

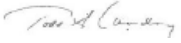


Collaboration

STATE of Maine
OFFICE OF CHILD AND FAMILY SERVICES POLICY

Section
1

Subsection
2

Approved by: 
OCFS, Director

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I. SUBJECT

Collaboration.

II. STATUTORY AUTHORITY

22 M.R.S. [§4004](#), [§4008](#).

III. DEFINITIONS

For a complete list of definitions, see the [OCFS Policy Manual Glossary](#). In this document, the first reference to any word that is defined is hyperlinked to the Glossary.

IV. POLICY

The Office of Child and Family Services (OCFS) recognizes that effective collaboration and consistent, ongoing communication throughout the time OCFS is involved with a family lead to improved outcomes for children by increasing the ability of families to engage with formal and informal supports. These support networks are a source of critical information to increase understanding of a family’s strengths, challenges, and protective capacities. OCFS also recognizes

the need to collaborate and coordinate with individuals, agencies, and facilities providing services to families and children to ensure that children who experience abuse and neglect have their needs met.

Caseworkers, to the greatest extent possible under applicable federal and state [confidentiality](#) laws, will gather information throughout the period of time OCFS is involved with a family and child directly from any individuals, agencies, or facilities involved with or providing services to the family and child. Their input will be utilized to inform the ongoing assessment of safety and risk to the child, and to coordinate access to resources for the family. In doing so, OCFS strives to reduce the need for future involvement of families with OCFS and support them in creating ongoing safety, permanency, and well-being for their family.

OCFS understands that cultural factors must be considered to effectively collaborate with children, families, communities, and service providers. This may include the use of interpreter services, immigrant and refugee service organizations, or other community resources that can guide service delivery to children and families. OCFS partners with tribal child welfare to co-case manage investigations or cases in which the Indian Child Welfare Act (ICWA) applies.

The importance of collaboration to successfully engage with children and families involved with child welfare services is a foundational component of the OCFS [Practice Model](#), as well as other individual policies which outline expectations for partnering with families and service providers.

V. PROCEDURES

Collaborating at a System Level.

OCFS is committed to building effective community partnerships. These partnerships build a shared understanding of child abuse and neglect, while also ensuring that families receive services that will help them provide safety for their children. Through these relationships, partners develop collaborative practices that promote improved communication on an individual investigation/case level. To accomplish this goal, OCFS will:

- a. Meet, as needed, with community agencies that serve families involved with OCFS. This may include, but is not limited to, district level meetings to review contract deliverables, inviting providers to staff meetings to share information about their agency's services, and district representation on local committees related to child abuse and neglect.
- b. Engage in reasonable efforts to educate providers regarding changes in OCFS policy that may affect an agency's working relationship with the families they serve.

Collaborating at the Family Level.

OCFS is committed to collaborating with children, families, service providers, and informal supports in an open and honest manner to ensure child safety, permanency, and well-being. It is the caseworker's role to make connections with and between the family, service providers, and informal supports to ensure all information regarding child safety concerns are shared among parties involved with the family. Comprehensive information sharing must be done continuously throughout the time OCFS is involved with the family to inform initial decisions and periodic reassessments of the family's functioning. It is important for the caseworker to establish open communication with service providers that ensures the caseworker is reaching out to and gathering information from the provider and the provider knows the best way to reach the caseworker. This two-way communication is meant to allow both parties to bring forward any concerns and/or

provide updates regarding the family's progress. It is also important that the caseworker facilitates an introduction to the new caseworker when a case is transferred to ensure consistent, ongoing communication continues.

During an investigation or case, the caseworker is responsible for ensuring service providers are involved to the greatest extent possible. The caseworker will ensure that the family, and their service providers, are aware of OCFS' concerns regarding child safety, and the goals outlined in the [Prevention Service Family Plan](#), the [Preliminary Rehabilitation and Reunification Plan](#), or the [Rehabilitation and Reunification Plan](#). They will assist in coordinating services for families to avoid inefficiencies in delivery and ensure services are aligned with the needs of the family. To accomplish this goal, the caseworker will:

a. Facilitate Effective Communication

- i. Ensure the caseworker's voice mail message identifies their name, position, and supervisor's name and contact information. Voice mail messages will also include when calls will be returned and when the staff person will be out of the office (see [10.6 Phone and Voicemail](#)).
- ii. Ensure service providers are given the Communication Instructions and Form that includes the caseworker and supervisor's contact information. Caseworkers will also request that service providers complete and return page 2 with their contact information to the caseworker (see Appendix C)
- iii. Ensure that phone calls from the family and providers are returned promptly and keep the family and their providers informed of major changes in a case, for example changes in the case goal or a child's placement.
- iv. Collaborate with extended family members and other informal supports. These connections are critical to gather information related to child safety, permanency, and well-being to inform the assessment and planning processes.
- v. Access culturally specific and specialized services from community-based providers including, but not limited to, interpreter services and immigrant and refugee service organizations.

b. Child Protection Investigations

- i. Inquire about services family members are currently receiving when conducting initial interviews with [critical case members](#). If the services relate to child safety, the caseworker will obtain a [release of information](#) and contact the provider to obtain information; gather [records](#) to inform decisions regarding child safety and risk; and establish communication with the provider.
- ii. In coordination with current service providers, determine if the family could benefit from additional services or resources.

c. Permanency and Adoption

- i. Meet individually with parents, resource parents, and children at least monthly to ensure:
 1. Child safety and well-being while working toward permanency for the child.
 2. That parents are making progress on the goals outlined in their plan, barriers are identified, and services address the reasons OCFS is involved with the family.

3. That parents are engaged in the development and monitoring of their plan and have the opportunity to provide feedback regarding their successes and challenges.
- ii. Contact service providers, at least quarterly, and more frequently if needed, to ensure the needs of the family and child are addressed and that relevant information is gathered and distributed to inform the analysis of the ongoing safety and risk for the child. Initial and ongoing contact is important to help the caseworker identify needs; assess and reassess the impact of parental behaviors on the child; and to evaluate the parent's progress toward reunification.
- iii. Collect medical, educational, mental health, and other relevant records for the child's case file. This may also include, but is not limited to, updates on progress in therapy, visitation, the child's day-to-day functioning, and strengths and challenges.
- iv. Convene [Family Team Meetings \(FTMs\)](#) at least quarterly or more frequently if needed. FTMs will include the parents/caregivers, including those residing outside of the home; the child, if developmentally appropriate; resource parents; tribal partners, if an ICWA case; Guardian ad litem; parents' attorneys; visit supervisors; and other formal and/or informal supports to develop the Prevention Service Family Plan, the Preliminary Rehabilitation and Reunification Plan, and the Rehabilitation and Reunification Plan. These meetings also provide an opportunity to assess communication processes and ensure that service providers have the most updated contact information for the caseworker.
- v. Ensure releases of information are signed and updated to support ongoing coordination of services by the caseworker. When requesting a signature on a release form, caseworkers will ensure that the person signing fully understands the elements of the release and has an opportunity to ask questions about the purposes of the release. The caseworker will explain that the information obtained by the Department will be used to develop plans and assess progress toward goals.

VI. POLICY SUPERSEDES

Not applicable.

VII. LINKS TO RELATED POLICIES

[1.1 Practice Model](#)

[10.6 Phone and Voicemail](#)

VIII. APPENDICES

[Appendix A: Practice Model](#)

[Appendix B: Release of Information](#)

[Appendix C: Communication Instructions and Form](#)

Note: The hyperlinks to these documents only work on DHHS issued computers. If you would like to request a copy of these documents, please email your request to:

OCFSPolicyTraining.DHHS@maine.gov