Final Report for the 2015-2019

Child and Family Services Plan

State of Maine

Office of Child & Family Services



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**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.

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

The organizational unit responsible for programmatic implementation of the CFSP is the OCFS 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 a collaboration between the aforementioned team and the Operations Team overseen by Associate Director Robert Blanchard.

**Practice Model**

Articulated in our Practice Model is the philosophy of OCFS 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/**](http://maine.gov/dhhs/ocfs/cw/policy/)

**Consultation and Coordination**

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; reviewed and provided feedback on the OCFS’ updated Family and Child Plans. These activities support the goals of the OCFS Strategic Plan.

**Maine Child Welfare Advisory Panel**

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| **First** | **Last** | **Position** | **Organization** |
| Christine | Alberi | Child Welfare Ombudsman | State of Maine |
| Stephanie | Barrett | Panel Coordinator | Department of Health and Human Services |
| Marie | Briggs | Director | Beloved Children |
| Jamie | Brooks | Parent Partner | Parents as Partners |
| Todd | Landry | OCFS Director  | Department of Health and Human Services |
| Adrienne | Carmack | Pediatrician | Penobscot Community Health Care, FQHC |
| Lyn | Carter | Rural Grant Program Coordinator | Maine Coalition to End Domestic Violence |
| Susan | Clardy |  Research Assistant | Maine Attorney General’s Office |
| 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 |
| Betsy | Boardman | Child Protection and Children’s Judicial liaison | Maine Courts |
| Meg | Hatch | CAC Network Coordinator | Maine Coalition Against Sexual Assault |
| Jim | Hatch | Director of Operations | Adoptive and Foster Families of Maine |
| Destie | Hohman Sprague\* | Associate Director | Maine Coalition Against Sexual Assault |
| Bette | Hoxie | Director | Adoptive and Foster Families of Maine, Inc. |
| Christine | Hufnagel | Director of Family Services | Community Concepts |
| Alana | Jones |  |  |
| Bobbi | Johnson\* | Associate Director of Child Welfare Services | Department of Health and Human Services |
| 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 Representattives |
| Dave | McCluskey | Executive Director | Community Care |
| Debra | McSweeney | Licensed Physical Therapist | MaineGeneral Medical Center |
| Sarah | Minzy | Family Services Director | Home Counselors Inc. |
| Alivia | Moore | Tribal Representative |  |
| Jim | Jacobs | Psychologist | MaineGeneral Medical Center, Edmund Ervin |
| 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 | State of Maine, Attorney General's Office |
| Daniella | Cameron | Associate Director | Preble Street |
| Jean | Youde | Programs Coordinator | MaineGeneral Medical Center |
| Chris | Bicknell | Homeless youth | New Beginnings |
| Caroline | Jova | Family Division Manager | Maine Courts |
| Betsy | Boardman | Child Protection and Juvenile Specialist | Maine Courts |
| \*Panel Co-Chair |

In 2017 Maine underwent the federal Child and Family Services Review, utilizing its own Quality Assurance Unit that had been certified by ACF to conduct the review with ACF oversight. Following this review, the OCFS began working on developing its Program Improvement Plan (PIP) with the idea of streamlining the work to ensure that OCFS was developing goals and strategies that would ultimately lead to better outcomes for children and families in Maine.

In developing the PIP, Maine identified 4 primary goals:

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.

During calendar year 2017, the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS) conducted an internal review of the child welfare system in Maine. In addition, the system is currently under review by Maine’s Office of Program Evaluation and Government Accountability (OPEGA), the investigative entity representing the State’s Legislature. These reviews have spurred multiple practice improvement initiatives intended to support improved outcomes for children and families in Maine. It is anticipated that further improvement initiatives will be developed based on the ultimate outcomes of these reviews. Current improvement initiatives include:

* A renewed focus on the process within which decisions are made regarding children served by the child welfare system.
	+ All decisions that impact the safety of a child must be reviewed and approved using a Team Decision Making (TDM) meeting.
		- The TDM model allows the process for each decision made to be a collaborative learning experience for all staff involved.
		- Decisions related to court action, placement, reunification, and termination of parental rights require a team review which includes the Program Administrator and/or Assistant Program Administrator for the District responsible for the case.
* The teaming model that Maine was pursuing during and following the Maine CFSR has been reviewed in light of the information obtained in the internal and OPEGA reviews. Modifications were made to improve teaming practice and provide clarity to staff regarding teaming procedures. Guidance was issued to staff to ensure that decisions that affect the needs and safety of the child are made with input of the entire team to ensure that all relevant information is available and considered.
	+ Guidance to staff clarified that foster parents must be included in team meetings. If the foster parents are not available, the caseworker must provide an update to the foster parents after the meeting (and before any decisions made at the meeting are finalized), so that the foster parent’s feedback can be gathered and considered in the final decision.
* OCFS shifted from conducting child protection “assessments” to a focus on completing comprehensive, forensically sound “investigations.” The language was updated within policy and practice documents to reflect this change and trainings include an emphasis on critical thinking, forensic and motivational interviewing techniques, and the importance of ongoing supervisory oversight.

During 2018, OCFS was able to participate in legislative hearings regarding the child welfare system, including seeking legislative solutions to improve outcomes for child and families. As a result, several pieces of legislation were passed that have directly impacted OCFS, including:

* A modification to the expungement requirements contained in Maine law which lengthened the time the Department may retain unsubstantiated records from 18 months (if no new reports) to 5 years.
* A provision which authorizes OCFS to receive confidential criminal history from the Maine Department of Public Safety. Access to confidential criminal history provides staff information about pending criminal charges and criminal charges where the defendant plead to a lesser charge, the case was dismissed, or the defendant was acquitted. This is especially important due to the higher burden of proof required in criminal cases, which may result in the inability to obtain a criminal conviction even when there are facts or circumstances that might impact child safety.
* A funding bill which included the following initiatives:
	+ Funding to pilot a new family visitation model that will utilize visits as an opportunity to evaluate the parent’s capacity to safely and appropriately parent their child.
	+ Funding to expand clinical consultation services available to caseworkers that includes:
		- Case-specific consultation, individually or in groups, for staff and providers;
		- Trainings for OCFS staff regarding effective casework practice and decision making; and
		- Clinical consultation for staff to debrief child deaths, serious injuries, and other complex case situations in which staff may benefit from additional support.
	+ Funds for the development of a new case management software system that will replace the Maine Automated Child Welfare Information System (MACWIS).
	+ An increase to the reimbursement rates for foster parents providing all levels of care.
	+ Additional staff, including 8 administrative support positions (case aides), 16 caseworkers, 16 supervisors, and 2 regional associate directors.
	+ Funding for a $5.00 per hour stipend to all staff who regularly make child safety related decisions (i.e. Caseworkers, Supervisors, Assistant Program Administrators and Program Administrators).
	+ Funding for a $1.00 per hour stipend to all staff who hold a relevant master’s degree and regularly make child safety related decisions.

OCFS has worked cooperatively within the Executive and Legislative Branches to thoughtfully and expeditiously make the needed changes, many of which also correlate to and address the outcomes of the Maine OCFS 2017 CFSR.

**Review of 2015-2019 CFSP Goals:**

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

**Strategic Goal 1: Child safety, first and foremost**

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

* *Annual, periodic staff allocations among districts.*

The Associate Director of Child Welfare Services meets with the Associate Director of Operations to review the Caseworker Workload Reports and then works with the District Management Team (DMT) to make any recommendations for adjustments. Staffing changes continue to be made based on a review of available longitudinal data. In the last calendar year through legislative action “An Act to Improve the Child Welfare System (LD 1923), new personnel lines were appropriated to Child Welfare Services. A workload analysis was completed to determine where these lines should be allocated. These include: 8 supervisors, 16 caseworkers, 16 case aides and 2 Regional Associate Director positions.

**This strategy will be carried over into the 2020-2024 CFSP due to the need to ensure appropriate staffing levels available in key locations.**

* *Annual, periodic staff allocations within each district.*

Districts continue to review staffing patterns and case workload to assign staffing into practice areas where there is the greatest need. In calendar year 2018 there was a 27% increase in the number of calls received at the Central Intake Unit as compared to 2017. This resulted in a 25% increase in the number of families assigned for assessment which required OCFS to re-distribute staff across program areas in order to complete assessments and to manage the additional workload.

**This strategy will be carried over into the 2020-2024 CFSP due to the need to ensure appropriate staffing levels available in key locations.**

* *When applicable based on outcome from annual case reviews, written District action plans for timely response will be developed in collaboration with the Associate Director of Intervention and Coordination of Care, Program Administrator, Unit Supervisor and Quality Assurance Specialist.*

Maine has a long history of conducting case reviews modeled after the federal CFSR. The model includes districts developing and implementing district PIPs to focus staff on making incremental progress on outcome goals. In the winter of 2015 a decision was made by the Commissioner’s office that statewide PIPs specific to several key areas would be more appropriate and manageable. The areas of focus remained those that the data showed were most challenging: safety through the life of the case, case planning with children and families and frequency and quality of contact with children and families. At that time DMT agreed that these areas needing improvement could be managed through use of existing action plans as well as through the current initiatives at the time (i.e. Eckerd Rapid Safety Feedback). Due to the increased workload, key activities over this last year focused on ensuring the safety of children in need of immediate intervention. This is an area that will require continued focus through the PIP and the 2020-2024 CFSP.

* *Expansion and continued support of Alternative Response Programs (ARP) through increased funding, renewing the Request for Proposals and providing training for staff.*

Maine continued to utilize Alternative Response Programs, increasing their service capacity in FY 15 which allowed nearly three times as many families to be served statewide. In the spring of 2018, through the internal review process, the decision was made to strengthen the utilization of ARP. This included developing a formalized process for ARP to refer families back to OCFS that they were unable to locate, the family refused services or the family ended services prior to the completion of the assessment of child safety.

Maine has reevaluated its use of ARP and plans to phase out the current model of Alternative Response and transition to a Community Intervention Program within an increased focus on prevention and early intervention. Strategies in the 2020-2024 CFSP will support this work.

* *Creation of policy around response time of Child Advocacy Centers.*

Maine has also remained committed to expanding the use of the Child Advocacy Centers (CAC) statewide. Policy was developed to guide staff on how OCFS engaged with CACs, including clarification that, while it is ideal that CAC conducts the forensic interview, if a CAC cannot see the alleged victim(s) timely in order to meet the 24-hour or 72-hour timeframe, the OCFS caseworker is expected to conduct the interview.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

**Other:**

Maine also implemented the Structured Decision Making model in Centralized Intake in May, 2017. SDM in Intake guides decision making related to responsible timeframes for assessment practice. Staff are expected to see families within 24 hours when the report includes allegations of high severity child abuse and neglect. All other contacts must be included within 72 hours.

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| **Data Report** |
| **CFSR Item** | **Baseline****2015-2019 CFSP** | **CFSP Year 5 Goal** | **2017 CFSR Outcome** | **PIP Negotiated Goal** | **PIP Measure****4/18-3/19** |
| 1- Timeliness of Initiating Investigation for Reports of Child Maltreatment. | 69% | 85% | 73% | 84.2% | 72.88% |

In general, OCFS maintained meeting timeliness expectations however the data does fluctuate in part due to a significant increase in the number of reports, on-going challenges related to staff vacancies, difficulty recruiting appropriate employees and the increase in the number of children remaining in foster care which has diverted resources and staff time. Given the critical importance of seeing children within a timeframe that assures their safety, OCFS will need to continue the work improving in this area. Strategies outlined in the PIP should assist OCFS in making gains in this area.

*Goal 2: Families increase the safety of their children by making and implementing agreed upon plans, supported by services they need (CFSR Items 2,3,12,13,17,18).*

* *Continued support and training opportunities of the OCFS Fact Finding Interview Protocol.*

Pre-service training for all new caseworkers includes training on Fact-Finding Interviewing Protocol. In the past year, Fact Finding Interviewing Training and Motivational Interviewing Training was provided to 106 new staff and will continue to be available on a semi-annual basis.

**These trainings will continue as part of the OCFS Policy Training Plan and will not be a strategy in the 2020-2024 CFSP.**

* *Review/revise and strengthen Family Team Meeting Policy and Facilitated Family Team Meeting Protocol; and* *Training on Family Team Meetings and Facilitated Family Team Meetings.*

Within the first year of the CFSP, OCFS began collaborating with Casey Family Services Strategic Consultants to reset the Family Team and Facilitated Family Team Meeting process- this included updating/revising policy, developing curriculum and rolling out the training process. 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. Fidelity measures were developed with the Teaming Specialists and were instrumental in ensuring fidelity for the model.

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

* + The goals of the team meetings are to address the needs related to the best interested and safety of the child. Agency staff guide the meetings in order to effectively address these needs. Meetings are collaborative with the family and focus on issues related to the Department’s involvement.
	+ Family Team Meetings are 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 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 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 isused 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.

**Elements of** **this strategy will be carried over into the 2020-2024 CFSP as OCFS believes effective engagement with families and their supports is critical in ensuring outcomes for children in families are improved.**

* *Develop district repeat maltreatment written action plans based on data standards.*

The most recent ACF Data Profile (2019) reflects that Maine is struggling to prevent recurrence of maltreatment. The originally submitted 2015-2019 CFSP included the expectation of district actions plans for districts struggling with 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 Took 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. 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.
* *Implementation and Utilization of the Family Stabilization Program.*

The Family Stabilization Program was absorbed into existing service arrays. Family Visitation and Alternative Response Services continue to be key services in the continuum for families in need of or at risk of child welfare intervention. OCFS has recently increased funding for Family Visitation as a result of an increase of 245 children in care between May 2018 to February 2019. In the spring of 2018, through the internal review process the decision was made to strengthen the utilization of ARP. This included developing a formalized process for ARP to refer families back to OCFS that they were unable to locate, the family refused services or the family ended services prior to the completion of the assessment of child safety. Maine has reevaluated its use of ARP and plans to phase out the current model of Alternative Response and transition to a Community Intervention Program within an increased focus on prevention and early intervention. Strategies in the 2020-2024 CFSP will support this work.

**The key activities related to this strategy will continue to be reviewed and implemented throughout the 2020-2024 CFSR given the services highlighted above are key services in the continuum for families in need of or at risk of child welfare intervention**.

* *Develop a formal a 90-day supervisory review protocol of child and family plans.*

OCFS continues to recognize the importance of supervisory oversight in the daily practice of its staff, as evident by the strategies developed to implement a review process that will best support the district casework staff but at the same time be manageable for supervisor to implement. Initial efforts in the 2015-2019 CFSP were to develop quarterly review protocols for supervisors that could be utilized within the MACWIS system. Due to a variety of factors (shifting priorities, workload challenges etc.) a supervisory tool was not fully implemented until the summer of 2018. From the fall 2017 to spring 2018, the Associate Director and Regional Associate Directors of Child Welfare collaborated with the District Management Team, the Information Services Team and the Statewide Supervisor Team to develop and implement a Supervisory Tool Kit that would guide supervisory staff in their focus of review based on the case status timeframe. This allows for any areas of practice that are missing or not meeting the quality standard to be discovered early in the case flow and changes to be made to meet the standards/policy/laws. Next steps include evaluating supervisory expectations and integrating the tool kit with other practice expectations.

**This strategy will continue in the 2020-2024 CFSP as strengthening procedures related to supervisory oversight is key to developing and sustaining a strong child welfare workforce.**

* *Review/reassess elements needed to strengthen the OCFS Management Reports.*

In the fall of 2014 the OCFS Management Report was modified to include measures specially related to managing the CFSP goals. This was re-reviewed by the Associate Director of Child Welfare in 2016 to ensure that the Management Report would also be able to track and monitor the OCFS Strategic Plan elements. In 2017, the Information Services Team developed a data dashboard that also included the relevant measures and provide real time data at the caseworker, unit ,district, and statewide level. This tool was implemented in April 2019 and provides staff, across the OCFS continuum of services, access to relevant data in their program areas.

**This strategy will continue in the 2020-2024 CFSP as providing real time data to all child welfare staff can help improve practice and performance and ultimately outcomes for children and families.**

* *Management review of the components of the Signs of Safety and creation of a written action plan on how to move forward with the key elements of safety informed practice.*

In early 2014, OCFS leadership and caseworkers identified key components of the Signs of Safety work that were then woven into the OCFS training unit. The key areas include:

* Engaging natural and formal supports to address safety goals.
* Quality FTMs and FFTMs.
* Sustainability of family teams through the life of the case.
* Understanding the child welfare planning process with families.
* Sharpening Harm, Danger, Safety goals that clearly define for families in plain language what is expected from them and the agency.
* Utilizing strengths/protective capacity to meet safety goals.
* Creating behaviorally specific goals/next steps.
* Using the Questioning Approach in interviews with families.
* Forensic Interviews- refresher.
* Parent Interviews.

**This specific strategy will not be carried over into the 2020-2024 as the key areas within the strategy have been absorbed into other key activities.**

* *Implement revised policies/procedures (health screening at entry into foster care; mental health screening of all children in service cases; portable health record regularly updated; current health information and family health history in MACWIS) and (added in FFY 2017) assess current procedures within the Health Care Plan and identify areas that will require strengthening and implement new procedures.*

In January 2015, the Child Health Assessment (CHA) Protocol was distributed to the District Management Team with the expectation that staff would be trained on the protocol. The priority of the CHA Protocol was to ensure that all staff know and follow the law regarding medical services (medical, dental, mental health and developmental screening). This included medical appointments being made for children within 10 days of entry into foster care, children 4 years and younger being referred to Child Developmental Services (CDS) and the Pediatric Symptom Checklist (PSC) used by the caseworker with the parent/caregiver and/or youth to screen children in the 4-16year-old range for clinically significant behavioral, cognitive and emotional challenges. A process was also developed to ensure that CDS referral were made in any case with a finding of child abuse and neglect at the conclusion of the child protective assessment. Based on performance data, a strategy was developed to utilize the Children’s Behavioral Health Nurse Care Managers to provide oversite. The Nurse Care Managers received weekly reports of new children entering foster care and followed up with district staff to ensure that the initial medical appointments were held and that any recommendations were followed.

In the FFY 2019 APSR submission additional objectives were identified to support Goal #2 and included:

* Statewide implementation of Structured Decision Making in assessment caseworker practice. This work was done in consultation with National Council on Crime and Delinquency (NCCD) and included development of tools to support Maine casework practice, training and coaching. In December 2018, all assessment staff were trained on the use of the SDM Safety and Risk Assessment Tools and began using them on new assessments. As part of this process, the CPS Investigation Policy was updated to reflect current practice expectations and the Quality Improvement Team developed a tool to review and provide feedback to staff to ensure fidelity to SDM.
* Develop and implement a District Quality Improvement (QI) process. QI Specialists were identified in each district and were able to provide real time case review feedback to district staff.
* Consistent utilization of OCFS Family and Child Plans. In the spring of 2018 these plans were developed and implemented in MACWIS. Staff were trained in the policy and practice expectations for completing the plans. 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.

**This specific strategy will not be carried over into the 2020-2024 as the key areas within the strategy have been absorbed into other strategies and key activities with the CFSP.**

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| **Data Report** |
| **CFSR Item** | **Baseline****2015-2019 CFSP** | **CFSP Year 5 Goal** | **2017 CFSR Outcome** | **PIP Negotiated Goal** | **PIP Measure****4/18-3/19** |
| 2- Services to Prevent Removal | n/a | n/a | 50% | 65.1% | 42.42% |
| 3- Risk & Safety Management | 41% | 61% | 40% | 47.8% | 36.15% |
| 12- Needs Assessment & Services to Children, Parents & Foster Parents | n/a | n/a | 38.5% | 46.2% | 33.85% |
| 13- Child & Family Involvement in Case Planning | n/a | n/a | 40.4% | 48.7% | 30.7% |
| 17- Physical Health of Child | 78% | 90% | 64% | n/a | 59.26% |
| 18- Mental/behavioral Health of the Child | 74% | 90% | 67% | n/a | 43.42% |

Based on the Data Table, it is clear OCFS has room for improvement in these key outcomes for children and families. It is anticipated that the approved PIP and 2020-2024 CFSP will include strategies and steps that will assist in making these improvements.

*Goal 3: Efficient, effective casework (engagement, assessment, teaming, planning & implementation) is evident in case documentation (CFSR Items 2,3,12,13,14,15, systemic factor 20).*

* *Increased use of the OCFS Fact Finding Interview protocol supported by annual training which is implemented and monitored.*

Please refer to update under Goal #2.

* *Explore alternative methods for assessment, i.e. Structured Decision Making.*

Since the submission of the 2015-2019 CFSP, Maine has implemented two new processes that support the review and feedback for quality assessment work; Eckerd Rapid Safety Feedback (ERSF) model in March 2016 and Structured Decision Making (SDM) for assessments in the fall of 2018.

The ERSF program, a real-time review model, was implemented in March 2016 and is staffed by 3 QA Specialists trained in the ERSF model, overseen by the ERSF Program Manager. The goal of this model is to better support the work of district caseworkers and supervisors. 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 does not contain sufficient information to determine if safety concerns are present, an ERSF case staffing is scheduled between the ERSF team, the caseworker and his/or supervisor. Since its implementation, there have been 1,015 cases assigned for review with 1,089 reviewed (these include quarterly reviews) and 796 staffings held. OCFS also has been working in collaboration with Casey Family Program who have been tasked with evaluating the ERSF program although this work has yet to conclude. In the fall of 2018 the ERSF program was placed on hold because 75% of the staff assigned to this project promoted to supervisor positions within OCFS. The program will resume once staff are hired to support the program.

Structured Decision Making (SDM) in assessment and permanency will build statewide consistency in practice. Through this implementation of SDM, OCFS developed tools with the National Council on Crime and Delinquency (NCCD) to support staff in sound decision-making at critical case points. The assessment tools include a component related to safety planning which was implemented at the end of 2018. 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 concern have been addressed, if there are new safety concerns, and progress toward meeting the goals in the case plans. The last tool is the Risk Reassessment that helps decide if a case should be closed. The timelines for implementation of the SDM Permanency Tools is fall 2019.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP as ERSF and SDM in assessment has been implemented and the work on these initiatives are to sustain them. SDM in permanency will be implemented in 2019 and key activities related to this work have been developed in the PIP and CFSP 2020-2024.**

* *Redesign documentation methodology and policy.*

In the spring of 2014 a workgroup was convened to review and draft the Documentation Policy, this group included statewide and program wide representation. Following the development of the policy there was a series of statewide training, trainers included Training Specialists and QA Specialists. In the winter of 2017 a series of face-to-face templates were implemented. These tools streamline the work for both caseworkers and supervisors which will lead to more effective utilization of time and workload management. It is anticipated that the QI until will conduct reviews of completed templates and provide real time feedback to staff on documentation practices.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP. The PIP will include key activity related to QI review of templates and providing real time feedback to strengthen practice.**

* *Annual Family Team Meeting and Facilitated Family Team Meeting trainings for all staff.*

Please refer to update under Goal #2.

* *Management review of the components of the Signs of Safety and creation of a written action plan on how to move forward with the key elements of safety informed practice.*

Please refer to update under Goal #2.

* *Streamline social worker and supervisor activities.*

In 2016 OCFS contracted with Hornby-Zeller Inc. to assess the workload of supervisors and caseworkers and make recommendations to streamline these activities by looking at administrative tasks that could be completed elsewhere in the system. The organization assessment recommended developing a more streamlined policy format, leading to the development of the OCFS Family and Child Plans. In the spring of 2018 these Plans were developed and implemented in MACWIS. Staff were trained in the policy and practice expectations for completing the plans. 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. From the fall of 2017 to spring of 2018, the Associate Director and Regional Associate Directors of Child Welfare collaborated with the District Management Team, the Information Services Team and the Statewide Supervisor Team to develop and implement a Supervisory Tool Kit that would guide supervisory staff review based on the case status timeframe. This allows for any areas of practice that are missing or not meeting the quality standard to be discovered early in the case flow and changes to be made to meet the standards/policy/laws. Next steps include evaluating supervisory expectations and integrating the tool kit with other practice expectations.

**This strategy will continue in the 2020-2024 CFSP since streamlining supervisory and caseworker activities is critical to managing the workload, retaining staff and improving outcomes for children and families.**

* *Training for Supervisors on administrative, educational and supportive supervision.*

In the spring/summer of 2015 all child welfare supervisors participated in a 3-part Supervisory Academy Training on administrative, educational and supportive supervision. The evaluation data showed that participants of the training found it to be valuable and increased their supervisory skills and the information provided was easily able to be transferred from their learning sessions to their day to day work. This led to OCFS bringing Leadership Academy for Middle Managers (LAMM) and Leadership Academy for Supervisor (LAS) training to Maine. These training opportunities were rolled out in the spring of 2016. The last LAS training cohort graduated in February 2018. In 2018 there were six staff trained in the Supervisory Academy, Putting the Pieces Together.

**These trainings will continue as part of the OCFS Policy Training Plan and will not be a strategy in the 2020-2024 CFSP.**

* *Evaluate the current Fatherhood projects state wide with a plan to provide state wide leadership through the fatherhood initiative work group. The plan is to employ strategies that have a measurable, consistent, education, support and outreach components that meet the needs of fathers in all parts of our state.*

OCFS has used various strategies to strengthen the agency work related to fatherhood. Initially the agency contracted with a community partner to do this work however that wasn’t as successful as intended. Meetings were held between the OCFS senior leadership and the senior leadership of the Maine Coalition to End Domestic Violence (MCEDV) to discuss the possibility of enhancing fatherhood work through collaboration. OCFS also imbedded specific questions related to father participation in the teaming process in the tracking database. The implementation of the Family Plan and Child Plan will play a key role in ensuring that fathers are being contacted and involved in the work involving their children and families. Caseworker will be provided feedback on the engagement of father through supervisory oversight. This has also been embedded into the Supervisory Tool Kit to ensure that this is a natural component of the work being done by caseworkers.

In the FFY 2019 APSR submission additional objectives were identified to support Goal #3 and included:

* Develop and implement a District Quality Improvement (QI) process.: QI Specialists were identified in each district and were able to provide real time case review feedback to district staff. This approach was initially envisioned to support the roll out of the Family Plan and Child Plan and was intentionally developed to align with the outcomes required through the CFSR. Due to increased workload in 2018, these staff were unable to complete QI projects as they were assigned assessments. In the fall 2018, a QI Supervisor was hired to coordinate statewide work activities of this unit and provide more direct supervision. This position is supervised centrally by the Regional Associate Director responsible for Central Office child welfare program areas.
* Consistent utilization of OCFS Family and Child Plans: In the spring of 2018 these plans were developed and implemented in MACWIS. Staff were trained in the policy and practice expectations for completing the plans.

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| **Data Report** |
| **CFSR Item** | **Baseline****2015-2019 CFSP** | **CFSP Year 5 Goal** | **2017 CFSR Outcome** | **PIP Negotiated Goal** | **PIP Measure****4/18-3/19** |
| 2- Services to Prevent Removal | n/a | n/a | 50% | 65.1% | 42.42% |
| 3- Risk & Safety Management | 41% | 61% | 40% | 47.8% | 36.15% |
| 12- Needs Assessment & Services to Children, Parents & Foster Parents | n/a | n/a | 38.5% | 46.2% | 33.85% |
| 13- Child & Family Involvement in Case Planning | n/a | n/a | 40.4% | 48.7% | 30.7% |
| 14- Caseworker visits with Child | 58% | 95% | 63.1% | 70.7% | 54.62% |
| 15- Caseworker visits with Child | 30% | 50% | 34.7% | 43.4% | 17.31% |
| 20- Written Case Plan | n/a | n/a | Area Needing Improvement | n/a | n/a |

**Although no hard data is available, the case reviews that have been completed reflect the challenges related to the frequency and quality of contact with parents and relates to work with both mothers and fathers. It would not appear that Maine child welfare staff are any more challenged engaging with mothers as they are with fathers. The data is clear that this work needs to continue and both the PIP and the 2020-2024 CFSP have strategies to strengthen this work with parents overall.**

**Strategic Goal 2: Parents have the right and responsibility to raise their own children.**

*Goal 4: Improve OCFS sharing of responsibility with the community to help families protect and nurture their children (Systemic Factors 29, 30- Service Array; 31- Agency Responsive to Community).*

* *Implementation and Utilization of the Family Stabilization Program.*

Please refer to update under Goal #2.

* *Continued implementation of Mandatory Reporting Training to community stakeholder groups.*

OCFS continued implementation of Mandatory Reporter Training to community stakeholder groups. A process was instituted that partnered a Policy and Training Specialist and Intake Supervisor as trainer for the train-the-trainer model. In 2017, to ensure compliance with new Legislation requiring mandated reporters to participate in this training every four years, OCFS expanded to include community partners as trainers. Since 2017, OCFS has continued to track both online and in person trainings provided by OCFS staff, the Child Abuse and Neglect Councils and other community partners trained as trainers. In 2018 the number of staff trained in person was 4,604; 21,506 were trained on line.

**This strategy will continue in the 2020-2024 CFSP as community stakeholder groups are a key group working collaboratively to protect children and having regular trainings available to stakeholders is a primary source for educating them on their role within this work.**

* *Effective training and implementation of the Family Team Meeting Policy and the Facilitated Family Team Meeting Protocol.*

Please refer to update under Goal #2.

* *Forming Community Partnership for the Protection of Children (CPPC) in Biddeford, Lewiston, Bangor and working with other communities to identify already existing coalitions and offering our support.*

CPPC was expanded to include Biddeford, Lewiston and Bangor. CPPC partners identify and support families earlier by decreasing risk factors and increasing protective factors through Preventative Family Team Meetings, local collaborative work and other neighborhood-driven activities. As part of this project, OCFS developed the position of CPPC Prevention Social Worker to liaison with the community and work directly with families most at risk for experiencing first time or repeat maltreatment. OCFS also identified a Program Specialist to oversee the CPPC program to develop consistency statewide as well as to supervise the staff dedicated to prevention work. A goal of OCFS was to expand CPPC into all eight child welfare districts. Currently these services exist in five of the eight districts. Additionally, OCFS reassigned staff that were providing prevention services as part of the CPPC program to conduct child protection assessments. Efforts continue to integrate the CPPC Parent Partners into the district offices to support families involved with child welfare services.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

* *Development and dissemination of FAMILY SHARE Policy.*

In 2015, Family Share Policy was developed and disseminated to district staff. Training was provided to staff to help them understand the value of connecting foster parents and birth parents to minimize the trauma of out of home placement on children in care.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

* *Ensuring FAMILY SHARE Meetings are occurring when children enter custody.*

The QA unit implemented a quarterly schedule for reviewing Family Share data with a baseline being established reviewing 2013 data. This review process included providing districts with the raw data of Family Share Meetings pulled in a MACWIS query. The QA unit reviewed a small subset of this sample to provide a qualitative review for district staff, i.e. ensuring that meetings were held within 5 days of the child entry into foster care.

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 Plan).

**This strategy will be carried over into the 2020-2024 CFSP.**

* *Training for Resource Parents and staff regarding the need for and value of Family Share Meetings.*

Education is provided to resource parents and staff in order to build increased understanding of the value of this process.

**This specific strategy will not be carried over into the 2020-2024 as the key areas within the strategy have been absorbed in to the resource parent curriculum as well as casework preservice curriculum.**

* *Annual Cops & Caseworker Training.*

In 2015 the decision was made to remove this objective from the CFSP as it was apparent that staff were going to be involved in several trainings over the following years and those would take priority over the Cops and Caseworker Training. In 2017, a Cops and Caseworkers Training was held on the topic of the Commercial Sexual Exploitation of Children. This activity was supported through the Maine Child Welfare Advisory Panel.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

In the FFY 2018 APSR submission additional objectives were identified to support Goal #4 and included:

* Trauma training offered for both resource parents and district staff. Beginning in 2016, OCFS offered training regarding childhood trauma for resource parents to enhance their capacity to support children who have experienced child abuse and neglect. Resource parents indicated that the training improved their ability to support the foster children in their care.

In the FFY 2019 APSR submission additional objectives were identified to support Goal #4 and included:

* Develop and implement a District Quality Improvement (QI) process: QI Specialists were identified in each district and were able to provide real time case review feedback to district staff. This approach was initially envisioned to support the roll out of the Family Plan and Child Plan and was intentionally developed to align with the outcomes required through the CFSR. Due to increased workload in 2018, these staff were unable to complete QI projects as they were assigned assessments. In the fall 2018, a QI Supervisor was hired to coordinate statewide work activities of this unit and provide more direct supervision to them. This position is supervised centrally by the Regional Associate Director responsible for Central Office child welfare program areas.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP. The PIP will include key activity related to QI review of templates and providing real time feedback to strengthen practice.**

* Coordinate with other state agencies and community partners to address gaps in service delivery and accessibility for families involved with child welfare.
	+ OCFS Child Welfare and Children’s Behavioral Health (CBH) staff will develop a protocol to assign Program Coordinators to assist with service coordination for children with mental and/or behavioral health needs. These teams have increased coordination in delivery services to youth, particularly those in psychiatric hospitals, emergency departments and crisis programs in need of longer-term placements. Another component of this partnership has included monitoring the quality of placements for youth placed in residential programs both out of state and in state. A draft protocol has been written that needs to be finalized.
	+ OCFS will collaborate with contracted transportation agencies to identify and address barriers to providing consistent statewide transportation services. OCFS has begun this work through meetings with transportation providers, obtaining feedback from staff and reviewing the performance expectations in current contracts.

**This strategy will continue in the 2020-2024 CFSP and the PIP.**

* Coordinate, implement, and tracking training opportunities with the OCFS Policy & 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.
	+ OCFS will continue to convene the legislatively mandated Kinship Advisory Board to identify and address the needs of kinship (both informal kinship providers and those involved with the child welfare system). This Board has been convened under the facilitation of the Associate Director of Child Welfare Services. During the last legislative session, the Board created a report that was presented to the Health and Human Services Committee that contained recommendations about how to best support kinship providers.
	+ OCFS will collaborate with AFFM to increase knowledge of and access to training opportunities for foster and adoptive parents through the training directory and monthly newsletter. OCFS and AFFM have utilized available information to identify training needs, coordinate trainings and increase awareness of training opportunities through the website, newsletter and resource parent support groups.
	+ Annually, OCFS will review survey results, and update the training curriculum to address identified gaps.

**This strategy will continue in the 2020-2024 CFSP and the PIP.**

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| **Data Review** |
| **CFSR Item- Systemic Factors** | **2017 CFSR Outcome** |
| 29- Array of Services | Area Needing Improvement  |
| 30- Individualizing Services | Area Needing Improvement |
| 31-State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR | Strength |

**Strategic Goal 3: Children are entitled to live in a safe and nurturing family**

*Goal 5: Increase stability of placements & permanency (CFSR Items 4,5).*

* *Effective implementation of District Permanency Review Teams.*

At the onset of the CFSP timeframe work was being conducted with Maine’s Casey Family Services to look at the fidelity of the Permanency Review teams with the vision to strengthening Maine’s process and adherence to the fidelity of the model.

In the FFY 2018 APSR submission three additional strategies were implemented that supports Goal #5 and replaced the Permanency Review Team process:

* + Effective implementation of Maine Strategic Plan Action Steps (MSPAS). This is a district review process, with Central Office oversight, where all youth in care 6-8 months are reviewed to identify barriers to timely permanency and identifying strategies to mitigate those barriers. Over the past year due to increase workload demands, the focused efforts to improve permanency outcomes through the MSPAS process were replaced by a team decision making meeting in which the program administrators review decisions to reunify children with parents or terminate parental rights. These reviews ensured decisions were appropriate for child safety.
	+ Monthly report by District Managers on specific youth who have been in custody for a period of time and monitoring progress being made toward achieving permanency. This process was replaced by the team decision making meeting.
	+ All children in foster care with a Termination of Parental Rights (TPR) will be reviewed to ensure there is a recruitment plan for each applicable child. Each adoption supervisor will track recruitment for every child in their unit. All of the children with a TPR without an identified adoptive family should participate in the Heart Gallery and be listed on AdoptUsKids.

**Strategies will be developed to ensure timely permanency for children in foster care in the 2020-2024 CFSP and PIP.**

* *Implementation and Utilization of the Family Stabilization Program.*

Please refer to update under Goal #2.

* *Develop districts/unit written action plans to improve performance developed in collaboration with the Associate Director of Intervention and Coordination of Care, Program Administrator, Unit Supervisor and Quality Assurance Specialist.*

Please refer to update under Goal #1.

* *Quality Assurance Review of ROM data related to children who re-enter care with written outcome report disseminated and plans made to address issue.*

The ACF Summary Data Round 3 Statewide Data Indicator Report (May 2015) reflected that Maine fell with the appropriate range in relationship to re-entry into foster care. The national standard is 8.3% and Maine’s observed performance was 4.4% at that time. This was followed up with a September 2016 report which reflected Maine again fell within the appropriate range of 3.8%. Given this data, the decision was made that QA would no longer conduct a study based on ROM data and re-entry.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

In the FFY 2019 APSR submission additional objectives were identified to support Goal #5 and included:

* Statewide implementation of Structured Decision Making in assessment casework practice. This work was done in consultation with National Council on Crime and Delinquency (NCCD) and includes development of tools to support Maine casework practice, training and coaching. In December 2018, all assessment staff were trained on the use of the SDM Safety and Risk Assessment Tools and began using them on new assessments. As part of this process, the CPS Investigation Policy was updated to reflect current practice expectations and the Quality Improvement Team developed a tool to review and provide feedback to staff to ensure fidelity to SDM.
* Develop and implement a District Quality Improvement (QI) process. QI Specialists were identified in each district and able to provide real time review feedback to district staff. This approach was initially envisioned to support the roll out of the Family Plan and Child Plan and was intentionally developed to align with the outcomes required through the CFSR. Due to increased workload in 2018, these staff were unable to complete QI projects as they were assigned assessments. In the fall 2018, a QI Supervisor was hired to coordinate statewide work activities of this unit and provide more direct supervision. This position is supervised centrally by the Regional Associate Director responsible for Central Office child welfare program areas.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP. The PIP will include key activity related to QI review of templates and providing real time feedback to strengthen practice.**

* Consistent utilization of OCFS Family and Child Plans. The OCFS Family Plan and Child Plan 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.

**This strategy will continue in the 2020-2024 CFSP and will be work completed through the PIP process.**

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| **Data Report** |
| **CFSR Item** | **Baseline****2015-2019 CFSP** | **CFSP Year 5 Goal** | **2017 CFSR Outcome** | **PIP Negotiated Goal** | **PIP Measure****4/18-3/19** |
| 4- Placement Stability | n/a | n/a | 75% | 83.8% | 75.0% |
| 5- Permanency Goal for Child (timely and appropriate) | 77% | 90% | 80% | 88.1% | 61.25% |

**That data reflects the need for continued work in these areas.**

*Goal 6: Increase safe and nurturing family relationships and family/community connections (CFSR Items 8,9,10,11).*

* *Foster Care Redesign and Implementation.*

The goal of the foster care redesign is to ensure that all families who care for youth receive the supports needed to do so successfully. A second goal is to not pathologize youth to obtain services. The Foster Care Redesign did undergo reprioritization in 2016. OCFS determined there was a need to strengthen internal capacities in relation to fully supporting structures such as licensing, training and completing the internal processes necessary in a timely manner. In the spring of 2016 there was a Request for Proposal for the Clinical Support Program. Although that RFP was delayed, in part due to Maine’s procurement process, by the fall of 2017 the agency began offering supportive services to resource and kinship families. The contract for these services includes support available during regular business hours from liaisons based in each of the eight district OCFS offices, as well as in-home clinical supports. The support services available to the resource parent are expected to directly impact retention of these families as they navigate the inherent challenges of supporting children who have experienced abuse and neglect in the permanency process.

**This specific strategy will not be carried over into the 2020-2024 as the key areas within the strategy have been absorbed into other key activities.**

* *Implementation and Utilization of the Family Stabilization Program.*

Please refer to update under Goal #2.

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

Please refer to update under Goal #2.

* *Family Team Meeting and Facilitated Family Team meeting training, monitoring and performance management.*

Please refer to update under Goal #2.

* *Evaluate the current Fatherhood projects state wide with a plan to provide state wide leadership through the fatherhood initiative work group. The plan is to employ strategies that have a measurable, consistent, education, support and outreach components that meet the needs of fathers in all parts of our state.*

Please refer to update under Goal #3.

* *Evaluate and redesign the recruitment and retention of relative and resource homes to include components required to meet the Multi-Ethnic Placement Act (MEPA and Inter-Ethnic Placement Act (IEPA).*

At the onset of the CFSP the agency was pursing contract talks with an agency to provide foster and adoptive family recruitment services. Discussions between OCFS and the provider emphasized the need for focused efforts upon recruitment of families who can meet the diverse ethnic and cultural heritage of children in care. This included targeted, diligent and child specific recruitment of families who can promote children’s continued involvement and connection with his or her ethnic and cultural history. This work has continued in order to best meet the placements needs of children in care as the state has experienced greater diversity within this population.

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.

**This strategy will be carried over into the 2020-2024 CFSP.**

* *Develop a written statewide plan to fully implement foster connections statutory requirements that state exercise due diligence to notify all adult relatives when child enters foster care.*

In February 2015, a plan was developed by the Senior Management Team with goals and objectives related to compliance around relative notification. The Lexus Nexus search engine was also made available to staff to search for relatives. In the summer of 2016 a strategy was developed to strengthen the use of this search engine for searching for relatives. The central office point person for Lexus Nexis receives the weekly list of children in foster care and sends an email reminder to the assigned caseworker related to relative notification and the use of this search engine. The QA unit had begun conducting quarterly studies to determine how well the agency was doing in providing relative notification of children entering foster care. Although progress was made it became 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 related to developing the new OCFS Family and Child Plans. The plans were reviewed to ensure that OCFS was meeting federal and state obligations to families, children, and the courts, as well as accurately capturing information that meets CFSR requirements. In the spring of 2018 these plans became accessible in MACWIS. Included within the Family Plan is a relative notification checklist that identified the relative, the relationship, the address, and the date of notification to the relatives. Building this into the Family Plan allows for reporting functions that replaces the QA quarterly reviews. In addition, the supervisor tool, implemented in the spring of 2018, ensures that these notifications are being sent out timely. This review will become a routine component of supervision.

**This specific strategy will not be carried over into the 2020-2024 as the key areas within the strategy have been absorbed into other key activities.**

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| **Data Report** |
| **CFSR Item** | **Baseline****2015-2019 CFSP** | **CFSP Year 5 Goal** | **2017 CFSR Outcome** | **PIP Negotiated Goal** | **PIP Measure****4/18-3/19** |
| 8- Visiting with Parents & Siblings in Foster Care | n/a | n/a | 58% | n/a | 66.13% |
| 9- Preserving Connections | n/a | n/a | 85% | n/a | 62.03% |
| 10-Relative Placement | n/a | n/a | 87% | n/a | 80.77% |
| 11-Relationship of Child w/ Parents | 63% | 80% | 64% | n/a | 71.1% |

The data reflects the need for continued focus on these areas. The CFSP 2020-2024 and PIP will include various strategies and key activities that will strengthen practice in these areas.

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

*Goal 7: Further strengthen the OCFS Continuous Quality Improvement program to support district practice and operations as well as the CFSP (CFSR Systemic Factor Item 25).*

* *Develop and disseminate the OCFS CQI Operational Plan.*

OCFS has continued to provide an annual update to the OCFS CQI Operational Plan that specifies its implementation of QA/QI processes within each office and statewide. This includes defining the process that is being used to measure the PIP goals and progress being made to address the areas needing improvement that were identified in the 2017 federal CFSR.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

* *Develop and implement district Quality Circles.*

District Quality Circles continues to meet regularly, as does the Central Office Quality Circle Team.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP.**

* *Develop and implement a case record review process that will meet the ACF criteria for the Child and Family Services Review.*

Maine continued to strengthen its QA process and in December 2016 was approved by ACF to conduct its own federal CFSR with oversight by ACF. The federal CFSR was conducted from April 2017-September 2017. Following the review, Maine developed its PIP Measurement Plan and was approved to start reviewing cases that would feed into the PIP Measurement report in April 2018. Maine will continue to use this model of review through the entirety of the PIP period.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP as the case review model has been sustained over several years and will continue to be the model of case review in Maine.**

In the FFY 2019 APSR submission additional objectives were identified to support Goal #7 and included:

* Develop and implement a District Quality Improvement (QI) process. QI Specialists were identified in each district and were able to provide real time case review feedback to district staff. This approach was initially envisioned to support the roll out of the Family Plan and Child Plan and was intentionally developed to align with the outcomes required through the CFSR. Due to increased workload in 2018, these staff were unable to complete QI projects as they were assigned assessments. In the fall 2018, a QI Supervisor was hired to coordinate statewide work activities of this unit and provide more direct supervision. This position is supervised centrally by the Regional Associate Director responsible for Central Office child welfare program areas.

**This strategy has been completed and will not be carried over into the 2020-2024 CFSP. The PIP will include key activity related to QI review of templates and providing real time feedback to strengthen practice.**

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| **CFSR Item- Systemic Factors** | **2017 CFSR Outcome** |
| 25- Quality Assurance System | Strength |

**Update on Services Supporting the 2015-2019 CFSP:**

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

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

Within the first year of the CFSP, OCFS began collaborating with Casey Family Services Strategic Consultants to reset the Family Team and Facilitated Family Team Meeting process- this included updating/revising policy, developing curriculum and rolling out the training process. It had been 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, fidelity measures were developed with the Teaming Specialists being instrumental in ensuring fidelity to the model.

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.

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

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

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

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

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

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

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.

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

Over the past several years, OCFS has used various strategies to strengthen the agency work related to fatherhood. The initial pilot project in which the Department contracted with a community partner to do this work wasn’t as successfully as intended. Meetings were held between the OCFS senior leadership and the senior leadership of the Maine Coalition to End Domestic Violence (MCEDV) to discuss the possibility of enhancing fatherhood work through collaboration. OCFS also imbedded specific questions related to father participation in the teaming process in the tracking database. The implementation of the Family Plan and Child Plan will play a key role in ensuring that fathers are being contacted and involved in the work involving their children and families. Caseworker will be provided feedback on the engagement of father through supervisory oversight. This has also been embedded into the Supervisory Tool Kit to ensure that this is a natural component of the work being done by caseworkers.

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

Hornby Zeller Associates became the lead agency on October 1, 2011 and also serve as the evaluating agency. Over the past five years, Moving Forward has seen notable successes:

* The Moving Forward Initiative in Maine has expanded from three partner agencies serving young adults as part of this learning collaborative to five partner agencies. This combined with additional outreach efforts has led to a 33% increase in the number of young adults being referred to the Initiative in the past year.
* The Moving Forward Initiative has received requests from additional agencies in other parts of the State to be trained in the TIP model.
* The Moving Forward Initiative has hired peer mentors to support young adults receiving services through this Initiative.
* The Moving Forward Initiative has secured TIP fidelity measures and has begun fidelity reviews with our partner agencies.
* The Moving Forward Initiative has developed a new youth transition policy and the State of Maine is in the process of implementing a Memorandum of Understanding with relevant State agencies who serve this population.
* Young Adults have told us they have benefited from these services and supports such as improving their own personal well-being, returning to and completing school, finding employment, obtaining housing and making connections.
* Young Adults have been and continue to be actively involved in this Initiative at all levels.

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

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

UKR (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.

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

Maine Coalition to End Domestic Violence (MCEDV): The MCEDV provides support for domestic violence advocates (DV-CPS Advocates)*.* These DV-CPS advocates are placed in 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) 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.

Supported 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**

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 services are identified as necessary for development, speech, or physical therapy, CDS ensures 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 in 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 taken 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 which has an impact on their positive early childhood development. These young children are also a group that would be reviewed through the Permanency Review Teams as the practice in the last year is for all children who have been in care 6 plus months would be reviewed 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 Welfare Title IV-E Waiver Demonstration Activities**

Project Overview

In September 2014, the Maine Office of Child and Family Services (OCFS) received approval from the United States Department of Health and Human Services (DHHS) for the Child Welfare Title IV-E Waiver Demonstration project . The five-year waiver demonstration allowed Maine flexible use of foster care funds for the provision of direct services to children and their families.

The target population was Title IV-E and non-Title IV-E families with at least one child between ages 0-5, who were involved with the child welfare system, with an open in-home case, or in out-of-home care, where one or more parent also met the substance abuse assessment criteria for Matrix Model Intensive Outpatient Program (IOP).

Through the Child Welfare Title IV-E Waiver Demonstration project, renamed as the Maine Enhanced Parenting Project (MEPP), Maine OCFS offered both substance abuse services and parent education classes concurrently at the same location, in order to allow parents timely access to both services. Parents received evidence-informed substance abuse treatment through the Matrix Model Intensive Outpatient Program and evidence-based parenting education through the Positive Parenting Program (Triple P). Services were procured by OCFS and delivered through contracts with community-based agencies.

The purpose of the intervention was to reduce signs of risk that may be present within the family, allowing the youth to remain safely with their family during services or return to the family sooner after removal. The intervention was not intended to supersede OCFS policy nor allow youth who have designated safety risks to remain at home with their parents. All OCFS responses to child safety remained as defined in policy for all youth, regardless of a family’s participation in the intervention. Families receiving the intervention could still have their children removed from them due to designated safety risks, but OCFS expected this intervention would support faster reunifications.

Client cohorts refer to all clients who enrolled in *MEPP* in a given six-month period since the project started. Table 1 shows the breakout of the five cohorts by region. *MEPP* was rolled out in Region Two in October 2017.

**Table 1. Total Number of *MEPP* Participants by Region and Cohort**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Region One | Region Two | Region Three | Total |
| Cohort One (4/1/2016 – 9/30/2016) | 18 | – | 30 | **48** |
| Cohort Two (10/1/2016 – 3/31/2016) | 26 | – | 25 | **51** |
| Cohort Three (4/1/2017 – 9/30/2017) | 25 | – | 28 | **53** |
| Cohort Four (10/1/2017 – 3/31/2018) | 19 | 42 | 22 | **83** |
| Cohort Five (4/1/2018 – 9/30/2018) | 21 | 34 | 24 | **79** |
| TOTAL | **109** | **76** | **129** | **314** |

#### Number of Families Served

Table 2 shows the number of families enrolled in *MEPP* during each cohort and the number of parents and children represented. In the most recent reporting period, *MEPP* served 75 families, an increase from 44 in the first reporting period due to the addition of Region Two. The number of parents is higher than the number of families in each cohort as more than one caregiver within a family may have participated in *MEPP*.

**Table 2. Number Enrolled in *MEPP* by Cohort**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Families | Parents | Children |
| Cohort One | 44 | 48 | 48 |
| Cohort Two | 46 | 51 | 60 |
| Cohort Three | 46 | 53 | 58 |
| Cohort Four | 70 | 83 | 90 |
| Cohort Five | 75 | 79 | 93 |
| TOTAL | **281** | **314** | **349** |

In total 314 parents have received *MEPP* services during the Demonstration Project to date, representing 281 families and 349 children ages zero to five years. To date 39 clients have completed *MEPP* to fidelity. Table 3 shows the status of all participants as of September 30, 2018,

**Table 3. *MEPP* Participants’ Status**

|  | Region One | Region Two | Region Three | Total |
| --- | --- | --- | --- | --- |
| Active clients (as of 9/30/2018) | 12 | 33 | 22 | **67** |
| Completed to Fidelity | 21 | 10 | 8 | **39** |
| Discharged Before Graduation or Completion | 76 | 33 | 99 | **208** |
| TOTAL | **109** | **76** | **129** | **314** |

Maine OCFS encountered some challenges throughout the implementation period and included:

* The MEPP is voluntary for parents and competes with other service options in each region. Non-evidence-based practices in all areas are of shorter duration (i.e. four weeks versus Matrix IOP of 16 weeks). Many of the parents who qualified for IOP level of care selected the shorter service that does not have a parenting program in order to complete their substance abuse treatment quicker. OCFS developed talking points for staff and community members regarding the added value of evidence-informed practice. Although our Child Welfare staff, district liaisons, and providers continued to engage with and encourage families to join the program and highlight the benefits of MEPP over treatment as usual, some caregivers continued to seek out the less intensive services.
* OCFS continued to have challenges providing the service to families prior to their children entering foster care. Though the original model would have focused on that population, anecdotal feedback was that families were encouraged by their attorneys not to participate in the OCFS service, or to participate in a shorter length service. The result was that that entry rate into foster care was not reeducated as had been anticipated.
* The program struggled with very low completion rates. It was theorized that engagement of the service would be high, as it focused not only on the substance abuse treatment but the family unit as well. It was found that theory may not be as successful as had been hoped work was done with OCFS district staff and MEPP providers to develop new engagement strategies to help support clients successfully complete the program.
* OCFS continued to forge relationships between OCFS district staff and MEPP providers to help ensure clients who are eligible for MEPP have access to the service and to address issues of enrolling ineligible clients. Child welfare staff had confusion regarding the services and the families it serves. They indicated a need for increased training about the MEPP programming and implementation. OCFS identified staff in the DHHS district offices to be MEPP liaisons in each of the districts. Their role was to provide ongoing support to staff by providing program information, authorizations, and referrals. The MEPP providers in all three regions had regular face-to-face contact with the Child Welfare district office staff and liaisons to provide support to DHHS staff in identifying and screening potential clients and assist in referral processes
* OCFS continued to increase the use of CANS and to improve timeliness of data entry by MEPP providers. MEPP providers began to complete CANS on MEPP-involved families with whom they are engaged during this period. Evaluators continued to work with MEPP providers to ensure timely entry of program information into the provider database and clients’ completion of the Parental And Family Adjustment Scale (PAFAS), Depression Anxiety Stress Scale (DASS), and parent surveys.

The results of the evaluation indicate there is no statistically significant difference in outcomes between families who participated in the services under the Demonstration Project and those who received traditional IOP and parenting education services. Given this and the significant increase in the foster care population, a decision was made to end the IV-E Waiver which capped federal funding provided to Maine to fund the Title IV-E foster care program.

Ending the Project early has resulted in the Department’s ability to access to an additional $3,700,000, which would assist the Department in meeting OCFS’ increased costs. Services for clients already enrolled will continue to completion, up through September 30, 2019; however new clients were not enrolled after April 1, 2019. The decision to end this program does not impact the ability of individuals to access services. Caregivers will still have the ability to access IOP services funded by MaineCare and we anticipate that funding for parenting education will be added to MaineCare Section 65 within this calendar year.

**Adoption Incentive Payments**

In 2017, Maine initially received $69,366 out of $717,500 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. As of (insert date) there is $812,155 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 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 permanency guardianship and adoptive families, especially relatives with child care costs.
* 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.
* 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.

**Program Support**

Maine continued to strengthen both the Management Information System and the Quality Assurance System during FFY 2015-2019, supporting the successful completion of the CFSP goals. Both systems achieved a strength rating in the 2017 CFSR.

The Quality Assurance Unit was also the primary review team conducting the federal CFSR in 2017 as Maine was certified as a state option review site.

The Quality Assurance systemic factor achieved 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 along with the subsequent PIP measurements. 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 developed, and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children. The 2015-2019 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 routinely conducts case reviews, which consist of comprehensive case reviews using the ACF review instrument and focused reviews based on the agency’s need for data.
* District staff has access to reports provided by the Data and QA Teams, although it does seem apparent that not all staff have the same level of access. This is likely based on district management dissemination of this information.
* In 2018 OCFS developed and implemented a District Quality Improvement (QI) process. QI Specialists were identified in each district and able to provide real time review feedback to district staff. In the fall of 2018 a QI Supervisor was hired to provide more direct supervision for the district QI staff. This position is supervised centrally by the Regional Associate Director responsible for Central Office Child Welfare Program areas. This approach supports the roll out of the Family Plan and Child Plan and was intentionally developed to align with the outcomes required through the CFSR. This group will also support the quality of face to face contacts with parents and children through real time feedback on their review of the face to face templates utilized by casework staff to document these contacts.

The Information Services systemic factor achieved a Strength rating 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 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.

**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 Indian Child Welfare Act (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 Bureau of Indian Affairs 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 eigh 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 ICWA 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.

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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”.
7. 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.
8. 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 be 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.

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| --- |
| **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 | Vacant, Child Welfare Director |

**Statistical and Supporting Information**

Children in State Custody from Failed Inter-Country Adoptions: The state takes responsibility where needed for children adopted from other countries, including activities intended to serve children entering state custody as a result of disruption to adoption placement. Maine’s private adoption agencies make every effort to place a child from a disrupted or dissolved adoption into another family within the agency or with another private agency so that the child does not have to enter DHHS custody. The DHHS Office of Vital Statistics report that the number of children adopted from other countries by Maine families during calendar year 2018 was 16.

During 2018, the Maine Department of Health and Human Services did not record any disrupted international adoption involvement.

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.*

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

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

* Each district supervisor with case carrying workers will review the face-to-face contact report by the 15th of each month to identify those children that have not been seen in that month and develop a plan with the social workers for those children to be seen before the month’s end.
* Supervisors shall engage in a preparatory supervision meeting with each social worker each month to develop a plan for a face-to-face monthly contact, including the areas to assess and questions to use in that assessment. Supervisors will document this preparation in supervision notes.
* In terms of measuring the progress made, the frequency of the visit will be measured through the monthly management report. Quality will be measured by ongoing case reviews; 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.

Smart phones and laptops allow social workers to have immediate contact with their supervisors while in the field, providing opportunity to consult and make timely decisions related to the safety, permanency and well-being needs of children and families. When social workers feel supported and safe doing this difficult work, the likelihood of social worker retention is significantly increased. 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 begin reviewing these templates to assess for, and provide immediate feedback to staff, on the quality of the contacts.

Chafee Foster Care Independence and Education and Training Voucher Programs – FFY 2015-2019 Update- **Appendix A**

Education and Training Vouchers- see **Appendix B**

Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update **-Appendix C**

**Appendix A**

**CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS—FFY 2015-2019 UPDATES**

The Maine Department of Health and Human Services submits this five-year summary of activities for Federal Fiscal Years 2015 - 2019 under Title IV-E of the Social Security Act, Sections 471, 472, 474, 475, and 477 and Title I, Improved Independent Living Program, Public Law 106 - 109, the Chafee Foster Care Independence Act of 1999, and the Education and Training Voucher Fund Program.

The Maine Department of Health and Human Services, Office of Child and Family Services, continued to administer Youth Transition Services in accordance with the Chafee Foster Care Independence Act of 1999, including the Education and Training Voucher Program. Maine also complied with all required national evaluations of its programs 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 were consulted regularly. OCFS views youth feedback 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 were expended from October 1, 2014 and September 30, 2019.

Section II contains information regarding the administration of the Education and Training Voucher fund program from October 1, 2014 and September 30, 2019.

**SECTION I: CHAFEE YOUTH TRANSITION SERVICES**

**Eligible Population:**

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

* A youth in foster care between the ages of 15 and 18.
* A youth who turned 18 years old while in foster care and who signed a Voluntary Extended Care (V9) Agreement with the Department, while residing in Maine or temporarily in another state to attend post-secondary education, and who meets the requirements outlined in 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.
* Youth in the custody of the Department or on V9 Agreement who are pregnant and/or parenting, transitioning from residential placements, in apartment placements, homeless, and likely to need adult services will be given priority.
* Youth who were adopted, entered permanency guardianship, or were reunified with family at age 16 or older from DHHS custody, may be eligible to receive Education and Training Voucher (ETV) funds.

The Department 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 Were Spent:**

* To assist youth to explore and secure permanency options and connections before exiting foster care.
* To transition plan with youth, beginning with a comprehensive assessment of youth strengths and needs and including the active participation of young people and their supports in case planning.
* To offer an array of opportunities, services, and supports that meets the individualized needs of youth to ensure 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 does this by assisting youth to have legally permanent family and lifelong connections, by partnering with youth in decision-making, by providing tailored services supports to meet youth needs, and by ensuring youth have opportunities and resources that allow them to experience normalcy while in foster care.

The Department is focused on ensuring all youth in care are provided with a variety of opportunities to develop essential life skills, and they have opportunities to experience age and developmentally appropriate activities, consistent with their peers who are not in foster care. This includes youth placed with therapeutic foster care and residential care providers.

From 2014 to 2019, Maine continued to provide youth transition services to eligible youth primarily through seven (7) Youth Transition Specialists, Caseworkers, a contract with the University of Southern Maine’s Muskie School, a contract with Jobs for Maine Graduates, through contracts with therapeutic and congregate care providers, and in collaboration with community providers and individuals.

Maine also continued to meet the needs of our older youth between the ages of 18 and 21, through Voluntary Extended Care (V9) Agreements. In existence since 1972, Maine’s V9 program provides financial and other supports to youth who voluntarily remain under the care and supervision of OCFS up to age 21. During the past five years, policy changes were made to enhance the supports provided to youth who turn 18 while in foster care. OCFS continued to partner with youth to make policy and practice improvements to Maine’s youth transition services.

Effective January 1, 2014, as part of the Affordable Care Act, youth who turned 18 while in Maine’s foster care remained eligible for Medicaid (MaineCare) coverage until the age of 26, without regard to income. Youth Transition Specialists and Caseworkers continued to assist youth in foster care at the age of 18 to apply for MaineCare coverage.

Youth Transition Specialists (YTS) partnered with youth, district casework staff, and the youth’s team for the purposes of 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 have worked to increase the community-based opportunities and resources available to youth in foster care and on Voluntary Extended Care (V9) Agreements.

The Department continued to provide youth development and leadership opportunities to youth in and formerly in foster care through a contract with the University of Southern Maine (USM) Muskie School of Public Service.

The Department’s Office of Child and Family Services (OCFS) and the Office of Aging and Disability Services (OADS) continued Early Referral Meetings 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.

As outlined by federal Chafee requirements, Maine does not exceed the 30% federal limit for housing. Maine uses a combination of state general funds and allowable ETV room and board funding, rather than limited Chafee funds, to assist youth with their housing costs while in extended care, from ages 18 to 21.

To ensure OCFS staff training is aligned with the goals of the CFCIP Maine has implemented the following:

* Permanency training for all new caseworkers focusing on working with older youth to ensure caseworkers effectively engage and partner with youth. Training focuses on Youth engagement and Youth voice and choice in placements, visitation, case planning, court involvement, physical and mental health, and decision-making;
* Training for all OCFS child welfare staff regarding legal requirements and OCFS Youth Transition Services Policy
* Training and mentoring youth on adolescent skill development to assist youth in: obtaining legally permanent family and life-long connections; Decision-making; Obtaining services and supports youth want to meet their needs; and ensuring youth have opportunities to develop essential life skills that prepare them to live interdependently in the community as young adults.
* In April 2016,The Muskie School of Public Service, at the University of Southern Maine, partnered with OCFS to provide clinical training for OCFS personnel entitled, **“Working with LGBTQ Youth in Care.”** This training was designed to present some of the issues confronting LGBTQ youth, identify some of the ways in which caseworkers, resource parents, and others working with LGBTQ youth in care can best support them, and offer an opportunity for a conversation with young LGBTQ who are themselves alumni of the foster care system. The keynote speaker for this presentation was Gerald P. Mallon, DSW, who is the Julia Lathrop Professor of Child Welfare and Executive Director of the National Center for Child Welfare Excellence at the Silberman School of Social Work at Hunter College in New York City.

**Consultation and Collaboration:**

The Department continued to coordinate its services with other Federal and State programs for youth, including: juvenile justice services; adult mental health and developmental services; housing and homeless youth services; high school and adult education programs; vocational training programs; post-secondary educational services; substance use services; children’s mental health services; and other community-based resource providers.

Over the past five (5) years, Maine has also been involved in numerous community collaborative efforts at the regional, state and local levels. 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 limited number of community-based resources.

*Maine Tribes and Bands:*  OCFS continued 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 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 continued to collaborate with the MYTC during 2014 to 2019, to further develop community partners and to meet the goals of the MYTC sustainability plan. DHHS plans to continue funding for Opportunity Passport (OP), a matched savings and financial literacy training program, through a contract with Jobs for Maine Graduates (JMG). This initiative continues to be very successful and continues to grow with additional private and public support.
* In January 2016, MYTC was awarded a Social Innovation Fund (SIF) Grant to create *Maine’s Learn and Earn Achieve Potential (LEAP) Initiative*. The LEAP initiative reflects a commitment from all partners to integrate efforts to best support youth in foster care in their pathway from high school to college and careers. Maine is entered its third and final year of this work in 2018.
* In 2017, the MYTC worked with youth Alumni to establish a Youth Policy Council*,* called Improving Maine’s Policy As a Collective Team (IMPACT). IMPACT has met with OCFS Executive Managers to talk about the long-term impact of Trauma on youth development and implementation of the new **Normalcy Toolkit**, developed by the New England Youth Coalition. OCFS will continue to work with IMPACT regarding their recommendations for improved child welfare policy and practice.

*Homeless Youth Provider Committee.* Made up of providers of homeless youth shelter and outreach services, the primary goals of this committee are to define homeless youth and to establish a comprehensive system of services to meet the needs of homeless youth. Legislation was passed and signed by the Governor in June 2009.

Over the past five (5) years, OCFS has continued to partner with Homeless Youth Providers by:

* Contracting for services to youth, including outreach, shelter, and transitional living programs.
* Participating in workgroups, such as the 100-Day Challenge (a national grant provided to 5 sites in the US to help communities work together to make rapid change around an issue of importance).
* Providing in-kind support to Maine’s largest shelter program in Portland, ME by having two Youth Transition Specialists stationed at the shelter for certain timeframes during the week to provide support and information to youth and staff, and to assist the MYTC in supporting youth leadership efforts at this shelter.

In 2015 The *Homeless Youth Provider Committee* completed a comprehensive needs assessment and count of homeless youth.

[*http://www.mainehomelessplanning.org/wp-content/uploads/2016/01/Rural-Homeless-Youth-Count-Report-2015-12-FINAL.pdf*](http://www.mainehomelessplanning.org/wp-content/uploads/2016/01/Rural-Homeless-Youth-Count-Report-2015-12-FINAL.pdf)

*New England Youth Collaborative:* This Collaborative is a youth driven, adult supported organization that aims to improve outcomes for older youth in care by supporting the regional implementation of innovative practices that strengthen the youth transition programs in New England. Over the past five (5) years, Maine’s youth leaders in care have emerged as effective leaders and have helped the NEYC to develop resources for New England, such as a Sibling Bill of Rights, Normalcy Bill of Rights, and a PSA encouraging youth to pursue higher education. <http://neyouthcoalition.org/>

*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. Through this partnership, MSHA and other local community agencies have piloted a youth Family Unification Program (FUP) voucher program for homeless youth in the Bangor area. This pilot continues to serve youth in Bangor through housing vouchers and case management services to help youth develop essential life skills.

*Maine Center for Disease Control and Prevention:* In 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. In 2017, Maine CDC provided training to OCFS foster care parents 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. In 2018, OCFS staff will receive training as well. OCFS believes this will be a valuable partnership to meet our strategic goals and policy requirements.

* *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.
* Because of this time-limited committee, these public agencies committed to aligning effortstoincrease coordination, understanding, and efficiency among different public and private organizations across the state working on similar goals.
* Beginning in 2018, members from each of these organizations reconvened what we are calling the “Cross Agency Collaborative Workgroup” to ensure our Departments continue to collaborate to coordinate and improve the transition services for youth who access these public services.
* In 2018, a multi-disciplinary workgroup, funded by US Centers for Disease Control and facilitated by *Maine Quality Counts for Kids*, developed and began piloting a Transition Planning Checklist for Pediatricians to use in addressing the transition needs for older youth with disabilities.

**Youth Leadership Development Activities:**

Maine’s *Youth Leadership Advisory Team* (YLAT) ([www.ylat.org](http://www.ylat.org)) is nationally recognized as being one of the most effective and active youth leadership boards in the country for youth in care, beginning at age 14. Through our contract with USM Muskie School of Public Service, OCFS and the Muskie School continued to coordinate YLAT services to youth in, and formerly in, foster care to help them develop leadership and life skills and OCFS goals for improved youth outcomes.

Over the past five (5) years, Maine remained committed to enhancing youth and adult partnerships through YLAT, helping youth develop and practice their leadership skills, and in hearing directly from youth in and formerly in care about how OCFS can improve our child welfare system to meet their needs.

Youth in care have focused on:

* The importance of youth having a voice in decisions that impact their lives;
* Maintaining connections to siblings and extended birth-family;
* Receiving support to achieve their education and career goals;
* For youth who identify as LGBTQ, having safe and supportive adults in their lives;
* Decreasing barriers to youth obtaining a driver’s license; and
* Increased transitional living options for youth aging out of foster care or on the extended care agreement to prevent homelessness.

YLAT groups continued to meet monthly from September to June across the State. An enhancement of YLAT over the past five (5) years was the implementation of Foster Care Alumni as Co-Facilitators. YLAT participants appreciated the mentoring and support they received from foster youth alumni who co-led local YLAT meetings and who also served as keynote presenters at the 2018 Teen Conference.

Maine further supported youth leadership opportunities for youth in Maine by funding an annual Teen Conference, with planning now being led by youth in care. Through this planning strategy, youth have provided valuable input to each Teen Conference, while also being engaged in opportunities to enhance their own communication, planning, and decision-making skills.

Youth received trainings over the past five (5) years on the topics of: Strategic Sharing, Advocacy, Communicating your Strengths to Employers, Co-Facilitation training for YLAT Alumni Co-facilitators, and a variety of workshops at each annual Teen Conference.

YLAT youth continued to provide valuable training to various stakeholders and participation in key workgroups, such as:

* OCFS’s policy group to develop a LGBTQ+ policy.
* Partnering with OCFS, Family Planning, and Adoptive and Foster Families of Maine to deliver training to foster parents and OCFS staff on supporting healthy sexual development and relationships for youth in care.
* ATGP Advisory Committee that meets quarterly to provide guidance for the ATGP program.
* Three Maine Alumni were selected to attend the Jim Casey Youth Opportunities Initiative Authentic Youth Engagement Conference in San Antonio, TX. The alumni presented on what authentic youth engagement looks like in Maine.
* Providing the keynote address at the Adoptive and Foster Families of Maine’s (AFFM) Annual Foster Parent Conference, focusing. The keynote focused on the importance of social media and how adults need to support youth in developing the skills to navigate social media safely.
* Court Appointed Special Advocates (CASA’s) regarding how CASA’s can best support youth in foster care.
* Community Conversations regarding creating permanent family connections and promoting normalcy for older youth in care.
* Training for new Caseworkers and Foster Parents regarding the needs of older youth in foster care.

For the past two (2) years, selected YLAT members have attended Foster Youth of America’s National Conference and has presented the work of Maine YLAT.

YLAT Youth continued to represent Maine at the New England Youth Coalition (NEYC). Notable accomplishments of the NEYC included: Education PSA; Sibling Bill of Rights; and Normalcy Bill of Rights.

For the past two (2) years, youth have attended a Policy Summit. Youth have had the opportunity to tour the State House, meet with legislators and OCFS Executives, and be part of a statewide effort focused on normalcy and the importance of young people participating in activities that are central to healthy development and well-being.

For the past two (2) years, YLAT has served as a host site for the Gateway to Opportunity (G20) program. This program engages youth from the 3 Portland high schools, in foster care and not, in a summer internship program.  Youth participants have learned about Maine’s Foster Care System, Over the past two summers, youth have developed a YLAT video and a YLAT mobile App.

Over the past five (5) years, Southern Maine YLAT has created a tree to donate to the Festival of Fostering Trees, focusing on providing a positive message about youth in care. This past year’s tree highlighted the goals and dreams of older youth in the foster care system, by decorating ornaments with positive outcomes/accomplishments of youth in care.

OCFS continues to value the views YLAT members who serve as key advisors to OCFS policy and practice improvements.  OCFS sought feedback from youth from 2014 to 2019, on a variety of policy changes, such as the Youth Transition Policy and the V9 Agreement.

**Program Goals:**

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

During the past five (5) years, in consultation with youth in foster care, OCFS revised its *Youth Transition Policy* to increase its focus on permanency, and life-long family, sibling connections, and normalcy. In addition, because of Maine’s youth involvement in the New England Youth Coalition (NEYC), OCFS integrated Maine’s *Youth in Care Bill of Rights* with the newly developed *NEYC Sibling Bill of Rights* and the *NEYC Normalcy Bill of Rights*. This newly expanded *Bill of Rights* now serves as the foundation for the OCFS Youth Transition Policy.

OCFS continued to utilize the expertise of Youth in care by supporting their development of public speaking and strategic sharing skills to deliver training to Casework staff, Foster Parents, Guardians Ad Litem, and other providers regarding the needs of older youth in care.

OCFS utilized a Permanency Review Teaming model across the State to review permanency plans for all children and Youth in care for at least six (6) months. Follow-up Family Team Meetings are held with Youth and their supports to consider permanency options. In addition, OCFS reviews family supports to continually consider all options, including fictive kin.

Maine enacted legislation that allows for the Reinstatement of Parental Rights for a parent when termination of parental right was made at least 12 months prior, to allow youth to legally reunite with parents who have adequately resolved safety concerns.

OCFS contracted for Statewide foster parent recruitment services. As part of this contract, the provider met with youth from YLAT to involve older youth in strategizing recruitment and retention of foster and permanency families for older youth in foster care.

In 2018, OCFS contracted to provide Statewide clinical support and consultation to kin and foster caregivers outside of regular business hours to support them in caring for youth with externalizing behavior problems, and to reduce placement disruptions.

OCFS continued to provide subsidies to adoptive parents and permanent guardians to promote permanency. Through Team Meetings and mailing summaries of financial supports, OCFS ensures they are informed of Educational and Training Voucher (ETV) funds and Maine’s Tuition Waiver programs.

**Goal 2: Improve post-secondary options and success for youth transitioning from foster care.**

Since 2016, through a private donation to the Maine Youth Transition Collaborative (MYTC), OCFS has opened 529 Next Gen College Savings Accounts for approximately 180 youth in foster care ages 14 – 17.

OCFS provided Education and Training Voucher (ETV) funds to youth to support their post-secondary education and training pursuits. As allowed through the Families First Act, in 2018, OCFS began awarding ETV funds to eligible youth up to age 26, rather than the previously allowed age limit of 23.

Tuition Waiver Program. Thirty (30) waivers are available annually. Eligible students include youth who were in Maine’s foster care system at age 18 or who were Adopted or entered Permanency Guardianship from Maine’s foster care, and whose legal guardian received a subsidy from OCFS at the time of high school graduation or equivalency.

When OCFS could not use ETV funds because of federal restrictions, OCFS utilized state funds to pay for these programs. Even from ages 18 to 21 (while a youth has a Voluntary Extended Care [V9] Agreement), the youth’s Caseworker and Youth Transition Specialist continues to meet monthly with the youth.

OCFS partnered with youth from foster care and University of Southern Maine, Muskie School, and Maine’s Legislature to successfully implement legislation and rules resulting in the Maine’s Alumni Transition Grant (ATGP) Program. This was a result of young people saying they did not have enough time to finish their post-secondary programs before existing programs expired. Each year since its implementation on January 1, 2015, OCFS has provided financial and navigator support to 20-25 ATGP Recipients each year. Through the ATGP, youth received much needed financial support for college and living expenses, allowing them to complete their degree programs. They were also supported by OCFS Youth Transition Specialists who served as ATGP Navigators, allowing them to continue meeting with ATGP Recipients (post V9 Agreement) to offer support and advocacy, as directed by the young person.

In 2016 Jobs for Maine’s Graduates (JMG) established innovative post-secondary supports to youth by establishing College Specialists on eleven (11) college campuses. Through our long-established partnership with JMG, these College Specialists partner with OCFS Youth Transition Specialists to provide additional on-campus supports to youth from foster care. Because JMG College Specialists are based on the college campus, they have deeper knowledge of services and resources to support our youth. OCFS also continued to access additional supports to youth in foster care by connecting eligible youth to campus-based support programs such as TRIO Student Support Services.

Over the past five (5) years, OCFS has seen an increase in the numbers of youth not attending traditional 2- or 4-year colleges. Many of our youth express a desire to enter the workforce or complete training certificate programs as their pathway to career and economic self-sufficiency. OCFS has made a concerted effort to support youth’s career aspirations, regardless of the pathway.

OCFS, through partnerships with Workforce Innovation And Opportunity Act (WIOA) providers, have served youth from foster care to access work training and supported employment programs, as well as access funds to attend credential programs. And in 2017, DHHS contracted with Jobs for Maine’s Graduates (JMG), to award scholarships to youth in foster care and in the community who were engaged in JMG programming in high school to pursue various post-secondary education and training programs.

**Goal 3: All young people leave foster care prepared for adulthood.**

OCFS increased contract funding to Jobs for Maine’s Graduates (JMG) to increase the number of middle school and high school youth in foster care being served by JMG. This program is designed to help youth develop competencies they will need in post-secondary education, as well as to provide follow-up support to youth during their first year of postsecondary education and training.

In 2015, Maine through the Maine Youth Transition Collaborative (MYTC) was awarded a Social Innovation Fund grant. This grant, named Maine LEAP, has been a collaborative effort involving several different agencies, to provide supports to youth in foster care, beginning in high school to prepare them for success in their post-secondary college and training programs. And in 2017, Maine LEAP expanded to serve youth who are involved in juvenile justice and/or those who are experiencing homelessness, in addition to youth in foster care.

To date 177 youth have been served through Maine LEAP. This type of intentional support to youth and systems collaboration is showing promise in student persistence. Of the 16 youth that began post-secondary education and training in 2015, 85% are still in college, and one youth graduated with a training certificate.

Through our involvement in Maine LEAP, OCFS made a statewide practice change to have Youth Transition Specialist use newly developed checklists for high school juniors, seniors, and youth on V9 Agreements. These checklists were designed to ensure certain activities are completed with all youth to help them successfully transition out of high school by focusing on addressing life skills development and skills needed for future planning.

Through Maine LEAP, OCFS partnered with Jobs for Maine’s Graduates (JMG), Goodwill Industries of Maine, and the USM Muskie School of Public Service to develop a Back on Track Guidebook with activities designed to help youth develop the core Jobs for the Future -- Back on Track competencies. OCFS gained access to Jobs for the Future’s *My Best Bets* platform, which has been customized to include Maine Resources. OCFS is also partnering with USM Muskie School of Public Service to finalize a life skills toolkit with activities that expands on the Back on Track Guidebook, and that supports youth to develop the NYTD (National Youth in Transition Database) life skills.

In 2017, OCFS partnered with the Maine Center for Disease Control and Prevention for their federal PREP (Personal Responsibility Education Program) Grant. One of their target goals is reducing unintended pregnancies for youth from foster care between the ages of 18 and 24.  During 2017, Maine CDC through OCFS, YLAT, Adoptive and Foster Families of Maine, Out Maine, and Family Planning provided training to OCFS staff and foster care parents 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. OCFS is continuing this training to casework staff through our in-house training department.

OCFS and USM Muskie collaborated to develop a youth planning tool and training to youth to become involved in their case planning and FTM’s. YLAT youth presented to OCFS staff across the state about the importance of youth voice and youth involvement in all aspects of their planning. Through YLAT meetings and regional trainings, youth across the state continued to receive training in life skills and youth leadership, such as public speaking, strategic sharing, and advocacy that are designed to help them succeed in all other areas of their lives, including relationships, career, and community.

**Goal 4: Expand availability of support and services to youth in all areas of the state.**

As part of the Affordable Care Act, Maine opted to 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.

During the past five (5) years, OCFS continued to partner with the Maine Youth Transition Collaborative to expand resources in the areas of: education; employment; housing; and life-long connections.

OCFS continued a contract with Jobs for Maine’s Graduates (JMG) to provide financial literacy training and a matched savings program to youth in and from foster care, ages 14-25, across the State. Since 2015, 320 youth have received training through this program and youth have saved approximately $309,000, which was matched with funding through JMG for approved asset purchases.

In 2016, OCFS published a Youth Transition Guidebook designed to support young people with disabilities and their supports with transition information and resources:

[MSK.HDBK-update(6.23.16).pdf (933 KB)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTYwNjMwLjYwOTQwMDgxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE2MDYzMC42MDk0MDA4MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NzI5MTE4JmVtYWlsaWQ9amFtZXMubWFydGluQG1haW5lLmdvdiZ1c2VyaWQ9amFtZXMubWFydGluQG1haW5lLmdvdiZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&https://content.govdelivery.com/attachments/MEHHS/2016/06/30/file_attachments/578674/MSK.HDBK-update%25286.23.16%2529.pdf)

Maine Department of Labor (DOL) Vocational Rehabilitation (VR) Services designated VR Foster Care Liaisons across the State to assist OCFS in securing VR Services and job placements for youth in and from foster care. OCFS And DOL also provided cross training regarding the services each agency provides to youth and to promote increased collaboration.

**Goal 5: Increase housing options for older youth in care and youth transitioning from care.**

OCFS continued to utilize state funds to pay for the housing needs of youth with a Voluntary Extended Care (V9) Agreement and staff work with landlords to help youth secure housing. The V9 Agreement is viewed as a safety net and one strategy for reducing youth homelessness.

OCFS allocated funding and partnered with Maine State Housing (MSHA) Authority, MYTC, Community Care, and a former foster youth to design and implement a demonstration program to utilize ten (10) Family Unification Program (FUP) vouchers for youth experiencing homelessness in Penobscot County. These vouchers were fully utilized by eligible youth. Youth also receive case management support which helps teach them daily living skills, and assists youth to connect with community-based resources, such as employment supports. Youth can receive housing assistance through this program for up to five (5) years.

OCFS participated in the Homeless Youth Coalition and other housing resources to ensure better coordination of services and increased resources to for youth experiencing homelessness, some of whom have experienced the child welfare system. OCFS provides funding through contracts to serve the needs of homeless youth through outreach, shelter, and transitional living programs.

During much of the past five (5) year, two (2) Youth Transition Specialists spent time at Preble Street, Homeless Youth Shelter in Portland. This allowed OCFS to have a presence for youth in need of OCFS services, and Preble Street said this has led to improved communication with OCFS.

In 2017, the Youth Transition Specialist covering Franklin County worked with the local homeless youth provider, youth, and other community providers on a 100-Day Challenge (a national grant to help a community implement rapid change around a critical issue), which was awarded to one of Maine’s homeless youth providers to improve housing placement and stability for homeless youth in Franklin County.

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

OCFS implemented an Intensive Temporary Residential Treatment (ITRT) process to review the appropriateness of youth placements in congregate care. OCFS remains committed to placing youth in the least restrictive environment possible, and in reducing its use of residential placements.

OCFS provided financial compensation to caregivers who actively participate in a youth’s transition from residential care. This has allowed caregivers to be involved in the transition process with the youth prior to discharge from residential placement so both youth and caregiver can become familiar with each other prior to placement.

One of the target populations for Maine’s Recruitment Contract is for youth who are ready for discharge from residential but who do not have an identified family with whom they can be placed.

OCFS continues the practice of allowing for a time-limited enhanced rate to be provided to a caregiver, when all other usual forms of exploration of placement have not been successful, to allow for a youth to be able to leave residential placement for a less restrictive placement in a supportive home environment.

**National Youth Transition Database (NYTD):**

Maine has complied with the requirements of the National Youth in Transition Database (NYTD), having implemented a fully operational NYTD process in Maine on 10/1/10. While not required, OCFS completes the NYTD Baseline Surveys yearly, even during non-reporting years.

Over the past five (5) years OCFS continued 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. We have also been looking at ways to effectively use the data collected through NYTD to help improve youth outcomes related to permanency, safety, and well-being.

In 2017 and 2018, OCFS Youth Transition Unit used NYTD data in assessing programming and in making changes to our Youth Transition Policy.

In June 2018 Maine had its first NYTD federal review. We are waiting for the final report and recommendations to incorporate into our planning for improvements to our Youth Transition Program for 2020-2024. 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 Specialist) ensured each youth’s eligibility for ETV funds made the final determination of ETV allocations under ETV program guidelines. The Youth Transition Specialist also tracked utilization of ETV funds to assure that the funds provided to each youth does not exceed $5000 or the total cost of the program, after applying all other financial aid assistance and awards. These expenditures are 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 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 (OCFS changed the upper age limit from 23 in 2018, as directed by the Families First Act).

**Post-Secondary ETV Recipients:**

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Year | New Participants | Continuing Participants | Total Participants  |
| 2014-2015 | 31 | 31 | 62 |
| 2015-2016 | 29 | 36 | 65 |
| 2016-2017 | 35 | 29 | 64 |
| 2017-2018 | 33 | 42 | 75 |
| 2018-2019 | 19 | 38 | 57 |

Youth continued to apply for federal financial aid funds, and were encouraged to also apply for available scholarships and Maine’s Tuition Waiver. Youth continue to be informed by Youth Transition Specialists and written materials that they must maintain good academic standing as considered satisfactory academic performance at their specific institution, or may be on academic probation provided they are working towards regaining good academic standing to remain eligible for ETV funds.

OCFS staff worked with students and post-secondary institutions to ensure that the amount of ETV assistance provided to a student in combination with any other federal assistance programs does not exceed the total cost of attendance or duplicate other benefits.

Youth in care continued 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 coordinate post-secondary educational planning in district offices. OCFS also began informing 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 as the same time seeing an increase in the number of youth pursuing non-traditional college 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. In such situations, youth receive financial assistance through alternative funding sources, such as child welfare funds, other public agency funds such as Vocational Rehabilitation, or by using their own Opportunity Passport matched savings.

**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 as well as administer the Education and Training Voucher Fund Program. The Department of Health & Human Services agrees to cooperate in national evaluations of the effects of the Chafee Independent Living Program’s services.

**ASSURANCES** *The State assures that:*

1. Title IV-E, Section 477 Chafee Foster Care Independence Program funds will supplement and not replace Title IV-E foster care funds available for maintenance payments and administrative and training costs, or any other state funds that may be available for Independent Living programs, activities, and services;
2. The Department will operate the Chafee Foster Care Independence Program in an effective and efficient manner;
3. The funds obtained under Section 477 shall be used only for the purposes described in Section 477 (f) (1);
4. Payments made, and services provided, to participants in a program funded under Section 477 as a direct consequence of their participation in the Chafee Foster Care Independence Program will not be considered as income, or resources for the purposes of determining eligibility of the participants for aid under the state’s Title IV-A, or IV-E plan, or for the determining of the level of such aid;
5. Each participant will be provided a written transitional independent living plan that will be based on an assessment of his/her needs, and which will be incorporated into his/her case plan, as described in Section 475 (1);
6. Where appropriate, for youth age 16 and over, the case plan will include a written description of the programs and services which will help the youth to successfully prepare for the transition from foster care to interdependent living;
7. For youth age 16 and over, the dispositional hearing will address the services needed that assist the youth to make the successful transition from foster care to interdependent living;
8. Payments to the State will be used for conducting activities, and providing services, to carry out the programs involved directly, or under contracts with local governmental entities and private, non-profit organizations; and
9. Funds will be administered in compliance with Departmental regulations and policies governing the administration of grants, 45 CFR, Parts 92 and 74, and OMB Circulars A-87, A- 102, and A-122, including such provisions as Audits (OMB Circulars A-128 and A-133) and Nondiscrimination (45 CFR, Part 80).

**CERTIFICATIONS**

The certifications shown below will be certified by the Department’s Commissioner as part of the submission of the Title IV-B Child and Family Services Plan:

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

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

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

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

**STATE MATCH**

The State will continue to provide the required 20% state matching funds as required by the Chafee Foster Care Independence Program and the Education and Training Voucher Fund Program. The State’s match for these funds will continue to be the state’s value of the Tuition Waiver Program.

**Appendix B**

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Maine

|  |  |  |
| --- | --- | --- |
|  | Total ETV’s Awarded | Number of New ETVs |
| Final Number: 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 C**

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 statue 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]](#footnote-1)[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]](#footnote-2)[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 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.

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 family’s 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*.

**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 statues, 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

Steph Barrett, Implementation 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

PUBLIC Law, Chapter 472, LD 1920, 128th Maine State Legislature

Exhibit A

An Act To Modify the Expungement Requirements for Records under the Child and Family Services and Child Protection Act

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.

PUBLIC Law, Chapter 473, LD 1921, 128th Maine State Legislature

Exhibit B

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

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.

PUBLIC Law, Chapter 470, LD 1922, 128th Maine State Legislature

Exhibit C

An Act To Amend the Child and Family Services and Child Protection Act

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.

PUBLIC Law, Chapter 471, LD 1923, 128th Maine State Legislature

Exhibit D

An Act To Improve the Child Welfare System

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.

PUBLIC Law, Chapter 411, LD 1187, 128th Maine State Legislature

Exhibit E

An Act To Amend the Child Protective Services Statutes

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-E~~4005-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~~a 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**

**2019 data : 2.64**

**REASON FOR CW VACANCY**

**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)[[3]](#footnote-3) and the Children’s Justice Act (CJA)[[4]](#footnote-4).

**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

**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 changed 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 ACTIVITES**

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:

1. There continues to be a need for work related to the Department’s efforts to assess child safety.
2. The Panel recommends specific action steps related to supervision and support related to caseworker’s vicarious trauma.
3. Include Department child welfare data as a standing agenda item for future meetings.
4. 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.

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

 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/ [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. Child Abuse Prevention and Treatment Act, as amended, 42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et seq. [↑](#footnote-ref-3)
4. Sec. 107. GRANTS TO STATES FOR PROGRAMS RELATING TO INVESTIGATION AND PROSECUTION OF CHILD ABUSE AND NEGLECT CASES. [42 U.S.C. 5106c] [↑](#footnote-ref-4)