

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Child and Family Services

**Child Protective Services
Annual Report**

2018



Child Protective Services Annual Report

The following report provides a summary of the number of referrals to Child Protective Services, the number of inappropriate referrals, and a series of detailed reports on the characteristics of the referrals that were assigned to caseworkers for assessment.

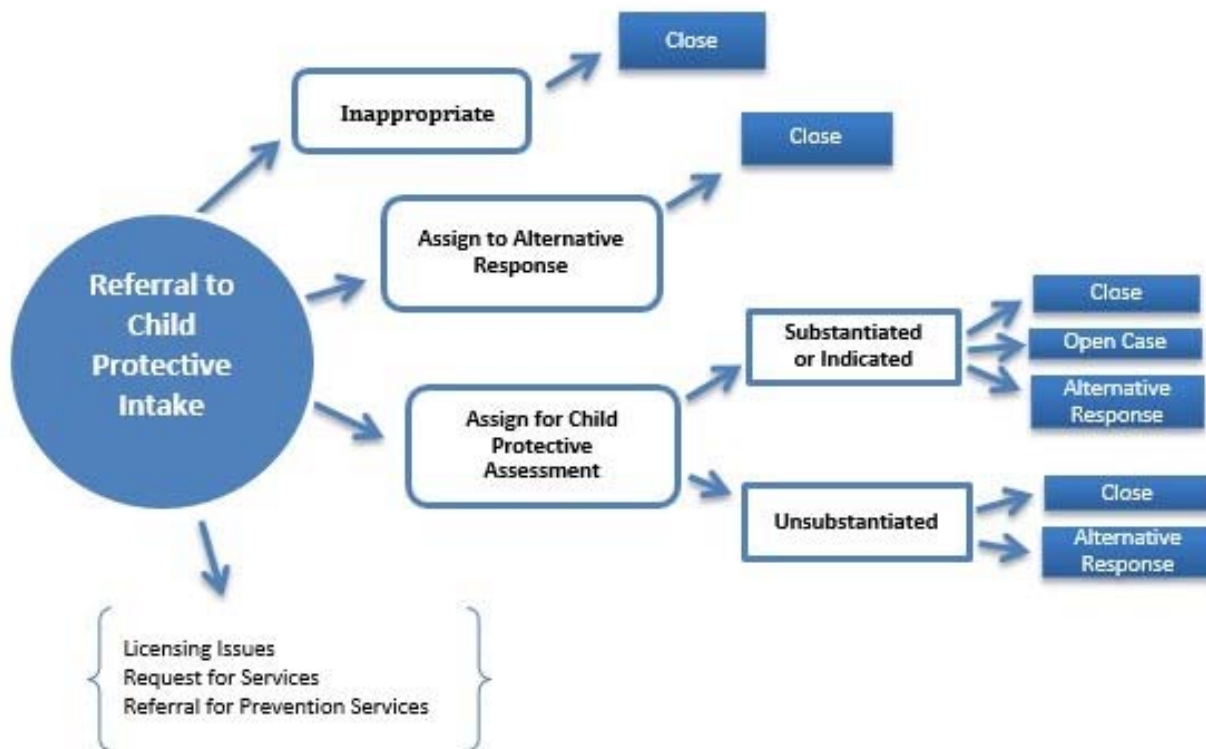
A referral is any written or verbal request for Child Protective Services intervention, in a family situation on behalf of a child, in order to assess or resolve problems being presented.

All county level data represents the county where the primary caregiver was residing at the time of the Intake referral. Information on reports to the Intake unit excludes reports referred to Licensing, the Out-of-Home Investigation Unit, service requests, and reports received where a case was already open and the information did not involve a new incident.

A glossary of child protective terms is available for reference:

<https://www.maine.gov/dhhs/ocfs/documents/Glossary%20of%20Child%20Welfare%20Terms.pdf>

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Title 22 MRSA, Chapter 1071, Subsection 4002 defines abuse or neglect as "a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child."
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CALLS TO CHILD PROTECTIVE SERVICES

During calendar year 2018, the Department of Health and Human Services received **24,675** referrals for Child Protective Services intervention in a family situation. (Compared to 19,567 referrals in 2017, 18,630 referrals in 2016, and 18,615 referrals in 2015). There was a 26% increase in referrals from 2017 to 2018. When reports are received, a decision is made regarding whether or not the report contains allegations of abuse or neglect per statute. If the report does not contain allegations of abuse or neglect, the report is deemed inappropriate and not assigned for assessment. In certain circumstances, when an inappropriate report is received, the Department may refer the family to other non-child welfare providers or resources. When reports contain allegations of abuse or neglect that are appropriate for intervention, the report may be assigned for a child protective assessment or assigned to the alternative response program (ARP).

The recent high-profile deaths of two Maine children has resulted in an increase in the collective awareness of Maine people regarding the child welfare system, as well as an awareness of our shared obligation to ensure children are safe. Across the country other states have experienced a similar increase in the number of reports when public awareness of child welfare has increased, therefore Maine's increase in the number of reports is not atypical. Despite the best efforts of our staff, this increase has taxed our system in a number of ways, including the increased workload in Intake. Intake serves as the first point of contact between the public and CPS, and as a result is a critical link in the child welfare system. Furthermore, the information gathered during these calls is of critical importance to determining the disposition of the report (inappropriate or appropriate). The Governor proposed additional staff for Intake in her budget to increase the responsiveness and effectiveness of Intake, and these positions were included in the final budget. The additional staff will decrease the wait time to make a report and ensure Intake staff have both the training and time to make the best possible decisions about the complicated issues presented when screening reports of abuse and/or neglect.

The following chart shows the number of reports received by county over the past three years, including inappropriate reports, reports assigned to ARP, and those assigned for a child protective assessment.

NUMBER OF REFERRALS BY COUNTY AND CALENDAR YEAR			
COUNTY	2016	2017	2018
Androscoggin	2024	2199	2913
Aroostook	1212	1237	1526
Cumberland	2495	2612	3131
Franklin	458	463	607
Hancock	617	596	735
Kennebec	2104	2114	2545
Knox	576	587	725
Lincoln	418	480	542
Oxford	954	1006	1168
Penobscot	2479	2638	3458
Piscataquis	256	238	276
Sagadahoc	399	427	529
Somerset	988	1045	1362
Waldo	670	654	901
Washington	458	474	640
York	2406	2559	3359
Unknown	19	79	10
Out of State	97	159	248
TOTAL	18,630	19,567	24,675

INAPPROPRIATE REFERRALS

During calendar year 2018, **11,831** reports were deemed inappropriate. Some examples of reports that would be deemed inappropriate include:

- **Parent/child conflict:** Children and parents in conflict over family, school, friends, or behaviors, with no allegations of abuse or neglect. Includes adolescents who are runaways or who are exhibiting acting-out behaviors that parents have been unable to control.
- **Non-specific allegations** or allegations of marginal physical or emotional care, which may be poor parenting practice, but is not considered abuse or neglect under Maine law.
- **Conflicts over custody** and or visitation of children, which may include allegations of marginal or poor care.
- **Families in crisis** due to financial, physical, mental health, or interpersonal problems, but there are no allegations of abuse or neglect.

The Department has published its Mandated Reporter Training, <https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml>. This training provides excellent guidance to mandated reporters and meets the statutory requirement that mandated reporters be trained every four years. The Department is also in the process of modernizing the software that supports Intake. OCFS is implementing a new call routing system meant to prioritize calls reporting child abuse and neglect. This new system will allow Intake managers to better understand and respond to patterns regarding demand on the unit. In addition, this software allows callers to utilize a First-In-Line call back system, rather than waiting on hold.

The following is the breakdown of inappropriate reports received by county over the past three years.

NUMBER OF INAPPROPRIATE REPORTS BY COUNTY			
COUNTY	2016	2017	2018
Androscoggin	772	786	1289
Aroostook	508	539	699
Cumberland	1099	1212	1508
Franklin	180	223	298
Hancock	252	288	328
Kennebec	787	972	1226
Knox	214	262	358
Lincoln	161	195	243
Oxford	353	443	522
Penobscot	928	1143	1720
Piscataquis	95	106	135
Sagadahoc	180	209	257
Somerset	376	468	660
Waldo	267	312	440
Washington	167	222	302
York	1008	1151	1597
Unknown	19	79	10
Out of State	97	158	239
TOTAL	7,463	8,768	11,831

ALTERNATIVE RESPONSE

The Department has contracts with private agencies to provide an alternative response to reports of child abuse and neglect when the allegations are considered to be of low to moderate severity.

In 2018, **1,788** reports were assigned to a contract agency for alternative response at the time of initial report. Referrals are also made to alternative response programs at the conclusion of a child protective assessment or case with a family, when ongoing services and support are deemed necessary. It is important to note that during the majority of 2018, Knox, Lincoln, Sagadahoc, and Waldo counties were without an alternative response provider. Without a contracted provider, all appropriate reports received at Intake were assigned to the OCFS district office for a child protective assessment. This contributed to the decrease in the overall number of reports assigned to alternative response and an increase in the number of assessments completed by OCFS staff.

The following chart shows the number of reports assigned for alternative response at the time of the referral to Intake.

REPORTS ASSIGNED FOR ALTERNATIVE RESPONSE BY COUNTY			
COUNTY	2016	2017	2018
Androscoggin	299	312	369
Aroostook	145	203	178
Cumberland	195	244	343
Franklin	78	79	81
Hancock	76	57	86
Kennebec	217	171	111
Knox	69	77	13
Lincoln	70	67	10
Oxford	197	163	148
Penobscot	237	199	182
Piscataquis	34	22	21
Sagadahoc	70	72	9
Somerset	79	115	41
Waldo	92	104	19
Washington	29	37	38
York	240	263	139
TOTAL	2,127	2,185	1,788

REFERRALS FOR CHILD PROTECTIVE SERVICES

There were **10,119** reports involving **13,282** children assigned to a caseworker for a child protective assessment during calendar year 2018. The increase in calls to the Intake unit caused a corresponding increase in the number of assessments. This increase of over 2,800 assessments (a 31% increase) from 2017 to 2018 strained the child welfare system. Each assessment typically involves a number of interviews and meetings with the family, gathering of information and records, following-up with service providers, etc. Conducting thorough, high-quality assessments takes the time, attention, and dedication of the assigned caseworker. The Department did receive additional caseworker positions as a result of LD 1923 passed in September of 2018; however, the sixteen caseworkers were insufficient given the increase in the number of reports and corresponding increases in the number of assessments and cases. Governor Mills included 33 additional caseworker positions in her budget proposal, and those positions were included in the final budget. These positions represent a vitally important down payment toward the safety of Maine’s children.

The following is the breakdown by county* of reports assigned for a child protective assessment.

REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT BY COUNTY			
COUNTY	2016	2017	2018
Androscoggin	821	810	1103
Aroostook	501	418	575
Cumberland	1144	1028	1195
Franklin	195	150	220
Hancock	270	217	295
Kennebec	1035	884	1128
Knox	264	220	317
Lincoln	174	200	266
Oxford	387	333	434
Penobscot	1134	1017	1440
Piscataquis	118	92	107
Sagadahoc	142	133	244
Somerset	494	406	598
Waldo	273	199	394
Washington	222	160	254
York	1105	1021	1549
TOTAL	8,279	7,288	10,119

*For families that were out of state residents, the county above is that where the incident occurred while they were in Maine.

REFERRALS FOR CHILD PROTECTIVE SERVICES cont.

The following is the breakdown by county and age group of the alleged victims* associated with the reports assigned for a child protective assessment.

NUMBER OF ALLEGED VICTIMS ASSOCIATED WITH REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENTS												
COUNTY	2016 Age Group				2017 Age Group				2018 Age Group			
	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17	0-4	5-9	10-14	15-17
Androscoggin	593	415	273	78	532	450	288	100	655	592	427	149
Aroostook	369	267	148	55	288	199	154	49	396	309	247	67
Cumberland	680	607	363	137	589	513	366	123	529	583	503	186
Franklin	127	124	72	26	101	98	50	19	126	112	80	25
Hancock	177	116	74	32	165	93	69	25	174	149	102	39
Kennebec	724	524	349	123	544	470	357	124	600	615	430	156
Knox	180	127	82	25	137	107	72	28	169	180	115	37
Lincoln	94	92	68	24	146	82	84	21	137	137	108	47
Oxford	263	225	144	40	214	167	121	42	225	235	196	67
Penobscot	822	523	336	99	665	503	334	100	854	734	532	173
Piscataquis	63	54	52	20	61	36	34	18	62	47	50	11
Sagadahoc	77	76	53	13	70	61	57	19	103	115	107	33
Somerset	317	256	203	49	243	222	194	50	300	292	313	118
Waldo	196	172	77	38	124	127	77	20	184	207	171	64
Washington	138	128	78	31	103	75	64	20	124	131	101	37
York	651	546	421	142	563	507	407	126	814	788	670	235
TOTAL	5471	4252	2793	932	4545	3710	2728	890	5452	5226	4152	1444

*Children may be counted multiple times if more than one report was received in the year. There were 13,282 unique children in calendar year 2018.

The majority of children associated with reports assigned for assessment are between 0 and 10 years of age. A primary focus of the Department and the newly re-established Children’s Cabinet is high-quality early care and education. Accessible and available high-quality child care is considered to be one of the most effective protective factors in preventing child abuse and neglect and strengthening families. Quality child care has a number of benefits:

- Encourages healthy development and provides ready access to early intervention services when needs are identified
- Fosters improvement in the relationship between the parent and child
- Supports parental resiliency
- Encourages social connections and interactions among peers, and constructive and supportive social connections for parents
- Connects children and their families to supportive adults
- Creates economic opportunities by allowing parents to achieve educational or employment goals

By promoting protective factors, we can also reduce the prevalence and mitigate the effect of adverse childhood experiences, which have lifelong consequences related to physical and mental health. The Department currently enables access to child care through several subsidy programs, including the Child Care Subsidy program which provides financial support for child care to eligible families with children under 13 years of age, allowing parents to work or attend an educational program. CCSP is supporting over 3,000 families and nearly 5,000 children with subsidy. CCSP is also designed to encourage the growth and availability of high-quality child care.

REFERRAL SOURCE OF ALL REPORTS RECEIVED

The following is a breakdown of the report source, (i.e. “Referent”) for reports received*. Mandated reporters are required by law to provide their name and information about their professional relationship with the family, though they can ask that their name be kept confidential from the family. The Department has published its Mandated Reporter Training, <https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml>, which all mandated reporters are required to complete at least once every four years (see 22 M.R.S.A. §4011-A(9)).

In 2018, law enforcement and school personnel were the two groups which reported suspected abuse or neglect most frequently. The Children’s Cabinet brings together the Departments of Health and Human Services, Public Safety, Labor, Education, and Corrections. This is vitally important work because the Cabinet represents a common and continuous link among different areas of state government that impact children and their families. The Cabinet will provide a forum for collaboration toward systemic improvements that benefit Maine’s children, including any needed improvements related to mandated reporting.

Non-mandated reporters can ask that their name be kept anonymous and not disclose their identity for the report.

REFERRAL SOURCE – ALL REPORTS			
REFERRAL SOURCE	2016	2017	2018
Anonymous	8%	8%	7%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	15%	15%	15%
Medical Personnel	15%	15%	13%
Mental Health Personnel	12%	11%	10%
Neighbor/Friend	4%	4%	4%
Other	1%	0%	0%
Relative	5%	5%	5%
School Personnel	20%	21%	22%
Self/Family	11%	10%	10%
Social Services Personnel	9%	9%	12%

REFERRAL SOURCE OF REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT

REFERRAL SOURCE – REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT			
REFERRAL SOURCE	2016	2017	2018
Anonymous	8%	7%	7%
Child Care Personnel	1%	1%	1%
Law Enforcement Personnel	21%	22%	20%
Medical Personnel	16%	15%	11%
Mental Health Personnel	11%	10%	9%
Neighbor/Friend	4%	4%	4%
Other	1%	0%	0%
Relative	6%	5%	6%
School Personnel	17%	18%	22%
Self/Family	7%	7%	8%
Social Services Personnel	10%	10%	13%

HOUSEHOLD TYPE/LIVING ARRANGEMENT OF FAMILIES ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT

When receiving reports of suspected abuse or neglect, information regarding the living arrangement of each family is documented. For example, a two-parent, unmarried family may include a biological parent and his/her live-in partner who is also a caretaker to the child. A relative household type would be chosen when grandparents, aunt/uncle, etc. are the caregivers of the child. A non-relative household type would be selected when children are being cared for by a person not related to them.

The following chart shows the living arrangement at the time of the receipt of the Intake report for those reports that were assigned for a child protective assessment.

LIVING ARRANGEMENT OF FAMILIES FOR REPORTS ASSIGNED FOR CHILD PROTECTIVE ASSESSMENT			
Household Type/Living Arrangement	2016	2017	2018
Two Parent Married	19%	19%	20%
Two Parent Unmarried	36%	35%	32%
One Parent Female	34%	33%	31%
One Parent Male	7%	9%	12%
Adoptive Home	1%	1%	1%
Relative	3%	3%	3%
Non Relative	0%	0%	0%
Other	1%	0%	0%

This data reflects that child protective services becomes involved with families from a variety of life circumstances. There is no “typical” family our staff work with. Each assessment is different based on the information contained in the report and that which is gathered during the assessment. When this data is looked at in conjunction with the data regarding the increase in assessments during 2018, it becomes evident why it is critical that our district offices have sufficient staff to complete thorough and timely assessments and make recommendations regarding services and/or further child protective involvement for the family.

In addition, a significant portion of the families assessed by child protective services in 2018 were single parent households. This statistic further reinforces the value of accessible high-quality child care to ensure that parents have the support necessary to attend work or school. As the Office of Child and Family Services continues its focus on increasing the accessibility and quality of child care it is anticipated that there will be a corresponding increase in protective factors associated with high-quality child care. Protective factors will improve the lives of Maine’s children and may lead to a decrease in the need for child protective services involvement by improving family functioning.

FAMILY RISK FACTORS IDENTIFIED DURING ASSESSMENT

The following shows the percentage of assessments where one of the following risk factors was found during the assessment. Each assessment may have several risk factors. Risk factors were aligned with Federal Risk Factors in July 2018; therefore, some risk factors may contain only partial-year data.

RISK FACTOR	2018
Domestic Violence	15%
Caretaker's drug use	12%
Caretaker's alcohol use	9%
Child's diagnosed condition	9%
Neglect	8%
Child's severe behavior problem	6%
Emotional or Psychological abuse	4%
Homelessness	4%
Physical abuse	4%
Inadequate housing	3%
Caretaker's significant impairment - physical/emotional	2%
Incarceration of caregiver	2%
Sexual abuse	1.3%
Child's drug use	1.2%
Medical neglect	1.0%
Prenatal drug exposure	1.0%
Caretaker's significant impairment - cognitive	<1%
Inadequate access to mental health services	<1%
Runaway	<1%
Child's alcohol use	<1%
Educational neglect	<1%
Inadequate access to medical services	<1%
Abandonment	<1%
Child requested placement	<1%
Whereabouts unknown	<1%
Child's accidental ingestion	<1%
Death of caretaker	<1%
Family conflict related to child's sexual orientation, gender identity, or gender expression	<1%
Voluntary relinquishment for adoption	<1%
Failure to return	<1%
Prenatal alcohol exposure	<1%
Parental immigration detainment or deportation	<1%
Public agency title IV-E agreement	<1%
Sex trafficking	<1%
Tribal title IV-E agreement	<1%

The risk factors with the greatest prevalence are domestic violence and drug/alcohol use. This data reinforces the importance of Maine focusing on resources and support for domestic violence and substance use disorder treatment services throughout the state. The Governor proposed an increase in funding for domestic violence and sexual assault-related services in her budget proposal and her administration has dedicated significant energy and resources to focusing on the opioid crisis and the availability of treatment options for all types of substance use.

Within the Office of Child and Family Services, domestic violence liaisons in each district office assist staff in navigating domestic violence-related issues in child welfare matters. OCFS also continues to partner with stakeholders throughout the child welfare system on improving the response to both domestic violence and substance use. In early 2019, the Judicial Branch held a statewide conference focused on the impact of domestic violence and substance use in child welfare cases. This training was attended by OCFS staff, Judicial Branch staff, staff from the Office of the Attorney General, Judges, Justices, Parents' Attorneys, Guardians ad Litem, and Court Appointed Special Advocates.

Issues related to children's mental and behavioral health were also among the most prevalent risk factors in 2018. The Department is currently completing a visioning process which will serve as the basis of a long-term strategic vision for children's behavioral health services in Maine. One of the goals in improving the CBHS system of care is reducing the need for child welfare intervention as a result of mental or behavioral health concerns. Improvements in the CBHS system are likely to benefit children and families in a number of ways, including by addressing issues before they rise to the level of child welfare intervention and ensuring that when intervention is necessary, the services and supports needed to enable family reunification are readily available.

COMPLETED ASSESSMENTS

Below are outcomes for assessments completed in calendar year 2017 and 2018, showing the number of completed assessments by county which resulted in a finding of abuse or neglect (substantiated or indicated), or no findings of abuse/neglect (unsubstantiated).

2018 saw a significant increase in the number of assessments. Not every assessment that is completed results in a finding of abuse or neglect. Assessment caseworkers work diligently to meet with the family and collateral contacts, conduct interviews, gather information and records, etc. in an effort to investigate the allegation(s) of abuse or neglect. The outcome of the assessment, whether abuse or neglect is found or not, can have a profound impact on the life of a family, including resulting in removal of the child. The Governor and her administration have recognized the importance of this work and the enacted budget contains 33 additional frontline caseworkers. The work that goes into a thorough assessment requires time, hard work, and proper training to complete. By increasing district office staff, OCFS can begin to address the increase the number of reports, assessments, and cases, enabling continued emphasis on quality throughout the child protective system.

In the fall of 2018, the Department created a Background Check Unit (BCU) within OCFS. This unit conducts national background checks for adults associated with OCFS assessments and cases. The BCU began as a pilot serving the district offices in York and Cumberland counties and has proven successful in providing frontline staff with information that uncovered previously unknown out-of-state convictions for murder, child abuse, and sex offenses (among others). The BCU has proven to be an effective and important component to ensuring staff can make well-informed decisions regarding child safety. The Governor's budget proposal included an additional six positions to allow the BCU to serve all OCFS Districts throughout the state, and those positions were included in the enacted budget.

CHILD PROTECTIVE ASSESSMENT FINDINGS						
COUNTY	2017			2018		
	# Assigned	# Substantiated/ Indicated	#Unsubstantiated	# Assigned	# Substantiated/ Indicated	#Unsubstantiated
Androscoggin	810	229	581	1103	263	840
Aroostook	417	132	285	575	167	408
Cumberland	1028	244	784	1195	245	950
Franklin	150	38	112	220	48	172
Hancock	217	82	135	295	105	190
Kennebec	883	310	573	1128	363	765
Knox	219	44	175	316	57	259
Lincoln	199	66	133	266	51	215
Oxford	333	85	248	434	96	338
Penobscot	1017	278	739	1433	400	1034
Piscataquis	92	26	66	107	27	80
Sagadahoc	133	33	100	244	30	214
Somerset	406	149	257	598	186	412
Waldo	199	40	159	394	75	319
Washington	160	67	93	243	69	174
York	1021	337	684	1548	483	1065
State	7284	2160	5124	10100	2665	7435

ASSESSMENT FINDINGS RATE

The following shows the percentage of assessments completed where findings of abuse or neglect were substantiated or indicated by county for the past three years.

The findings rate has held relatively steady over the last three years, despite the significant increase in the number of assessments in 2018. This data is an important metric in evaluating the impact that the increase in the number of assessments has had on our system. The increase has put stress on the system and increased caseloads for staff. Despite this, due in large part to the dedication and commitment of staff, there has not been a significant reduction in the number of cases where abuse or neglect was found.

This data is also helpful in identify geographic areas where findings are made at a higher than average rate. Using this data, the reasons for these variances can be explored and addressed, including those which are related to geography (availability of services in a particular area) or the culture of a particular district office.

ASSESSMENT FINDINGS RATE			
COUNTY	2016	2017	2018
Androscoggin	27%	28%	24%
Aroostook	23%	32%	29%
Cumberland	23%	24%	21%
Franklin	26%	25%	22%
Hancock	27%	38%	36%
Kennebec	34%	35%	32%
Knox	25%	20%	18%
Lincoln	29%	33%	19%
Oxford	23%	26%	22%
Penobscot	28%	27%	28%
Piscataquis	22%	28%	25%
Sagadahoc	25%	25%	12%
Somerset	34%	37%	31%
Waldo	22%	20%	19%
Washington	33%	42%	29%
York	28%	33%	31%
TOTAL	27%	30%	26%

CHILD ABUSE AND NEGLECT VICTIMS BY ABUSE TYPE

The following report shows the victims by age group and type(s) of abuse found during the child protective assessment for the past three years. Children may be counted multiple times if they were the victim of more than one abuse type in a given assessment, or the victim of abuse in separate assessments over the course of the calendar year.

2016				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	67	466	1132	269
5-9	86	312	673	458
10-14	89	193	372	347
15-17	38	71	97	118
Total	280	1042	2274	1192

2017				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	62	456	1037	271
5-9	97	306	646	407
10-14	104	210	412	385
15-17	35	51	102	104
Total	298	1023	2197	1167

2018				
AGE	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse
0-4	47	568	1180	324
5-9	95	342	772	515
10-14	107	251	567	499
15-17	56	83	132	159
Total	305	1244	2651	1497

The data reflects an increase in the number of findings made from 2017 to 2018. Some of this is likely due to the significant increase in the number of assessments in 2018, but it is also worth noting that two categories, neglect and emotional abuse, saw the most significant increase. These two finding categories are those most often associated with parental substance use. For example, parents who are under the influence and are unable to provide safe and appropriate supervision of their children, resulting in a neglect finding; or exposure to unsafe individuals or situations, resulting in an emotional abuse finding.

The Department continues to focus resources and energy on combating the opioid epidemic, as well as other types of substance use, across the state. As the availability of treatment services increases it will simplify the process of accessing treatment. Parents who are able to successfully engage in substance use disorder treatment eliminate one of the primary risk factors for child protective involvement in their family's life.