity Building Center for Tribes. The webinar outlined how the ICWA Workgroup began in Maine, how it operates and how it has enhanced the partnership between tribal and state child welfare to ensure both ICWA compliance and cultural awareness regarding native families. The webinar was titled, “Coming Together for the Children: The Maine Tribal State ICWA Workgroup”.
8. In October 2018 members of the ICWA Workgroup presented a Judicial Training sponsored by the Family Division of the Courts. This training was from 9:00 – 4:00 and was attended by Judges, Assistant Attorneys General, Parents Attorneys, and Guardians ad litem.
9. Data Development Project – OCFS and the ICWA Workgroup continued to develop the data project during 2018. A meeting was held in April 2018 to discuss types of data that would be helpful to review. It was decided that we would begin by focusing on the number of ICWA cases, the permanency plan for these children, and where were the children placed with in state custody.

In addition to those things cited above, the following practices continued in 2018:

Caseworkers, as part of the Child Protection Intake process and the initial CPS investigation, ask the referent and 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, and if their Native heritage is from one of the federally recognized tribes in Maine, the tribe is notified, and invited to participate in the investigation. If Native American heritage is not known until after the first visit, or at any other point in the investigation or case process, the tribe is invited to participate from that point forward. If the tribe is unable to accompany the OCFS caseworker, the caseworker is still expected to contact their tribal child welfare counterpart to make joint decisions regarding the investigation/case as OCFS co-case manages ICWA cases. OCFS involves members of all

federally recognized tribes, in accordance with the Indian Child Welfare Act, for children of all federally recognized tribes.

In cases where ICWA applies, and children are removed, caseworkers provide written notification to the Native American families, the tribe, and sends a copy to the BIA, informing them of the right to intervene, regardless of if the tribe is located in Maine. OCFS recognizes homes that have been licensed or approved by the tribe as a fully-licensed foster/adoptive home. If the family is a relative or unlicensed placement with a relationship with the child or family, that family is considered as a possible placement option, as is the case with all children entering DHHS custody. DHHS works with the tribe and the family to help them become either a tribally-approved resource, or a State licensed resource. OCFS will accept a home study conducted by the tribe, and will coordinate with the family as they move through the State licensing or tribal approval process.

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

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

The state also partners with the tribes to ensure that the children, in tribal custody, that achieve permanency through adoption or permanency guardianship can receive subsidy through the state. We also partner so that older youth in tribal care are receiving life skills and transition services.

The final APSR and CFSP documents are also available on line and available to the public at: <http://www.maine.gov/dhhs/ocfs/provdatareport.shtml>.

Many of the above-cited activities are ongoing, and will continue through 2019. This includes regular meetings of the ICWA Workgroup to ensure compliance with ICWA policy and law, as well as to allowing any strengths and challenges to be discussed and addressed.

| Tribal Contacts | |
|--|---|
| Tribal Affiliation | Contact Name |
| Houlton Band of Maliseet | Lori Jewell, ICWA Program Director |
| Aroostook Band of Micmac Indians | Luke Joseph, ICWA Program Coordinator |
| Passamaquoddy Tribe at Pleasant Point (Sipayik) | Francis LaCoute, Social Services Director |
| Passamaquoddy Tribe at Indian Township (Motahkmikuk) | Tene Downing, Social Services Director |
| Penobscot Nation | Brooke Loring, Child Welfare Director |

Targeted Plans:

Child Abuse Prevention & Treatment Act- See Appendix A

John H. Chafee Foster Care Program for Successful Transition to Adulthood – See Appendix B

Education and Training Voucher- See Appendix C

Foster and Adoptive Parent Diligent Recruitment Plan- See Appendix D

Health Care Oversight and Coordination Plan- See Appendix E

Disaster Plan- See Appendix F

Training Plan- See Appendix G

Financial Information

PSSF Service Category Disproportionality: Based on State of Maine Purchasing rules, no payment for service to a provider greater than \$10,000 can be administered without processing through the procurement process. Maine's procurement requires the identification of a new service, a presentation on that service to OCFS management, and approval of the service before a Request for Proposal (RFP) can be initiated. In addition, the process of drafting, approving, and completing an RFP can take a significant amount of time. Funding that was available based on this unplanned barrier was diverted to other eligible program areas from within the grant.

States may not spend more title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance payments in FY 2018 than the state expended for those purposes in FY 2005 (Section 424(c) of the Act). For comparison purposes, submit with the CFSP information on the amount of FY 2005 title IV-B, subpart 1 funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005.

Expenditures in 2005 were \$0

The amount of State expenditures of non-Federal funds for foster care maintenance payments that may be used as match for the FY 2018 title IV-B, subpart 1 award may not exceed the amount of such non-Federal expenditures applied as State match for title IV-B, subpart 1 in FY 2005 (Section 424(d) of the Act). For comparison purposes, submit with the CFSP information on the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005.

Expenditures in 2005 were \$2,408,000

DHHS assures that the state funds expended for FFY 2017 for purposes of Title IV-B, subpart 2, is \$20,918,190.04. These expenditures were greater than the FFY 1992 base amount of \$15,847,000, which was used to provide Preventive and Supportive Services, including Protective Services. That amount was provided in the annual summary of Child Welfare Services included in the Bureau of Child and Family Services FY '91-93 State Child Welfare Services

Appendix A

State of Maine Department of Health and Human Services
Office of Child and Family Services
Child Abuse Prevention and Treatment Act FFY 2018 Update

The Maine Department of Health and Human Services (“DHHS”), Office of Child and Family Services’ (OCFS’) commitment to ongoing improvements in its work of increasing child safety and greater wellbeing is strongly supported by the Child Abuse Prevention Treatment Act (“CAPTA”) and the Children’s Justice Act (“CJA”) grant program requirements (CAPTA Section 106; CJA Section 107).

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

Legislative Updates

There were legislated changes during 2018 to state law that will not affect the state’s eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA). Several measures were introduced in the second session of Maine’s 128th Legislature for consideration. Four of the five measures were passed by the legislature and enacted. The following are summaries of the four successful pieces of legislation that were enacted during the 128th Legislature:

- LD 1920- This legislation extended the retention schedule for unsubstantiated child abuse investigations from 18 months to 5 years. Expungement may occur after 5 years provided not additional reports have been received. *Exhibit A.*
- LD 1921- This legislation allows the Department to access confidential criminal history. Prior to this legislation, OCFS only had access to public criminal history data. In addition to access, LD 1921 provides funding to meet the requirements of receiving and processing confidential criminal history. *Exhibit B.*
- LD 1922- Maine’s Child and Family Services and Child Protection Act (Title 22) placed priority on reunification and parental rights. LD 1922 amended the language related to reunification, placing priority on reasonable efforts, aligning Maine’s statute with federal language. *Exhibit C.*
- LD 1923- This act aimed to make several adjustments to the child welfare system through structural and fiscal methods. The bill enacted the following:
 - Increased daily board rates for foster homes;
 - The unfunded job classification of child welfare investigator;
 - Funding the early stages of development for a new CCWIS system;
 - Creation and funding of 16 Supervisor positions, 16 Caseworker positions, 8 Case Aide positions, and 2 Regional Associate Director positions statewide;
 - Creation and funding of a \$5 per hour stipend for Caseworkers, Supervisors, Program Administrators, and Assistant Program Administrators;

- Creation and funding of a \$1 per hour stipend for front line staff who hold a relevant master's degree;
- Funding and direction for clinical supports to front line staff;
- Funding and direction for a family visitation pilot program to include the assessment of parental capacity within visits; and
- A rate study for new rates for Trauma Focused Cognitive Behavioral Therapy within MaineCare. *Exhibit D.*
- LD 1187- Initially passed by the legislature in 2017, LD 1187 was not reported on in the last CAPTA update due to a veto and subsequent return to the legislature. LD 1187 became law in 2018. This legislation establishes a statutory definition of “best interests of the child” and its related phrases and expands the definition of “relative” to include adoptive parents of a child’s siblings and the distance of a relative to the third degree. This bill brought Maine into congruence with the federal ICWA definitions. LD 1187 provides direction regarding relative placements, including definition, licensure, preference, and background checks. *Exhibit E.*

Changes to the CAPTA plan

There were no significant changes during 2018 from the state’s previously approved CAPTA plan regarding how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA.

The requirements under Title 22 of the Maine Revised Statutes meet the CAPTA requirements of Section 106(b)(2)(B)(ii) and (iii), and support Maine’s interagency response efforts in ensuring infants born affected by illegal or legal substances are safe and appropriate services are made available to them. Notifications from health care providers that an infant has been born affected by illegal substance abuse or withdrawal symptoms resulting from prenatal exposure (to legal or illegal substances) are identified as “Drug Affected Baby” reports, including infants determined to be affected by Fetal Alcohol Spectrum Disorder. Notifications regarding Substance Exposed Newborns, in which allegations of child abuse and/or neglect are absent, are referred directly to Public Health Nursing under a memorandum of understanding between OCFS and the Maine Center for Disease Control and Prevention, Division of Family Health, Public Health Nursing (CAPTA Section 106(b)(2)(B)(v)).

Use of CAPTA Grant Funds

In the period from July 1, 2018 to present, CAPTA funds have been utilized to support the work of Maine’s Citizen’s Review Panel, the Maine Child Welfare Advisory Panel (MCWAP), as well as the Child Death and Serious Injury Review Panel (CDSIRP), including member mileage, travel to out-of-state functions, and technology charges.

Grant funds have been expended via a contract with Susan Righthand, PhD, who consults on cases of challenging youth in custody, assists in assessments and planning for youth with problem sexual behavior, debriefs staff following critical incidents, and conducts research on emerging trends. Dr. Righthand is also collaborating on content for caseworker training.

In addition to the work of the panels and consultation for child welfare staff, CAPTA grant funds support the office’s recruitment and retention activities through recruitment advertising, recruitment event expenses, and support for the staff recognition program. OCFS Caseworker and

Supervisory staff are required by law to maintain social worker licensure. Caseworkers may submit license fees for reimbursement. CAPTA funds are used for this purpose as a staff retention strategy.

In the year to come, OCFS will be applying CAPTA grant funds to new projects aimed at staff training. Targeted projects include a learning management system for staff that will be developed through a cooperative agreement with the University of Southern Maine and state-wide Caseworker conferences aimed at employee development and support that will be held on three occasions in different regions to reach every district staff member.

OCFS Employee Statistics

OCFS ended 2018 with a turnover rate of 37.24% compared to 27.57% in 2017, 21.81% for 2016, 22.66% in 2015, 23.85% in 2014 and 27.87% in 2013. The turnover rate for supervisors in 2018 was a total of 8 staff, comparable to recent years. In August of 2018, the Maine legislature, in recognition of the need to retain and attract quality staff to OCFS, added a \$5.00 stipend to Caseworkers' current salary. This had the effect of slowing turnover and attracting quality candidates, as well as encouraging Caseworkers who had left OCFS to consider returning.

This rise in turnover is similar to the national average, which is estimated to be 30-40% annually nationwide. The average length of employment for child protective workers continues to be approximately 2 years (GAO, 2003)^[1]. Another study from the Annie E. Casey Foundation estimated the annual turnover rate at 20% for public agencies and 40% at private agencies. The average length of employment for public agencies is 7 years and for private agencies is 3 years (AECF, 2003)^[2]. Maine's 2018 turnover rate is in line with the national averages based on these studies. OCFS continues to focus on quality recruitment and retention of Caseworkers to further reduce the turnover rate.

Despite challenges in keeping staff, 2018 was significantly better in terms of recruitment. During the first half of 2017 the position of Recruitment and Retention Specialist was vacant; as a result, recruitment suffered, and despite filling the position in July of 2017 there were significantly fewer panel interviews completed in 2017. 2018 brought an improved picture in most District offices with the quantity and quality of panel interviews improving in several offices. This provided the opportunity to fill positions quickly but was hampered by ongoing turnover. As noted above, the Maine Legislature added a \$5.00 hourly stipend to Caseworker salaries. This addition to the salary not only slowed turnover in late 2018 and encouraged retention efforts, but assisted recruitment as candidates with experience in the field became interested in returning to OCFS.

During 2018, the Recruitment and Retention Specialist position has been focused on providing a personal, supportive atmosphere and a welcoming introduction to new applicants as they navigate the application process, screening interviews and hiring process. The Recruitment and Retention Specialist is readily available to answer questions applicants have about the job, licensing, the

¹ The U.S. General Accounting Office (GAO). (2003). Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff. Retrieved on August 18, 2009, from: <http://www.cwla.org/programs/workforce/gaohhs.pdf>

² Annie E. Casey Foundation (AECF). (2003). *The unsolved challenge of system reform: The condition of frontline human services workforce*. Retrieved from <http://www.aecf.org/resources/the-unsolved-challenge-of-system-reform/>

interview process, and working for OCFS. Caseworker applicants with relevant qualifications and skill sets continue to apply for open positions.

With respect to recruitment, Maine's Recruitment and Retention Specialist recruits throughout the State of Maine at Maine Colleges, Career Centers, and in neighboring New England states, including New Hampshire and Massachusetts. Additionally, the Recruitment and Retention Specialist collaborates with the Maine Department of Labor to increase the applicant pool. Recruitment methods include attending area and college job fairs, presentations in college classrooms to students majoring in fields which are compatible with Maine social work licensure requirements, and online recruitment through a variety of job boards including Indeed and those sponsored by colleges.

Applicants are provided information and assistance through the application process; the Recruitment and Retention Specialist becomes the first support a new applicant is exposed to when they begin the application process. The focus on a personal, welcoming, and responsive contact with applicants is essential in making the applicant feel valued through the application process. The focus is providing applicants with a positive experience and modeling the competencies they will need as they begin to work with children and families through the Child Welfare system. The Recruitment and Retention Specialist values good customer service and consistency in the hiring process across all state offices and is available to assist with interviews of applicants in all offices so that each interview is consistent.

In addition to providing support at the beginning of an applicant's experience with OCFS, in 2018 the Recruitment and Retention Specialist began providing check-in emails with new staff to evaluate how they were doing in their first few months with the agency. This became an opportunity to provide support, assistance, and feedback to the new caseworker and, if necessary, information to supervisors to support new staff. These emails and support were welcomed by new staff members and the feedback was helpful in determining how best to support (and hopefully retain) new caseworkers.

The Recruitment and Retention Specialist and the OCFS Training team are in the process of working on an Onboarding process that will answer frequently asked questions for new staff have as they begin working in OCFS.

With respect to retention of Maine's child welfare personnel, OCFS has taken the following steps:

1. OCFS continues its quarterly STAR awards. These awards recognize exemplary employees of any category within OCFS. STAR stands for Service, Teamwork, Attitude, and Respect.
2. OCFS reimburses all OCFS Caseworkers and Supervisors for the cost of the renewal of their professional Social Work license. OCFS began this practice on Jan 1, 2016.
3. Tuition reimbursement is now offered to all employees who have been with the agency one year or more. On-site MSW classes are offered in some locations.
4. Clarification around Flexible Schedules has been provided to employees.
5. Quality Circles, run by front line district staff, have been operating in each district. The QCs have addressed areas such as mentorship for new employees, staff safety, and case flow processes.

6. A new electronic mileage reimbursement system was launched recently to address timely mileage and personal expense reimbursements.
7. Entrance surveys are conducted and reviewed to determine how the recruitment process is functioning.
8. Exit surveys are reviewed and concerns and themes are discussed to determine how to better support staff.
9. OCFS has increased support staff and the type of tasks assigned to support staff in an effort to decrease Caseworker workload.
10. Supervisory training has been provided to all Supervisors to increase awareness regarding the supervisory role in recruitment and retention, as well as to increase overall supervisory skills.

Data regarding investigatory and supervisory caseloads was inadvertently dropped from standard reporting during the FFY18 year. Using a point-in-time position count, divided by the annual reports assigned for child protective assessment, the assessment load in FFY18 was 79 cases per position per year. When factoring the 37.24% turnover, the practical assessment load was 128 per worker. When accounting for turnover, it is more than a 100% increase over the prior year.

Sixty-seven percent of assessments in FFY18 were completed within 35 days. This is a slight decline from FFY17 at 69%, and represents an ongoing decline over two years.

The Department is in the process of developing a standardized workload analysis tool that considers both caseload and workload factors when determining appropriate case assignments to staff. Caseloads vary in intensity due to a number of factors and over the years, additional policy and practice expectations have been added to the responsibilities of caseworkers and supervisors. The Department has undertaken a project to assess worker workload and will be able to report on progress in the FFY19 report.

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

The state application process includes a numerical evaluation that considers the applicant's background, training, and experience. All selected applicants undergo a panel interview conducted by at least three management level staff.

Newly hired Caseworkers are required to complete New Worker Foundations Training, conducted by OCFS, prior to assuming responsibility for a caseload or casework activities. New Worker Foundations Training provides a comprehensive curriculum and job shadowing components to ensure Caseworkers have the competencies and skills to perform child protective work. New Worker Foundations Training components include, but are not limited to: Introduction to Public Child Welfare in Maine, Domestic Abuse and the Child Welfare System, Working with Families Affected by Substance Abuse, Medical Indicators of Child Abuse and Neglect, Introduction to Intake, Assessing Child Safety, Fact Finding Interviewing, Introduction to MACWIS, Family Teaming, Children's Advocacy Centers, Commercial Sexual Exploitation and Sex Trafficking in Maine, Placement, Permanency and Well-Being.

Within the first six months of hiring, new Caseworkers are expected to participate in several core trainings which expand upon the information contained in the New Worker Foundations Training. These core trainings include: Working within OCFS-Orientation, Legal Training, MACWIS/Technology Training, Introduction to ICWA, Social Work Ethics, Psychosocial Assessment, and Facilitated Family Team Meetings for Caseworkers. Within the first year of hire new Caseworkers participate in trainings on the following topics: Child Welfare Trauma Training Toolkit, Staff Safety, Children's Behavioral Health in Maine, and introduce/participate in onsite training with TANF, OFI, and other programs that assist the families caseworkers interact with. Staff are trained in the Family Teaming Process within their District by the District Teaming Specialist in accordance with the District Teaming training plan.

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

Supervisory requirements include meeting all Caseworker requirements, plus demonstrated experience as a child welfare Caseworker. Individuals selected through the competitive hiring process often have taken other leadership roles within the office, such as working on special projects or specialty Caseworker tasks, such as training or quality assurance. Full licensure at the LSW level for four years is a requirement prior to consideration as a supervisory candidate. Master's level social workers are preferred candidates.

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

While the Leadership Academy for Supervisors described in last year's report has been suspended, many existing Supervisors had opportunity to participate in the program prior to its suspension and the lessons learned carry forward in the work they do today.

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, as well as providing 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 that can be used in individual supervision to help track Caseworker workload, activities, and help set caseload priorities based on that information.

Data specific to caseworker and supervisor demographics are attached in *Exhibit F*.

Child Protection and Juvenile Justice

In Maine, children in the care of the child protection system are not transferred into the custody of the State Juvenile Justice System if they become involved with the criminal justice system, but rather remain under the custody of the Department of Health and Human Services unless custody is returned to a parent or guardian.

Maine's Citizen Review Panel (CRP)

The Maine Child Welfare Advisory Panel (MCWAP) serves as the State of Maine's Citizen's Review Panel pursuant to CAPTA Sec. 106(c). MCWAP, in collaboration with the State of Maine's Judicial Branch's Justice for Children Task Force and the Maine Child Death and Serious Injury Review Panel (CDSIRP) serve as the State of Maine's Task Force pursuant to CAPTA Sec. 107(c).

In 2018, MCWAP engaged in a process of revitalization, including enactment of new by-laws, appointment of an Executive Committee, a review of the Panel charge and purpose, and reinvigoration of the membership. To date, the Panel has begun to assume charge and function again as intended and has a clear roadmap forward to fulfil all statutory and legal obligations.

The Maine Child Welfare Advisory Panel, Maine Citizen Review Panel 2018 Annual Report is attached as Exhibit G.

Maine's Child Death and Serious Injury Review Panel (CDSIRP)

The mission of the Child Death and Serious Injury Review Panel is to provide multidisciplinary, comprehensive case review of child fatalities and serious injuries for the purpose of promoting prevention, improving present systems, and fostering education to both professionals and the general public. Furthermore, the panel strives to collect facts, develop opinions, and articulate those opinions in a fashion that promotes change. Finally, the Panel serves as one of the Department of Health and Human Services' required task forces pursuant to the federal Child Abuse Prevention and Treatment Act, P.L. 93-247.

The Child Death and Serious Injury Review Panel reviews all reports of child death and serious injury in order to meet their statutory mandate (see, 22 MRSA §4004). In addition, the Panel conducts several in-depth case reviews each year, both independently and in conjunction with the state's Domestic Violence Homicide Review Panel and/or the Maternal, Fetal, and Infant Mortality Review. The panel makes recommendations to state and local agencies regarding methods to improve the child protective system, including modifications of statutes, rules, policies, and procedures.

CDSIRP is comprised of representatives from many different disciplines. Its minimum membership, which is mandated by state law, includes the following disciplines; the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys, and criminal or civil assistant attorneys general. In 2018, the public health nurse role remained vacant and will be a priority to fill in 2019.

Maine's Child Death and Serious Injury Review Panel (CDSIRP) completed 8 comprehensive reviews of fatalities and near fatalities in 2018. These reviews were comprised of the following themes and trends: abusive trauma, unsafe sleep, and suicide by firearm and hanging. The Panel Coordinator also attended meetings with the Domestic Violence Homicide Review Panel and the Maternal, Fetal, and Infant Mortality Review Panel in order to observe process and identify opportunities for collaboration. The coordinators of all three panels remain in regular contact regarding upcoming cases.

In 2018, the new Panel coordinator has been worked to make data collected regarding child death, serious injury, and ingestion as well as the Panel's activities, more easily accessible and thorough. Reports for Panel review have been restructured to provide more meaningful information in the

routine reviews, which are conducted of all reports quarterly. The Panel coordinator has explored a variety of HIPAA compliant file dissemination strategies for purposes of case file dissemination and has made recommendations for cloud-based products that could meet the dissemination needs in a time-efficient manner while protecting confidentiality of records and proceedings.

Substance Exposed Newborns

No substantive changes were made to the implementation for Plans of Safe Care in the past year. The program continues as it had evolved in the prior year.

DHHS has created a staff position to monitor the Plans of Safe Care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. In addition, Maine OCFS has updated the Maine Automated Child Welfare Information System (MACWIS) to collect information upon report related to both drug affected and drug exposed infants.

Maine OCFS, the state CPS agency, has collaborated with Maine's Center for Disease Control (CDC), Maine's Office of MaineCare Services (OMS) and Maine's Substance Abuse and Mental Health Services (SAMHS) to identify data and create a list of substances for tracking related to drug affected and drug exposed infants. In addition, OCFS continues to collaborate with these state partners in the review and planning for data and services related to this matter. OCFS also partners with the home visiting program and public health nursing program to prioritize services for families who have infants who are drug affected.

No specific technical assistance needs are known at this time. Maine OCFS continues to work on updating the Plan of Safe Care policy, recruiting a staff for the internal position to monitor the plans, and gathering data when receiving reports of drug affected infants. This is a substantial change to provider expectations and has taken time to implement.

State of Maine CAPTA Coordinator

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EXHIBITS:

Exhibit A: Legislative Document 1920

Exhibit B: Legislative Document 1921

Exhibit C: Legislative Document 1922

Exhibit D: Legislative Document 1923

Exhibit E: Legislative Document 1187

Exhibit F: Child Protection Staff Demographics and Data

Exhibit G: Maine Child Welfare Advisory Panel FFY 2018 Annual Report

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Modify the Expungement Requirements for Records under the Child and Family Services and Child Protection Act

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4008, sub-§5, as amended by PL 2015, c. 501, §1, is further amended to read:

5. Retention of unsubstantiated child protective services records. Except as provided in this subsection, the department shall retain unsubstantiated child protective services case records for no more than ~~18 months~~ 5 years following a finding of unsubstantiation and then expunge unsubstantiated case records from all departmental files or archives unless a new referral has been received within the ~~18-month~~ 5-year retention period. An expunged record or unsubstantiated record that should have been expunged under this subsection may not be used for any purpose, including admission into evidence in any administrative or judicial proceeding. ~~Unsubstantiated child protective services records of persons who were eligible for Medicaid services under the federal Social Security Act, Title XIX, at the time of the investigation may be retained for up to 5 years for the sole purpose of state and federal audits of the Medicaid program. Unsubstantiated child protective services case records retained for audit purposes pursuant to this subsection must be stored separately from other child protective services records and may not be used for any other purpose.~~

Effective 90 days following adjournment of the 128th Legislature, Second Special Session, unless otherwise indicated.

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

**An Act To Grant the Department of Health and Human Services
Access to Criminal History Information To Achieve the Purposes of
the Child and Family Services and Child Protection Act**

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4004, sub-§1, ¶E, as amended by PL 2007, c. 586, §3, is further amended to read:

E. Establishing a child death and serious injury review panel for reviewing deaths and serious injuries to children. The panel consists of the following members: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys and criminal or civil assistant attorneys general.

The purpose of the panel is to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures; ~~and~~

Sec. 2. 22 MRSA §4004, sub-§1, ¶F, as enacted by PL 2007, c. 586, §4, is amended to read:

F. Investigating suspicious child deaths. An investigation under this paragraph is subject to and may not interfere with the authority and responsibility of the Attorney General to investigate and prosecute homicides pursuant to Title 5, section 200-A-; and

Sec. 3. 22 MRSA §4004, sub-§1, ¶G is enacted to read:

G. Requesting and receiving confidential criminal history record information, as defined by Title 16, section 703, subsection 2, from the Department of Public Safety and public criminal history record information, as defined by Title 16, section 703, subsection 8.

Sec. 4. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides funding for receipt and review of confidential criminal history record information within the Department of Health and Human Services.

Effective 90 days following adjournment of the 128th Legislature, Second Special Session, unless otherwise indicated.

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Amend the Child and Family Services and Child Protection Act

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §4003, sub-§3, as amended by PL 1999, c. 731, Pt. AA, §3, is further amended to read:

3. Rehabilitation and reunification. ~~Give family rehabilitation and reunification priority~~ Require that reasonable efforts be made to rehabilitate and reunify families as a means for protecting the welfare of children, but prevent needless delay for permanent plans for children when rehabilitation and reunification is not possible;

Effective 90 days following adjournment of the 128th Legislature, Second Special Session, unless otherwise indicated.

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Improve the Child Welfare System

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, maintaining a sufficient number of qualified foster homes provides a critical safety net for vulnerable children; and

Whereas, recruitment and retention of highly qualified child welfare staff will allow for more timely and thorough investigations of allegations of abuse and neglect; and

Whereas, a new comprehensive child welfare information system will make more information available in a timely manner, which will allow for better outcomes for children; and

Whereas, this legislation provides funding necessary to enhance the child welfare system and services available to children in the care of the State; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. Rate increase for foster homes. The daily rates for foster homes must be increased as follows: Unlicensed Homes must be increased from \$10.00 to \$18.50, Level A Licensed Homes must be increased from \$16.50 to \$25.00, Level B Licensed Homes must be increased from \$26.25 to \$35.00, Level C Licensed Homes must be increased from \$39.38 to \$45.00, Level D Licensed Homes must be increased from \$52.50 to \$60.00, Level E Licensed Homes must be increased from \$65.62 to \$75.00 and Medical Licensed Homes must be increased from \$60.00 to \$70.00.

Sec. 2. New job classification. The Department of Administrative and Financial Services, Bureau of Human Resources and the Department of Health and Human Services shall work together to develop a new job classification for the Child Welfare Investigator position. This classification must consider relevant education and training in investigative practice in lieu of the possession of a license in social work. This education and training must be obtained from service and experience in law enforcement or other similar fields.

Sec. 3. Development of a new comprehensive child welfare information system. The Department of Health and Human Services shall conduct a needs analysis for its comprehensive child welfare information system and review possible solutions to meet those needs. The Department of Health and Human Services shall purchase or develop a new comprehensive child welfare information system.

Sec. 4. Report. The Department of Health and Human Services shall report in writing to the joint standing committee of the Legislature having jurisdiction over health and human services matters by January 31, 2019 on the progress of the department in implementing the provisions of this Act and the progress on and results from any external audit of the department's child protective services system.

Sec. 5. Department of Health and Human Services to conduct a rate study to develop a new rate for MaineCare reimbursement for trauma-focused cognitive behavioral therapy. The Department of Health and Human Services shall contract for a 3rd-party independent rate study to develop a separate reimbursement rate for trauma-focused cognitive behavioral therapy to be available to be billed under rule Chapter 101: MaineCare Benefits Manual, Section 65. In establishing the rate, the rate study must take into consideration the following:

1. The costs to the provider of delivering the service, including additional training for certification and continuing education;
2. Quality assurance and continuous quality improvement;
3. The need to attract enough providers to clear waiting lists for services;
4. The need to attract providers to all areas of the State, including underserved rural areas; and
5. The costs of ensuring fidelity to the trauma-focused cognitive behavioral therapy model.

The department shall ensure that the rate study is completed no later than April 1, 2019. The department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the findings of the rate study no later than May 1, 2019. The department shall amend its rules to establish a separate reimbursement rate for trauma-focused cognitive behavioral therapy. Rules adopted pursuant to this resolve are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter 2-A.

Sec. 6. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

IV-E Foster Care/Adoption Assistance 0137

Initiative: Provides funding for increased foster home reimbursement rates to increase recruitment and retention of foster families in this State.

Office of Child and Family Services - District 0452

Initiative: Provides increased funding for the creation of 16 Human Services Casework Supervisor positions within the Office of Child and Family Services, child protective services to increase coaching and oversight of child protective staff.

Office of Child and Family Services - District 0452

Initiative: Provides funding for the creation of 2 Regional Associate Director for Child Welfare positions.

Office of Child and Family Services - District 0452

Initiative: Notwithstanding the Maine Revised Statutes, Title 5, section 7065, provides funding for the recruitment and retention of employees in Child Protective Services Caseworker positions, Child Protective Services Caseworker Supervisor positions, Child Protective Services Assistant Program Administrator positions and Child Protective Services Program Administrator positions via a \$5 per wage-hour stipend payment.

Office of Child and Family Services - District 0452

Initiative: Notwithstanding the Maine Revised Statutes, Title 5, section 7065, provides funding for the recruitment and retention of employees in Child Protective Services Caseworker positions, Child Protective Services Caseworker Supervisor positions, Child Protective Services Assistant Program Administrator positions and Child Protective Services Program Administrator positions via a \$1 per wage-hour stipend payment for employees holding or obtaining a relevant master's degree.

Office of Child and Family Services - District 0452

Initiative: Provides funding for 8 Customer Rep Assoc II - HS positions to act as clerical case aides within the Office of Child and Family Services, child protective services.

Office of Child and Family Services - District 0452

Initiative: Provides funding for 16 Human Services Caseworker positions.

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides funding for increased foster home reimbursement rates to increase recruitment and retention of foster families in this State.

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides increased funding for procurement of a pilot program for child welfare services to support children in the State's custody through supportive visitation, which will allow for the supervision of court-ordered visitation with relatives of the children and will provide assessment and evaluation of parental capacity as it relates to the parent's ability to safely care for the child.

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides increased funding for procurement of child welfare services to support children in the State's custody through clinical support and guidance of child welfare casework practice. This funding will allow each district office to procure a clinician to aid the district in clinical consultation within child welfare cases, in training to increase staff knowledge of mental health and behavioral needs of children in the State's custody and in consultation within child welfare cases on parental capacity. In addition, this increase in funding will allow for procurement of clinical services to support each district office to evaluate staff functioning and provide debriefing for critical incidents.

State-funded Foster Care/Adoption Assistance 0139

Initiative: Provides one-time funding for the development of a new comprehensive child welfare information system.

Sec. 7. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Office of MaineCare Services 0129

Initiative: Provides funding to contract with a 3rd party to conduct a rate study to develop certain rates under rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 65 to be completed no later than May 1, 2019.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective 90 days following adjournment of the 128th Legislature, Second Special Session,
unless otherwise indicated.

PLEASE NOTE: Legislative Information *cannot* perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

An Act To Amend the Child Protective Services Statutes

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 18-A MRSA §9-308, sub-§(e), as amended by PL 2001, c. 696, §9, is further amended to read:

(e). The department shall notify the grandparents of a child when the child is placed for adoption if the department has received notice that the grandparents were granted reasonable rights of visitation or access under Title 19-A, chapter 59 or Title 22, section 4005 ~~E4005-H~~.

Sec. 2. 22 MRSA §4002, sub-§1-C is enacted to read:

1-C. Best interest of the child. "Best interest of the child," "best interests of the child," "child's best interest" and "child's best interests" mean the standard of the best interest of the child according to the factors set forth in Title 19-A, section 1653, subsection 3.

Sec. 3. 22 MRSA §4002, sub-§5-C is enacted to read:

5-C. Grandparent. "Grandparent" means the parent of a child's parent.

Sec. 4. 22 MRSA §4002, sub-§9-B, as amended by PL 2007, c. 371, §1, is further amended to read:

9-B. Relative. "Relative" means the biological or adoptive parent of the child's biological or adoptive parent, or the biological or adoptive sister, brother, aunt, uncle or cousin of a family member related to the child within the 3rd degree through parentage established under Title 19-A, chapter 61 or any spouse of that family member. "Relative" also includes the adoptive parent of the child's siblings. "Relative" includes, for an Indian child as defined by the Indian Child Welfare Act of 1978, 25 United States Code, Section 1903, Subsection 4, an extended family member as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, an extended family member as defined by the Indian Child Welfare Act of 1978, 25 United States Code, Section 1903, Subsection 2.

Sec. 5. 22 MRSA §4003, sub-§2, as enacted by PL 1979, c. 733, §18, is amended to read:

2. Removal from parental custody. Provide that children will be ~~taken~~removed from the custody of their parents only where failure to do so would jeopardize their health or welfare;

Sec. 6. 22 MRSA §4003, sub-§3-A, as enacted by PL 2005, c. 374, §1, is amended to read:

3-A. Kinship placement. ~~Place~~Consistent with sections 4005-G and 4005-H, place children who are taken removed from the custody of their parents with an adult relative when possible;

Sec. 7. 22 MRSA §4003, sub-§3-B is enacted to read:

3-B. Sibling placement. Consistent with sections 4005-G and 4005-H, place children who are removed from the custody of their parents with as many of those children's siblings as possible;

Sec. 8. 22 MRSA §4005-D, sub-§1, ¶B, as enacted by PL 2001, c. 696, §16, is amended to read:

B. "Grandparent" means the biological or adoptive parent of a child's biological or adoptive parent ~~"Grandparent"~~"Grandparent," in addition to the meaning set forth in section 4002, subsection 5-C, includes the parent of a child's parent whose parental rights have been terminated, but only until the child is placed for adoption.

Sec. 9. 22 MRSA §4005-D, sub-§2, as enacted by PL 2001, c. 696, §16, is amended to read:

2. Interested persons. Upon request, the court shall designate a foster parent, grandparent, preadoptive parent or a relative of a child ~~by blood or marriage~~ as an interested person unless the court finds good cause not to do so. The court may also grant interested person status to other individuals who have a significant relationship to the child, including, but not limited to, teachers, coaches, counselors or a person who has provided or is providing care for the child.

Sec. 10. 22 MRSA §4005-E, as amended by PL 2007, c. 513, §5, is repealed.

Sec. 11. 22 MRSA §§4005-G and 4005-H are enacted to read:

§ 4005-G. Department responsibilities regarding kinship and sibling placement

1. Kinship preference. Except as provided in subsections 3, 5 and 6, in the residential placement of a child, the department shall give preference to an adult relative over a nonrelated caregiver when determining placement for a child, as long as the adult relative meets all relevant state child protection standards.

2. Sibling preference. Except as provided in subsection 3, in the residential placement of a child, the department shall make reasonable efforts to place a child with all of the child's siblings at the earliest possible time unless the placement is contrary to the safety or well-being of the child or one or more of the siblings. If placing a child with all of the child's siblings is impossible or contrary to the safety or well-being of the child or one or more of the siblings, the department shall place the child with as many of the child's siblings as is possible and consistent with the safety and well-being of the child and the siblings.

3. Exception; reunification. The department is not required to apply the placement preferences in subsections 1 and 2 if documented facts support the conclusion that the placement will interfere with active reunification under section 4041. If the court orders the department not

to commence reunification or to cease reunification or if the court terminates parental rights pursuant to section 4055, the department must apply the placement preferences in subsections 1 and 2.

4. Identification of adult relatives. Prior to filing a child protection petition under section 4032, the department shall exercise due diligence to ask each individual that the department has identified as a parent of a child that is the subject of the petition to provide the names and contact information of the following:

- A. Relatives who have provided care for the child on a temporary basis in the past;
- B. Relatives who the parent believes would be safe caregivers during family reunification under section 4041; and
- C. Relatives who the parent believes would be able to serve as a safe resource to support family reunification under section 4041, including by safely supervising visits between the parent and the child.

The department shall include the names and contact information of relatives identified by a parent in the petition pursuant to section 4032, subsection 2, paragraphs J and K. When the department identifies or locates a parent after filing the petition, the department shall exercise due diligence to ask that parent to provide the names and contact information of relatives as required by this subsection as soon as possible.

5. Background check. Within 14 days of receiving information about a relative pursuant to subsection 4, the department shall conduct a background check on that relative unless the relative has informed the department that the relative does not want to provide a residential placement for the child or to serve as a safe resource under subsection 4, paragraph C for the child. The background check must include, at a minimum, obtaining public criminal history record information as defined in Title 16, section 703, subsection 8 from the Maine Criminal Justice Information System and determining whether the relative has been the subject of a child abuse and neglect finding in this or another state.

Notwithstanding any other provision of this chapter, the department is not required to consider residential placement of the child with a relative or use a relative as a safe resource under subsection 4, paragraph C if:

- A. The department has substantiated any report of child abuse or neglect regarding that relative or a substantially equivalent determination regarding that relative has been made in another state; or
- B. The relative has been convicted of a criminal offense relevant to the relative's ability to provide a safe placement for the child or serve as a safe resource under subsection 4, paragraph C.

6. License as a family foster home. The department is not required to consider residential placement of a child with a relative who does not exercise due diligence to obtain a license as a family foster home, including by applying for a license, attending all required trainings,

cooperating with a home study and promptly addressing any problems identified by the department that prevent the department from granting the license. The department is also not required to consider or to continue residential placement of a child with a relative who has exercised due diligence to obtain a license as a family foster home but whose application for a license has been denied. As used in this subsection, "family foster home" has the same meaning as in section 8101, subsection 3.

§ 4005-H. Relatives; visitation or access; placement by court

1. Grandparent visitation or access. A grandparent who is designated as an interested person or a participant under section 4005-D or who has been granted intervenor status under the Maine Rules of Civil Procedure, Rule 24 may request the court to grant reasonable rights of visitation or access. When a child is placed in a prospective adoptive home and the prospective adoptive parents have signed an adoptive placement agreement, a grandparent's rights of visitation or access that were granted pursuant to this chapter are suspended unless a court determines that it is in the best interest of the child to continue the grandparent's rights of visitation or access. A grandparent's rights of visitation or access terminate when the adoption is finalized pursuant to Title 18-A, section 9-308. Nothing in this section prohibits prospective adoptive parents from independently facilitating or permitting contact between a child and a grandparent, especially when a court has previously ordered rights of visitation or access.

For the purposes of this subsection, "grandparent" includes a parent of a child's parent whose parental rights have been terminated, but only until the child is adopted.

2. Placement by court. A relative may request that the court order that the department place a child with that relative in accordance with this subsection.

A. A relative who is designated as an interested person or a participant under section 4005-D or who has been granted intervenor status under the Maine Rules of Civil Procedure, Rule 24 may request either orally or in writing that the court order that the child be placed with that relative. A relative who has not been designated as an interested person, a participant or an intervenor may request in writing that the child be placed with that relative.

B. If one or more relatives request placement under paragraph A, the court may by order refer the relatives to mediation with the foster parents, if the child has been placed with foster parents, and the guardian ad litem. The court may order the department to attend the mediation. The order must designate the mediator and specify responsibility for the costs of mediation. An agreement reached by the parties through mediation involving placement or visitation must be reduced to writing, signed by all parties and presented to the court. The court shall consider but is not bound by an agreement under this paragraph.

C. In making a decision on a request under paragraph A, the court shall, consistent with section 4003, place the child with a relative who made a request if that placement is in the best interest of the child.

D. If a court order placing a child with a relative under paragraph C is made part of a permanency planning order entered pursuant to section 4038-B, subsection 3, placement with

that relative is the preferred placement in all future proceedings on the child protection petition with respect to the child unless evidence is presented that remaining in that placement will negatively affect the child's emotional or physical health, safety, stability or well-being.

3. Conviction or adjudication for certain sex offenses; presumption. There is a rebuttable presumption that the relative would create a situation of jeopardy for the child if any contact were to be permitted and that contact is not in the best interest of the child if the court finds that the relative:

A. Has been convicted of an offense listed in Title 19-A, section 1653, subsection 6-A, paragraph A in which the victim was a minor at the time of the offense and the relative was at least 5 years older than the minor at the time of the offense except that, if the offense was gross sexual assault under Title 17-A, section 253, subsection 1, paragraph B or C, or an offense in another jurisdiction that involves conduct that is substantially similar to that contained in Title 17-A, section 253, subsection 1, paragraph B or C, and the minor victim submitted as a result of compulsion, the presumption applies regardless of the ages of the relative and the minor victim at the time of the offense; or

B. Has been adjudicated in an action under this chapter of sexually abusing a person who was a minor at the time of the abuse.

The relative seeking visitation with or access to the child may produce evidence to rebut the presumption.

Sec. 12. 22 MRSA §4038-E, sub-§10, ¶C, as enacted by PL 2011, c. 402, §15, is amended to read:

C. If the judge is satisfied by a preponderance of the evidence with the identity and relations of the parties, the ability of the permanency guardian to bring up and educate the child properly and the fitness and propriety of the adoption and that the adoption is in the best interest of the child, the judge shall grant the adoption setting forth the facts and ordering that from that date the child is the child of the permanency guardian and must be accorded that status set forth in subsection 12 and that the child's name is changed, without requiring public notice of that change.

After the adoption has been granted, the department shall file a certificate of adoption with the State Registrar of Vital Statistics on a form prescribed and furnished by the state registrar.

The department shall notify the biological parents whose parental rights have been terminated and grandparents who were granted reasonable rights of visitation or access pursuant to section ~~4005-E~~4005-H or Title 19-A, section 1803.

Sec. 13. 22 MRSA §4062, sub-§4, as enacted by PL 1999, c. 382, §1, is amended to read:

4. Kinship and sibling preferences. In the residential placement of a child, the department shall ~~consider giving preference to an adult relative over a nonrelated caregiver when~~

~~determining placement for a child, as long as the related caregiver meets all relevant state child protection standards~~comply with section 4005-G.

Effective 90 days following adjournment of the 128th Legislature, Second Regular Session,
unless otherwise indicated.

CASEWORKER EMPLOYMENT DATA 2018 VS 2019

Exhibit F

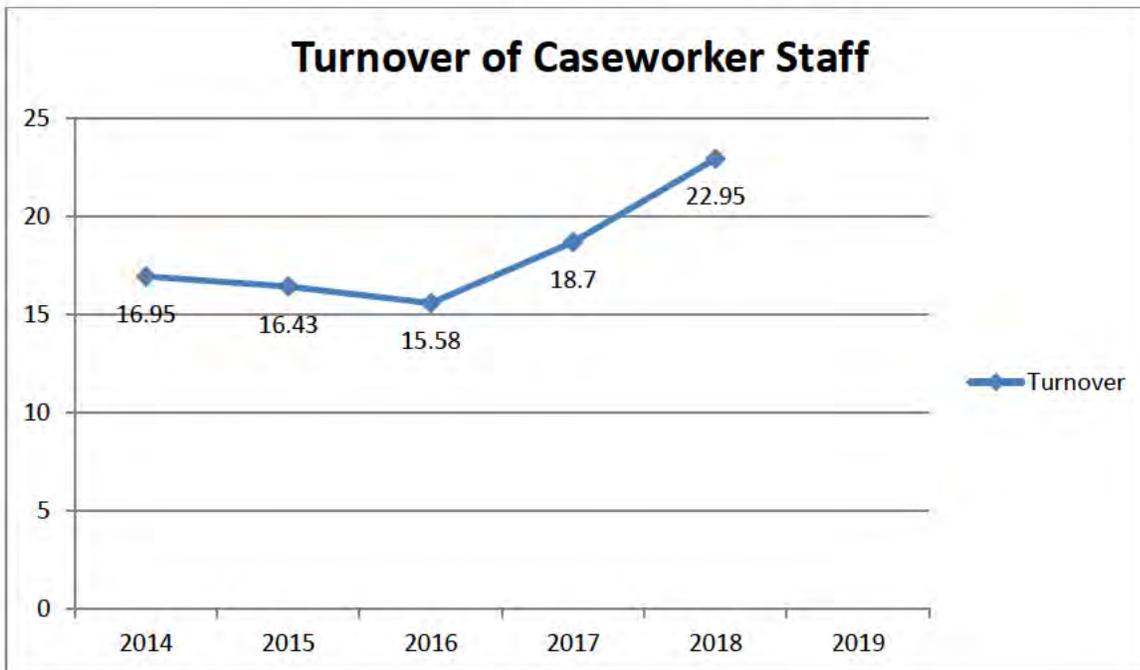
| Caseworkers April 2018 | Count by age/gender | Average Annual Salary | Min Annual Salary | Max Annual Salary |
|------------------------|---------------------|-----------------------|-------------------|--------------------|
| 21-30 | 113 | \$42,579.29 | 31882.24 | \$49,524.80 |
| F | 103 | \$42,705.27 | 31882.24 | \$49,524.80 |
| M | 10 | \$41,281.76 | 36545.60 | \$47,652.80 |
| 31-40 | 99 | \$44,620.01 | 22911.20 | \$50,460.80 |
| F | 87 | \$44,818.52 | 22911.20 | \$50,460.80 |
| M | 12 | \$43,180.80 | 39852.80 | \$50,356.80 |
| 41-50 | 70 | \$45,872.32 | 39852.80 | \$50,876.80 |
| F | 61 | \$45,820.70 | 39852.80 | \$50,876.80 |
| M | 9 | \$46,222.22 | 39852.80 | \$50,148.80 |
| 51-60 | 40 | \$48,442.16 | 39852.80 | \$50,564.80 |
| F | 38 | \$48,520.93 | 39852.80 | \$50,564.80 |
| M | 2 | \$46,945.60 | 43742.40 | \$50,148.80 |
| 61-70 | 9 | \$49,263.64 | 43742.40 | \$51,084.80 |
| F | 6 | \$48,786.40 | 43742.40 | \$51,084.80 |
| M | 3 | \$50,218.13 | 49524.80 | \$50,564.80 |
| Grand Total | 331 | \$44,776.32 | 22911.20 | \$51,084.80 |

| Caseworkers Feb 2019 | Count by age/gender | Average Annual Salary | Min Annual Salary | Max Annual Salary |
|----------------------|---------------------|-----------------------|--------------------|--------------------|
| 21-30 | 141 | \$54,195.06 | \$47,590.40 | \$61,568.00 |
| F | 125 | \$54,265.20 | \$47,590.40 | \$61,568.00 |
| M | 16 | \$53,647.10 | \$51,438.40 | \$61,401.60 |
| 31-40 | 92 | \$56,533.72 | \$47,590.40 | \$63,481.60 |
| F | 78 | \$56,930.93 | \$47,590.40 | \$63,481.60 |
| M | 14 | \$54,320.69 | \$51,438.40 | \$61,401.60 |
| 41-50 | 67 | \$56,797.04 | \$41,038.40 | \$63,481.60 |
| F | 59 | \$56,829.13 | \$41,038.40 | \$63,481.60 |
| M | 8 | \$56,560.40 | \$51,438.40 | \$62,233.60 |
| 51-60 | 36 | \$59,650.36 | \$51,438.40 | \$64,521.60 |
| F | 34 | \$59,579.15 | \$51,438.40 | \$64,521.60 |
| M | 2 | \$60,860.80 | \$59,488.00 | \$62,233.60 |
| 61-70 | 10 | \$61,118.72 | \$51,438.40 | \$65,041.60 |
| F | 7 | \$61,975.09 | \$59,488.00 | \$65,041.60 |
| M | 3 | \$59,120.53 | \$51,438.40 | \$63,481.60 |
| 71-80 | 1 | \$51,438.40 | \$51,438.40 | \$51,438.40 |
| M | 1 | \$51,438.40 | \$51,438.40 | \$51,438.40 |
| Grand Total | 347 | \$56,075.06 | \$41,038.40 | \$65,041.60 |

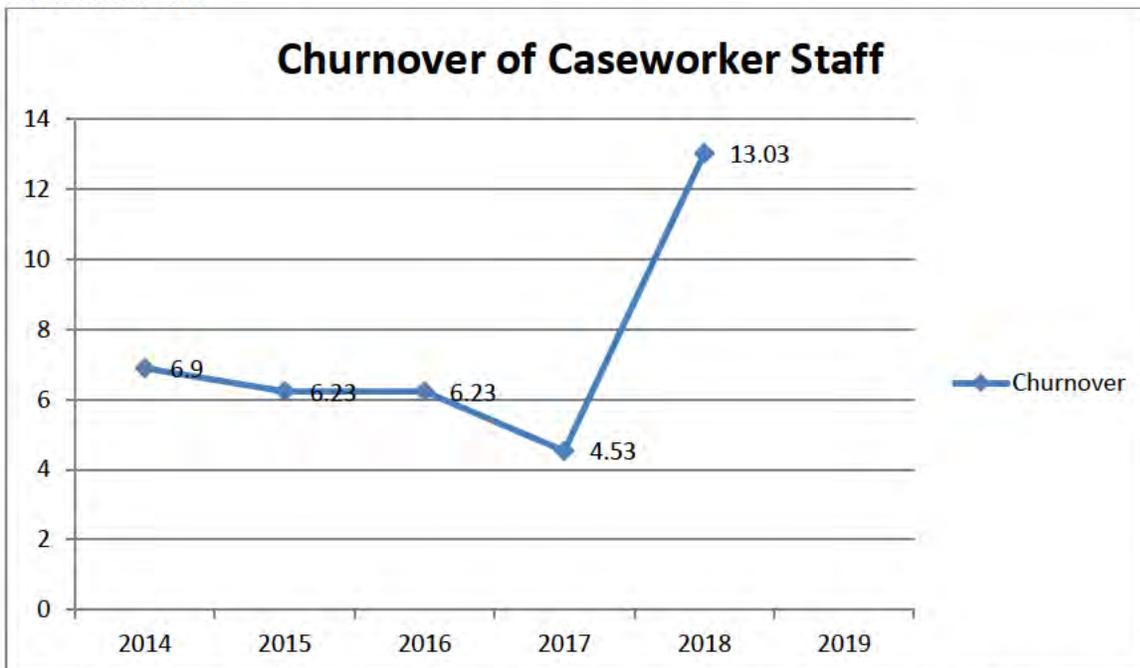
SUPERVISOR EMPLOYMENT DATA 2018 VS 2019

| Age group Apr 2018 | Count by age/gender | Average Annual Salary | Min Annual Salary | Max Annual Salary |
|-----------------------|------------------------|--------------------------|----------------------|----------------------|
| 20-29 | 1 | \$51,500.80 | \$51,500.80 | \$51,500.80 |
| F | 1 | \$51,500.80 | \$51,500.80 | \$51,500.80 |
| 30-39 | 18 | \$57,454.22 | \$51,500.80 | \$61,630.40 |
| F | 17 | \$57,663.72 | \$51,500.80 | \$61,630.40 |
| M | 1 | \$53,892.80 | \$53,892.80 | \$53,892.80 |
| 40-49 | 33 | \$59,294.50 | \$44,574.40 | \$62,046.40 |
| F | 29 | \$59,409.10 | \$44,574.40 | \$62,046.40 |
| M | 4 | \$58,463.60 | \$51,500.80 | \$61,838.40 |
| 50-59 | 8 | \$58,609.20 | \$51,500.80 | \$62,046.40 |
| F | 7 | \$58,177.60 | \$51,500.80 | \$62,046.40 |
| M | 1 | \$61,630.40 | \$61,630.40 | \$61,630.40 |
| 60-69 | 6 | \$59,536.53 | \$56,409.60 | \$61,838.40 |
| F | 4 | \$60,944.00 | \$58,676.80 | \$61,838.40 |
| M | 2 | \$56,721.60 | \$56,409.60 | \$57,033.60 |
| Grand Total | 66 | \$58,613.45 | \$44,574.40 | \$62,046.40 |

| Supervisors Feb 2019 | Count by age/gender | Average Annual Salary | Min Annual Salary | Max Annual Salary |
|-------------------------|------------------------|--------------------------|----------------------|--------------------|
| 30-39 | 25 | \$68,745.66 | \$65,915.20 | \$75,940.80 |
| F | 23 | \$68,767.51 | \$65,915.20 | \$75,940.80 |
| M | 2 | \$68,494.40 | \$68,494.40 | \$68,494.40 |
| 40-49 | 41 | \$71,175.57 | \$58,531.20 | \$76,148.80 |
| F | 34 | \$71,520.80 | \$58,531.20 | \$76,148.80 |
| M | 7 | \$69,498.74 | \$65,915.20 | \$74,068.80 |
| 50-59 | 9 | \$73,218.31 | \$70,844.80 | \$74,276.80 |
| F | 9 | \$73,218.31 | \$70,844.80 | \$74,276.80 |
| 60-69 | 5 | \$73,569.60 | \$70,844.80 | \$76,148.80 |
| F | 3 | \$74,484.80 | \$73,236.80 | \$76,148.80 |
| M | 2 | \$72,196.80 | \$70,844.80 | \$73,548.80 |
| Grand Total | 80 | \$70,795.66 | \$58,531.20 | \$76,148.80 |



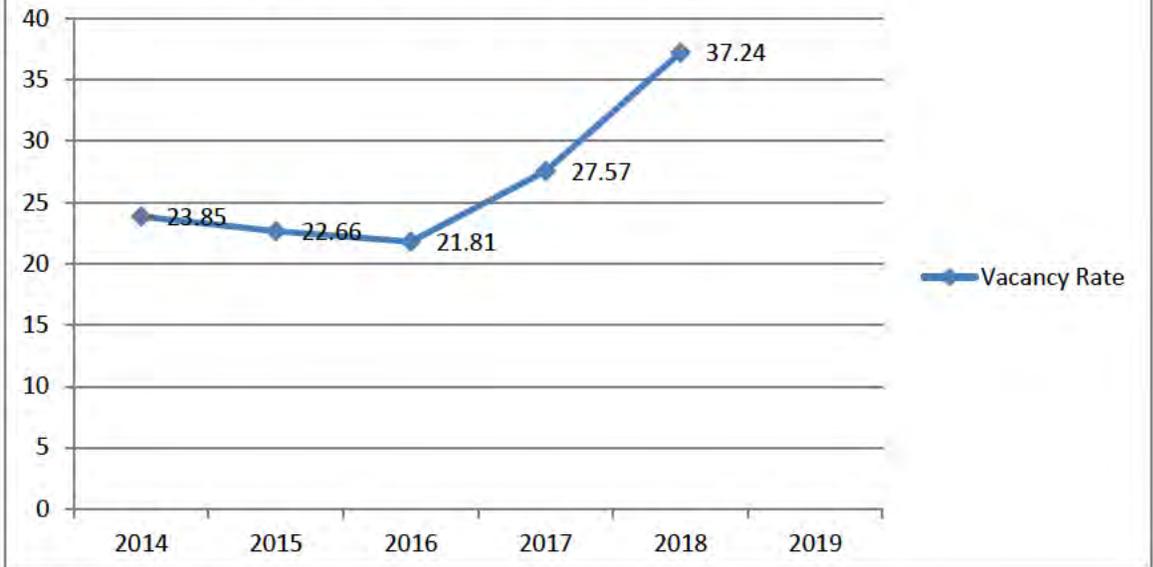
2019 data: 2.27



Churn is defined as a movement either laterally to a different state office, or as promotion or demotion.

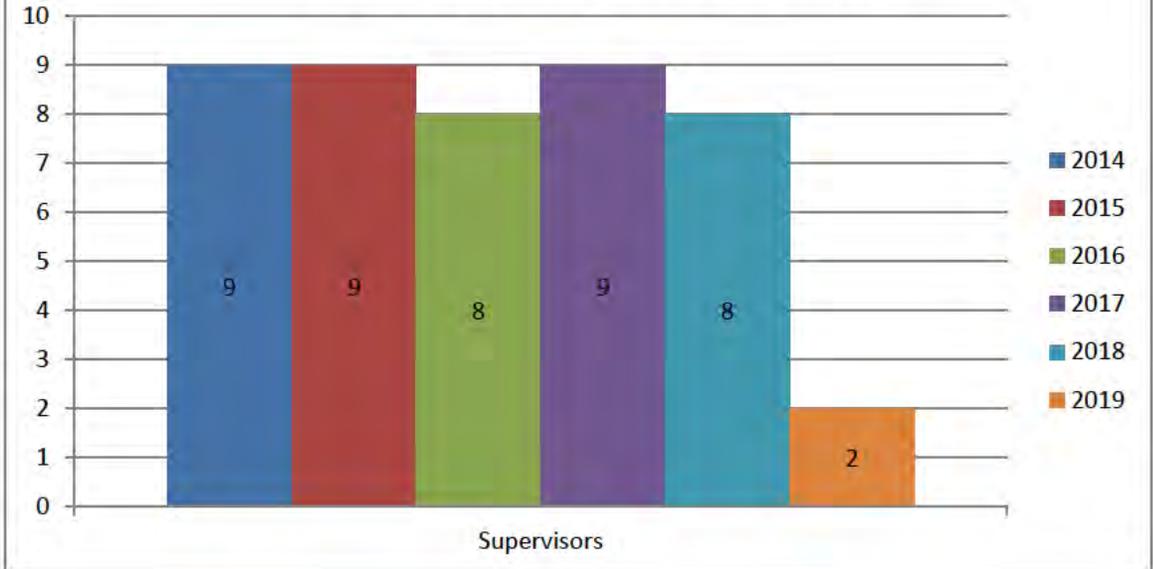
2019 data: .28

Vacancy Rate of Caseworker Staff

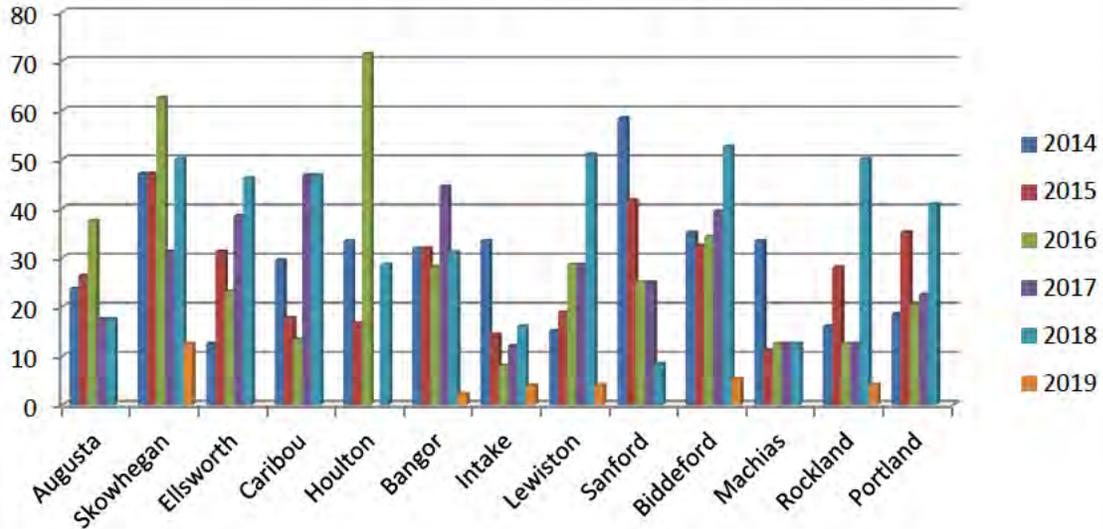


2019 data : 2.64

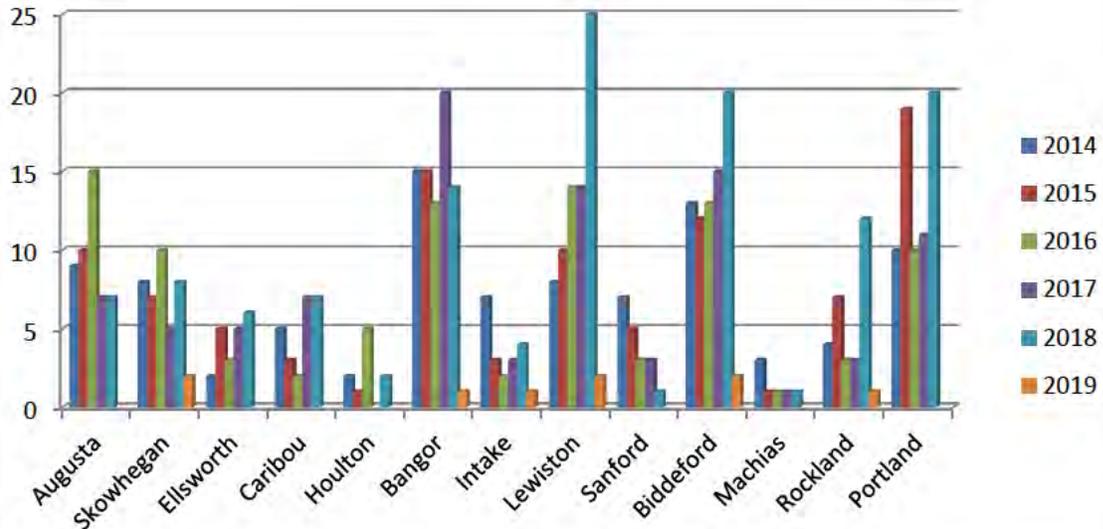
Vacated CW Supervisor Lines



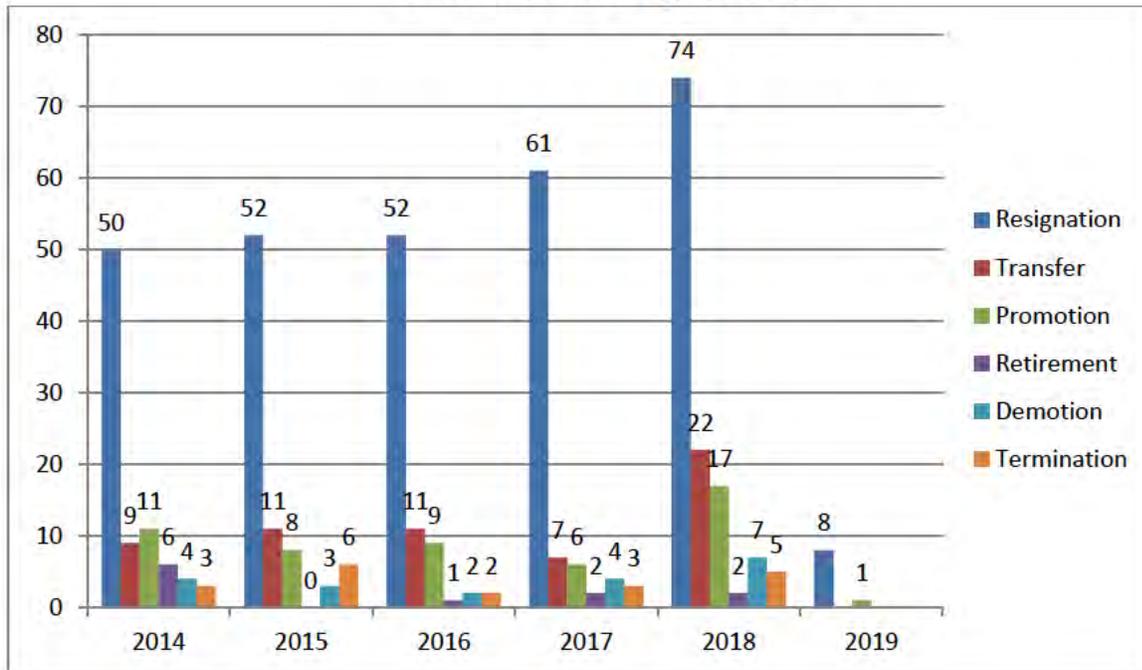
Turnover by Office by Year by Percentage



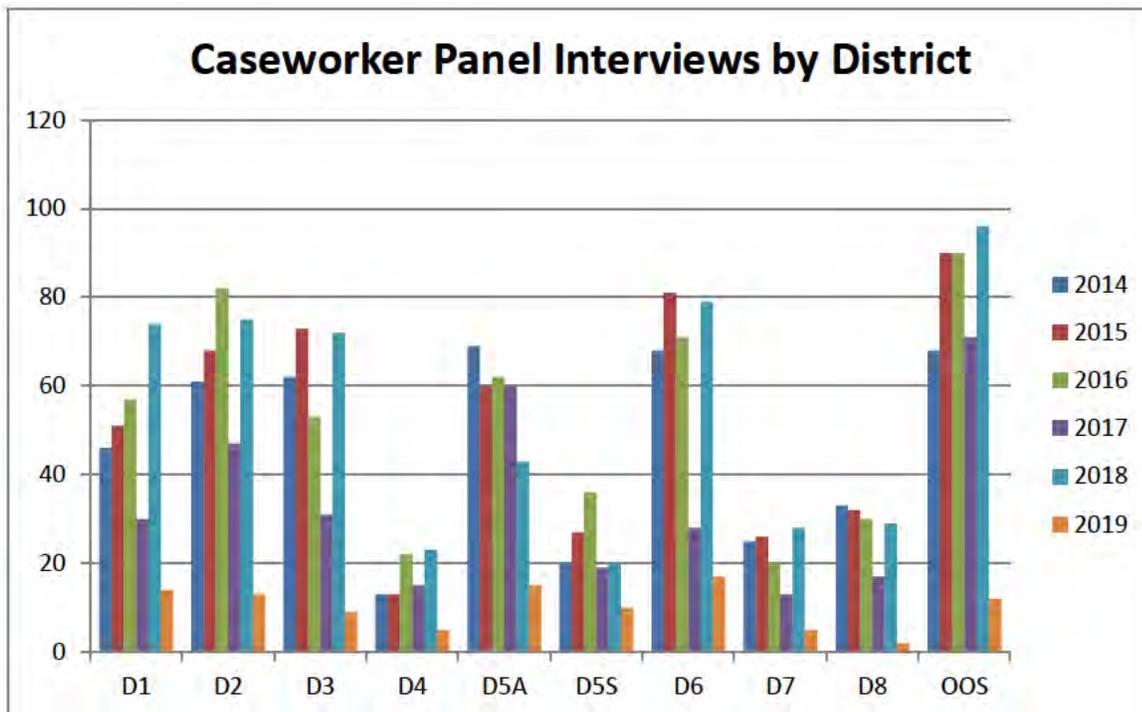
Turnover by Office by Year by Number



REASON FOR CW VACANCY



Caseworker Panel Interviews by District



MAINE CHILD WELFARE ADVISORY PANEL

Exhibit G

MAINE CITIZEN REVIEW PANEL

ANNUAL REPORT

2018

Maine's Citizen Review Panel examines the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which the state and local child protection system agencies are effectively discharging their child protection responsibilities. The Panel is mandated through the CAPTA Reauthorization Act of 2010 (P.L. 111-320)

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MAINE CHILD WELFARE ADVISORY PANEL MEMBERS

MCWAP Membership (eff 03/1/19)

| First | Last | Position | Organization |
|--------------|--------------------|---|---|
| Christine | Alberi | Child Welfare Ombudsman | State of Maine |
| Stephanie | Barrett | Panel Coordinator | Department of Health and Human Services |
| Chris | Bicknell | Executive Director | New Beginnings |
| Betsy | Boardman | Child Protection and Children's Judicial Liaison | State of Maine Judicial Branch, Family Courts |
| Marie | Briggs | Director | Beloved Children |
| Jamie | Brooks | Parent Partner | Parents as Partners |
| Daniella | Cameron | Associate Director | Preble Street |
| Adrienne | Carmack | Pediatrician | Penobscot Community Health Care, FQHC |
| Lyn | Carter | Rural Grant Program Coordinator | Maine Coalition to End Domestic Violence |
| Susan | Clardy | Research Assistant | Office of the Maine Attorney General |
| Tracy | Cooley | Director | Safe Families-Safe Homes National Training Project |
| Kelly | Dell'Aquila | CPPC Parents as Partners Program Coordinator | The Opportunity Alliance |
| Debbie | Dembski | Citizen, LCSW | Grandparent whose family's substantiation was overturned upon appeal |
| Debra | Dunlap | Southern Maine Senior Director | Community Partnership for Protecting Children |
| Justin | Frank | Pastor | Penny Memorial United Baptist Church |
| Lanelle | Freeman | Social Services Director | Kennebec Valley Community Action Program |
| Jim | Hatch | Director of Operations | Adoptive and Foster Families of Maine |
| Meg | Hatch | CAC Network Coordinator | Maine Coalition Against Sexual Assault |
| Destie | Hohman Sprague* | Associate Director | Maine Coalition Against Sexual Assault |
| Bette | Hoxie | Kinship Specialist | Adoptive and Foster Families of Maine, Inc. |
| Christine | Hufnagel | Director of Family Services | Community Concepts |
| Jim | Jacobs | Psychologist | Maine General Medical Center |
| Bobbi | Johnson* | Associate Director of Child Welfare Services, OCFS | Department of Health and Human Services |
| Alana | Jones | | |
| Caroline | Jova | Family Division Manager | State of Maine Judicial Branch, Family Courts |
| Pam | Lahay | Executive Director | Maine Children's Trust |
| Tracy | Leigh-Jacques | GAL Services Coordinator | State of Maine Judicial Branch, Family Courts |
| Colleen | Madigan | Representative District 110 | Maine House of Representatives |
| Dave | McCluskey | Executive Director | Community Care |

| | | | |
|---------|-----------|----------------------------------|---|
| Debra | McSweeney | Licensed Physical Therapist | Maine General Medical Center |
| Sarah | Minzy | Family Services Director | Home Counselors Inc. |
| Alivia | Moore | Tribal Representative | |
| MaryAnn | Ryan | Treatment Specialist, SAMHS | Department of Health and Human Services |
| Cindy | Seekins | Director | G.E.A.R. Parent Network |
| Nora | Sosnoff | Chief, Child Protection Division | Office of the Maine Attorney General |
| Briana | White | AAG, Child Protection | Office of the Maine Attorney General |
| Elissa | Wynne | Acting Director, OCFS | Department of Health and Human Services |
| Jean | Youde | Program Coordinator | Maine General Medical Center |

*Panel Co-Chair

PURPOSE/MISSION STATEMENT

Purpose Statement:

MCWAP is a federally mandated group of professional and private citizens who are responsible for determining whether state and local agencies are effectively discharging child protective and child welfare responsibilities; pursuant to the 1996 amendments to the Child Abuse Protection and Treatment Act (CAPTA)² and the Children's Justice Act (CJA)³.

Mission Statement:

The mission of MCWAP is to assure that the state system is meeting the safety, permanency and well-being of children and families through assessment, research, case reviews, advocacy and greater citizen involvement. Our goal is to promote child safety and quality services for children, youth and families.

Goal: To promote child safety through the provision of quality child welfare services to children and their families in Maine.

Objectives:

- Engage with community partners to review and provide feedback on the Child Welfare State Plan.
- Facilitate the interdisciplinary coordination of public and private partnerships as it relates to child welfare services.
- Promote the physical and emotional well-being of children and youth and families.
- Support the development of professionals working in and with the child welfare system to deliver high quality intervention services.

² Child Abuse Prevention and Treatment Act, as amended, 42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et seq.

³ Sec. 107. GRANTS TO STATES FOR PROGRAMS RELATING TO INVESTIGATION AND PROSECUTION OF CHILD ABUSE AND NEGLECT CASES. [42 U.S.C. 5106e]

EXECUTIVE SUMMARY

The Maine Child Welfare Advisory Panel (MCWAP) first convened in December 2015 following the merger of several community advisory groups. MCWAP serves as the State of Maine's Citizen Review Panel pursuant to CAPTA Sec. 106(c).

MCWAP scheduled ten and held eight Panel meetings in calendar year 2018. During the 2017 year, the Panel participated in the Federal Child and Family Services Review focus groups to provide stakeholder feedback related to the Child and Family Services Review measures and in February 2018, attended the Federal Exit Meeting, where work on the Program Improvement Plan was begun. Throughout the year, the Panel was informed of and provided feedback to the Department on a variety of topics, with a standing agenda item of updates from the Department.

The Panel identified the need to continue to formalize the structure and role of the work. This included developing a defined communication plan and feedback loop with the Department to share recommendations and achieve greater transparency in the Panel's advisory role. In 2018, the Panel was able to achieve this goal with newly enacted by-laws and a reinvigorated purpose.

MAINE CITIZEN REVIEW PANELS

The Maine Citizens Review Panels (CRPs) are comprised of members that represent providers, consumers of the child protective services, former foster children over the age of 18, resource parents, civic representatives, and members of the community at large. Membership of the CRPs attempt 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. MCWAP serves as the primary voice of the CRPs. The DHHS, Office of Child and Family Services (OCFS), Associate Director of Child Welfare serves as a liaison to the panel and is Co-Chair of the panel. OCFS staff members of MCWAP serve as non-voting members of the Panel. In addition to regular members, MCWAP recruits presenters and ad hoc members who have expertise in the areas of current panel focus.

PANEL UPDATES

With a new Panel coordinator onboard in early 2018 and a recent history of structural changes that left a lack of clarity of purpose, the Maine Child Welfare Advisory Panel dedicated time in 2018 to grounding and identity consolidation activities. The Panel schedules ten meetings per year, with two months off during the summer, resulting in a Panel “year” of September through June.

In July 2018, to prepare for the upcoming Panel year, the coordinator worked with Panel leadership to map out agendas items that needed to be completed to ensure that mandatory tasks and timelines were completed on schedule. An example of this is outlining the work to conduct the Three-Year Assessment for the CJA application. (Exhibit 1) In addition to these tasks, the annual agenda included reviewing the statutory authority of the panel and the development of bylaws. (Exhibit 2)

The Panel established a standard agenda (Exhibit 3), that assures the Panel is regularly updated on legislative matters, as well as Department activities.

PANEL TOPICS AND POLICY UPDATES IN 2018

The Panel heard presentation on several topics and Department initiatives throughout the year. In 2018, the Panel this has included the following:

February: Child and Family Services Review Exit Meeting and development of the Program Improvement Plan

March: Family Team Meetings and the Department’s use of safety planning in cases of immediate risk of harm. The Panel was updated about proposed changes the Department was planning to make to safety planning practices and Panel confirmed approval for the changes in practice.

April: Update regarding the Community Partnerships for Protecting Children (CPPC) with regard to a recent Department decision to discontinue funding CPPCs, the manner in which the decision was conveyed, and the legislative response to the change.

May: The Department presented on the Structured Decision Making (SDM) Safety and Risk Assessment tools which were under development for implementation by the end of the year. The SDM Safety and Risk Assessment tools were developed in consultation with the National Council on Crime and Delinquency (NCCD) and as such, is proprietary and was unable to be distributed. The tool is to be used at various points in the case to provide decision support in reassessing safety and risk.

September: In September, the Panel was familiarized with the coming year's panel duties and schedule, the new standard agenda, the charge of the CRP under convening statutes, and started early planning for the 3 Year Assessment. The Panel heard updates from the Department regarding staffing changes, the Program Improvement Plan, implementation of a new family plan, procedural changes to response to certain reports and differential response dispositions, and that the Department halted the rollout of the Teaming Training discussed at the March meeting due to workload challenges.

October: The Panel began the work of developing and adopting new by-laws to reflect the current Panel structure and charge, while continuing to formulate the 3 Year Assessment.

November: Work on by-laws and the 3 Year Assessment continued. The Panel was updated on a number of structural changes at the Department, including a change of Commissioner, the creation of a Background Check Unit to conduct more thorough and meaningful criminal history checks, restructuring to add two new regional child welfare directors, the contracting of Public Consulting Group to conduct a 3 year comprehensive system assessment of Maine's child welfare system, and the return of foster home licensing duties from the Maine Centers for Disease Control to the Office of Child and Family Services.

December: The Panel explored the question of policy and procedure related to the use of expert medical opinions, particularly access to obtaining a second opinion. Through family member testimony and review of Department policies, it was determined that additional, deeper exploration would be helpful, and an ad-hoc committee was formed. The ad-hoc committee will report back to the Panel with findings and recommendations for consideration

by the Panel in the spring of 2019. The draft by-laws were finalized and accepted by the Panel.

OTHER ACTIVITIES

Legislative Tracking

The panel recognizes the value of keeping up to date on legislation that would impact child welfare practices and policies. Legislative updates are a standing agenda item and the Panel has included the option to provide legislative testimony via newly enacted bylaws.

In 2018, the Panel heard regular updates on a number of pieces of legislation. LD 1923, an emergency funding bill, increased caseworker and supervisor pay, foster parent reimbursement, and authorized funding for an updated child welfare information system. In addition, this bill created 16 supervisor positions, 16 caseworker positions, eight case aide positions, and two regional associate director positions. This bill also established funding for clinical supports to district offices.

Public Information

The Maine Child Welfare Advisory Panel website is outdated and a standing Communications Committee will be formed to updating both the technology behind the web presence and the online content during 2019.

RECOMMENDATIONS

Updates on recommendations from MCWAP 2017:

- The Panel continues to discuss the most effective ways to share information between Maine's Panels and to coordinate the work of each to achieve the best outcomes for children and families.
- The Panel recruited a representative of the Maine Tribes.
- The Department seeks input from the Panel regarding proposed policy and practice changes.
- MCWAP reviewed the charge of the panel and developed and adopted bylaws that reflect the purpose and goals of the panel.

New Recommendations from Panel year 2018:

- A. There continues to be a need for work related to the Department's efforts to assess child safety.
- B. The Panel recommends specific action steps related to supervision and support related to caseworker's vicarious trauma.
- C. Include Department child welfare data as a standing agenda item for future meetings.
- D. The Department should have a clear policy and practices related to authorizing and funding medical second opinions in cases and clear communication to and training of staff regarding this policy.

Department Responses

A. The Department has taken numerous steps to improve the assessment of child safety. These efforts include the implementation of the Structured Decision Making Safety and Risk Assessment Tools, updates to the Child Protection Investigations Policy and changes in safety planning practices. In addition, there have been several reviews conducted in 2018, of the Department's efforts to assess child safety. Staff at all levels of the organization have been involved in prioritizing recommendations which will be implemented over 2019.

B. Several of the assessment recommendations addressed in A, above, speak to caseworker support. The Department is currently in the process of procuring a contract for clinical support for each district office which will provide both case consultation and staff support during child death, serious injury or other complex case situations.

C. The Department stands ready to provide data to the Panel as a regular, standing agenda item.

D. The Department is in receipt of the recommendations of the subcommittee and will consider these as relevant policies are updated.

Appendix B

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS—FFY 2019-2024

The Maine Department of Health and Human Services (DHHS), Office of Child and Family Services, submits this five-year plan for Federal Fiscal Years 2020 - 2024 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 (OCFS), plans to continue to administer the State's child welfare Youth Transition Services in accordance with the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher (ETV) Program. Maine will also comply with all required national evaluations of its programs, including the National Youth in Transition Database (NYTD), in achieving the purposes of Chafee Foster Care Independence Program (CFCIP).

In keeping with the intent of the Chafee Foster Care Independence Program, youth currently and formerly in foster care will continue to be consulted on a regular basis regarding ways to improve Maine's Youth Transition Services through: the Youth Leadership Advisory Team (YLAT); the Youth Alumni Council—Improving Maine's Policy As a Collective Team (IMPACT); the New England Youth Coalition (NEYC), the Maine Child Welfare Advisory Panel (MCWAP); through various formal workgroups; and through informal conversations. 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 used from October 1, 2020 to September 30, 2024.

Section II contains information regarding the administration of the Education and Training Voucher fund program from October 1, 2020 to September 30, 2024.

SECTION I: CHAFEE YOUTH TRANSITION SERVICES

Eligible Population:

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

- A youth in foster care between the ages of 14 and 18.
- A youth who turned 18 years old while in foster care and who signed a Voluntary Extended Care (V9) Agreement with the Department, while residing in Maine or temporarily in

another state to attend post-secondary education, and who meets the requirements outlined in OCFS Policy: Section V. Subsection T. Youth Transition Services.

- A youth residing with birth parents may enter into a V9 Agreement when OCFS oversight and support is needed to ensure youth safety and permanency.
- A youth who experienced adoption or permanent guardianship disruption, but who did not re-enter foster care when approved by OCFS.
- A youth who would have been eligible for adoption assistance prior to age 18, but was adopted after the age of 18, may retain their V9 Agreement with OCFS approval.
- A youth may remain in V9 status after legal reinstatement of parental rights.
- A youth who was in foster care and is experiencing factors that place the youth at risk of homelessness may request to enter into a V9 Agreement.
- A youth who was adopted, entered permanency guardianship, or was reunified with family at age 14 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds (as allowed by the Families First Act).

The Department of Health and Human Services (DHHS) does not discriminate in administering Chafee Youth Transition Services or ETV Services based on race or color, sex, sexual orientation, physical or mental disability, genetic information, religion, age, ancestry or national origin, whistleblower activity, or marital status in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Food Stamp Act of 1977, as amended, and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA and programs, services, or activities may be forwarded to DHHS' ADA /Civil Rights Coordinator, #11 State House Station, Augusta, Maine 04333, 207-287-5014 (V). Questions, concerns, complaints or requests for additional information regarding the ADA and hiring or employment practices may be forwarded to DHHS' ADA/EEO Coordinators, #11 State House Station, Augusta, Maine 04333, 207-287-4289 (V) or 207-287-1871. TTY users call Maine relay 711. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA /Civil Rights Coordinator. This notice is available in alternate formats, upon request.

Purposes for Which Funds Will Be Spent:

- To assist youth to explore and secure legal permanency and life-long connections before exiting foster care.
- To transition plan with youth, beginning with a comprehensive assessment of youth strengths and needs that includes the active participation of youth and their supports in case planning.
- To offer an array of opportunities, services, and supports that meets the individualized needs of youth and ensures youth have regular, ongoing opportunities to engage in age and developmentally appropriate activities.
- To support youth well-being by honoring the youth's culture, traditions, beliefs, sexual orientation, and gender identity.

- To create a normalized growing up experience for youth in care that is consistent with their peers who are not in foster care.
- To increase and enhance educational achievement, vocational and employment skills, and academic knowledge.
- To help youth learn essential daily living skills, effective problem solving and informed decision-making skills.
- To expand the resources available to youth in their community.
- To work with older youth to increase their knowledge of how to access the array of services and informal resources in their community.
- To encourage opportunities for youth in care, which may lead to permanent lifelong connections.
- To provide needed academic supports, including post-secondary education financial support using Federal Education and Training Voucher program funds.
- To improve and enhance the leadership skills of older youth in care related to employment preparation, employment maintenance, and career planning.
- To increase knowledge of Departmental staff, foster parents, group care providers, and other adolescent service providers of the needs of older youth in care and youth transitioning to adulthood.
- To facilitate meaningful and productive communication between older youth in care and OCFS Managers to promote improved youth outcomes.
- To seek youth input in developing Departmental policies, programs, and practice to prepare older youth in care to transition to adulthood.

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

The goal of the Department’s Chafee Independent Living Program (Youth Transition Services) is to ensure that all youth in foster care are prepared for a successful transition to adulthood that includes economic self-sufficiency, safe and stable housing, a network of supports, and the development of essential life skills.

The Department intends to achieve this goal by:

- Assisting youth to have legally permanent family and lifelong connections;
- Providing youth with opportunities and resources that allows them to experience normalcy while in foster care, even when placed in therapeutic foster care or temporary residential care; and
- Partnering with youth to engage in transition planning that:
 - Reflects a comprehensive assessment of their strengths and needs;
 - Demonstrates active participation of young people in decision-making;
 - Includes their support network; and
 - Develops a transition plan that meets their individualized needs.

The Department will continue to provide youth transition services through a combination of: OCFS Youth Transition Specialists; OCFS Caseworkers; a contract with the University of Southern Maine’s Muskie School; a contract with Jobs for Maine Graduates; placements and services that meet youth’s needs; and by collaborating with various community providers.

OCFS Youth Transition Specialists (YTS) partner with youth, district casework staff, and the youth's team for the purposes of assessing youth's needs regarding transition supports and in carrying out youth transition plans. Their primary purpose is to ensure improved youth outcomes through a focus on the distinct needs of older youth, such as support in postsecondary education and life skills development. By working with community-based public and private partners, YTS will continue to work to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care (V9) Agreements.

Maine also intends 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 will continue to provide financial and other supports to youth who voluntarily remain under the care and supervision of OCFS up to age 21. During the next five years, Maine will continue to partner with young adults from foster care to make policy and practice changes to its V9 Program to enhance the supports provided to youth who turn 18 while in foster care.

As part of the Affordable Care Act, Maine will continue to provide Medicaid (MaineCare) coverage to youth who aged out of foster care, until the age of 26, without regard to income. Youth Transition Specialists and Caseworkers will continue to assist youth to apply for MaineCare coverage.

The Department's Office of Child and Family Services (OCFS) and the Office of Aging and Disability Services (OADS) will continue to collaborate to improve the transition process of youth from children's services to adult services. The OCFS/ OADS Transition Protocol allows a youth, who is eligible for adult services, to remain on a V9 Agreement and benefit from collaborative planning with OADS until the youth can enter the Section 21 Adult Waiver Program.

In addition to the Chafee and ETV programs, Maine plans to provide support for post-secondary education through the State's tuition waiver program. Eligibility for one of the 30 yearly slots includes youth who are in foster care at the age of 18, youth who were adopted through DHHS, and youth who were under Maine's Permanency Guardianship program.

Maine anticipates a continued use of state funds, rather than Chafee funds, for housing support for Youth supported by V9 Services. 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.

Chafee Training Plan:

Each year youth in foster care will be offered the following trainings to meet the Chafee goals and objectives:

- Strategic Sharing (an evidence-informed approach developed by Casey Family Programs) to help youth learn to use their own life experiences to inform others in a way that is meaningful, effective, and safe. Youth will increase their skills, knowledge and confidence in public speaking, as well as increase their sense of being able to positively impact the child welfare system.

- Leadership trainings and life skills training offered in topic specific trainings as well as imbedded into all YLAT meetings. Skill building activities and education will focus on helping youth learn to use their voice, both in public speaking and in advocating for themselves and others. In addition, each training will be designed to build knowledge in an area that is key to helping young people reach their goals. Topics of focus include: healthy relationships, preparing and participating in court, and workforce readiness.
- Employment Skills Training: ‘How to Communicate Your Strengths & Skills for Employment’ will be offered to youth in communication skills, conveying their strengths to employers, exploring career pathways, participating in mock interviews, and life skill-building for employability. Each training included a presentation by the local WIOA provider.
- Jobs for Maine’s Graduates (JMG) will continue to offer the following trainings:
 - Financial Literacy Trainings will be offered statewide to youth through the Opportunity Passport and matched savings program. This training focuses on helping youth develop critical financial skills around saving, budgeting, the difference between wants and needs, and future goal setting.
 - Classroom Core Competency Building Program: For middle and high schools where JMG is located, youth will be supported to attend the JMG credit-bearing class that focuses on increasing their academic and work skills.

Each year youth in care and formerly in care will be supported to provide the following trainings to foster parents, adoptive parents, workers in group homes, and case managers, and CASA’s:

- The Department’s Youth Transition Specialists and USM Muskie School of Public Service, will partner to help youth in care and formerly in care be prepared to provide trainings throughout the year for various stakeholders in the child welfare system, including DHHS staff and administrators, child welfare agencies, resource parents, the legal community, and various providers about the unique needs of youth in transition, adolescent permanency, healthy relationships, youth development, youth leadership, and creating community supports. These trainings will focus on the needs of youth in foster care regarding positive youth development, permanent family connections, successful transition to adulthood, and how to best engage young people in their case planning and decision-making.

Chafee Training Certification:

The Department certifies that we will use training funds provided under the title IV-E foster care and adoption assistance programs to provide training, including training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult (section 477(b)(3)(D)).

Consultation and Collaboration:

The Department will continue to coordinate its services with other Federal and State programs for

youth, including: juvenile justice services; adult mental health and developmental services; housing and homeless youth services; high school and adult education programs; vocational and employment training programs; post-secondary educational services; substance use services; children's mental health services; and other community-based resource providers.

OCFS views collaborative efforts as a sound strategy to improve the services and supports provided to youth transitioning from foster care, and as an effective way to increase the community-based resources available to youth from care. OCFS intends to continue with the following community collaborations:

Maine Tribes and Bands: OCFS plans to continue Chafee funded Agreements with the Houlton Band of Maliseets, the Aroostook Band of Mic Macs, the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, and the Penobscot Nation. Tribes and Bands will continue to define their eligible youth population as well as the services and supports they provide utilizing Chafee funding. The eligible population is generally defined as youth between the ages of 14 and 21, although they may serve some younger youth, who are under Tribal or Band care and responsibility, and extends to youth who reside within the Tribal or Band community. Through this collaboration, Bands and Tribes are provided funding to meet the transitional needs of youth in their communities that they identify, while ensuring cultural connections and experiences.

Maine Youth Transition Collaborative. Since 2004, Maine has been a site for the Jim Casey Youth Opportunities Initiative, now called the Maine Youth Transition Collaborative (MYTC). The overall goal of MYTC is establishing lasting partnerships with public and private organizations and the business community. OCFS will continue to collaborate with the MYTC to further develop community partners and to meet the goals of the MYTC sustainability plan.

Improving Maine's Policy As a Collective Team (IMPACT). Made up of Alumni of foster care, this Youth Policy Council established with the support of MYTC, focuses on improved child welfare policy and practice; the long-term impact of trauma on youth development; and the importance of promoting normalcy for youth in foster care. OCFS Executive Management Team intends to continue meeting with IMPACT on a quarterly basis.

Homeless Youth Provider Committee is made up of providers of homeless youth shelter and outreach services. The primary goal of the committee is to establish a comprehensive system of services to meet the needs of homeless youth as defined in Maine legislation signed by the Governor in 2009.

OCFS intends to continue its partnership with Homeless Youth Providers by: contracting for services to youth, including outreach, shelter, and transitional living programs; participating in workgroups and community projects; and by providing in-kind support to Maine's largest shelter program in Portland, ME by providing on-site staffing to provide support to youth and staff.

New England Youth Collaborative: A Committee of Youth and adult supporters from each New England state, that is Youth driven and adult supported, working to improve outcomes for older youth in care through regional implementation of innovative policy and practice changes to

strengthen youth transition services in New England.

Maine Housing: Since 2016, through a federal demonstration project, OCFS has partnered with Maine Housing (MSHA) to support youth who were in foster care but are no longer receiving Voluntary Extended Care (V9) supports or financial assistance from OCFS, either because they aged out or because they declined V9 Services.

Maine Center for Disease Control and Prevention: Since 2016, OCFS partnered with Maine's Centers for Disease Control and Prevention on their federal PREP (Personal Responsibility Education Program) Grant. One of their target goals is reducing unintended pregnancies for youth in foster care between the ages of 18 and 24. OCFS will continue to partner to provide training to OCFS foster care parents and staff to help them talk effectively with youth about unintended pregnancy, healthy decision-making, improved communication and relationships, and ways to support youth to express their gender identity.

Youth in Transition Steering Committee: This Multi-Disciplinary Committee focused on youth ages 14-26 with a diagnosis of Intellectual Disability or Autism Spectrum Disorder who are entering, exiting, or navigating state service systems. These service systems span the State Departments of Health and Human Services, Education, Corrections, and Labor.

Youth Leadership Development Activities:

Maine's *Youth Leadership Advisory Team (YLAT)* (www.ylat.org) is nationally recognized as one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. 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 each month from September to June. OCFS 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.

Also through our contract with USM Muskie School of Public Service, youth will receive training aimed at increasing their leadership and life skills development to assist youth in: using their voice in case planning; preparing for legally permanent family and life-long connections; decision-making; advocating for and engaging in services and supports that meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.

OCFS anticipates that youth in care and YLAT members will continue to:

- Serve on a variety of workgroups, such as: the Maine Youth Transition Collaborative (MYTC) Advisory Committee; The New England Youth Coalition (NEYC); the Maine Child Welfare Advisory Panel (MCWAP); and various ad hoc committees and workgroups;

- Provide training to OCFS staff, foster parents, and various community providers around the needs of older youth in foster care; and
- Provide feedback to OCFS regarding policy and practice changes.

Program Goals:

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

Strategy 1: Utilize the expertise of youth in care to recruit and assist in training Foster Parents and other providers regarding the needs of older youth in care.

Strategy 2: Utilize a Permanency Review Teaming model across the State.

Strategy 3: Continue to provide subsidies and post-secondary education financial supports to adoptive parents and permanent guardians to promote permanency.

Strategy 4: Assist youth to develop a network of supports that can support permanency.

Strategy 5: Reduce the use of congregate and residential care.

Strategy 6: Ensure OCFS staff training is aligned with the goals of the federal Chafee Foster Care Independence Program (CFCIP) through:

- Youth-led training for all new caseworkers focused on the needs of older youth with a focus on youth engagement, youth voice and choice in placements, visitation, case planning, court involvement, physical and mental health, and decision-making; and
- Annual training for OCFS child welfare staff by OCFS Youth Transition Specialists regarding NYTD and OCFS Youth Transition Services Policy.

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

Strategy 1: Continue Maine's Learn to Earn and Achieve Potential (LEAP) partnership through the Maine Youth Transition Collaborative (MYTC) to increase supports to youth beginning in middle school to improve educational and career outcomes for youth transitioning from foster care.

Strategy 2: Partner with postsecondary education supports to improve post-secondary outcomes for youth transitioning from foster care.

Strategy 3: Partner with agencies that provide career training and supports to increase career success for youth transitioning from foster care.

Strategy 4: Youth Transition Specialists and Caseworkers will utilize the My Best Bets www.mybestbets.org platform to assist youth in career exploration and planning.

Strategy 5: Continue State funded postsecondary education funding through Maine's Tuition Waiver and the Alumni Transition Grant Program (ATGP).

Goal 3: All young people leave foster care prepared for adulthood.

Strategy 1: Youth will develop essential life skills through activities introduced by Youth Transition Specialists utilizing Maine’s Life Skills Toolkit.

Strategy 2: Continue a contract with Jobs for Maine’s Graduates (JMG) to serve middle school and high school youth in foster care to help youth develop competencies they will need in post-secondary education and career.

Strategy 3: Continue a contract with Jobs for Maine’s Graduates (JMG) to provide youth in care with financial literacy training and a matched savings program.

Strategy 4: Youth Transition Specialist will use newly developed checklists for high school juniors, seniors, and youth on V9 Agreements to ensure critical activities are completed with all youth to help them successfully transition out of high school.

Strategy 5: Focus on youth strengths and specific needs by incorporating the youth transition assessment and planning process for youth aged 14 – 18 in the Child Case Plan, and by using the V9 Agreement for young adults aged 18-21, which are updated every 6 months.

Strategy 6: Implement a National Youth in Transition Database (NYTD) Program Improvement Plan based on recommendations from the 2019 federal NYTD Review.

Goal 4: Expand availability of support and services to youth in all areas of the state.

Strategy 1: Provide Medicaid (MaineCare) coverage to youth who aged out of Maine’s foster care system until their 26th birthday, whether they participate in OCFS V9 Services or not, through the Affordable Care Act.

Strategy 2: Continue to partner with the Maine Youth Transition Collaborative to expand resources in the areas of: education; employment; housing; and life-long connections.

Strategy 3: Utilize various platforms, including the newly designed YLAT Mobile App and annual written information at Teen Conference, to inform youth and young adults about available services across the State.

Goal 5: Increase safe and stable housing options for older youth transitioning from care.

Strategy 1: Utilize state funds to pay for the housing needs of youth with a Voluntary Extended Care (V9) Agreement and the Alumni Transition Grant Program (ATGP) to help youth secure housing for youth transitioning from foster care.

Strategy 2: Explore options for continued collaboration with Maine State Housing (MSHA) Authority, to utilize Family Unification Program (FUP) vouchers for young adults who were previously in foster care, and who are experiencing housing instability and homelessness.

National Youth Transition Database (NYTD):

Maine will continue to comply with the requirements of the National Youth in Transition Database (NYTD). While not required, OCFS completes the NYTD Baseline Surveys yearly, even during non-reporting years.

OCFS will continue outreach efforts to inform our partners, such as the Maine Youth Transition Collaborative, Youth Leadership Advisory Team, Maine Child Welfare Advisory Panel, Therapeutic Foster Care Agencies, and Youth, about NYTD requirements and outcome measures. We will also look for ways to effectively communicate and use the data collected through NYTD to help improve OCFS services and youth outcomes related to permanency, safety, and well-being. In June 2019, Maine had its first NYTD federal review. When we receive our final report, OCFS intends to comply with all required Program Improvement Plans. Over the next five (5) years OCFS will look for ways to improve our communication to ensure youth are better informed about NYTD, and have opportunities to review NYTD Data through YLAT meetings and at the annual Teen Conferences.

SECTION II: EDUCATION AND TRAINING VOUCHER PROGRAM

Older youth in care are supported by the Chafee Foster Care Independence Program in Maine for the pursuit of post-secondary education and specialized vocational technical job training programs. There are no identified statutory or administrative barriers that prevented DHHS from fully implementing the ETV program in Maine, which served 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 Chafee Independent Living Program Manager (Youth Transition Program Manager) will ensure each youth’s eligibility for ETV funds made the final determination of ETV allocations under ETV program guidelines. The Youth Transition Program Manager will track utilization of ETV funds to ensure that funds provided do not exceed \$5000; the ETV assistance provided in combination with other federal assistance programs does not exceed the total cost of attendance; and that there is not a duplication of benefits. These expenditures will continue to be tracked separately from other expenditures under the CFCIP.

ETV Eligibility Criteria:

- Youth who were in the custody of DHHS at the age of 18, and who have a signed Voluntary Extended Care (V-9) Agreement, and who are placed in-state or temporarily out-of-state to attend post-secondary institutions.
- Youth, 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 (Through the Families First Act) for continued ETV funds until the age of 26, but for no more than 5 years, when making progress toward completing their post-secondary undergraduate degree

Post-Secondary ETV Recipients:

OCFS will continue to provide the following ETV data:

| Academic Year | New Participants | Continuing Participants | Total Participants |
|---------------|------------------|-------------------------|--------------------|
| 2019-2020 | | | |
| 2020-2021 | | | |
| 2021-2022 | | | |
| 2022-2023 | | | |
| 2023-2024 | | | |

Youth will be expected to apply for federal FAFSA funds, and will be encouraged to also apply for available scholarships. Youth in foster care will be informed by Youth Transition Specialists and written materials that they must maintain good academic standing at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing, to remain eligible for ETV funds.

Youth in care will continue to be informed about post-secondary educational supports through face-to-face meetings, Family Team Meetings, transition planning, YLAT, and other youth leadership events. Youth Transition Specialists will continue to coordinate post-secondary educational planning in district offices. OCFS will also continue to inform Caregivers of eligible youth who were Adopted or in Permanency Guardianship of ETV funding through a flyer that is mailed to each of them outlining the financial supports available to their youth.

Over the past five (5) years, Maine has seen a trend in the reduction of youth from foster care attending a traditional college, while at the same time seeing an increase in the number of youth pursuing non-traditional career pathways. OCFS has responded by encouraging youth to pursue their aspirations, even if this means attending a post-secondary program that cannot be supported by ETV funds. OCFS will continue to support youth in this way, and explore alternative funding sources such as child welfare, Vocational Rehabilitation, or Opportunity Passport funds to assist them.

RESPONSIBLE STATE AGENCY

The State’s Independent Living Program, as set forth by the Chafee Foster Care Independence Act, will be administered by the Department of Health & Human Services; the State agency that administers the Title IV-E Program in Maine. The employer identification number for the Maine Department of Health & Human Services is 1-01-600-0001A6.

The Department of Health & Human Services will administer these directly, or will supervise the administration of these programs in the same manner as other parts of Title IV-E and will also administer the Education and Training Voucher Fund Program.

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

ASSURANCES *The State assures that:*

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services;
2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner;
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1);
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state's Title IV-A, or IV-E plan, or for the determining of the level of such aid;
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);
6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;
7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;
8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations; and
9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A-102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80).

CERTIFICATIONS

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

1. Certification Regarding Drug-Free Workplace Requirements (45 CFR, Part 76.600).
2. Anti-Lobbying Certification and Disclosure Form (45 CFR, Part 93).
3. Debarment Certification (45 CFR, Part 76.500).

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

STATE MATCH

The State will continue to provide the required 20% state matching funds as required by the Chafee

Foster Care Independence Program and the Education and Training Voucher Fund Program. The State's match for these funds will continue to be the state's value of the Tuition Waiver Program.

Appendix C

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

| | Total ETV's Awarded | Number of New ETVs |
|--|---------------------|--------------------|
| <u>Final Number:</u> 2017-2018 School Year (July 1, 2017 to June 30, 2018) | 75 | 33 |
| 2018-2019 School Year * (July 1, 2018 to June 30, 2019) | 57 | 19 |

Comments:

*In some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Appendix D

Foster and Adoptive Parent Diligent Recruitment Plan

For several years, Department staff were responsible for recruitment of new foster homes. However, staff were unable, due to competing priorities, to effectively meet an identified need for diligent recruitment of foster families to care for children in foster care.

Because of this identified need for diligent recruitment, the Department issued a Request for Proposals for a recruitment service provider. In 2015, OCFS contracted with KidsPeace, and active recruitment services were implemented during the summer of 2015. The contract was terminated by agreement, and in late 2016 OCFS contracted with Spurwink for recruitment services. The Spurwink contract continues into 2019. The name of this recruitment service is A Family for ME. OCFS managers meet monthly with contracted agency managers and direct service staff to share progress towards full implementation of this statewide service array. Roll out of this program was thoughtfully carried out, beginning with development of recruitment materials, online resources, progressing to general recruitment efforts and now, child specific recruitment. These efforts are targeted to recruit families for three specific populations of children in care who are in need of more foster homes:

- Babies who are born drug-affected, who are in the process of reunification with their parents;
- Children and youth who are ready for discharge from residential treatment programs without an identified placement family; and
- Larger sibling groups that need caregiver homes that can accommodate placement of the entire sibling group.

During 2018, the focus continued to intensify on child-specific recruitment to support children achieving legal permanency through adoption. This child specific recruitment has involved focus upon the Heart Gallery, television, and other forms of media to increase awareness of permanency needs of children who are awaiting an identified adoptive family in Maine. This service has enhanced OCFS' ability to place children in foster care in homes which match the cultures and communities from which they originate.

As part of this renewed focus, children who need diligent recruitment are being identified. In addition, the Department can ensure that resource materials which are culturally and linguistically accessible are available to the families being sought.

OCFS Foster & Adoptive Recruitment Plan:

- A description of the characteristics of children for whom foster and adoptive homes are needed:

- OCFS is recruiting homes for children age birth through age 18.
 - Younger children currently (0-5). They are frequently a member of a sibling group, and often were born drug-affected.
 - Children who have significant behavioral challenges requiring more specialized parenting.
 - Older youth who require caregivers who have knowledge and desire to provide support, guidance, and/or permanency to youth transitioning to independent living and adulthood.
2. Specific strategies utilized to reach out to all parts of the community:
- Multi-tiered approach to recruitment that includes general, targeted, and child-specific recruitment.
 - Recruitment that recognizes the diversity of parenting skills that OCFS is seeking, and targets parents with such expertise. In collaboration with the contracted recruitment agency provider, OCFS is actively meeting with community members, business and civic groups, and with schools and churches to inform them of recruitment needs, and to enlist their support as partners in this endeavor.
 - OCFS has collaborated with the contracted recruitment agency provider to meet with media partners to develop television, radio, and print material for distribution.
 - OCFS understands the need to recruit for diverse populations, including religious, LGBTQ, racial, ethnic, and other cultural groups. OCFS assures that staff are culturally competent and that translation services are available.
 - OCFS needs to work with nursing staff and other professionals who can provide guidance towards meeting the needs of children with medical needs.
 - OCFS has developed strategies to assure that kinship placements are consistently explored as a priority whenever possible. All safe and available kin are explored for possible placement in the event a child needs an out-of-home placement.
3. Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information:
- Child specific recruitment occurs through the child's community, such as church, social, and school activities. Child profiles are sent to all district offices when searching for a home. Concurrent planning is considered for all applicable youth. OCFS often seeks placement with relatives in other states when no in-state resources are identified.
 - Targeted recruitment identified populations of youth in care where there was an increased need for resource families (i.e. teenagers, infants who are born drug-affected, and sibling groups) and is developing strategies to recruit resource families specific to these populations.

- General recruitment is conducted through media and educational programming in the community.
4. Strategies for assuring that all prospective foster and adoptive parents have access to agencies that license and approve foster and adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community:
 - All licensing is completed through DHHS.
 5. Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations:
 - Training specific to the Indian Child Welfare Act (ICWA) is conducted in pre-service training of all new caseworkers.
 - OCFS recognizes the importance of developing and implementing a culturally competent training that will be delivered to all staff. The intention is to enhance the current training curriculum to reflect increased diversity in Maine.
 6. Strategies for dealing with linguistic barriers:
 - OCFS recognizes the importance and need of developing and implementing a statewide comprehensive system of translation. OCFS works collaboratively with the Department's ADA/Civil Rights Coordinator to ensure interpreting services are available for those requesting it during the licensing and recruitment process.
 - OCFS understands the needs to expand services to our deaf and hard of hearing resource families, and to increase usage of interpreter services and TTY devices when this will enhance effective communication.
 7. Non-discriminatory fee structures:
 - OCFS does not have fees attached to recruitment and licensing.
 8. Procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement:
 - OCFS believes in concurrent planning for all youth. Kinship placement is the priority choice of placement, as familial placement mirrors the cultural and ethnic diversity of children entering foster care. OCFS includes fictive kin in its definition of kin in policy. Fictive kin are recognized and validated as having significant relationships with the child and family, which may assume the same characteristics of relative relationships. OCFS recognizes that as Maine becomes an increasingly diverse state, it needs to continue to expand policy, procedure, and protocols to ensure all types of fictive kin are included in the policy definition of kin.

Deliverables and Performance measures for the current contracted service **A Family for Me** include the following:

Foster & Adoptive Recruitment Deliverables:

A Family for ME has developed and implemented a statewide recruitment plan that allows for adaptability to meet OCFS' district needs. This plan has been implemented on a district-by-district basis, to meet the placement needs of children currently in foster care, and those expected to enter foster care. This plan includes general recruitment, targeted recruitment, and child specific recruitment. The provider is meeting the following expectations of their contract:

- The provider has limited themselves to recruiting only twenty (20%) percent of the Resource and Foster Families for their own program.
- The provider has utilized the OCFS-approved timeline for the roll out, and in meeting milestones of this contract.
- The provider operates a toll-free number, 1-844-893-6311, which allows any interested party to call to gain further information and knowledge about the program, and process of becoming licensed.
- The provider has developed, and maintains a website which allows for the dissemination of information for interested parties.
- The provider has developed a marketing campaign (radio, print, and television) that allows the provider to reach the largest possible audience statewide, and allows them to adapt their marketing campaign to the OCFS district level. The provider's outreach is through five main channels, seeking three contacts in each area per month.
 - The main channels are, but are not limited to, the following: churches, schools, local media, businesses, and community events.
 - The provider utilizes the name of A Family for ME for their marketing campaign.
 - The provider has developed, and maintains the Heart Gallery. The Heart Gallery has images which are embedded and does not allow the image to be downloaded or saved to a user's computer. The Heart Gallery is displayed in businesses throughout the state, and is available on the provider's website and linked to Maine.gov website as well.
- The provider provides the OCFS-approved training curriculum to train recruitment workers. This training includes trauma informed information.
- The provider has included in all planning and execution, the need to address linguistic barriers, including, but not limited to, limited English proficiency, deaf, blind, hard of hearing, and intellectual disability.
- The provider has convened quarterly meetings with community providers as deemed appropriate by OCFS.
- The provider has a minimum of four full-time recruiters covering the following four geographic areas of the state including a child specific recruiter:

- Districts 1 and 2 (York, Cumberland, Lincoln and Sagadahoc Counties).
- Districts 3 and 5 (Androscoggin, Franklin, Oxford, Kennebec and Somerset Counties).
- Districts 4 and 6 (Knox, Waldo, Penobscot and Piscataquis Counties).
- Districts 7 and 8 (Hancock, Washington and Aroostook Counties).
- The provider has developed a work plan in collaboration with OCFS. The work plan includes at least two projects in each of the five identified marketing domains (business, school, community, church, and media) each quarter.
 - The provider has developed seasonal recruitment events (apple picking, truck pulls, snowmobile races, sailing regattas, etc.) to ensure variety in the promotion of the message that there are children in every community in Maine in need of resource and foster families.
 - Messaging materials include, but are not limited to: sticky notes, information about the option of a speaking engagements, paycheck inserts, book marks, posters, golf tees, pencils, etc.
- The provider meets at least quarterly with the OCFS District Recruitment Team, or as requested by the OCFS District Recruitment team.
- The provider meets at least twice a year with the Youth Leadership Advisory Team (YLAT).
- The provider management and recruitment staff will be trained by OCFS on ICWA.
- The provider has developed “Meet and Greet” and “Adoption Tea” events as requested by OCFS. This includes a maximum of two Meet and Greets per calendar year for youth aged 5-11, and a maximum of two Meet and Greet events for youth aged 12-18. Adoption Teas occur at least once per year in all 8 district offices with an electronic Tea event being planned for 2019.

Appendix E

Health Care Oversight and Coordination Plan

Level of Care Assessment (LOC)

Children who enter the custody of the Department of Health and Human Services (DHHS) and are placed in a licensed therapeutic foster home receive an LOC assessment to determine current functioning, based on their mental health and behavioral needs. The LOC assessment is a process that is used to assess a child's level of care using assessment tools approved by the Department, which are the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Children's Habilitation Assessment Tool (CHAT), and the Caregiver Questionnaire Assessment tools may be administered only by those with appropriate training, certification, and a rater identification number assigned by DHHS. The child assessment must involve the use of information from a variety of sources such as:

- Interviews with Foster Parents and others.
- Evaluations and reports of child functioning from Child Placing Agencies, mental health providers, schools and/or facilities.
- Interviews with Caseworkers.
- Review of case information from Departmental records.
- Any other information that is deemed pertinent to the Child Assessment process by the Department.

The result of the child assessment will indicate the child's level of care. The child is then reassessed every six months if in a therapeutic home.

The LOC measures current functioning. The child must have mental illness to qualify for TFC. The PECFAS, CAFAS, and CHAT are standardized, but the Caregiver Questionnaire is not, so we had to take "standardized" out of LOC Policy. The CQ is an internal OCFS modified version of both the TABS and Vineland, but can't be accurately called either. Those are the only tools used.

The LOC doesn't determine the specific treatment needs, and recommendations for treatment is not part of the LOC. Level As are not reassessed; authorized Level B's are reassessed annually. The placement (versus the home) must be therapeutic to have it done every 6 months.

Children Needing Residential Treatment Services

All children who may require residential services go through a two-part process of authorization. An Intensive Temporary Residential Treatment (ITRT) application is completed which outlines the behavioral diagnosis and treatment recommendations. The ITRT is approved by Children's

Behavioral Health Services. The application is then sent to KEPRO, an independent agency, that either approves or declines the ITRT request. KEPRO then monitors and manages the residential services of children in state custody and reviews each child's behavioral needs every 90 days to ensure the residential placement is clinically necessary to meet the child's level of treatment needs.

Children with Exceptional Medical Needs

A child may qualify if they are medically fragile, with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and it is likely that these issues will not moderate and may become more severe over time. The child must be placed in a Regular Foster Care placement, and the Foster Parent must be trained to meet the child's medical needs.

The medical rate is authorized by Level of care Program Manager, after the foster parents are trained and the caseworker provides written documentation from med providers that the child is 1) medically fragile, 2) with a high level of physical medical need that does or could lead to care in an intermediate care nursing facility, and 3) it is likely that these issues will not moderate and may become more severe over time. The medical rate can't be backdated or promised at placement.

Initial Standard Medical Care for Children in Custody

All children in the custody of the DHHS are seen by a medical professional within ten days of coming into care. The purpose of this medical appointment is to ensure children that come into care are evaluated for any physical injuries and/or medical needs. The children also receive appropriate treatment which includes a review of past medical needs, a physical exam, and review of their medications to ensure they have current prescriptions.

In several parts of the state, Maine has a comprehensive medical/behavioral assessment that occurs within thirty days of a child coming into care. This assessment includes review of the child's medical, developmental, behavioral, and dental needs. The assessment team includes a medical doctor, a psychologist, and a social worker. A report is sent to the child welfare caseworker outlining a child's medical, behavioral, and dental needs.

For all children that are four years old and older a Pediatric Symptom Checklist is completed which assesses a child's need for behavioral health services.

Health Care Services

The OCFS restructure integrated the Behavioral Health Program with the Intervention and Coordination of Care Team. This has facilitated more collaboration between OCFS Mental Health Program Coordinators (MHPC's) and child welfare district staff as there are 9 MHCP's and 3 Clinical Caseworkers that are housed in district offices across the state. The MHPCs provide consultation to community providers, families, child protective colleagues, Department of

Corrections employees, Department of Education employees, etc. on treatment services, mental health resources, developmental disability resources, transition information, evidenced-based practice modalities, as well as attending team meetings on youth who may need temporary residential treatment. The goal is that through this teaming process, other community based services can be identified and utilized to avoid out of home placement whenever possible. OCFS is currently looking at the roles and responsibilities of this team, with a plan to add duties, such as, providing trauma informed training to child protective colleagues, and more oversight of community providers of home and community based treatment. MHPC's were trained on the permanency review process, and attended those meetings in all districts. As there is further integration, it is anticipated that there will be more activities within the districts that can be shared by the MHPCs.

In the spring of 2012, OCFS began a process to have Children's Behavioral Health Services (CBHS) nursing staff provide consultation to child welfare staff when a child is prescribed anti-psychotic medication. These consults review the appropriateness and need for the medication, as well as discussing the anticipated duration for use of the medication. For children prescribed antipsychotic medication, child welfare staff is expected to participate in at least quarterly medication reviews with the youth, their resource parent, and the prescribing provider.

OCFS developed a strategic plan to address the prevalence of foster children being prescribed psychotropic medication at a higher rate than the general population of children/youth.

Strategic Recommendations for Lowering the Usage of Psychotropic Medication for Youth in Care

Target Goal: For calendar year 2015, 23% of foster youth were on one or more psychotropic medications. By the end of 2017, the goal was to decrease that by 5% to 17%. In the last quarter of 2016, the percentage of children on psychotropic medication had increased to 24%, however this was anticipated as there was a change in the way in which the data was being captured. This change was done to provide OCFS with a more thorough overview of the data. There was an increase in the number of classifications of psychotropic medications being captured to address the reporting needs of OCFS, and the required data for the OIG regarding the OCFS data. Nurse Consultants will review quarterly data received from MaineCare, as well as case records. The most recent data for foster youth on psychotropic medication(s) is 23.9% from the 4th quarter of 2017 (Oct, Nov, Dec). The most recent data for foster youth on psychotropic medication(s) is 21.1% for the last quarter of 2018.

In the spring of 2018, the OCFS Medical Director and the CBHS Team implemented a new process for oversight of youth in foster care that are prescribed psychotropic medications. This includes identification of, and consultation with youth whose care falls outside of accepted prescribing practices. It is also expected that the following steps are occurring:

- Caseworkers and supervisors will review all youth on psychotropic medications quarterly.
- Caseworkers will attend medication management appointments with youth and their caregivers at least quarterly.
- Districts will consult with CBHS staff regarding any medication related questions or concerns.

Health Care Plan

1. Initial and follow-up health screenings will meet reasonable standards of medical practice.
 - a. The Office of Child and Family Services requires in policy that all children have a medical appointment within 10 days of entry into care.
 - b. OCFS also requires the Pediatric Screening Checklist (PSC-17) to be completed for every child in age 4-17. The goal is to identify any behavioral health concerns. Those children that are scored in the high range on the check list are then referred for assessment, either through our collaboration with Children's Behavioral Health Services Team or community providers.
 - c. For ongoing care, each child will be assigned a primary care provider and receive coordinated care using a medical home, and/or behavioral health home model.
2. Health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home.
 - a. The Health Screening will provide an immunization record, growth chart, immunization schedule, list of other known providers (including the dentist), and immediate treatment needs for identification of monitoring and treatment needs.
 - b. The Office of Child and Family Services includes both Child Welfare and Children's Behavioral Health Services working together to meet both the physical and behavioral health needs of foster children. OCFS believes strongly in the use of a trauma-informed care model that involves understanding, recognizing, and responding to the effects of trauma.
 - c. OCFS currently also requires in policy The Pediatric Screening Checklist (PSC-17) to be completed for every child in care to identify any behavioral health concerns. Those children that are scored in the high range are then referred for assessment, either through our collaboration with Children's Behavioral Health or community providers.
 - d. OCFS currently provides a comprehensive health assessment in three largest districts. This assessment is an in-depth physical, educational, and mental health evaluation for every child entering foster care. It is a comprehensive interdisciplinary evaluation to address the complex psychological, medical, and

neurological problems that affect behavior and emotional adjustment, or result in problems functioning in family, school, or community. This assessment also includes the collection of all the child's prior health and education records, so that a full evaluation of the child's current needs can be conducted. OCFS is working on strategies to expand this service statewide.

- e. For those children who have needs, targeted case management (TCM) services will be offered to ensure any identified issues are addressed. For those children not in need of TCM, the OCFS caseworker will ensure that any identified issues are addressed.
 - f. Maine also utilizes a wide range of evidenced-based treatment for children exposed to trauma, such as Multi-Systemic Treatment (MST), Cognitive Behavioral Therapy, and others to address emotional trauma associated with maltreatment and removal.
3. Medical information will be updated and appropriately shared.
 - a. Routine medical care will be completed in the “medical home” with routine updates provided to the agency caseworker. The State of Maine continues to develop the medical home model and, where it is available, OCFS utilizes this model.
 4. Development and implementation of an electronic health record.
 - a. Current health information and family health history is tracked in MACWIS. There has been ongoing collaboration between OCFS and MaineCare to ensure transfer of medical information as MaineCare’s new MIHMS system rolls out. OCFS currently has access to Maine's Electronic Immunization Information system (Immpact) for access to foster children's immunization history. In addition, foster children enrolled with a provider currently using Maine Electronic Health Record (EHR) system will have their information added to the Immpact system. OCFS will continue to work with MaineCare towards the establishment of an electronic health record system for all youth in care to improve access to medical record information.
 5. Steps to ensure continuity of health care services will include establishing a medical home for every child in care.
 - a. The State of Maine has a number of Patient Centered Medical Health Homes. The Office of Child and Family Services requires in policy that, at a minimum, every child in foster care is to have an identified medical home and a primary care provider (PCP). It is a requirement that every child's PCP enrolled in MaineCare. When appropriate, Targeted Case Managers will organize the most appropriate services to be provided to children based on the information gathered in the assessments completed, information gathered through the comprehensive health evaluation, and the input of a child's current medical and behavior health providers. It is OCFS’ intent that this group of providers will

work together, through coordination with the case manager, caseworker and foster parents, to create a plan to meet the needs of each child. This team based medical delivery system would continue to be available based on the child's needs and eligibility after returning home.

6. Oversight of prescription medicines.
 - a. Policy states that it is crucial to ensure that psychotropic medications are being used only when clinically indicated (i.e. when the likely benefit from their use would outweigh their very substantial risk). When these medications are used, proper monitoring of their metabolic side effects must take place. The OCFS Consent Worksheet is to be followed when psychotropic medications are currently prescribed or when they are being considered. The Worksheet requires that prior to any plan involving the use of medication to address a child's mental health needs, the treating provider must be given a full description of the circumstances of the child that is inclusive of all conditions.
 - b. The state has promoted, informed, and shared decision-making through the development of the Youth Guide that allows the youth to give informed consent and assent, and promotes methods for ongoing communication between the prescriber, the child, his or her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders. Effective medication monitoring at both the client and agency level is well described as a process in the Consent Worksheet.
 - c. The Behavioral Health Director and the Associate Director of Child Welfare Services have collaborated to develop a protocol related to youth in foster care being prescribed psychotropic medication. The expectation is that the child welfare staff will use the developed tool and consult with district Care Specialists to ensure the appropriate use of medications.
7. The state actively consults with, and involves physicians and other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care, and in determining appropriate medical treatment for the children.
 - a. Collaboration between DHHS and Maine General Medical Center has resulted in the Pediatric Rapid Evaluation Program (PREP). For seven of the sixteen Maine counties, this program provides medical examinations and psychosocial screenings for children who have entered foster care. Two additional sites have been developed through the Spurwink Child Abuse Clinic in southern Maine, and the Penobscot Community Health Center in northern Maine. These programs are either developing the medical home for the child, or helping to identify a medical home if one is not currently serving the child.
8. The state is taking steps to ensure that components of the transition plan include: assessment of the health care needs of youth aging out of foster care, the exploration of options for health insurance coverage; provide information about health care power of

attorney, health care proxy, or other similar documents recognized under state law, and the option to execute such a document, and assist the youth in the development of a plan to meet their needs.

- a. The Department has taken steps to ensure that the transition planning process with young people, age 18-21, includes planning with young people to consider Health Care Proxy or Healthcare Power of Attorney by including this in the health planning section of the revised Voluntary Extended Care (V9) Agreement. Maine's Youth Transition Policy includes instructions for caseworkers to inform youth, beginning at age 18 about the importance of executing formal documents that define their wishes regarding health care. OCFS provides young people with a website to download (free of charge) the forms they need to execute such documents. This website also contains valuable information that will help youth make an informed decision in this matter.
- b. Additionally, this information has been made available directly to young people on Maine's Youth Leadership Advisory Team website (www.ylat.org), and OCFS will have printed information available at its annual Teen Conference in June regarding the importance of designating a Health Care Proxy or Healthcare Power of Attorney.

Appendix F

Disaster Plan

Effective February 2014

The DHHS Child Welfare Emergency Response Plan consists of the State of Maine Employee Emergency Guide; copies should be with each employee, the Child Welfare Disaster Plan and addendum. The Child Welfare Disaster Plan is activated when ordered by the Director of the Office of Child and Family Services, or designee, and when Central or District Offices can no longer follow their usual procedures due to natural or man-made disasters. Complementing the Plan will be the sound judgment of Office of Child and Family Services (OCFS) leadership and staff, ongoing communication among affected parties, and improvisation as needed to meet the specific conditions of an actual disaster.

Child Welfare Disaster Plan

Leadership

The Director of the Office of Child and Family Services has the authority to activate the Child Welfare Emergency Response Plan. The Emergency Management Team, consisting of the OCFS Deputy Director, Associate Director of Intervention and Care, Associate Director of Policy and Prevention, Associate Director of Community Partnerships, Associate Director of Accountability and Information Services, Director of Mental Health Services, OCFS Medical Director, Child Protective Intake Manager, and Child Welfare Program Administrators of affected districts will assist the Director with the management of the emergency which includes ensuring that essential functions of the agency continue.

Emergency Management Team

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

Responsibilities of Emergency Management Team members include:

1. Initiate plan operation
2. Deliver communications to staff, clients, and providers
3. Communicate with Commissioner or designee, and with the Director of Public and Employee Communication
4. Coordination with DHHS officials and other departments of state government as necessary
5. Ensure Intake continues to function: receive reports, communications hub, if necessary
6. Facilitate relocation if necessary
7. Other responsibilities assigned by the Director of the Office of Child and Family Services

Continuing Essential Functions of Child Welfare Services

Essential Functions

Child safety is the highest priority to be attended to during and after a disaster. Knowing that staff, as well as families we work with will be affected during a disaster, each office may not be functioning at full capacity. To assure that essential functions are covered, staff may need to take on functions not normally part of their daily duties. All caseworkers, Quality Assurance staff, and other qualified staff could be called upon to perform any casework, or support function as needed. Essential functions include:

- Child Protective Intake: ensuring reports of CAN are received and assigned.
- Responding to reports of CAN. Includes assessing child(ren)'s safety and managing threats of harm. If child(ren) are not safe at home, an alternative plan must be developed, and/or court action initiated.
- Ensuring safety of children in state custody. Includes assessment of child safety as needed for children in DHHS custody or care, and determining that child(ren)'s and caregiver safety needs are met.
- Prompt family contact to share information on child/family situation related to the disaster.
- ICPC disaster related functions, i.e. coordination and information sharing when children and families cross state lines.
- Court Hearings, unless otherwise determined by the court.

Communications Plan

Emergency Management Team, coordinating with the Director of Public and Employee Communication, develops messages for families, providers and staff. Message is communicated through a variety of means to ensure the broadest reach. Means to be used for families and providers include:

- News releases to radio and television stations, cable tv, newspapers
- Information on the state (maine.gov) and OCFS (<http://www.maine.gov/dhhs/ocfs/>) websites.

Intake:

- Means used to communicate with staff include the above and the use of phone trees.
- Information could include office closures, status of services and how to access them, disaster updates, toll free #s and other contact information, links to other resources, information for staff, status of MACWIS.

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

Each district has a phone tree as determined by the Program Administrator.

Emergency Management Team is connected to District phone trees through the Program Administrator and designee.

Program Administrator and designee have the Emergency Management Team contact information

Staff to contact caregivers and children.

Staff have programmed caregivers' and supervisor's contact numbers into their cell phones.

Supervisors have programmed staff and other essential contact numbers into their cell phones.

Intake to be hub for communication in the event that the District Office is down.

Intake to temporarily relocate to a district office, MEMA or Public Safety if necessary.

Information System Plan

- I. Develop MACWIS Disaster Recovery Plan: Contract to develop DRP that meets federal SACWIS requirement awarded to i-CST. Plan to be completed by 12/31/07.
- II. Information Services Manager or designee prints MACWIS Children in Care – Current Primary Open Placement Report weekly.
- III. Information Services Manager or designee to load the following reports onto the SMT folder weekly.
 - IV. Children in Care – Current Primary Open Placement Report.
 - V. Worker Demographic Report.
 - VI. Listing of Assessments Report.
 - VII. Listing of Service Cases Report.
- VIII. Resource Capacity Availability: Foster Care-Regular Report.
- IX. Resource Capacity Availability: Foster Care-CPA-Level of Care Report.
- X. AAG and judges contact information.
- XI. Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

Back-up system off-site is in place.

Office Disaster Supply Kit

The Program Administrator or designee will have a thumb drive containing the following information:

- 1) USB thumb drive with important documents loaded including: Calling Tree
- 2) Employee and management contact information and their emergency contact information (Worker Demographics Report to be developed)
- 3) Children in Care – Current Primary Open Placement Report
- 4) Resource Capacity Availability: Foster Care-Regular Report
- 5) Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- 6) Listing of Assessments Report
- 7) Listing of Protective Cases Report
- 8) AAG and judges contact information
- 9) Templates for Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information.

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

- Supply of paper forms: Petition for Child Protection Order, Affidavit, Preliminary Child Protection Order, Proof of Service, Rehabilitation and Reunification Plan, Safety Plan, Purchase Order, Placement Agreement, Release of Information
- Paper copies of: Calling Tree

- Employee and management contact information and their disaster plan contact information (Worker Demographic Report under development)
- Children in Care – Current Primary Open Placement Report
- Resource Capacity Availability: Foster Care-Regular Report
- Resource Capacity Availability: Foster Care-CPA-Level of Care Report
- Listing of Assessments Report
- Listing of Protective Cases Report
- AAG and judges contact information
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit
- Agency vehicles with at least ¾ full gas tanks

Emergency Management Team and Central Office Disaster Supply Kit

The Emergency Management Team will have a disaster supply kit consisting of the following:

- USB thumb drive with media outlet list, phone tree for Central Office including contact people in the Commissioner’s Office and other state departments, federal liaison contact info, neighboring state liaison contact information, OCFS website alert password and important documents. The Director of the Office of Child and Family Services will determine who will have access to the thumb drive.
- Employee and management contact information, including their emergency contact information (Worker Demographics Report under development)
- Children in Care – Current Primary Open Placement Report
- Supply of paper forms.
- Radios and extra batteries or hand-crank radios
- Disaster plans
- Flashlight, lantern with extra batteries
- First aid kit

Staff

- Encourage staff to develop personal disaster kit.
- Staff identify 2 contacts who would know where they are; at least one of them should be out of the area.
- All employees will enter their name, address, home phone, work phone, work cell and both emergency contact numbers in MACWIS Worker Demographics
- Staff will report to the next closest Child Welfare Services office in the event of office closure related to the disaster if directed by the Director of the Office of Child and Family Services, Program Administrator, or designee.
- Staff must check in after a disaster with Intake or other entity as identified by the Emergency Management Team or Program Administrator

Recognizing that staff would also be affected by a disaster CWS supervisors will work with staff to ascertain their need for assistance so that they may be able to attend not only to their professional responsibilities, but also to their own safety issues.

Providers

Family caregivers will complete the Family Resource Disaster Plan as part of their Foster or Adoption Application and at their annual update and biennial renewal. Each district will designate a caseworker to assist relative and fictive kin caregivers to complete the plan if the caregivers will not apply to become a license/approved resource. Included in the plan are relocation and emergency contact information and agency contact requirements. Each family will have an Emergency Supply Kit consisting of:

- Water, one gallon per person per day for at least 3 days
- Food, 3-day supply of non-perishable food
- Battery powered or hand crank radio
- Flashlight and extra batteries
- First aid kit
- Whistle
- Moist towelettes, garbage bags
- Wrench or pliers
- Can opener
- Medications
- Medical equipment
- Wired phone

Resource Family Disaster Plan

Resource families will inform local first responders when a child with special medical needs is placed with them.

Residential facilities will follow emergency procedures as required by residential licensing regulations.

District staff will contact children in residential facilities to assess for safety as soon as possible.

MACWIS includes the resource family physical address, primary phone number and secondary phone number, and fields as well as relocation and emergency contact information.

Caseworkers with youth in independent living situations, children in trial home placements and in other unlicensed placements will acquire two emergency contact names and their phone numbers and addresses and record in MACWIS.

Coordination with Courts

The Director of the Office of Child and Family Services will inform the court administration of the development of the Child Welfare Emergency Response Plan. Program Administrators and district Assistant Attorneys General will coordinate with local courts during an emergency.

Liaison with Federal Partners and Neighboring States

Director of the Office of Child and Family Services or designee will initiate and maintain contact with federal partners to communicate about waivers and about what is happening on state and federal levels regarding the disaster.

Staff should document overtime and work done related to the disaster for possible reimbursement.

Director of the Office of Child and Family Services or designee will identify liaison in neighboring states, work with them to coordinate and share information when children and families cross state lines and will maintain complete contact information for those liaisons and their alternates.

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

Districts

Districts will go into "after hours services mode" initially in the event of a disaster. Districts will determine who is available to respond to reports of CAN and inform Intake. Districts will receive direction from the Emergency Management Team through the phone tree, Intake, media announcements and the OCFS web site regarding where to report to work and status of MACWIS. District phone trees will be activated to provide direction and to obtain and deliver information from/to staff. Districts will:

1. Develop a plan for continuation of services to include:
 - a. Assessment of new reports within 72 hours of the report.
 - b. Service provision to Child Protection service cases within 5 days of the disaster.
 - c. Contact with children on caseloads and their caregivers to learn current situation, whereabouts, safety, needs, service provision as soon as possible.
 - d. Contact with parents of children in custody to give them updates on child's situation, and to learn of parent's situation, service provision as soon as possible.
 - e. Coordinate with other agencies that have information about child and family location, needs.
 2. In the event that a child needs to be moved due to the emergency, and another placement cannot be quickly located, with approval of the supervisor and PA the caseworker may take the child home with him/her.
 3. Per the Director of the Office of Child and Family Services, Policy V. D-4 which restricts placement of children in state custody or care with employees will be temporarily abrogated.
 4. Develop staff phone tree.
 5. Maintain list of District Court judges and AAG's home phone number, cell phone, and address.
 6. When youth are participating in off-grounds activities, the trip leader or other adult leader will have control of medications and emergency and first aid supplies.
- The Plan will need to be implemented incrementally to allow time for MACWIS changes that will enable the production of reports that include emergency contact information to occur.

155B HOSTAGE TAKING

If a hostage situation occurs, staff on the scene should follow the following guidelines:

- 1) Evaluate the situation. Be very observant to detail. (Perpetrator's name, clothing, weapons, etc.)
- 2) Isolate the perpetrator from innocent bystanders or potential victims if possible.

- 3)Secure the perimeter. Do not allow clients, staff, or visitors to enter the risk area.
- 4)Evacuate the area if possible. If feasible, open outside window curtains and leave doors open.
- 5)Remain calm and attempt to keep others calm.
- 6)Dial 9-1-1 or attempt to have someone contact help.
- 7)Negotiate if possible if a rapport is existent. Do not be condescending or sarcastic – be bold, confident and calm.
- 8)Avoid heroics. Don't threaten or intimidate. Keep a safe distance and your hands visible.
- 9)Think about potential escape plan for yourself and other.

136B **Roles of Management in Hostage Taking**

- 1)Notify local law enforcement immediately and provide them with any pertinent information necessary.
- 2)Utilize cellular phones between the safe and crisis zones.
- 3)Notify all staff not in the crisis zone of the incidents. (Evacuate immediately and calmly)
- 4)If staff or clients are advised to stay put, stay away from windows, drop to the floor, take cover, and wait for a signal.
- 5)Stay in constant communication with law enforcement.
- 6)Have a designee secure the doors to avoid innocent bystanders from complicating the situation.
- 7)Meet law enforcement officials at a pre-designated location and provide them with good directions to and description of the site.
- 8)Identify a safe place away from the building for interviews.
- 9)Once the situation has been resolved, the "all clear" signal should be announced.

Appendix G

OCFS TRAINING PLAN

| TRAINING & TRAINING SUMMARY | |
|--|--|
| <p><u>ADVANCED FORENSIC INTERVIEWING:</u> Number Staff Trained in 2018: 44 This training was a multi-day practice seminar where staff built on and advanced their fact finding interviewing knowledge and skill by refreshing their knowledge of the 7-step interviewing protocol and then critiquing their own and their peers work. Each participant brought examples to share and engaged in a constructive feedback process.</p> | |
| IV-E Eligible | YES |
| Venue | North, Central & South Locations |
| Delivered By | National Child Advocacy Center |
| Hours | 2 days (Offered 2x per year) |
| Audience | Child Welfare Assessment & Permanency Workers & Supervisors |
| <p><u>ADVANCED MEDICAL INDICATORS:</u> Number Staff Trained in 2018: 18 This training describes and examines the medical indicators of child physical abuse, sexual abuse, and neglect, as well as failure to thrive diagnosis, treatment and family support. This training also includes information to help caseworkers understand when to seek further medical evaluations and tests, and how to give meaning to information obtained, in light of what we know about the dynamics of child abuse and neglect.</p> | |
| IV-E Eligible | YES |
| Venue | Central South Location (Augusta) |
| Delivered By | Dr. Lawrence Ricci, Medical Expert on CA/N Policy and Training Team |
| Hours | 1 day (Offered 1x per year) |
| Audience | Child Welfare Staff, Resource Parents, Community Providers, Alternative Response Staff |
| <p><u>Advanced Topics in Domestic Abuse: In Her Shoes Experience:</u> Number Staff Trained in 2018: 51 "In Her Shoes" is an interactive activity that will help participants understand the ups and downs a survivor of domestic violence experiences over the course of many years. The scenarios in "In Her Shoes" are based on true stories-the experiences of women with abusive partners as told to us by them. The stories reflected in the training typify the complex and dynamic nature of domestic violence while also calling out the more specific barriers that survivors face when poverty is part of their reality. The goals of this training are to increase awareness of the multifaceted issues and complicated dynamics experienced domestic violence survivors, highlight struggles and barriers survivors and their children are forced to deal with when they are confronted with economic issues and demonstrate that we all have a role to play and work to do in ensuring all community members are free from domestic violence. This training will encourage everyone to think creatively and act intentionally to assist victims and their children.</p> | |
| IV-E Eligible | YES |
| Venue | Central South Location (Augusta) |
| Delivered By | Maine Coalition Against Sexual Assault |
| Hours | 1 day (Offered 1x per year) |
| Audience | Child Welfare Staff (Pre-requisite: must have 6 months with OCFS) |
| <p><u>Advanced Topics in Domestic Abuse: The Choice to Be Violent: Mendel's Mapping of Perpetrator Patterns:</u> Number Staff Trained in 2018: 45 Continuing the conversation from past Advanced Caseworker Training in DV, this full day presented by the will bring into focus the Domestic Abuse Offender's Choice to be Violent. We will explore the differences between men's and</p> | |

women's violence. We will hear from community leaders, working in this field, who will share their lessons learned. Participants will acquire an understanding of and an opportunity to practice with David Mandel's latest tool, Mapping Perpetrator's Patterns. Participants will learn to maintain their focus on abusive behavior. As well as, intervene with perpetrators through accountability to reduce risk and prevent further harm to children and adult survivors.

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| IV-E Eligible | YES |
| Venue | Central South Location (Augusta) |
| Delivered By | Maine Coalition Against Sexual Assault |
| Hours | 1 day (Offered 1x per year) |
| Audience | Child Welfare Staff (Pre-requisite: must have 6 months with OCFS) |

Awareness of Cultural Diversity:

Number Staff Trained in 2018: 85

The goal of this class is for officers to understand the positive personal, professional and community benefits that result from awareness of cultural diversity.

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| IV-E Eligible | YES |
| Venue | Online Training |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Staff |

Awareness of Human Trafficking:

Number Staff Trained in 2018: 85

This class is an overview of the problem of human trafficking in the United States. Its emphasis is on understanding the scope of the problem and the legal framework in place to help address it. After completion of this class the learner will be able to; describe the problem of Human Trafficking, detail the scope of the problem, identify the characteristics of traffickers, detail the roles of various organizations in human trafficking investigations, and discuss the relevant federal law in place to assist trafficking victims.

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| IV-E Eligible | YES |
| Venue | Online Training |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Staff |

Child Safety Seat Training:

Number Staff Trained in 2018: 28

What type of car seats are there, which one is right for the child(ren) you are transporting, and what is the correct way to install them? This Bureau of Highway Safety endorsed training will answer all of these questions for you. You will also learn about passenger safety restraint systems, injury prevention, and crash dynamics. The training provides for actual hands-on car seat installations in vehicles by all attendees. Participants are encouraged to bring the car seats they are currently using for a safety check and for answers to any questions they may have about the seat.

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|---------------|--|
| IV-E Eligible | YES (50%) |
| Venue | In Districts- Upon Demand |
| Delivered By | Policy and Training Team Specialist |
| Hours | 3 hours |
| Audience | Child Welfare Staff & Resource Parents |

Children's Behavioral Health Treatment in Maine:

Number Staff Trained in 2018: 57

Many youth in the state of Maine will access some sort of mental health treatment service at some point during their childhood. This training will increase one's understanding of the types of mental health services available for children in Maine. Participants will have an opportunity to learn about the various levels of care within the mental health system and how to access those. In addition, discussion will focus on the various treatment models that can be utilized within those services. The training will center on common childhood diagnosis and the most effective treatments for those. Participants will also have an opportunity to learn ways to assess effectiveness of treatment. The training will provide

support tools to help guide practice. This training is appropriate for anyone who works closely with youth and who may be responsible for arranging mental health services for them.

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| IV-E Eligible | NO |
| Venue | Various Locations |
| Delivered By | Children's Behavioral Health Services |
| Hours | 6 hours |
| Audience | Child Welfare Staff |

Child Welfare Trauma Training Tool Kit:

Number Staff Trained in 2018: 41

This training is conducted using the curriculum from the National Child Traumatic Stress Network (Child Welfare Trauma Training Toolkit). This training is to educate OCFS staff about the impact of trauma on children and families as well as how to recognize vicarious trauma and promote self-care for OCFS staff.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist & Mental Health Program Coordinator |
| Hours | 12 hours 4x per year |
| Audience | Child Welfare Staff |

Drug Identification, Impairment Recognition and Caseworker Safety:

Number Staff Trained in 2018: 47

This training gives an overview of drugs and paraphernalia recognition. It highlights key indicators of drug impairment and gives tips on how to document. It covers current drug trends and briefly facilitates a discussion about youth who may be under the influence. The presentation also includes discussion around worker safety when working with someone who may be under the influence

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| IV-E Eligible | YES |
| Venue | North, Central & South Locations |
| Delivered By | Thomas Reagan, MDEA Retired & Policy and Training Team Specialist |
| Hours | 6 hours 3x per year |
| Audience | Child Welfare Staff & Community Partners |

Ethical Decision Making (4 hr.):

Number Staff Trained in 2018: 160

This training is offered to Social Workers from both OCFS and OADS and is a requirement for social work license renewal. The training goes over the Code of Ethics for Social Workers. Social Work Values are covered and different scenarios are worked through with a specific dilemma resolution model. Trainees also take a set of the standards from the Code of Ethics and summarize them for the group and give examples from their work.

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| IV-E Eligible | YES (50%) |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 4 hours |
| Audience | Child Welfare Staff with LSW's (Training needed every 2 years for license renewal) |

Family Plan/Child Plan- Effective Case Planning with Families:

Number Staff Trained in 2018: 469

Participants are introduced to the new Family Plan/Child Plan and how to use it effectively with families. Participants learn how to navigate each plan within the MACWIS system and how to acquire the needed information.

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| IV-E Eligible | YES |
| Venue | In Districts |
| Delivered By | Associate Director, Regional Associate Director & Policy and Training Team Specialist |
| Hours | 6 hours |

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| Audience | Child Welfare Staff |
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FFTM- Role of the Frontline Child Welfare Professional:

Number Staff Trained in 2018: 25

This training teaches caseworkers their role in FFTMs. It explains the values behind using this model and the steps of the FFTM. Caseworkers learn what steps they are responsible for and what the facilitator's role in the meeting is. Special topics include when domestic violence is a dynamic of the family and the significant importance of involving youth in the process. Caseworkers have an opportunity to have a deeper understanding of harm and danger and to practice writing danger statements.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Caseworkers |

FFTM Facilitator Training:

Number Staff Trained in 2018: 8

The FFTM Facilitator Training is an introduction to the Facilitator's role in the meeting. It is an overview of the steps and process with a focus on facilitation skills in different complicated situations that may arise. Facilitators will be able to recognize what pieces of FFTM's are their responsibility and develop some initial skills around how to be neutral, how to manage difficult and emotional situations, and how to treat all parties in these meetings with respect. Facilitators leave with a structured plan of FFTM observations to complete.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Caseworkers |

Foundations Training:

Number Staff Trained in 2018: 106

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

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialists |
| Hours | 12 days spread out over 4 weeks |
| Audience | New Child Welfare Caseworkers |

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

Number Staff Trained in 2018: 71

This training is designed for participants to both understand the ICWA law and how to work collaboratively with tribes in ICWA cases as well as the spirit behind the law. The training is comprised of: a video of former Native foster children who were in the custody of the State of Maine prior to the passage of ICWA speaking of their experience and feelings of not belonging; Native history regarding federal policies of forced assimilation; historical trauma; the TRC process; how to co-case manage ICWA cases; OCFS ICW policy; and the BIA guidelines.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Tribal Child Welfare Staff & OCFS Tribal Liaison (Policy and Training Specialist) |
| Hours | 3 hours |
| Audience | Child Welfare Staff & Alternative Response Program Staff |

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

Number Staff Trained in 2018: 106

This video present’s information of what a safe sleep environment should look like, what are some of the hazards to babies while sleeping and how to converse with parents about their babies sleeping environment. It also introduces the period of purple crying shaken baby prevention program.

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| IV-E Eligible | YES |
| Venue | Online |
| Delivered By | Barbara Bush Children’s Hospital |
| Hours | 1 hour |
| Audience | New Child Welfare Staff |

Investigation/Structured Decision Making-Train the Trainer:

Number Staff Trained in 2018: 35

The purpose of the Structured Decision Making (SDM) Train the Trainer training was to provide attendees with an overview of the SDM System; the differences between safety and risk; a review of both the Safety Assessment Tool and the Risk Assessment Tool structure; an ability to practice using the tools; an understanding of planning for safety, the importance of a safety network and the components of a plan; Supervisory Roles; Supervising to the Tool and Case Consultations. Additionally, this training provided attendees information and direction as to how to present the materials to others and how to facilitate discussions and activities.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | National Council on Crime & Delinquency (NCCD) |
| Hours | 3 days |
| Audience | Child Welfare Program Administrators, Assistant Program Administrators, Supervisors, Teaming Specialists, Policy and Training Team Specialists |

Investigations/Structured Decision Making: Supervisors:

Number Staff Trained in 2018: 75

The purpose of the Structured Decision Making (SDM) Supervisory training was to provide supervisor attendees with an overview of the SDM System; the differences between safety and risk; a review of both the Safety Assessment Tool and the Risk Assessment Tool structure; an ability to practice using the tools; an understanding of planning for safety, the importance of a safety network and the components of a plan; Supervisory Roles; Supervising to the Tool and Case Consultations. This training also provided supervisor attendees and understanding of working across differences and how to model for caseworker’s discussions with families about safety and risk.

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| IV-E Eligible | YES |
| Venue | Central Location |
| Delivered By | National Council on Crime & Delinquency (NCCD) |
| Hours | 3 days |
| Audience | Child Welfare Supervisors |

Investigations/Structured Decision Making- Caseworkers:

Number Staff Trained in 2018: 362

The purpose of the Structured Decision Making (SDM) Caseworker training was to provide attendees with an overview of the SDM System; the importance of understanding how to work across differences; the differences between safety and risk; a review of both the Safety Assessment Tool and the Risk Assessment Tool structure; an ability to practice using the tools; an understanding of planning for safety; how to discuss safety threats and risk factors with families; and the importance of a safety network and the components of a plan.

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| IV-E Eligible | YES |
| Venue | In Districts |
| Delivered By | OCFS Program Administrators, Assistant Program Administrators, Supervisors, Teaming Specialists & Policy and Training Team Specialist |
| Hours | 2 days |
| Audience | Child Welfare Caseworkers |

Legal Training:**Number Staff Trained in 2018: 87**

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.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | David Hathaway, Assistant Attorney General & Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Staff |

MACWIS Central Intake:**Number Staff Trained in 2018: 1**

This training begins with a review of a real report in the MACWIS production database. Then the MACWIS training database is used and participants create a new 'fake' report. Other tasks covered in this training are how to find people in the Central Client Index, finding history of a person in MACWIS as well as reviewing all screens in the Report/Intake module. Training also includes how to screen a new person not previously known to MACWIS

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| IV-E Eligible | YES |
| Venue | District Office |
| Delivered By | Policy and Training Team Specialist |
| Hours | 2 hours |
| Audience | Intake Staff |

MACWIS Court History:**Number Staff Trained in 2018: 2**

Participants learn about the importance of confidentiality and the importance of accuracy when court orders are entered into the MACWIS system. All documents found in the file are reviewed; petition, case management/pre-trial, paternity, judicial review, services to parties C1-PPO, C2, C3, and many other types of orders. All parts of the MACWIS court screens are reviewed. After review of the file, the MACWIS training database is used and a new worker practices entering the court order into the screens, choosing the correct hearing type, entering the appropriate dates; hearing date, petition date, order date and effective date.

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| IV-E Eligible | YES |
| Venue | District Office |
| Delivered By | Policy and Training Team Specialist |
| Hours | 2 hours |
| Audience | OCFS Office Assistants and Case Aides |

MACWIS, Dragon Naturally Speaking & Voice Recordings:**Number Staff Trained in 2018: 104**

In this training workers review contents of the MACWIS Training Library, how to use the Voice File Mover Software in order to properly store voice recordings on the network drive. How to create a voice profile in order to use Dragon Naturally Speaking for narrative documentation. As well as discuss how to move photos off the cell phone or camera onto the network drive.

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| IV-E Eligible | YES |
| Venue | District Office |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Staff |

MACWIS Family Plan/Child Plan:**Number Staff Trained in 2018: 168**

This training focuses on the Family Plan/Child Plan and the Maine Automated Child Welfare Information System and how to navigate both tools within the information system. Participants are walked through the process and how to appropriately fill out the needed information in order for the information to pull in to each plan appropriately.

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| IV-E Eligible | NO |
| Venue | District Office as needed |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Staff |

Mandated Reporter Training for Mandated Reporters (In Person):

Number Staff Trained in 2018: 4,604

This training provides an alternative to the online training when there is a request to do an in person group training. Topics covered are the same as the online training; what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is also maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

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| IV-E Eligible | No |
| Venue | Various Locations Throughout State |
| Delivered By | Policy and Training Team Specialist & Community Partners |
| Hours | 2 hours |
| Audience | Mandated Reporters Throughout the State |

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

Number Staff Trained in 2018: 21,506

This training provides easy access to an online Mandated Reporter training for mandated reporters in the state of Maine. Topics covered are what is mandated reporting, what are the laws around mandated reporting, indicators of abuse and neglect and how to report abuse and neglect to OCFS. This training is maintained by OCFS and updated on a regular basis as to any changes in policy, rules or practice that effect mandated reporting in Maine.

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| IV-E Eligible | No |
| Venue | On-Line |
| Delivered By | DHHS |
| Hours | 30 minutes |
| Audience | Mandated Reporters Throughout the State |

Mandated Reporter T3 Training:

Number Staff Trained in 2018: 4

This Training is for Supervisor/Management that want to become a T3 trainer, which enables them to train others that want to become Mandated Reporter Trainers. Participants are trained in how to train new Mandated Reporter Trainers on how prepare materials and to deliver the training. Subjects covered include; 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.

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| IV-E Eligible | No |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 2 hours |
| Audience | OCFS Staff and Child Abuse and Neglect Council Members |

Methamphetamine Awareness:

Number Staff Trained in 2018: 82

The purpose of this class is to make participants aware of the dangers of methamphetamine, a highly addictive drug with potent central nervous system stimulant properties. At the completion of this class participants will be able to; define the term "methamphetamine"; recognize common over-the-counter products that are used in methamphetamine production; recognize the short and long term effects on users; describe how meth is used and abused; identify persons that may be meth users; and describe unique vulnerabilities that children face within a methamphetamine environment.

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| IV-E Eligible | YES |
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| Venue | On-Line |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators |

OCFS Staff Safety Training (One session offered in 2018 then this training was incorporated into New Worker Foundations training):

Number Staff Trained in 2018: 37

Preparation and awareness are the two most important components of maintaining one's safety. Knowing how to assess a situation, plan ahead when an interaction has the potential for danger and paying attention once we are in a situation assists us in staying safe. While no training program can guarantee a risk-free world, this one-day program will provide a wide range of options available to staff who may encounter angry people or situations with potential risk. The program will address the need for boundaries, both physical and psychological; provide practical de-escalation techniques; address what to pay attention to when in a crisis situation; essential skills that assist us when interacting with angry or hostile people; gain awareness of those behaviors that are likely to "push buttons" and build skill in disengaging; and tips for staying safe in the office and in the field. It will also cover DHHS and OCFS related policy and protocol. This is not a self-defense course. This program will address safety both in the office and out in the field.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialists |
| Hours | 6 hours |
| Audience | Child Welfare Staff |

Period of Purple Crying (online):

Number Staff Trained in 2018: 106

This video presentation increases the viewer's insight into the period of purple crying, how to describe it to parents and how to talk with them about soothing their crying baby. It enables the viewer to deliver doses one and two of the period of purple crying prevention program.

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| IV-E Eligible | YES |
| Venue | Online |
| Delivered By | National Center on Shaken Baby Syndrome |
| Hours | 1 hour |
| Audience | New Child Welfare Staff |

Promoting Healthy Sexual Development:

Number Staff Trained in 2018: 34

This training helps participants to develop skills in engaging young people in discussions about healthy relationships and sexual health that are often uncomfortable for all involved. Participants are given tools and resources in how to support youth in care. Conversations with Youth was developed in cooperation with Maine Family Planning, OCFS, the Youth Leadership Advisory Team (YLAT) and OUT Maine. Policy for supporting youth includes helping them access sexual health information and services. The information youth receive regarding healthy relationships and sexual health is often inconsistent and not always accurate about healthy decision making. Yet, many times, it is difficult to initiate this discussion with youth or know how to best support their caregivers. This training will address topics including; adolescent sexual development, birth control methods and pregnancy prevention, testing and treatment for sexually transmitted infections, gender identity and sexual orientation, and healthy relationships.

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| IV-E Eligible | YES |
| Venue | Various Locations in State |
| Delivered By | Maine Family Planning, OUT Maine & Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | OCFS Staff and Resource Parents |

Psychosocial Assessments:

Number Staff Trained in 2018: 69

This training is designed to help participants to be able to write a psychosocial assessment of a family. It initiates participants thinking in a more complete manner about what additional information may be needed regarding a caregiver. This process can assist caseworkers in developing key questions that would be asked of the mental health professional around caregiver functioning and capacity to change as it relates to child safety, permanence and well-being.

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| IV-E Eligible | YES |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Caseworker |

Responding to Human Trafficking:

Number Staff Trained in 2018: 77

This class is an overview of the basics of human trafficking situations. Its emphasis is on adopting a victim centered approach to achieve successful conclusions in trafficking cases, to include victim rescue and care and trafficker prosecution. After completion of this class the learner will be able to; identify investigative considerations in a human trafficking case, detail the information requirements for successful interventions and investigations, -detail the methods by which traffickers are identified, discuss the victim issues that such cases entail.

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| IV-E Eligible | YES |
| Venue | On-Line |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators |

Responding to Methamphetamine Labs:

Number Staff Trained in 2018: 76

This class will provide participants with some basic terminology of meth labs, as well as equipment used in them and protocols to follow if you identify the location of a possible lab. Upon completion of this class participants will be able to; identify standard and improvised lab equipment used in methamphetamine production, list the correct procedures for dealing with reported or discovered methamphetamine labs, recognize common over-the-counter products that are used in methamphetamine production, identify the proper procedure for dealing with children endangered by methamphetamine labs.

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|---------------|--|
| IV-E Eligible | YES |
| Venue | On-Line |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators |

Rights of Recipients of Mental Health Services Who Are Children in Need of Services (Community Providers):

Number Staff Trained in 2018: 162

This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor.

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| IV-E Eligible | No |
| Venue | Various Locations in State |
| Delivered By | Disability Rights Maine & Policy and Training Specialist |
| Hours | 2 hours |
| Audience | Community Providers |

Rights of Recipients of Mental Health Services Who Are Children in Need of Services (OCFS Staff):

Number Staff Trained in 2018: 288

This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor.

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|---------------|---|
| IV-E Eligible | Yes |
| Venue | Various Locations in State |
| Delivered By | Disability Rights Maine & Policy and Training Team Specialist |
| Hours | 2 hours |
| Audience | OCFS Staff |

Social Work Ethics (6 hour):

Number Staff Trained in 2018: 75

Training is offered to LSW's who are conditionally licensed from both OCFS and OADS. The training goes over in detail the Code of Ethics for Social Workers and work is done around Values and the Responsibility Standards. Ethical dilemmas are discussed as well as how to use a decision-making model for analyzing the dilemma and finally how to use a resolution model to assist in deciding how we determine the best course of action.

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| IV-E Eligible | YES (50%) |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialist |
| Hours | 6 hours |
| Audience | Child Welfare Staff and OADS Staff |

Supervisory Academy-Putting the Pieces Together:

Number Staff Trained in 2018: 6

This training covers the three main areas of effective supervision (Administrative, Educational, and Supportive Supervision) that, while related, are also distinct and that each is an important component or piece of the bigger picture puzzle of child welfare supervision. Each module emphasizes self-reflection and application to the unique circumstances of each supervisor.

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|---------------|--|
| IV-E Eligible | YES (50%) |
| Venue | Central Location (Augusta) |
| Delivered By | Policy and Training Team Specialists |
| Hours | 54 hours, three (3 days modules) offered over 12 months |
| Audience | Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators |

The Maine Face of Human Trafficking:

Number Staff Trained in 2018: 86

This brief class is designed to familiarize participants with the characteristics of human trafficking in Maine. It is recommended that this class be completed as the third in the Human Trafficking series of classes. Upon successful completion of this class, the participant will be able to; identify human trafficking trends in Maine, reference laws in Maine that pertain to human trafficking, recognize a victim-centered response and investigative approach to human trafficking, contact non-governmental organizations to assist with cases involving human trafficking.

| | |
|---------------|--|
| IV-E Eligible | YES |
| Venue | On-Line |
| Delivered By | Justice Planning and Management Associates |
| Hours | 1 hour |
| Audience | Child Welfare Caseworker, Supervisors, Program Administrators and Assistant Program Administrators |

In 2019 the Maine Coalition to End Domestic Violence will be adding a third training to the Advanced Topics in Domestic Violence training series, "The Importance of Effective DV Related Narratives". This training will focus on the power of holding abusive partners accountable and enhancing victim's safety. Participants will learn to use DV tools (i.e. Duluth's Power & Control

Wheel) as a guide while writing letters, narratives and petitions. Tools and practice will help participants accurately portray the context and details of coercive control, domestic violence and abuse. Advocates will support an abuse survivor as she shares portions of her story to develop practical skill building. This training will include; lecture, video, experiential small group activities and an OCFS Supervisor's panel. The pre-requisite for this training is to have attended the "In Her Shoes Experience" training.

Other 2019 Trainings:

The Importance of Effective DV Related Narratives

Permanency/Structured Decision Making

Motivational Interviewing

Critical Thinking