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Final Report of the JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES REVIEW OF THE CHILD WELFARE SYSTEM

December 2001

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Executive Summary

The Joint Standing Committee on Health and Human Services began its work on the child welfare services system in the spring of 2001 with a series of committee meetings on March 16 and 23, April 6, 10 and 24 and May 2, 9, 23 and 31. Reconvening with the consent of the President of the Senate and the Speaker of the House of Representatives after the adjournment of the Second Regular Session, the Committee met on August 6 and 24, September 7, 20 and 28, October 9, 12 and 26 and November 9 and 30. The Committee listened to hours of testimony in open public hearings held in Augusta on August 24, in Ellsworth on September 20 and in Portland on October 9.

Families, youth, advocates, experts, attorneys, representatives of the Native American tribes of Maine, representatives of the Maine courts, representatives of the Child Welfare Advisory Committee, representatives of the United State Department of Health and Human Services, Administration for Children and Families, staff of community service agencies and staff of the Department of Human Services addressed the Committee. They provided their insights into the operations of the child welfare services system and the performance of the Department of Human Services. Many brought written testimony and lists of recommendations for improvements. They presented statistics, stories, photographs of their children and surveys of professionals working in the child welfare field.

During their final meetings, the members of the Joint Standing Committee on Health and Human Services adopted guiding principles and recommendations to improve the delivery of child welfare services in Maine and action steps to ensure progress in the child welfare system in the coming years. The Committee is deeply committed to positive change in child welfare services and is recommending a number of initiatives to provide oversight of the delivery of child welfare services by the Department of Human Services, Bureau of Child and Family Services.

Guiding Principle 1. Building communities that nurture families

Every child has the right to grow and develop within a loving family to become a healthy, productive member of society. The families and communities of Maine and the Department of Human Services will join together to build communities that nurture families, prevent child abuse and neglect and provide assistance to families at risk. The child welfare services system will provide information, opportunities and resources to enable families at risk to build upon their strengths, address their weaknesses and provide strong and loving homes for their children.

Recommendation 1.1. Child and family system focus

The Department of Human Services will develop a multidisciplinary approach to child welfare services that provides for the safety of the child, is child and family systems centered and is accountable for outcomes and performance. A family-centered system protects the child from harm and considers as a dynamic unit the child, siblings, parents, caregivers and extended family members. The department will work with advocates for children and families, child welfare service providers and the communities of the State to provide information and education on child abuse and neglect and to decrease the incidence of child abuse and neglect in Maine.

Action steps

1. The Committee recommends that the Legislature require DHS to adopt a systems approach to child welfare that focuses on child, family and community. The approach will view the extended family as a dynamic network of relationships, maximizing the use of the family and its resources for the well-being and safety of the child and the good of the family as a whole.
2. The Committee recommends that the Legislature require DHS to increase the education and prevention efforts of community providers and entities contracting with DHS for education and prevention services. See Recommendation 3.2, action step 1 regarding performance standards and evaluations for contract agencies.
3. The Committee recommends that the Legislature require DHS to ensure adequate data collection by DHS and by contract agencies using a data system that is compatible with the DHS system.
4. The Committee recommends that the Legislature require DHS to provide support for the child welfare ombudsman, with the Health and Human Services Committee overseeing the performance of the office.
5. The Committee recommends that the Legislature require DHS to monitor compliance with state and federal laws, including the Indian Child Welfare Act, the federal child and family services pilot review of Maine and the program improvement plan (PIP) voluntarily filed by DHS and report periodically to the Health and Human Services Committee on their performance in these areas.
6. The Health and Human Services Committee should increase its oversight of child welfare services. The committee should meet annually with the Youth Leadership Advisory Team and with other youth in DHS custody. The committee recommends establishing a process that utilizes performance indicators to monitor progress and ensure accountability. The data that would be provided in the periodic reports is specified in Section VII, Periodic Reporting.
7. The Health and Human Services Committee should pursue a mechanism for legislator access to child welfare case information, starting with a request for advice from the Department of the Attorney General regarding access to child welfare information for legislators who are and are not members of the Health and Human Services Committee and the applicability of confidentiality requirements to information that they receive from DHS.
8. The Committee recommends that the Legislature require DHS to establish a centralized website and online memo system for child welfare services, placing on the web the monitoring mechanism mentioned above.

Guiding principle 2. Child and family centered services

The Department of Human Services will respond to suspected and substantiated child abuse and neglect through services that are child and family centered. The department will provide

supportive services that empower families and children, respect the family's responsibility for its children and are designed to address the unique needs of each child and family, respecting cultural differences and affording the maximum degree of self-determination.

Recommendation 2.1. Providing services to families at risk
The child welfare services system will provide assistance to children and families that addresses their needs through a system that meets the following criteria.

A. The system will provide comprehensive educational and supportive services for the child and family, including evaluation and assessment services, parenting, homemaker, child development, child care and transportation services, and services to address the challenges of emotional and behavioral dysfunction, mental illness, substance abuse and developmental disability. These services will be available prior to intervention by the department, when a child is in care during remediation and family reunification efforts, when a child is reunified with the family and when a child is placed permanently by the department with the child's extended family, in long-term foster care or other out-of-home placement or adoption;
B. The system will provide pre-petition services to families who request services or who are referred for services in order to address family issues, build a stronger family or enable the family to remain together;
C. The system will provide child protective services when a child is determined to be in jeopardy;
D. The system will provide individualized case planning services, based on planning conferences that include the family, caseworkers, guardians ad litem and service providers, that are reviewed periodically, that have specific goals and timeframes and measure progress and provide feedback to the family;
E. The system will provide out-of-home placements when necessary, including care with the extended family or, when necessary, placements in foster homes, group homes, residential treatment facilities, independent living, and when appropriate in shelters. Provided that the safety needs of the child are met, priority in placement will be given to placement with family members or extended family members. As appropriate, siblings will be placed together and the child's ties to family, community and school will be maintained;
F. The system will provide family reunification services when appropriate, assisting the family in resolving their problems and restoring the family unit; and
G. The system will provide services for reunified families, foster families or for children in other out-of-home living situations.

Action steps

1. The Committee recommends that the Legislature require DHS to maximize the use of resources for early intervention and family preservation services and pursue federal waivers as needed.
2. The Committee recommends that the Legislature require DHS to document in each case that it has fully assessed kinship placement possibilities including, but not limited to, grandparents, aunts, uncles and adult siblings of the child needing services.

3. The Committee recommends that the Legislature require DHS to improve kin and sibling contact and communication.
4. The Committee recommends that the Legislature require DHS to provide stability and continuity in home placements, including placements with the extended family and foster families, as appropriate for the child.
5. The Committee recommends that the Legislature require DHS to improve the quality of assessments and individualized case plans, tailoring the child welfare process and services to meet the needs of the child and family.
6. The Committee recommends that the Legislature require DHS to provide increased services to families after reunification.
7. The Committee recommends that the Legislature require DHS to expand to statewide the program that provides immediate physical and psychological screening of all children entering DHS care.
8. The Committee recommends that the Legislature require DHS to develop a proposal for the timely dissemination of information to youth and biological and foster families on legal rights, the court system and the child welfare process, developing that information with the Maine Bar Association, the Youth Leadership Advisory Team, the Maine Equal Justice Project and the Department of the Attorney General. The Committee recommends that the Legislature require DHS to report on its progress on this information initiative to the Health and Human Services Committee in early 2002.
9. The Committee recommends that the Legislature require DHS to provide in family case plans clear timeframes for action and benchmarks by which families can measure their progress.

Recommendation 2.2. Strengthen the network of service providers and the range of services available to the child and family

Services that are appropriate to the child and family will be available through a network of providers. The family will have a choice among all qualified providers, including those who are not employed within an agency. The services will focus on addressing the issues confronting the family and be easy to access for the family. Providers will participate in the monitoring of their work through periodic case conferences and periodic reporting. A strong and flexible network of foster homes will be developed and maintained and relationships with foster parents improved. Visitation services will be redesigned to serve the needs of the child and extended family and to take place in a family friendly environment.

Action steps

1. The Committee recommends that the Legislature require DHS to develop an approach for identifying foster care issues and for developing strategies to address those issues. The Committee recommends that the Legislature require DHS to develop a mechanism for input from foster parents to DHS.
2. The Committee recommends that the Legislature require DHS to increase information on legal issues and the law in foster parent training.
3. The Committee recommends that the Legislature require DHS to expand options for visitation that are child friendly and family centered.

4. The Committee recommends that the Legislature require DHS to provide a mentor system for children in care.
5. The Committee recommends that the Legislature require DHS to integrate the provision of services to children and families, including services from schools, different providers and through different agencies and state departments, including mental health, substance abuse and domestic violence treatment services and child abuse services. The process should begin with a report from the Commissioners and the Director of the Office of Substance Abuse in early 2002 on integration and coordination of services, including but not limited to integrated case management.
6. The Committee recommends that the Legislature require DHS to adopt standards for providers of services to qualify within the child welfare system and allow parents their choice among all qualified providers, as appropriate to the needs of the family. The Committee recommends that the Legislature require DHS to report to the Health and Human Services Committee on their progress in adopting standards for providers.
7. The Committee recommends that the Legislature require DHS to allow direct billing by qualified licensed clinical social workers providing services in child welfare.
8. The Committee recommends that the Legislature require DHS to explore utilization of additional providers for child welfare purposes, including licensed professional counselors, licensed clinical professional counselors, licensed marriage and family therapists and licensed pastoral counselors.
9. The Committee recommends that the Legislature require DHS to expand substance abuse and domestic abuse treatment services.

Guiding principle 3.
Developing staff, services and programs that are child and family systems oriented
Child welfare services will provide services through professional staff, services and programs that are child and family systems oriented.

Recommendation 3.1. Adapt departmental organization to a child and family systems approach
The Department of Human Services will adopt an organizational design, structure and methods that implement a child and family systems approach to child welfare services, tailoring the department's response to the needs of the child and family and providing professional level staff through the department or contract agencies who are trained and equipped to provide high quality service.

Action steps
1. The Committee recommends that the Legislature require DHS to increase the number of caseworkers, life skills workers and supervisors to more closely reflect New England averages for standards for caseloads.
2. The Committee recommends that the Legislature require DHS to comply with national standards for monitoring children in foster and adoptive homes.
3. The Committee recommends that the Legislature require DHS to strengthen the system for supervision of caseworkers.

4. The Committee recommends that the Legislature require DHS to institute a differential response system that ensures maximum use of the skills of the staff of contract agencies and DHS. The Committee recommends that the Legislature require DHS to review how best to utilize skills and specialties of staff in DHS and contract agencies.
5. The Committee recommends that the Legislature require DHS to present to the committee a proposal for the recruitment and retention of staff, including information on levels of pay and longevity of service. The proposal should address training, improving morale and working conditions, increasing efficiency, mentoring, the use of technology, the adequacy of support staff and streamlining administrative processes. The Committee recommends that the Legislature require DHS to present a progress report to the Health and Human Services Committee by March 15, 2002 on a recruitment and retention proposal.
6. The Committee recommends that the Legislature require DHS to expedite permanent placement, including kinship care, of a child when reunification with the child's family is not possible.
7. The Committee recommends that the Legislature require a court, when ordering termination of parental rights, to make a specific finding that reasonable efforts were made to prevent the need for termination of parental rights.

Recommendation 3.2. Empowerment initiatives

The Department of Human Services will undertake an initiative to empower families, children, staff, adoptive parents, providers of services, including foster parents, and the staff of agencies with which it contracts. The initiative will build upon the strengths of the department and will improve the functioning and performance of the department and its adoptive families, contracting agencies and service providers, including foster parents. The initiative will apply to recruitment, training and retention. It will instill an attitude of mutual respect among all who work within the child welfare system. The initiative will clearly define the responsibilities of community agency staff and service providers and will incorporate outcome measures and performance evaluations.

Action Steps

1. In order to further consistency in practice statewide, the Committee recommends that the Legislature require DHS to provide clear performance standards, outcome measures and performance evaluations for contract agencies.
2. The Committee recommends that the Legislature require DHS to strengthen the training for staff of DHS and contract agencies, adoptive parents and providers of services, including foster parents. Training should cover substance abuse and domestic violence treatment and recovery, mental health, attitudinal issues, respect for providers, poverty, culture and ethnicity, including language and culture of origin and the Indian Child Welfare Act. Training should be tailored to the job function and type of child welfare work performed by the trainee.
3. The Committee recommends that the Legislature require DHS to adopt clear standards for substantiation of abuse and neglect, distinguishing abuse and neglect from poverty.
4. The Committee recommends that the Legislature require DHS to work with the substance abuse and domestic abuse prevention communities to adopt appropriate and realistic standards for progress for the family.

5. The Committee recommends that the Legislature require DHS to develop mechanisms to ensure that policy and practice are implemented consistently across the state by DHS staff and contract agency staff.
6. The Committee recommends that the Legislature require DHS to issue a staff directive stating the department's disapproval of threats of action against families and any retaliatory actions. The Committee recommends that the Legislature require DHS to include in the information provided to parents a statement that retaliatory action by DHS staff or contract staff is not tolerated by the department and that when infractions occur they should be reported so that disciplinary action may be taken.

Child Welfare Information to be Reported Periodically to the Health and Human Services Committee

The Health and Human Services Committee determined that periodic reporting of specific information is necessary for them to oversee the delivery of child welfare services by the Department of Human Services. The Committee recommends that the Legislature require DHS to provide specific data on a periodic basis. This data includes the following elements.

1. Measurement of compliance with the Indian Child Welfare Act
   - number of children placed with extended family as preferred in the Indian Child Welfare Act
   - number of children placed out of the extended family in Native American families
   - number of children placed through a tribal placement
2. Measurement of compliance with timeframes in state and federal law
   - frequency of extensions
   - reasons for extensions
   - frequency of failure to offer services as a reason for an extension
   - reasons for failure to offer
   - frequency of inability of family to access services as a reason for an extension
   - reasons for inability to access services
3. Measurement of frequency of kinship placements at all stages of child welfare interventions
   - reasons for placing out of family
4. Measurement of family contacts
   - placements of siblings together, stating reasons why not
   - frequency of visits with siblings
   - frequency of visits with parents
   - frequency of visits with other family members
5. Measurement of frequency and continuity in placement in foster care and other residential placements
   - number of children moved after initial placement one, two three, four and more times
6. Measurement of total number of biological families and interested professionals involved in developing case plans and in case plan review during the time period
7. Number of internal reviews of decisions of substantiation of abuse or neglect and results of the reviews
8. Reporting of applications for waivers of federal requirements under the Adoption and Safe Families Act, and progress and decision on the application during the time period, decisions

during the time period on any previously filed waiver applications

9. Number of terminations of parental rights in which no services were accessed by the family
   - breakdown of reasons for terminations
   - breakdown of reasons no services were accessed
10. Number of children in DHS custody moved to a residence that requires them to change school districts
11. Average caseloads of caseworkers, life skills workers and supervisors and comparison with New England average
12. Compliance with standards for home visiting in foster homes
13. Number of families using offered services during the first 6 months their child is in custody of DHS, during the second 6 months and during the third 6 months.
14. Number of children entering DHS custody and number leaving DHS custody
   - numbers entering foster care and leaving foster care
15. Amounts spent on substance abuse treatment and recovery from accounts within the Office of Substance Abuse and the Department of Human Services.

- “that there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe;”
- “that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions;” and
- “that the States, exercising their recognized jurisdiction over Indian child custody proceedings through administrative and judicial bodies, have often failed to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families.”

Title 22 Maine Revised Statutes, chapter 1071, sections 4003 and 4004 set forth the obligations of the Department of Human Services to protect children and to provide services to families in need of assistance. These sections, as pertinent, read as follows:

§4003. Purposes

Recognizing that the health and safety of children must be of paramount concern and that the right to family integrity is limited by the right of children to be protected from abuse and neglect and recognizing also that uncertainty and instability are possible in extended foster home or institutional living, it is the intent of the Legislature that this chapter:

1. Authorization. *Authorize the department to protect and assist abused and neglected children, children in circumstances which present a substantial risk of abuse and neglect, and their families;*

2. Removal from parental custody. *Provide that children will be taken from the custody of their parents only where failure to do so would jeopardize their health or welfare;*

3. Reunification as a priority. *Give family rehabilitation and reunification priority 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.*

§4004. Authorizations

1. General. *The department may take appropriate action, consistent with available funding, that will help achieve the goals of section 4003 and subchapter XI-A, including:*

A. Developing and providing services which:

(1) Support and reinforce parental care of children;

(2) Supplement that care; and

(3) When necessary, substitute for parental care of children;

B. Encouraging the voluntary use of these and other services by families and children who may need them;

C. Cooperating and coordinating with other agencies, facilities or persons providing related services to families and children;

D. Establishing and maintaining a Child Protective Services Contingency Fund to provide temporary assistance to families to help them provide proper care for their children; and

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.

2. Duties. *The department shall act to protect abused and neglected children and children in circumstances which present a substantial risk of abuse and neglect, to prevent further abuse and neglect, to enhance the welfare of these children and their families and to preserve family life wherever possible. The department shall:*

A. Receive reports of abuse and neglect;

B. Promptly investigate all abuse and neglect cases coming to its attention or in the case of out-of-home abuse and neglect investigations, the department shall act in accordance with subchapter XI-A;

C. Determine the degree of harm or threatened harm to each child in each case; and

D. Take appropriate action to further the purposes of this chapter.

Legislators periodically receive inquiries and complaints about child welfare services. In some cases it is helpful to them in their jobs as legislators to learn more about the family and its experiences with the Department of Human Services. The department makes child welfare records available to legislators under Title 22, Maine Revised Statutes, section 4008, subsection 3, paragraph D. Section 4008 reads as follows:

§ 4008. Records; confidentiality; disclosure

1. Confidentiality of records. *All department records which contain personally identifying information and are created or obtained in connection with the department's child protective activities and activities related to a child while in the care or custody of the department are confidential and subject to release only under the conditions of subsections 2 and 3. Within the department, the records shall be available only to and used by appropriate departmental personnel and legal counsel for the department in carrying out their functions.*

2. Optional disclosure of records. *The department may disclose relevant information in the records to the following persons:*

A. An agency or person investigating or participating on a team investigating a report of child abuse or neglect when the investigation or participation is authorized by law or by an agreement with the department;

B. (Repealed)

C. A physician treating a child whom he reasonably suspects may be abused or neglected;

D. A child named in a record who is reported to be abused or neglected, or the child's parent or custodian, or the subject of the report, with protection for identity of reporters and other persons when appropriate;

E. A person having the legal responsibility or authorization to educate, care for, evaluate, treat or supervise a child, parent or custodian who is the subject of a record, or a member of a panel appointed by the department to review child deaths and serious injuries. This includes a member of a treatment team or group convened to plan for or treat a child or family that is the subject of a record. This may also include a member of a support team for foster parents, if that team has been reviewed and approved by the department;

F. Any person engaged in bona fide research, provided that no personally identifying information is made available, unless it is essential to the researcher and the commissioner or the commissioner's designee gives prior approval. If the researcher desires to contact a subject of a record, the subject's consent shall be obtained by the department prior to the contact;

G. Any agency or department involved in licensing or approving homes for, or the placement of, children or dependent adults, with protection for identity of reporters and other persons when appropriate;

H. Persons and organizations pursuant to Title 5, section 9057, subsection 6, and pursuant to chapter 857;

I. The representative designated to provide child welfare services by the tribe of an Indian child as defined by the federal Indian Child Welfare Act, 25 United States Code, Section 1903; and

J. A person making a report of suspected abuse or neglect. The department may only disclose that it has not accepted the report for investigation, unless other disclosure provisions of this section apply.

3. Mandatory disclosure of records. *The department shall disclose relevant information in the records to the following persons:*

A. The guardian ad litem of a child named in a record who is reported to be abused or neglected;

B. A court on its finding that access to those records may be necessary for the determination of any issue before the court or a court requesting a home study from the department pursuant to Title 18-A, section 9-304 or Title 19-A, section 905. Access to such a report or record is limited to counsel of record unless otherwise ordered by the court. Access to actual reports or records is limited to in camera inspection, unless the court determines that public disclosure of the information is necessary for the resolution of an issue pending before the court;

C. A grand jury on its determination that access to those records is necessary in the conduct of its official business;

D. An appropriate state executive or legislative official with responsibility for child protection services or the Child Welfare Services Ombudsman in carrying out his official functions, provided that no personally identifying information may be made available unless necessary to his functions;

E. The protection and advocacy agency for persons with disabilities, as designated pursuant to Title 5, section 19502, in connection with investigations conducted in accordance with Title 5, chapter 511. The determination of what information and records are relevant to the investigation must be made by agreement between the department and the agency;

F. The Commissioner of Education when the information concerns teachers and other professional personnel issued certificates under Title 20-A, persons employed by schools approved pursuant to Title 20-A or any employees of schools operated by the Department of Education; and

G. The prospective adoptive parents. Prior to a child being placed for the purpose of adoption, the department shall comply with the requirements of Title 18-A, section 9-304, subsection (b) and section 8205.

3-A. Confidentiality. *The proceedings and records of the child death and serious injury review panel created in accordance with section 4004, subsection 1, paragraph E are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. The commissioner shall disclose conclusions of the review panel upon request, but may not disclose data that is otherwise classified as confidential.*

4. Unlawful dissemination; penalty. *A person is guilty of unlawful dissemination if he knowingly disseminates records which are determined confidential by this section, in violation of the mandatory or optional disclosure provisions of this section. Unlawful dissemination is a Class E crime, which, notwithstanding Title 17-A, section 1252, subsection 2, paragraph E, is punishable by a fine of not more than $500 or by imprisonment for not more than 30 days.*

5. Retention of unsubstantiated child protection services records. *Except as provided in this subsection, the department shall retain unsubstantiated child protective services case records for no more than 18 months 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 retention period. 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.*

II. PROCEEDINGS

The Joint Standing Committee on Health and Human Services began its work on the child welfare services system in the spring of 2001 with a series of committee meetings on March 16 and 23, April 6, 10 and 24 and May 2, 9, 23 and 31. Reconvening with the consent of the President of the Senate and the Speaker of the House of Representatives after the adjournment of the Second Regular Session, the Committee met on August 6 and 24, September 7, 20 and 28, October 9, 12 and 26 and November 9 and 30. The Committee listened to hours of testimony in open public hearings held in Augusta on August 24, in Ellsworth on September 20 and in Portland on October 9.

Families, youth, advocates, experts, attorneys, representatives of the Native American tribes of Maine, representatives of the Maine courts, representatives of the Child Welfare Advisory Committee, representatives of the United State Department of Health and Human Services, Administration for Children and Families, staff of community service agencies and staff of the Department of Human Services addressed the Committee. They provided their insights into the operations of the child welfare services system and the performance of the Department of Human Services. Many brought written testimony and lists of recommendations for improvements. They presented statistics, stories, photographs of their children and surveys of professionals working in the child welfare field.

The Committee wishes to recognize the outstanding work of the Youth Leadership Advisory Team, a group of young men and women who have experienced the child welfare services system and who have committed themselves to improving the system and assisting youth in care. The YLAT youth have established a website, www.ylat.usm.maine.edu, publish a newsletter entitled "Be Yourself: The Voice of Youth in Care," provide speakers through a speaker's bureau, plan annual teen conferences and youth leadership summits, and have created a handbook for youth in care entitled "Answers." YLAT is a joint project between the Department of Human Services and the Edmund S. Muskie School of Public Service. The youth of YLAT presented a number of recommendations to the Committee. The key recommendations were:

- Increase the number and variety of placement options;

- Placements should be geared to the needs of the individual child;
- Increase the number of caseworkers;
- Increase the number of life skills workers;
- Involve youth in policy making; and
- Increase communications with youth in custody (talking to them, listening to them).

The work of the Joint Standing Committee on Health and Human Services was complemented by the parallel work of the Committee to Review the Child Protective System. The Committee to Review the Child Protective System, consisting of 11 members, was formed by Joint Order, House Paper 1385, to look at the following issues:

- Child protective court proceedings, including intervenor rights, discovery, attorneys for parents, guardians ad litem and standards of proof;
- Department of Human Services interviewing procedures and information provided to parents;
- Liability of the Department of Human Services and its employees for removal of a child from home or other action when such actions are overturned by the court as erroneous or unnecessary;
- Child abuse and neglect mandatory reporting laws;
- The State's role in educating the public about child abuse and neglect; and
- Any other issues the committee determines to be appropriate for review.

The Committee to Review the Child Protective System completed its work and its final report has been released.

III. CHILD WELFARE INFORMATION SPECIFIC TO MAINE

A. Background data on child welfare services in Maine was presented to the Health and Human Services Committee, using a report, "Child Maltreatment 1999,"which is based on data submitted by the state child protective services agencies for calendar year 1999. The data are collected through the National Child Abuse and Neglect Data System and consist of 2 components, the summary data component and the detailed case data component. Karen Westburg, Director of the Bureau of Child and Family Services, provided data on child welfare services for calendar year 2000.

- The 1999 data show that the Department of Human Services reported 4,450 total investigations, including 9,877 total children. 11,058 referrals were screened out.

- Of the 4,450 referrals that were screened in and investigated, 765 were referred by school personnel, 503 by social services personnel, 503 by law enforcement, 426 by mental health personnel, 317 by medical personnel, 253 by parents, 364 by other relatives and 421 by friends and neighbors.

- Of the 4,450 referrals that were screened in and investigated, 2,349 resulted in findings of substantiated abuse or neglect and 1,728 were not substantiated.

- Maine reported 4,154 child victims of abuse or neglect in 1999. The reporting of type of abuse or neglect, including multiple counting of children experiencing more than one type, show that 1,427 children experienced physical abuse, 2,457 children experienced neglect, 895 children experienced sexual abuse and 2,263 children experienced psychological maltreatment.

- Of the 5,768 substantiated perpetrators of child abuse and neglect in Maine in 1999, 4,908 were parents, 652 were other relatives, 132 were non-caretakers, 9 were foster parents, 2 were residential facility staff, 17 were child day care staff and 48 were of unknown status.

The data provided by Bureau Director Westburg show that during the year 2000 the families of 10,874 children were assessed as a result of an allegation of suspected child abuse or neglect.

- Of the 10,874 children involved in assessments during year 2000, 1001 (9.2%) were brought in to the care of the Department of Human Services.

- During the year 2000, 418 children who were in the care of the Department of Human Services left care to return to their homes or to live with a relative, 421 were adopted, and 101 entered adulthood.

B. Public Law 2001, Chapter 439, Part X established the ombudsman program to provide services to children and families involved with child welfare services provided by the Department of Human Services. The program, as set forth in Title 22, Maine Revised Statutes, subchapter X-A, will operate through a contract with the Executive Department and will be staffed by an attorney or a Master's level social worker and an administrative assistant. Volunteers will be recruited and trained by the ombudsman. Working toward resolution of complaints and inquiries, the ombudsman will consider and promote the best interests of the child, will provide information and referral services to the public and will make recommendations to state agencies, the Governor and the Legislature. The Committee was dismayed to learn that the original request for proposal process resulted in no applications being submitted. Committee members expressed interest in working with the Executive Department to encourage entities to apply and expressed grave concern that the Executive Department did not receive any applications in response to the request for proposals that was issued during the Fall of 2001 and is anxious that the program begin operation as quickly as possible.

C. Major changes are underway within the Bureau of Child and Family Services that will have a positive impact on the delivery of child welfare services. The Bureau has begun work with Casey Strategic Consulting of the Annie E. Casey Foundation on the organizational structure of the Bureau's central office. This work will also refine the Bureau's values and beliefs and align practice with them. Major training initiatives are underway on interviewing. In cooperation with the Department of Behavioral and

Developmental Services, a new substance abuse specialist position will be funded to serve Washington County.[1]

IV. CHILD WELFARE SERVICES IN OTHER JURISDICTIONS

During the review of the Maine child welfare system, the Health and Human Services Committee considered reports on child welfare systems in other states. Among these reports, one stood out: "Running in to Keep in Place: The Continuing Evolution of Our Nation's Child [2] The "Running in Place" report (hereinafter referred to as "RIP") draws a picture of child welfare services nationwide that are badly stressed and that respond to crises with studies and commissions and proposals for substantial change, much as Maine has done. Child welfare systems studied for "RIP" showed many of the same problems that the Committee was told exist in Maine: frequent changes in leadership at the top of child welfare programs, a shortage of foster homes, high worker turnover, insufficient staff, the need for service capacity in the areas of housing and child care, mental health and substance abuse services, and the need for improved training.[3]

"Running in Place" noted other similarities, including caseworkers reporting that they spend inordinate amounts of time on paperwork and documentation and that they regret the loss of time spent on active social work responsibilities with families.[4] "RIP" cites recent reforms in some states that show promise, including alternative response systems that provide investigation and assessment of reported suspected child abuse and neglect that are matched to the severity of the report (Washington State), structured decision making that provides standards for safety decisions (Michigan), concurrent planning that begins the work for adoption early in the child protective process (Minnesota), and family group meetings that involve the whole family in the planning and decision making for the safety of the child (Denver County, Colorado).[5] "RIP" mentions that agency staff is optimistic about these reforms but that research on their effects has not yet been completed.[6] The Committee took note of these initiatives in other states and considered them with other suggestions for change.

"New Directions for Child Protective Services," published in 1997 by the National Conference of State Legislatures, reviewed child welfare services information from states across the country and noted that once states screen, investigate and substantiate reported child abuse and neglect there is little money left with which to provide services to families.[7] This report clearly identified the link between poverty and child maltreatment, stating that "…child maltreatment is

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[1] Maine Department of Human Services, Bureau of Child and Family Services, report to the Health and Human Services Committee, November 9, 2001.
[2] "Running to Keep in Place: The Continuing Evolution of Our Nation's Child Welfare System," by Roseanna Bess, Robert Green, Jacob Leos-Urbel, Karin Malm and Teresa Markowitz, The Urban Institute, 2001.
[3] Ibid, pages 5 through 15.
[4] Ibid, page 18.
[5] Ibid, pages 9 and 10.
[6] Ibid, page 20.
[7] "New Directions for Child Welfare Services," by Stephen M. Christian, National Conference of State Legislatures, 1997, page ix.

disproportionately reported among poor families and that extreme poverty is a key factor in predicting child abuse and neglect."[8]

"New Directions for Child Welfare Services" points out problems in state child welfare services system that mirror many of the findings of members of the Health and Human Services Committee. The "New Directions" report finds that the direct and indirect costs of child abuse are enormous and that conventional child welfare systems stress the deficits of families rather than their strengths, often they overinclude families that should not be in the system and undereinclude families that should be there. The report finds that funding has not kept pace with the work of child welfare departments and that high worker turnover plagues child welfare agencies.[9] As Maine moves forward, policymakers can learn from the efforts of other states that have addressed similar challenges.

V. THE ADMINISTRATION FOR CHILDREN AND FAMILIES CHILD WELFARE SERVICES REVIEW PROCESS

The United States Department of Health and Human Services, Administration for Children and Families is required by 45 Code of Federal Regulations, sections 1355.31 to 1355.37 and 1355.39 to conduct reviews of the child welfare services systems in the states in collaboration with the responsible state agencies. The process for the reviews was developed in consultation with national experts in child welfare, with a public comment period and a pilot process in 14 states. As finalized the review process measures the outcomes of services delivered to children and families in 3 areas: safety, permanency and child and family well-being. The process also reviews operational and administrative systems within the Department of Human Services.

The standards by which **safety outcomes** are measured include the following.

1. Children are, first and foremost, protected from abuse and neglect. Repeat maltreatment and the timeliness of investigations are examined in this category.
2. Children are safely maintained in their homes whenever possible and appropriate. The provision of services to protect children in their homes and to prevent removal and current risk of harm to the child are examined in this category.

The standards by which **permanency outcomes** are measured include the following.

1. Children have permanency and stability in their living situations. Examined under this category are foster care re-entries, stability of current foster care placement, the permanency goal for the child, the provision of independent living services, adoption and the permanency goal of other planned permanent living arrangements.
2. The continuity of family relationships and connections is preserved for children. Under this category, the review examines the proximity of the current living arrangement to the child's community, placement with siblings, visitation with parents and siblings, preserving connections, relative placement and the current relationship of the child to his or her parents.

[8] Ibid, page 8.
[9] Ibid, pages 7 and 8.

The standards by which **child and family well being outcomes** are measured include the following.

1. Families have enhanced capacity to provide for their children's needs. Examined in this category are the needs and services of the child, parents and foster parents, child and family involvement in case planning and worker visits with the child.
2. Children receive appropriate services to meet their educational needs. Examined in this category are the educational needs of the child.
3. Children receive adequate services to meet their physical and mental health needs. The review in this category examines the physical and mental health of the child.

The review process also examines **systemic factors** that pertain to the operation of the Department of Human Services and its administrative structure. The review focuses on the statewide information system, the case review system, the quality assurance system, staff training, the array of services, agency responsiveness to the community and foster and adoptive parent recruitment, licensing and retention.

The Maine Department of Human Services volunteered to be one of the pilot states and undertook the review during 2000-2001. The results of the pilot review and the program improvement plan filed by the Department of Human Services were reviewed by the Committee. A comprehensive chart, showing the Administration for Children and Families findings and recommendations, is attached in Appendix B and the Department of Human Services program improvement plan action plan in response is included as Appendix C.

The recommendations from the Administration for Children and Families resulting from the pilot review of the Maine Department of Human Services are as follows:

Recommendations of the Administration for Children and Families

Safety

- Establish clear policies and expectations concerning interaction between the local DHS offices and the community contractors conducting assessments of low and moderate risk reports, and establish data tracking related to this program, e.g. number of families refusing services, etc.
- Take immediate steps to reduce the incidence of maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect. Also, establish a process for critical supervisory review of decisions made on cases with multiple reports.
- Complete the quality assurance review of the reports of abuse and neglect referred for community agency intervention.
- Continue with the implementation of the safety assessment policy and corresponding training.
- Ensure that all repeat reports be documented/recorded as official reports.
- Ensure that workers are clear with providers on expectations, results, and outcomes for treatment of families and require written reports that address families' progress in alleviating risk factors that led to abuse/neglect.
- Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety, and the impact of repeat maltreatment on children.
- Integrate training on decision-making in child protective services into current curricula.

Permanency

- Continue to improve the search for relatives and document the assessment of relatives in the case record.
- When siblings are placed separately, use the case planning process to address visitation issues.

- Continue to evolve and institutionalize a process, which ensures that permanency is addressed earlier on in all cases.
- Continue recruitment efforts for foster homes so children may be placed in closer proximity to their communities.
- Continue to address the issues surrounding therapeutic foster care, e.g. rates, evaluation/monitoring of children in therapeutic care, expectations/outcomes, etc.
- Increase staff and provider awareness of post-adoption services available and continue to increase families' utilization of post-adoption support services.
- Continue to streamline the legal clearance paperwork process.
- Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.
- Complete policy and training on limiting the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.

Child and Family Well being

- Involve parents and providers in the case planning process at the very beginning of a case, and clearly address the factors leading to abuse/neglect. Case plans should establish clear timeframes for meeting goals. The Committee recommends that the Legislature require DHS to re-examine its decision to combine case planning with the court process.
- Establish clear policy and expectations concerning provider reports; The Committee recommends that the Legislature require DHS to obtain written reports that address the progress of the individuals.
- The Committee recommends that the Legislature require DHS to be more pro-active in terms of what they want providers to do. The Committee recommends that the Legislature require DHS to continue to be active in cases even when a case management agency is involved.
- Re-examine agency policy requiring caseworker visits with children every three months and establish a visitation policy that ties frequency of visitation with the child's needs. Training and supervision should emphasize the need for workers to have individual conversations or visits with children, and should support workers in identifying and addressing problems or issues with the foster placements.
- Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their family medical/health backgrounds).
- Training and supervision should re-emphasize the importance of sharing medical records with foster parents.

Systemic Factors

- Implement systems improvements based on the results of the September 1999 SACWIS review.
- Work with the Court Improvement committee to ensure training for judges on conducting case reviews. Courts that are viewed as being strong in case review should be used as models for those courts that need to improve in this area.
- Establish a formal process for implementing improvements based on Quality Assurance review findings.
- The Child Welfare Training Institute should move forward with expansion of its advisory board to include outside stakeholders.
- Examine the gaps of services identified through this review and establish a long-range plan to expand, or provide for, these services.
- Continue outreach to the Native American tribes, and continue to work on State/tribal agreements.
- Utilize training and technical assistance through the National Resource Center for Children's Mental Health at Georgetown University to continue improving DHS relationship with mental health and to ensure that the mental health needs of children and parents are being met.
- Establish a coordinated, comprehensive statewide recruitment and retention plan for foster and adoptive homes. This plan should be administered at the Central Office level.
- Improve ability of BCFS to recruit and retain quality staff.

VI. GUIDING PRINCIPLES, RECOMMENDATIONS AND ACTION STEPS

During their final meetings, the members of the Joint Standing Committee on Health and Human Services adopted guiding principles and recommendations to improve the delivery of child welfare services in Maine and action steps to ensure progress in the child welfare system in the coming years. The Committee is deeply committed to positive change in child welfare services and is recommending a number of initiatives to provide oversight of the delivery of child welfare services by the Department of Human Services Bureau of Child and Family Services.

Guiding Principle 1. Building communities that nurture families

Every child has the right to grow and develop within a loving family to become a healthy, productive member of society. The families and communities of Maine and the Department of Human Services will join together to build communities that nurture families, prevent child abuse and neglect and provide assistance to families at risk. The child welfare services system will provide information, opportunities and resources to enable families at risk to build upon their strengths, address their weaknesses and provide strong and loving homes for their children.

Recommendation 1.1. Child and family system focus

The Department of Human Services will develop a multidisciplinary approach to child welfare services that provides for the safety of the child, is child and family systems centered and is accountable for outcomes and performance. A family-centered system protects the child from harm and considers as a dynamic unit the child, siblings, parents, caregivers and extended family members. The department will work with advocates for children and families, child welfare service providers and the communities of the State to provide information and education on child abuse and neglect and to decrease the incidence of child abuse and neglect in Maine.

Action steps

1. The Committee recommends that the Legislature require DHS to adopt a systems approach to child welfare that focuses on child, family and community. The approach will view the extended family as a dynamic network of relationships, maximizing the use of the family and its resources for the well-being and safety of the child and the good of the family as a whole.
2. The Committee recommends that the Legislature require DHS to increase the education and prevention efforts of community providers and entities contracting with DHS for education and prevention services. See Recommendation 3.2, action step 1 regarding performance standards and evaluations for contract agencies.
3. The Committee recommends that the Legislature require DHS to ensure adequate data collection by DHS and by contract agencies using a data system that is compatible with the DHS system.
4. The Committee recommends that the Legislature require DHS to provide support for the child welfare ombudsman, with the Health and Human Services Committee overseeing the performance of the office.
5. The Committee recommends that the Legislature require DHS to monitor compliance with state and federal laws, including the Indian Child Welfare Act, the federal child and family services pilot review of Maine and the program improvement plan (PIP) voluntarily

filed by DHS and report periodically to the Health and Human Services Committee on their performance in these areas.

6. The Health and Human Services Committee should increase its oversight of child welfare services. The committee should meet annually with the Youth Leadership Advisory Team and with other youth in DHS custody. The committee recommends establishing a process that utilizes performance indicators to monitor progress and ensure accountability. The data that would be provided in the periodic reports is specified in Section VII, Periodic Reporting.

7. The Health and Human Services Committee should pursue a mechanism for legislator access to child welfare case information, starting with a request for advice from the Department of the Attorney General regarding access to child welfare information for legislators who are and are not members of the Health and Human Services Committee and the applicability of confidentiality requirements to information that they receive from DHS.

8. The Committee recommends that the Legislature require DHS to establish a centralized website and online memo system for child welfare services, placing on the web the monitoring mechanism mentioned above.

Guiding principle 2. Child and family centered services

The Department of Human Services will respond to suspected and substantiated child abuse and neglect through services that are child and family centered. The department will provide supportive services that empower families and children, respect the family's responsibility for its children and are designed to address the unique needs of each child and family, respecting cultural differences and affording the maximum degree of self-determination.

Recommendation 2.1. Providing services to families at risk

The child welfare services system will provide assistance to children and families that addresses their needs through a system that meets the following criteria.

A. The system will provide comprehensive educational and supportive services for the child and family, including evaluation and assessment services, parenting, homemaker, child development, child care and transportation services, and services to address the challenges of emotional and behavioral dysfunction, mental illness, substance abuse and developmental disability. These services will be available prior to intervention by the department, when a child is in care during remediation and family reunification efforts, when a child is reunified with the family and when a child is placed permanently by the department with the child's extended family, in long-term foster care or other out-of-home placement or adoption;

B. The system will provide pre-petition services to families who request services or who are referred for services in order to address family issues, build a stronger family or enable the family to remain together;

C. The system will provide child protective services when a child is determined to be in jeopardy;

D. The system will provide individualized case planning services, based on planning conferences that include the family, caseworkers, guardians ad litem and service providers,

that are reviewed periodically, that have specific goals and timeframes and measure progress and provide feedback to the family;

E. The system will provide out-of-home placements when necessary, including care with the extended family or, when necessary, placements in foster homes, group homes, residential treatment facilities, independent living, and when appropriate in shelters. Provided that the safety needs of the child are met, priority in placement will be given to placement with family members or extended family members. As appropriate siblings will be placed together and the child's ties to family, community and school will be maintained;

F. The system will provide family reunification services when appropriate, assisting the family in resolving their problems and restoring the family unit; and

G. The system will provide services for reunified families, foster families or for children in other out-of-home living situations.

Action steps

1. The Committee recommends that the Legislature require DHS to maximize the use of resources for early intervention and family preservation services and pursue federal waivers as needed.
2. The Committee recommends that the Legislature require DHS to document in each case that it has fully assessed kinship placement possibilities including but not limited to grandparents, aunts, uncles and adult siblings of the child needing services.
3. The Committee recommends that the Legislature require DHS to improve kin and sibling contact and communication.
4. The Committee recommends that the Legislature require DHS to provide stability and continuity in home placements, including placements with the extended family and foster families, as appropriate for the child.
5. The Committee recommends that the Legislature require DHS to improve the quality of assessments and individualized case plans, tailoring the child welfare process and services to meet the needs of the child and family.
6. The Committee recommends that the Legislature require DHS to provide increased services to families after reunification.
7. The Committee recommends that the Legislature require DHS to expand to statewide the program that provides immediate physical and psychological screening of all children entering DHS care.
8. The Committee recommends that the Legislature require DHS to develop a proposal for the timely dissemination of information to youth and biological and foster families on legal rights, the court system and the child welfare process, developing that information with the Maine Bar Association, the Youth Leadership Advisory Team, the Maine Equal Justice Project and the Department of the Attorney General. The Committee recommends that the Legislature require DHS to report on its progress on this information initiative to the Health and Human Services Committee in early 2002.
9. The Committee recommends that the Legislature require DHS to provide in family case plans clear timeframes for action and benchmarks by which families can measure their progress.

Recommendation 2.2. Strengthen the network of service providers and the range of services available to the child and family

Services that are appropriate to the child and family will be available through a network of providers. The family will have a choice among all qualified providers, including those who are not employed within an agency. The services will focus on addressing the issues confronting the family and be easy to access for the family. Providers will participate in the monitoring of their work through periodic case conferences and periodic reporting. A strong and flexible network of foster homes will be developed and maintained and relationships with foster parents improved. Visitation services will be redesigned to serve the needs of the child and extended family and to take place in a family friendly environment.

Action steps

1. The Committee recommends that the Legislature require DHS to develop an approach for identifying foster care issues and for developing strategies to address those issues. The Committee recommends that the Legislature require DHS to develop a mechanism for input from foster parents to DHS.
2. The Committee recommends that the Legislature require DHS to increase information on legal issues and the law in foster parent training.
3. The Committee recommends that the Legislature require DHS to expand options for visitation that are child friendly and family centered.
4. The Committee recommends that the Legislature require DHS to provide a mentor system for children in care.
5. The Committee recommends that the Legislature require DHS to integrate the provision of services to children and families, including services from schools, different providers and through different agencies and state departments, including mental health, substance abuse and domestic violence treatment services and child abuse services. The process should begin with a report from the Commissioners and the Director of the Office of Substance Abuse in early 2002 on integration and coordination of services, including but not limited to integrated case management.
6. The Committee recommends that the Legislature require DHS to adopt standards for providers of services to qualify within the child welfare system and allow parents their choice among all qualified providers, as appropriate to the needs of the family. The Committee recommends that the Legislature require DHS to report to the Health and Human Services Committee on their progress in adopting standards for providers.
7. The Committee recommends that the Legislature require DHS to allow direct billing by qualified licensed clinical social workers providing services in child welfare.
8. The Committee recommends that the Legislature require DHS to explore utilization of additional providers for child welfare purposes, including licensed professional counselors, licensed clinical professional counselors, licensed marriage and family therapists and licensed pastoral counselors.
9. The Committee recommends that the Legislature require DHS to expand substance abuse and domestic abuse treatment services.

Guiding principle 3.
Developing staff, services and programs that are child and family systems oriented

Child welfare services will provide services through professional staff, services and programs that are child and family systems oriented.

Recommendation 3.1. Adapt departmental organization to a child and family systems approach

The Department of Human Services will adopt an organizational design, structure and methods that implement a child and family systems approach to child welfare services, tailoring the department's response to the needs of the child and family and providing professional level staff through the department or contract agencies who are trained and equipped to provide high quality service.

Action steps

1. The Committee recommends that the Legislature require DHS to increase the number of caseworkers, life skills workers and supervisors to more closely reflect New England averages for standards for caseloads.
2. The Committee recommends that the Legislature require DHS to comply with national standards for monitoring children in foster and adoptive homes.
3. The Committee recommends that the Legislature require DHS to strengthen the system for supervision of caseworkers.
4. The Committee recommends that the Legislature require DHS to institute a differential response system that ensures maximum use of the skills of the staff of contract agencies and DHS. The Committee recommends that the Legislature require DHS to review how best to utilize skills and specialties of staff in DHS and contract agencies.
5. The Committee recommends that the Legislature require DHS to present to the committee a proposal for the recruitment and retention of staff, including information on levels of pay and longevity of service. The proposal should address training, improving morale and working conditions, increasing efficiency, mentoring, the use of technology, the adequacy of support staff and streamlining administrative processes. The Committee recommends that the Legislature require DHS to present a progress report to the Health and Human Services Committee by March 15, 2002 on a recruitment and retention proposal.
6. The Committee recommends that the Legislature require DHS to expedite permanent placement, including kinship care, of a child when reunification with the child's family is not possible.
7. The Committee recommends that the Legislature require a court, when ordering termination of parental rights, to make a specific finding that reasonable efforts were made to prevent the need for termination of parental rights.

Recommendation 3.2. Empowerment initiatives

The Department of Human Services will undertake an initiative to empower families, children, staff, adoptive parents, providers of services, including foster parents, and the staff of agencies with which it contracts. The initiative will build upon the strengths of the department and will improve the functioning and performance of the department and its adoptive families, contracting agencies and service providers, including foster parents. The initiative will apply to recruitment, training and retention. It will instill an attitude of mutual respect among all who work within the

child welfare system. The initiative will clearly define the responsibilities of community agency staff and service providers and will incorporate outcome measures and performance evaluations.

Action Steps

1. In order to further consistency in practice statewide, the Committee recommends that the Legislature require DHS to provide clear performance standards, outcome measures and performance evaluations for contract agencies.
2. The Committee recommends that the Legislature require DHS to strengthen the training for staff of DHS and contract agencies, adoptive parents and providers of services, including foster parents. Training should cover substance abuse and domestic violence treatment and recovery, mental health, attitudinal issues, respect for providers, poverty, culture and ethnicity, including language and culture of origin and the Indian Child Welfare Act. Training should be tailored to the job function and type of child welfare work performed by the trainee.
3. The Committee recommends that the Legislature require DHS to adopt clear standards for substantiation of abuse and neglect, distinguishing abuse and neglect from poverty.
4. The Committee recommends that the Legislature require DHS to work with the substance abuse and domestic abuse prevention communities to adopt appropriate and realistic standards for progress for the family.
5. The Committee recommends that the Legislature require DHS to develop mechanisms to ensure that policy and practice are implemented consistently across the state by DHS staff and contract agency staff.
6. The Committee recommends that the Legislature require DHS to issue a staff directive stating the department's disapproval of threats of action against families and any retaliatory actions. The Committee recommends that the Legislature require DHS to include in the information provided to parents a statement that retaliatory action by DHS staff or contract staff is not tolerated by the department and that when infractions occur they should be reported so that disciplinary action may be taken.

VII. PERIODIC REPORTING BY THE DEPARTMENT OF HUMAN SERVICES

The Health and Human Services Committee determined that periodic reporting of specific information is necessary for them to oversee the delivery of child welfare services by the Department of Human Services. The committee recommends that the department be required to provide specific data on a periodic basis. This data includes the following elements.

1. Measurement of compliance with the Indian Child Welfare Act
- number of children placed with extended family as preferred in the Indian Child Welfare Act
  - number of children placed out of the extended family in Native American families
  - number of children placed through a tribal placement
2. Measurement of compliance with timeframes in state and federal law

- frequency of extensions
- reasons for extensions
- frequency of failure to offer services as a reason for an extension
- reasons for failure to offer
- frequency of inability of family to access services as a reason for an extension
- reasons for inability to access services

3. Measurement of frequency of kinship placements at all stages of child welfare interventions
   - reasons for placing out of family
4. Measurement of family contacts
   - placements of siblings together, stating reasons why not
   - frequency of visits with siblings
   - frequency of visits with parents
   - frequency of visits with other family members
5. Measurement of frequency and continuity in placement in foster care and other residential placements
   - number of children moved after initial placement one, two three, four and more times
6. Measurement of total number of biological families and interested professionals involved in developing case plans and in case plan review during the time period
7. Number of internal reviews of decisions of substantiation of abuse or neglect and results of the reviews
8. Reporting of applications for waivers of federal requirements under the Adoption and Safe Families Act, and progress and decision on the application during the time period, decisions during the time period on any previously filed waiver applications
9. Number of terminations of parental rights in which no services were accessed by the family
   - breakdown of reasons for terminations
   - breakdown of reasons no services were accessed
10. Number of children in DHS custody moved to a residence that requires them to change school districts
11. Average caseloads of caseworkers, life skills workers and supervisors and comparison with New England average
12. Compliance with standards for home visiting in foster homes
13. Number of families using offered services during the first 6 months their child is in custody of DHS, during the second 6 months and during the third 6 months.
14. Number of children entering DHS custody and number leaving DHS custody
    - numbers entering foster care and leaving foster care
15. Amounts spent on substance abuse treatment and recovery from accounts within the Office of Substance Abuse and the Department of Human Services.

APPENDIX A
JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES
120th Maine Legislature, 1st Regular Session

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APPENDIX B

Administration for Children and Families Findings and Recommendations

FINAL REPORT OF THE CHILD AND FAMILY SERVICES PILOT REVIEW

CONDUCTED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES AND THE MAINE DEPARTMENT OF HUMAN SERVICES, BUREAU OF CHILD AND FAMILY SERVICES

Report completed by the Administration for Children and Families
U.S. Department of Health and Human Services
Region I

INTRODUCTION

The Administration for Children and Families (ACF) has developed a new strategy for reviewing Federally-assisted child and family services in the States that takes a holistic and comprehensive view of Federally-funded public child and family service programs. The new monitoring strategy will cover the range of Federally-funded child welfare programs, including child protective services, foster care, adoption, independent living, and family support and preservation services. The reviews are designed to encourage Federal/State partnerships in identifying and working toward improved outcomes for children and families, promoting family-focused practice principles that are likely to lead to improved outcomes, providing opportunities for States to receive technical assistance where needed, and assisting States to become self-evaluating over time.

In contrast to previous Federal reviews of State child welfare programs, which focused primarily on procedural requirements, the new review process measures the outcomes, or results, of services delivered to children and families in the States. The areas identified for measurement are *safety, permanency*, and *child and family well-being*. Within each of these broad domains, more specific outcomes have been developed that reflect the mission of child welfare programs to provide protection for abused and neglected children, permanency for children who must enter foster care, and support for families whose children are at risk of abuse or neglect. The specific outcomes being examined in the new review process are:

SAFETY

(1) *Children are, first and foremost, protected from abuse and neglect.*
(2) *Children are safely maintained in their homes whenever possible and appropriate.*

PERMANENCY

(1) *Children have permanency and stability in their living situations.*
(2) *The continuity of family relationships and connections is preserved for children.*

CHILD AND FAMILY WELL-BEING

(1) *Families have enhanced capacity to provide for their children's needs.*
(2) *Children receive appropriate services to meet their educational needs.*
(3) *Children receive adequate services to meet their physical and mental health needs.*

In addition to case outcomes, the review process also examines systemic factors. These include:

(1) *Statewide information system*
(2) *Case review system*
(3) *Quality assurance*
(4) *Training*
(5) *Service array*
(6) *Agency responsiveness to the community*
(7) *Foster and adoptive parent licensing, recruitment and retention*

The Maine Department of Human Services (DHS), Bureau of Child and Family Services (BCFS), agreed to participate in piloting the new child welfare review process in Maine, which allowed ACF the opportunity to join with the State in examining its programs using the proposed review strategy. The review was structured to provide an assessment of Maine's child welfare system, identify areas where the system was or was not achieving the desired outcomes, and provide technical assistance in the areas that will be most useful to the State.

Key activities in the review process included the following:

- State staff completed a State self-assessment of its child welfare system, with consultation from the Administration for Children and Families (ACF) Central and Boston Regional Offices.
- Members of the State review team selected three local sites in Maine for on-site review activities: Augusta, Lewiston, and Ellsworth. The on-site portion of the Maine review took place during the week of August 23, 1999.
- A 30-person on-site review team (see Appendix) was divided into three local teams. Review team activities included examining 41 case records, and interviewing children, parents, foster parents, social workers, and service providers involved in each case; interviewing stakeholders in the local sites; and analyzing pertinent State documents, including the State's Child and Family Services Plan.
- The results of the State's self-assessment, the on-site record reviews, and the stakeholder interviews were integrated by the review team into this report, along with the team's recommendations for addressing the needs identified in the review.

The following report is divided into two major sections: (I) Individual Case Outcomes; and (II) Systemic Factors. Each section contains a summary of findings regarding the Agency's strengths and areas for improvement for each outcome, along with key recommendations. The ACF Regional Office in Boston will be working with the Bureau of Child and Family Services to determine which of the recommendations can be best addressed through immediate technical assistance, and which will require more extensive response, planning and commitment of time and resources by the State.

SUMMARY OF KEY RECOMMENDATIONS

Based on existing strengths and the findings of the review, the Review Team recommends that the Department of Human Services address the identified needs in the following way:

Safety

- Establish clear policies and expectations concerning interaction between the local DHS offices and the community contractors conducting assessments of low and moderate risk reports, and establish data tracking related to this program, e.g. number of families refusing services, etc.
- Take immediate steps to reduce the incidence of maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect. Also, establish a process for critical supervisory review of decisions made on cases with multiple reports.
- Complete the quality assurance review of the reports of abuse and neglect referred for community agency intervention.
- Continue with the implementation of the safety assessment policy and corresponding training.
- Ensure that all repeat reports be documented/recorded as official reports.
- Ensure that workers are clear with providers on expectations, results, and outcomes for treatment of families and require written reports that address families' progress in alleviating risk factors that led to abuse/neglect.
- Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety, and the impact of repeat maltreatment on children.
- Integrate training on decision-making in child protective services into current curricula.

Permanency

- Continue to improve the search for relatives and document the assessment of relatives in the case record.
- When siblings are placed separately, use the case planning process to address visitation issues.
- Continue to evolve and institutionalize a process which ensures that permanency is addressed earlier on in all cases.
- Continue recruitment efforts for foster homes so children may be placed in closer proximity to their communities.
- Continue to address the issues surrounding therapeutic foster care, e.g. rates, evaluation/monitoring of children in therapeutic care, expectations/outcomes, etc.
- Increase staff and provider awareness of post-adoption services available and continue to increase families' utilization of post-adoption support services.

- Continue to streamline the legal clearance paperwork process.
- Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.
- Complete policy and training on limiting the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.

Child and Family Well-Being

- Involve parents and providers in the case planning process at the very beginning of a case, and clearly address the factors leading to abuse/neglect. Case plans should establish clear timeframes for meeting goals. DHS should re-examine its decision to combine case planning with the court process.
- Establish clear policy and expectations concerning provider reports; DHS should obtain written reports that address the progress of the individuals.
- DHS should be more pro-active in terms of what they want providers to do. DHS should continue to be active in cases even when a case management agency is involved.
- Re-examine Agency policy requiring caseworker visits with children every three months and establish a visitation policy that ties frequency of visitation with the child's needs. Training and supervision should emphasize the need for workers to have individual conversations or visits with children, and should support workers in identifying and addressing problems or issues with the foster placements.
- Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their family medical/health backgrounds).
- Training and supervision should re-emphasize the importance of sharing medical records with foster parents.

Systemic Factors

- Implement systems improvements based on the results of the September 1999 SACWIS review.
- Work with the Court Improvement committee to ensure training for judges on conducting case reviews. Courts that are viewed as being strong in case review should be used as models for those courts that need to improve in this area.
- Establish a formal process for implementing improvements based on Quality Assurance review findings.
- The Child Welfare Training Institute should move forward with expansion of its advisory board to include outside stakeholders.
- Examine the gaps of services identified through this review and establish a long-range plan to expand, or provide for, these services.
- Continue outreach to the Native American tribes, and continue to work on State/tribal agreements.

- Utilize training and technical assistance through the National Resource Center for Children's Mental Health at Georgetown University to continue improving DHS relationship with mental health and to ensure that the mental health needs of children and parents are being met.
- Establish a coordinated, comprehensive Statewide recruitment and retention plan for foster and adoptive homes. This plan should be administered at the Central Office level.

SECTION I: INDIVIDUAL CASE OUTCOMES

- **SAFETY**

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Conformity with this outcome is measured by two (2) indicators: (1) the timeliness of initiating investigations of reports of child maltreatment; and (2) repeat maltreatment.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	9	13	32
Partially Achieved	1	7		8
Not Achieved or Addressed		1		1
Not Applicable				

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Conformity with this outcome is measured by two (2) indicators: (1) services to families to protect children in their homes and to prevent removal; and (2) current risk of harm to child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	8	15	12	35
Partially Achieved	3	2	1	6
Not Achieved or Addressed				
Not Applicable				

DISCUSSION OF SAFETY FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **DHS provides services to families within their own homes whenever possible.**

The State makes extensive efforts to provide pre-placement prevention services; there is no question that DHS makes "reasonable efforts" to prevent out-of-home placement. Reviewers noted the broad array of services made available to families to assist them in caring for their children in their own homes. All cases reviewed had documentation that families were provided services to prevent placement. In 80% of the sample, there was evidence of pre-placement services; in the remaining 20%, pre-placement services were not appropriate due to the severity of the abuse, and because an emergency petition had to be taken to remove children immediately.

- **DHS initiates assessments of abuse/neglect reports in a timely manner.**

This factor was examined more closely for the year under review – fiscal year 1999. Almost all reports were responded to in a timely manner and in accordance with State policy during this fiscal year. Thirteen cases had reports of abuse and/or neglect during the year under review. In 10 of the cases, the assessments were initiated within the State's timeframes for a report of that priority level. However, in looking at the historical records for previous years, it was difficult to tell what the response was, or if the State responded at all. This has improved with the implementation of MACWIS (Maine Automated Child Welfare Information System). While it appears that responses to reports were not necessarily timely in previous years, *stakeholder interviews conducted during this review indicated vast improvement in Agency response time over the past year. Also, reviewers note that the State has established a management plan with clear policies and expectations for response time, and has developed tools to track compliance.*

- **The incidence of repeat maltreatment of children by the same perpetrator involving the same general circumstances was found in 94% of the cases reviewed.**

While repeat reports during the year under review were minimal, the sample was weighted toward children in placement so we wouldn't expect protective reports in most of these cases. As noted above, it is difficult to tell by the record whether or not reports were substantiated, and what happened when the State intervened. Historical records show a *very* high number of repeat incidences (screen-outs, protective reports, unassigned reports) that follow a pattern of same perpetrator, and same general complaint of abuse/neglect over a period of years. Reviewers note examples of 12 screen-outs; 27 reports; 13 reports; etc. While we recognize the complexities of protective intervention and service provision to families, this high rate of repeat maltreatment is not acceptable and ACF has grave concerns regarding safety of children.

The chart below depicts the numbers of multiple reports received on cases in the review sample. Of the cases reviewed, 85% had repeat reports of maltreatment. Of the total

cases with multiple reports, almost all (94%) involved the same perpetrator and similar allegations.

Numbers of Multiple Reports Received	Total Number of Cases in Sample (%Sample)
2 – 10 reports	21 cases (51%)
11 - 20 reports	11 cases (27%)
21 - 30 reports	2 cases (5%)
31 or more reports	1 case (2%)

It should be noted that this finding mirrors the State's own conclusions in its 1997 quality assurance review of young children in DHS custody. In the summary of key findings, this report states that "94% of cases reviewed reflected multiple prior CPS referrals and/or extensive abuse, interpersonal violence, mental retardation, chronic mental illness, personality disorders and chaotic lifestyles." (See page 1, "Quality Assurance Review of Young Children in DHS Custody for Two or More Years", issued June 23, 1997).

The chart below shows a breakdown of key reasons for DHS initial involvement in the cases studied under the federal review. Of the cases with 5 or more reports of abuse/neglect, 63% involved a combination of domestic violence, mental/physical health issues of the parent, and/or parental substance abuse. Of the cases with less than 5 reports, only 35% contained this combination of factors.

Reasons for CPS Involvement	Cases in Review Sample
Physical Abuse	29 cases (71%)
Sexual Abuse	22 cases (54%)
Neglect	29 cases (71%)
Mental/physical health issues of parent	14 cases (46%)
Parental substance abuse	22 cases (54%)
Domestic violence	18 cases (44%)
Combination of domestic violence, mental/physical health issues of parent, and/or parental substance abuse	20 cases (49%)

Reviewers believe that the high numbers of repeat maltreatment is related, in part, to service provision that does not always address safety. This report previously noted that the State provides extensive pre-placement prevention services; however, reviewers observed that these services do not always address the family issues and risk factors leading to abuse/neglect. This finding parallels the results of the State's own quality assurance reviews, and is repeated in the State's recent report on deaths and serious injuries. This report found that when developing service plans for parents who maltreat their children "too often professionals fail to identify the real basis of risk in the family and/or to target risk specifically in treatment. As a result, parents may be able to successfully complete treatment and still pose a risk to their children. Mental health

interventions need to be specifically tied to risk assessment." (See page 13, "Deaths and Serious Injuries in Maine, 1995-1998: Report of the State Child Fatality/Serious Injury Review Panel"). In addition to safety concerns, reviewers noted that this on-going maltreatment can lead to children being more damaged by the time the State finally makes a decision to bring the children into DHS care, often resulting in the need for therapeutic and residential care. (See further discussion in the *Permanency* section of this report). ACF urges the State to heighten its efforts to reduce the numbers of repeat reports and establish a process for critical supervisory review of decisions made on cases with multiple reports.

Reviewers note that DHS has developed new safety assessment policy and has planned training for all staff.

- **DHS has not historically been proactive in seeking service orders from the court, but waits to petition the court when the level of severity is high and placement is required.**

While reviewers commend the State's efforts to work extensively with families to prevent the removal of children from their homes, the pre-placement length of time involved is too long. DHS must make more timely decisions regarding safety concerns and placement needs of children. This is noted by reviewers, and was raised by judges, Assistant Attorneys General, and others in stakeholder interviews. While there are many complicated reasons why the State may wait before bringing a case to court, there appears to be a perception among DHS staff that the courts will require more evidence than actually needed before granting custody. DHS believes they could be more proactive in seeking service orders earlier in cases before the level of severity becomes high. These issues need to be examined closely with DHS and the judges and attorneys involved in protective cases, and work needs to be done to more evenly balance the safety of children and the rights of parents. The State has an active Court Improvement Project, which could serve as a forum for these discussions.

- **The number of reports of abuse and neglect that are not assigned for assessment is decreasing as DHS refers these cases to community providers for intervention.**

Over the past several years, numerous concerns have been raised regarding the State's practice of not assessing all reports of abuse and neglect that meet statutory and policy definitions. District Offices were given the option to set aside low risk referrals if there was not sufficient staff available to conduct assessments. Concerns were raised as these numbers grew as high as 3,425 unassigned cases in 1997.

Recently, DHS initiated contracts with community agencies to handle low and moderate risk referrals. However, ACF continues to have concerns regarding this ongoing issue. One main problem is the lack of formal policies and procedures on interaction between the local DHS offices and community contractors, resulting in some higher risk referrals being assigned inappropriately to community agencies. Additionally, it is not clear how many families are refusing services from the community agencies, essentially leaving

these children without intervention. Finally, although the numbers of unassigned assessments are decreasing because of referral to community agencies, there were still 2,936 appropriate reports of abuse and/or neglect unassigned in fiscal year 1999.

Reviewers note that DHS has completed Phase I of a quality assurance review of those reports referred for community intervention.

RECOMMENDATIONS TO IMPROVE SAFETY OUTCOMES

In making recommendations to improve safety outcomes, we convey that we do not want DHS to lose the positive aspect of its work with families. The Agency clearly believes in reasonable efforts, and offers services to assist parents in caring for their children without placement. However, DHS needs to strike a balance between the safety of children and parental rights.

- Establish clear policies and expectations concerning interaction between the local DHS offices and the community contractors conducting assessments of low and moderate risk reports, and establish data tracking related to this program, e.g. number of families refusing services, etc.
- Take immediate steps to reduce the incidence of repeat maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect. Also, establish a process for critical supervisory review of decisions made on cases with multiple reports.
- Complete the quality assurance review of the reports of abuse and neglect referred for community agency intervention.
- Continue with the implementation of its safety assessment policy and corresponding training.
- Ensure that all repeat reports be documented/recorded as official reports.
- Ensure that workers are clear with providers on expectations, results, and outcomes for treatment of families and require written reports that address families' progress in alleviating risk factors that led to abuse/neglect.
- Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety, and the impact of repeat maltreatment on children. Maine has an excellent Court Improvement Project that could serve as a forum for this discussion. We recommend this as a topic for future training or the next Judicial Symposium.
- Integrate training on decision-making in child protective services into current curricula.

- **PERMANENCY**

Outcome P1: Children have permanency and stability in their living situations.

Conformity with this outcome is measured by six (6) indicators: (1) foster care re-entries; (2) stability of current foster care placement; (3) permanency goal for the child; (4) independent living services provided; (5) adoption; (6) permanency goal of other planned permanent living arrangement.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	5	11	10	26
Partially Achieved	4	4	1	9
Not Achieved or Addressed				
Not Applicable	2	2	2	6

Outcome P2: The continuity of family relationships and connections is preserved for children.

Conformity with this outcome is measured by six (6) indicators: (1) proximity of current placement to child's community; (2) placement with siblings; (3) visitation with parents and siblings; (4) preserving connections; (5) relative placement; and (6) current relationship of child in care with his or her parents.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	6	10	9	25
Partially Achieved	3	4	2	9
Not Achieved or Addressed				
Not Applicable	2	3	2	7

DISCUSSION OF PERMANENCY FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **Generally, children do not have re-entries into care.**

Of the total placement cases in the review sample (36), only eight children had a re-entry into foster care (22% of the sample). When children are returned home, DHS works closely with families to ensure that community services are involved to support the reunification.

- **While many children experienced placement changes, the majority of these changes were directly related to helping children achieve their case plan goals.**

Of the total placement cases in the sample, 27 children experienced a placement change (75% of the sample); however, the majority (67%) of these changes were directly related to helping children achieve the goals in their case plans. Reviewers noted that children with extremely challenging behaviors were being maintained with stability in foster homes. This is indicative of the supportive services offered to therapeutic foster families to maintain children in the same home. Of the cases reviewed, 92% of the children were in current placements that reviewers deemed as "stable."

As discussed in the *Safety* section of this report, many children are coming into care after long-term attempts to assist their families while maintaining the children at home. Subsequently, many of these children have been repeatedly maltreated and come into foster care presenting a myriad of physical and emotional issues. This adds to the challenges of maintaining children in one foster home and supports the belief that it results in multiple moves once in care and could also be a factor in the increasing need for residential treatment and therapeutic foster care for children. It is worthy to note that of the total number of children experiencing two placement changes, 81% came from families that had five or more reports of abuse and/or neglect. Of the children with three or more placement changes, 100% came from families that had five or more reports of abuse and/or neglect.

- **The State has a very strong Independent Living program, emphasizing life skills competencies and post-secondary education and training.**

Adolescents in care are provided life skills training and are encouraged to participate in confidence-building recreational activities, e.g. canoe and camping trips. The State is also very committed to post-secondary education and training. Recognizing the importance of education, the Maine legislature enacted a bill waiving tuition for foster children attending the State university system. Additionally, DHS has committed to assisting adolescents who remain in foster care to pursue post-secondary education and training. Reviewers also noted the emphasis on building relationships with adolescents in care; reviewers met with teens who spoke very positively of their life-skills workers.

- **DHS is making great strides in implementing provisions of the Adoption and Safe Families Act (ASFA). Reviewers note that Agency staff and the courts have embraced the intent and philosophy of ASFA and are working diligently to move children through the system.**

In the review sample, 24 children had been in State care 15 of the most recent 22 months. Of these children, 14 (58%) had parental rights terminated (TPR); 2 (8%) had TPRs pending; 1 had a TPR denied; 6 (25%) had identified "compelling reasons" why TPR had not been filed; and 1 had no stated reason why TPR had not been filed. Reviewers also noted seeing children coming into care under "aggravated circumstances" and moving quickly to TPR and adoption. While reviewers noted the long length of time children have spent in placement historically, this is expected to improve for children now coming into care under the time-limits of ASFA.

The chart below depicts information concerning the reasons why TPR has not been filed in the cases under review. DHS and the courts should ensure that all cases with "compelling reasons" not to pursue termination are re-examined in a timely manner to see if the compelling reason still exists, or if the case should move forward to TPR.

Compelling Reason	Age of child	Time in care	Contact with family
Juvenile sex offender	14	4 years	Weekly visits
Possible reunification with father	10	2.5 years	Monthly visits with father
Independent living/age of child	16	3.5 years	No contact
Independent living/age of child	16	3 years	Some visits
Stable placement/long-term foster care is goal	12	6 years	No contact
Stable placement/long-term foster care is goal	12	4 years	No contact

Of the 14 children whose parental rights have been terminated, DHS had located homes for five (36% of sample). Delays and issues were noted for many of the children, both those for whom homes had been located, and those who did not have identified homes. In most cases, the common themes revolved around TPR appeals, and foster parents whom were believed to want to adopt but changed their minds after the child was legally

free. Other delays include: extensive search for sibling group placement; legal clearance delays; and a home study backlog.

Reviewers noted that despite a high turnover rate among staff, some offices are making efforts to assign "cover" workers to keep cases moving. In addition, new workers assigned to cases are adhering to the original case plan goals and set timeframes. This is also helping to keep cases moving forward. In addition, we noted that DHS is attempting new strategies to address permanency issues at the beginning of cases. For example, the Lewiston office has assigned a part-time adoption worker to provide consultation to CPS staff when the child first comes into State custody.

DHS has also designed a single home study for foster and adoptive homes. Once the single study process is implemented Statewide, it should aid in moving children through the system if the foster family wants to adopt.

- **DHS is focused on improving adoption and establishing a system for post-adoption support.**

DHS has placed a tremendous focus on adoption. The State is using exchanges to place children across jurisdictional boundaries, e.g. Northern New England Exchange, which is coordinated by Maine. DHS is also doing outreach in the communities and establishing private/public partnerships. There is an emphasis on planning for adoption earlier in the life of the case, and there is now some use of legal risk placement. In addition, the State is conducting extensive preparation with children awaiting adoption.

DHS notes ongoing issues with finding homes, especially for special needs children. In addition, there are some delays post-TPR including timely completion of paperwork for legal clearance, and movement of cases from Children's Services into the adoption units. *The State is hiring case aides to assist with legal clearance paperwork, and plans to hire more adoption workers once federal reimbursement for adoption incentives is secured.*

DHS has been approved for a title IV-E demonstration waiver for post-adoption services. The goal is to identify and train a network of providers to assist families through supportive and therapeutic post-adoptive services.

Reviewers also noted a revitalization of the DHS adoption program. Over the years, the program had eroded due to staff turnover and lack of policy and direction. The Agency has focused on improving leadership and guidance in the area of adoption, and has been strengthening the program over the past few years.

- **Whenever possible, siblings are placed together.**

Reviewers noted that DHS workers have a respect for family relationships. Whenever possible, the Agency places siblings together. DHS was successful in doing so for the majority (88%) of the cases reviewed in which placement together was not contraindicated. In some cases, concerns were noted regarding the need for visitation

when siblings were separated; however, in most cases reviewers noted that visitation was occurring.

- **DHS must continue to improve the use of relatives as placement resources.**

It appears that relatives are explored for placement, but case files contain little documentation of a search for relatives. It also seems that relatives are considered as placement resources if they come forward voluntarily, but that the State has not historically searched extensively for relatives. Of the total cases in the review sample, 58% had considered relative placement and the remainder (42%) did not contain documentation of a relative search. *Reviewers believe this should improve with the recent State law change requiring a search for relatives, and with new Agency policy on assessment of relatives. In addition, CPS staff is focusing on obtaining more information about relatives during the assessment phase of intervention.*

The State is fostering ongoing contact with extended family when appropriate. Reviewers noted evidence of children's contacts with grandparents, aunts, and uncles.

- **Visitation is occurring regularly between children and parents.**

Generally, visitation is occurring on a regular basis between children and parents, and in most cases appears to start quickly after placement. Children placed in shelters and assessment centers are at the highest risk for no parental contact. Reviewers recommend DHS pay special attention to visitation for these children. In addition, there were some concerns about the purpose of visits and how they are carried out. DHS appears to have a set format, e.g. weekly for one hour, supervised in a DHS office, that is carried out for all cases without regard for individual need. The State should have a variety of options for visitation, depending upon the case. Reviewers also received feedback from stakeholders that case aides supervising visits don't help parents – "they seem to just take notes." We recommend that DHS have visits supervised by staff trained to intervene and help families with parenting. *Reviewers note that Augusta is establishing a pilot visitation center to address the need for variation in visitation and to focus on improving parenting skills and parent/child interaction through visitation.*

- **Too many children – especially young children – have Long Term Foster Care as a goal.**

Reviewers note concerns around the numbers of children with a goal of long-term foster care. These are generally children who are placed in therapeutic foster homes. While this has become a broad public policy issue since the passage of ASFA, i.e. the use of long-term foster care as a goal, we note that the State has created barriers within its system: (a) the regular foster care rate is well-below national average, and there is great discrepancy in both the reimbursement and the support services offered to regular foster homes vs. therapeutic homes; (b) approximately one-third (1150 children) of the children in placement are in therapeutic foster homes; many are placed there not because of necessity, but because there are no regular homes available; (c) the State does not have

consistent criteria for referral to therapeutic care; (d) State contracts with therapeutic foster care providers do not set goals, e.g. step-down to regular foster care, or family reunification; (e) DHS does not have a mechanism in place that monitors progress of children in therapeutic care and assesses further need for therapeutic foster care; (f) there is confusion in the field as to what exactly is provided to families post-adoption – not everyone is clear on the program and governing policies, and what supports can be offered to families willing to adopt; (g) the need to clarify Agency philosophy and policy concerning the case management role and responsibility when a therapeutic foster care agency is involved, i.e. DHS is not always at the table when key decisions are made and DHS control of the case is abdicated.

Since this review was conducted, the State has taken action to initiate improvements: undertaken evaluation of all issues related to the use of long-term foster care; established tracking of disruption rates in long-term care; significantly raised the foster care rates for non-therapeutic homes, effective October 1, 1999; developed an interim operating policy on the use of long-term foster care as a goal; and started working on establishing a policy on concurrent planning.

RECOMMENDATIONS TO IMPROVE PERMANENCY OUTCOMES

- Continue to improve the search for relatives and document the assessment of relatives in the case record.
- When siblings are placed separately, use the case planning process to address visitation issues.
- Continue to evolve and institutionalize a process which ensures that permanency is addressed earlier in all cases. The State should obtain training and technical assistance on concurrent planning from the National Resource Center on Foster Care and Permanency Planning.
- Continue recruitment efforts so children may be placed in closer proximity to their communities.
- Continue to address the issues surrounding therapeutic foster care, e.g. rates, evaluation/monitoring of children in therapeutic care, expectations/outcomes, etc.
- Increase staff and provider awareness of post-adoption services available and continue to increase families' utilization of post-adoption support services.
- Continue to streamline the legal clearance paperwork process.
- Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.
- Complete policy and training on limiting the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.

• CHILD AND FAMILY WELL-BEING

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Conformity with this outcome is measured by four (4) indicators: (1) needs and services of child, parents, and foster parents; (2) child and family involvement in case planning; and (3) worker visits with child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	11	8	29
Partially Achieved	1	5	3	9
Not Achieved or Addressed		1	1	2
Not Applicable			1	1

Outcome WB2: Children receive appropriate services to meet their educational needs..

Conformity with this outcome is measured by one (1) indicator: educational needs of the child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	10	15	11	35
Partially Achieved				
Not Achieved or Addressed		1	1	2
Not Applicable	1	1	1	3

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

Conformity with this outcome is measured by two (2) indicators: (1) physical health of the child; and (2) mental health of the child.

Degree of outcome achievement:

	Augusta	Lewiston	Ellsworth	Totals
Substantially Achieved	11	14	11	36
Partially Achieved		3	1	4
Not Achieved or Addressed				
Not Applicable			1	1

DISCUSSION OF WELL-BEING FINDINGS: STRENGTHS AND AREAS FOR IMPROVEMENT

- **DHS provides appropriate services to meet the needs of the child, parents, and foster parents.**

In 95% of the cases in the sample, reviewers found appropriate services being offered to the individuals in each case; only two cases had unmet needs identified. Reviewers note the broad array of services offered to individuals. Section II of this report addresses gaps in services and recommendations for improvement.

- **The educational needs of children are being met.**

Reviewers note that educational needs of children are being identified and addressed. In the cases reviewed, 56% had identified educational needs. Of these children, 91% had educational services in place, while the remainder did not. Reviewers found evidence of educational records - including recent report cards in some cases - in all of the files, with the exception of five cases. Stakeholder interviews note strong advocacy by workers and foster parents to meet the educational needs of children. Additionally, Maine has placed an emphasis on assisting teens with completion of high school and post-secondary education and/or training. See further discussion in the *Permanency* section of this report.

- **The physical health needs of children are being met.**

Reviewers note that physical health needs of children are being identified and addressed. In the cases reviewed, an initial health screening was completed for 80% of the children in placement. In 9% of the cases, the initial health screening was not conducted; and this could not be determined in the remainder of the cases. The majority (88%) of the children with identified health needs received appropriate medical and/or dental services. While MACWIS contains a medical passport to track health records, reviewers found 30% of the cases to be missing health and medical information. In addition, not all foster parents receive copies of health records and updated medical information. Stakeholder interviews found that workers note a concern with locating dental providers who accept Medicaid.

- **The mental health needs of children are being met.**

Reviewers note that mental health needs of children are being identified and addressed. Mental health screening was completed in the majority (86%) of the cases. In the remainder of the cases, mental health screening was either not completed at all, or was only partially completed. The majority (93%) of the children with identified mental health needs received appropriate therapeutic services. However, reviewers note some concerns in the area of mental health treatment: (1) evaluations are not always completed in a timely manner; (2) reviewers question the quality of treatment for sexual abuse victims in some areas of the State under review; (3) there are concerns that therapeutic follow-up on issues raised during the evaluation does not always occur; and (4) there are not always written therapy reports/progress reports from providers. It appears that expectations for tracking progress are not consistent across the State.

- **In most cases, workers have regular contact with children and parents; however, there appears to be wide variation across the State regarding frequency and type of contact.**

The following chart depicts worker contact with children and parents.

Visiting Pattern	With Children (% of sample)	With Parents (% of sample)
Weekly	0 (0)	2 (5%)
Twice per month	5 (12%)	1 (2%)
Monthly	12 (29%)	6 (15%)
Less than monthly	8 (20%)	4 (10%)
Every 3 months	10 (24%)	2 (5%)
Phone contact	1 (2%)	4 (10%)
No contact/limited contact	5 (12%)	19 (46%)
Not applicable	0 (0)	3 (7%)

Agency policy requires visits every three months with children in placement; the majority of the children in the review sample were seen in accordance with policy requirements.

The sample reflects no contact or limited contact with parents, however, this is to be expected as the sample was weighted toward cases involving TPR and adoption. In many other cases, cease reunification orders had been issued. Still, workers appear to have regular contact with parents in cases, when appropriate.

Reviewers raise some concern regarding whether or not safety in placement is addressed adequately, as it appears that not all workers have individual conversations or contacts with the children when visiting their foster homes. Reviewers also note that DHS does not always appear to take an active role in monitoring placement if a case management agency, or other providers, is involved. It is noted that these concerns were raised previously in the State's own quality assurance study. This report concludes "there was documentation of numerous phone contacts with foster families and providers, but little about meaningful face-to-face contact with the child. Reviewers were unable to say, in some of these cases, that Bureau staff could assure the safety of these children." The report goes on to recommend "that the frequency of visits be tied to the child's needs which include assessment of safety and well-being" and "that supervisors and program administrators ensure that critical decisions about the foster child include first hand information from the child's caseworker." (See page 12, "Quality Assurance Review of Young Children in DHS Custody for Two or More Years, issued June 23, 1997)

- **The case planning process is now integrated in court procedures, making it difficult to engage parents and providers in setting case goals.**

The case planning process is now subsumed in court procedures, and stakeholders expressed that this has compromised the Agency's ability to fully engage parents in setting goals. Some parents and attorneys reported to reviewers that DHS completes the plan, sets the goals, and presents it to the court. While parents and their attorneys have input into the process, they believe it is minimal and can be somewhat adversarial when it's done in the court setting. DHS workers also expressed that some parents' attorneys advise their clients not to meet with DHS to establish case goals without the attorney being present. Some workers expressed that there is a loss of the clinical aspect of case planning now that it's done in conjunction with the court process. Reviewers are also concerned that integrating case planning into the court process can prohibit provider participation as well.

RECOMMENDATIONS TO IMPROVE WELL-BEING OUTCOMES

- Involve parents and providers in the case planning process at the very beginning of a case, and clearly address the factors leading to abuse/neglect. Case plans should establish clear timeframes for meeting goals. DHS should re-examine its decision to combine case planning with the court process.
- Establish clear policy and expectations concerning provider reports; DHS should obtain written reports that address the progress of individuals.

- DHS should be more pro-active in terms of what they want providers to do. DHS should continue to be active in cases even when a case management agency is involved.
- Re-examine Agency policy requiring caseworker visits with children every three months and establish a visitation policy that ties frequency of visitation with the child's needs. Training and supervision should emphasize the need for workers to have individual conversations or visits with children, and should support workers in identifying and addressing problems or issues with the foster placements.
- Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their medical/health backgrounds).
- Training and supervision should re-emphasize the importance of sharing medical records with foster parents.

SECTION II: SYSTEMIC FACTORS

- **STATEWIDE INFORMATION SYSTEM**

Level of conformity is established by determining if:

(1) The State operates a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Discussion of findings: Strengths and areas for improvement

The State implemented MACWIS (Maine Automated Child Welfare Information System) in April, 1998. MACWIS can readily identify the status, demographic characteristics, location and goals for the placement of every child in foster care. In addition, the State is in compliance with its submission of AFCARS data. ACF conducted a federal review of MACWIS in September, 1999. This review noted many areas of strength, including acceptance and use of the system by field staff. ACF will continue to work with the State to implement improvements as recommended by the federal systems review team.

- **CASE REVIEW SYSTEM**

Level of conformity is established by determining if:

(1) The State provides a process that assures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions;
(2) The State provides a process for the periodic review of the status of each child no less frequently than once every six months by either a court or by administrative review;
(3) The State provides a process that assures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child has entered foster care and no less frequently than every 12 months thereafter;
(4) The State provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act; and
(5) The State provides a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child.

Discussion of findings: Strengths and areas for improvement

Case plans are being done, and reviewers found case plans in every case. Suggestions for improvements to the case planning process are noted in the *Well-Being* section of this report.

Prior to last year, the Agency had a very strong administrative case review process (ACR) with close tracking and monitoring of six-month timeframes. The ACR process has now been pulled into the courts via a six-month judicial review. Comments on the effectiveness of this process vary from region to region. In some areas, the courts have embraced the concept of inclusion in reviews, while in other courts it has become a paper process. In that respect, workers report missing the suggestions, feedback, and assistance offered to them through the former ACR process. We recommend that the Court Improvement Project continue to work on training for judges relative to case review, and use courts with strong review processes as a model for those that need improvement in this area.

Through review of cases and discussions with stakeholders, reviewers learned that cases are moving through the system more quickly than ever before. The State and courts have embraced the principles of ASFA, and are making great strides in moving children to permanency.

Foster parents are being notified of hearings and are encouraged to attend. Participation varies around the State, however. One Assistant Attorney General stated that foster parents generally don't attend the six-month reviews ("they see them as routine"), but do attend post-TPR reviews. On the other hand, one judge stated that foster parents are active participants in her court. *Reviewers note that the Child Welfare Training Institute and the State foster and adoptive parent association has developed a curriculum to train foster parents on their role in hearings and reviews. Also, the Quality Assurance unit recently conducted a statewide survey of foster and adoptive parents concerning their experiences in attending court hearings and reviews.*

- **QUALITY ASSURANCE SYSTEM**

Level of conformity is established by determining if:

(1) The State has developed and implemented standards to ensure that children in foster care placements are provided quality services that protect the safety and health of the children; and
(2) The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP (Child and Family Services Plan) provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Discussion of findings: Strengths and areas for improvement

The State first instituted a formal quality assurance (QA) system in 1996. The QA unit issued its first report in June 1997. The former Administrative Case Review Unit is now devoted to QA full-time. This unit is working on several types of QA reviews, including

an intensive examination of children placed in therapeutic foster care. We note that Maine serves as a leader in QA for child welfare; the Regional ACF office often refers other States to Maine as a model for QA. We recommend that the State work on establishing a formal process for implementation of improvements based on the findings of QA reviews.

The State uses CWLA standards for foster care and treatment foster care. In addition, DHS has developed outcomes, in consultation with therapeutic foster care providers that are being used in internal QA reviews.

- **TRAINING**

Level of conformity is established by determining if:

(1) The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses provided under the IV-B and IV-E, and provides initial training for all staff who deliver these services;
(2) The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP; and
(3) The State provides short-term training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Discussion of findings: Strengths and areas for improvement

In partnership with the Muskie Institute of the University of Southern Maine, the State established the Child Welfare Training Institute (CWTI) in 1991. CWTI provides pre-service and in-service training for all child welfare staff. CWTI also offers training to foster parents as well. Staff are informed of training through a catalogue, and through CWTI's website. CWTI has an internal advisory board to assist them in meeting the training needs of staff; however, CWTI recognizes the need to involve outside stakeholders in the advisory board. Two major strengths relative to training: (1) CWTI has assisted DHS in establishing a partnership between universities and DHS to provide MSW courses on-site at DHS offices. We learned that many field staff are taking advantage of this opportunity to pursue their MSW degree; and (2) CWTI has reached out to Native American tribes and offered tribes the opportunity to attend child welfare training.

- SERVICE ARRAY

Level of conformity is established by determining if:

(1) The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency;
(2) These services are accessible to families and children in all political jurisdictions are covered in the State's CFSP; and
(3) These services can be individualized to meet the unique needs of children and families served by the Agency.

Discussion of findings: Strengths and areas for improvement

As noted in the *Safety* section of this report, the State provides a broad array of pre-placement, preventive services. Reviewers are impressed with the efforts of the State to creatively tailor services to meet the needs of families. The State also has a very strong Independent Living program which provides adolescents with a variety of services, including life skills and confidence-building recreational activities. In addition, the State provides educational opportunities for youth exiting the system and wishing to pursue post-secondary training. Recognizing the importance of education, the Maine legislature enacted a bill waiving tuition for foster children attending the State university system. Additionally, DHS has committed to assisting adolescents who remain in foster care to pursue post-secondary education and training.

Stakeholders identified key gaps in services:

- Psychiatric evaluations, especially neuro-psychiatric evaluations
- Post-adoption support
- Placements for adolescents, especially juvenile sex offenders
- Visitation centers with trained visitation monitors to assist parents with their skills
- There is usually a long waiting list for individual treatment for children
- Need more substance abuse treatment services
- Services for individuals with mental retardation
- Sex offender treatment
- More placements for pregnant and parenting teens
- Backlog of psychological evaluations and infant mental health assessments
- In-home, intensive services
- Need for child psychiatrists, especially for monitoring children on medications
- Dentists who accept medicaid
- Specialized treatment for sexual abuse victims
- Transportation to services – need to address accessibility of services, perhaps bringing more services to families

- **AGENCY RESPONSIVENESS TO THE COMMUNITY**

Level of conformity is established by determining if:

(1) The State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family serving agencies, and includes the major concerns of these representatives in the goals and objectives of the CFSP;
(2) The Agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP; and
(3) The State's services under the CFSP are coordinated with services or benefits of other Federal or federally-assisted programs serving the same population.

Discussion of findings: Strengths and areas for improvement

The five-year Child and Family Services Plan was developed in conjunction with the State's self-assessment for this review. The State conducted several focus groups, and incorporated the work of the Court Improvement project in the State plan. The State also has a Child Welfare Advisory Board (CWAC) that is involved in planning and consultation with DHS. The Bureau's management team has established a formal process for tracking progress in meeting the goals and objectives of the Child and Family Services Plan.

Services are coordinated with other programs through contracts, demonstration projects, interdepartmental agreements, and joint case staffing. An ongoing challenge for DHS is coordination with mental health.

Stakeholder interviews conducted in this review showed evidence of improving outreach to community providers. For example, the Lewiston office meets regularly with service providers, and has improved networking and participation in community events.

DHS continues outreach efforts to the Native American tribes in Maine. The Agency has a Central Office contact person for Indian Child Welfare (ICWA) issues. In the past, DHS has not consistently identified Native American children early on, creating delays for children and tension between DHS and the tribes. However, increased training and awareness of staff is improving both Agency and court practices relative to ICWA.

- **FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION**

Level of conformity is established by determining if:

(1) The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards;

(2) These standards are applied to all licensed or approved foster family home or child care institutions receiving title IV-E or IV-B funds;
(3) The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children;
(4) The State has in place a process for assuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed; and
(5) The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Discussion of findings: Strengths and areas for improvement

For travel purposes, the review sample focused on children placed within close proximity to the selected review sites. Therefore, the sample contained only children placed within their own communities. We learned through stakeholder interviews with staff, however, that there are severe shortages of foster and adoptive placements, and that children are generally *not* placed within close proximity to their communities of origin.

Reviewers note that DHS has many activities to improve recruitment of adoptive homes. These include:

- Contract with Maine Foster Parent Association
- DHS runs the Northern New England photolisting service
- State website
- Dollars to regions for child-specific recruitment
- Combined study for foster/adoptive homes
- Combined adoption/foster parent training for relatives
- Contract with International Adoptions to conduct studies for relatives, and for ICPC and independent adoption services
- Use of television and newspapers for recruitment ads

Reviewers note that these activities are focused on recruitment of *adoptive* homes. The State's plan for recruitment and retention of *foster* homes is not comprehensive, and is not a coordinated Statewide effort. While the State's IV-B plan addresses some recruitment strategies, DHS needs to establish a coordinated State plan for recruitment and retention of foster homes, as opposed to just recruitment at the regional level.

RECOMMENDATIONS TO IMPROVE SYSTEMIC FACTORS

- Implement systems improvements based on the results of the SACWIS review in September 1999.

APPENDIX C

The Department of Human Services Program Improvement Plan

7/14/2001

Program Improvement Plan

Maine Department of Human Services, Bureau of Child and Family Services

In response to the Pilot Federal Child and Family Services Review done in August 1999, Maine's Bureau of Child and Family Services has developed this Program Improvement Plan to guide and track its efforts to further strengthen its work. The Plan is organized around the recommendations resulting from the pilot review (column 1 below), with separate sections for safety, permanency, and well-being outcomes, as well as improvements in the state's child welfare system. For each recommendation, one or more activities have been identified (column 2), lead responsibilities assigned (column 3), and timeframes set for completion (column 4). Desired systems/process changes and outcomes for clients are also identified (columns 5 and 6) and will be the basis for developing a system for measuring progress. The plan is a work in progress, and will evolve into the overall management plan for the Bureau.

Part 1: Program Improvement Plan Elements Targeting Safety Outcomes

ASFA Safety Outcomes:
1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Establish clear policies and expectations concerning interaction between local DHS offices and the Community Intervention Program (CIP) contractors that conduct assessments of low and moderate risk reports, and establish data tracking related to this program (e.g., the number of families refusing services, etc.).	Establish a team to examine CIP funding and practices.	Diane Towle, Karen Westburg	Completed Fall 2000	Issues were identified that need to be addressed.	Reduce incidence of repeat maltreatment of children Keep children from entering foster care	Safety Outcomes 1 and 2
	Establish clear policies and expectations concerning interaction between local DHS offices and CIP contractors (e.g., on types of cases referred by BCFS, how refusals of service are handled and tracked).	Chris Beerits	Effective September 2001	Policy is clear to all parties. Assure that referrals to CIP contractors are appropriate. Assure that CIP contractors emphasize safety of children referred to them.	"	"

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
NRC (TCW)	Revise reporting forms in cooperation with CIP contractors to provide fuller data on the program's operation (including the number of children left unserved).	Ken Town, in consultation with CIP contractors	Forms completed October 2000, first used to report results January 2001.	Better documentation on how CIP contractors assess and serve children and families referred to them.	"	"
	Create a database for data reported by CIP contractors, initially free-standing, then added to MACWIS. Consult with PA's to assure that data meets their management needs.	Ken Town	Free-standing database by September 2001, in MACWIS by March 2002	Better documentation on how CIP contractors assess and serve children and families referred to them.	"	"
Complete the quality assurance review of reports of abuse and neglect referred for CIP contractor intervention.	QA staff regularly review CIP agency case records to see how the agencies handle abuse and neglect reports referred to them and to assure that the agencies are meeting contract expectations. QA staff also regularly review whether the cases referred to CIP agencies are appropriate and share these reports with PA's, who will address inappropriate referrals.	Penny Dineen	Ongoing; second set of CIP agency case reviews completed Spring 2001.	A process and criteria for reviewing CIP contractor practice is established. CIP contractors handle cases referred to them consistent with contract expectations. Bureau has better documentation on how CIP contractors assess and serve children and families referred to them.	Reduce incidence of repeat maltreatment of children	Safety Outcomes 1 and 2
Ensure that all repeat reports are documented/recorded as official reports.	Define what constitutes a "new report."	Chris Beerits, Sandi Hodge	September 2001	BCFS policy on reports, substantiations, and repeat substantiations is clear to BCFS staff, families, court workers, attorneys, etc.	Reduce incidence of repeat maltreatment of children Caseworkers will be more effective in working with children and families (continued on following page)	Safety Outcome 1

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
					because they have accurate information on repeat maltreatment	
	Define what constitutes "substantiation" of a report.	Chris Beerits. Sandi Hodge	September 2001		"	"
	Define what constitutes a "repeat substantiation."	Chris Beerits, Sandi Hodge	September 2001	Better documentation of the extent of repeat maltreatment.	"	
	Revise MACWIS to flag repeat reports before caseworker makes disposition of the case; determine how many substantiated reports are repeat substantiations.	Chris Lyng	September 2001	Better documentation on the extent of repeat maltreatment.	"	"
Rec. ITem	Train supervisors in how repeat reports should be documented/recorded	Chris Beerits. PA's, CWTI	December 2001		"	"
	Demonstrate to staff how to properly document repeat reports.	PA's, CWTI	December 2001		"	"
	Assure that repeat reports are assessed and receive adequate and appropriate intervention.	Chris Beerits, PA's	Ongoing	All cases with repeat reports are assessed and any appropriate intervention taken. QA staff regularly check to assure that this is done; their reports go to Chris Beerits and the PAs for any needed action.	"	"

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue implementation of the Bureau's safety assessment policy and corresponding training.	Develop a safety assessment tool. Build it into MACWIS.		Tool completed April 2000.		Reduce incidence of repeat maltreatment of children	Safety Outcome 1
	Implement a safety assessment process.		Began Spring 2000; ongoing		"	"
	Provide ongoing training to enhance safety assessment skills of BCFS and related staff (e.g., caseworkers, supervisors, PAs, licensing, intake, institutional abuse, CIP contractors, QA staff).	Sandi Hodge, Paul Martin	Initial training for all levels of BCFS staff completed Summer 2000. Further ongoing training to be developed by September 2001 based on the Spring 2001 needs assessment.	Staff more effectively assesses specific safety risks.	"	"
Take immediate steps to reduce the incidence of maltreatment through improved intervention and services to families that address the underlying issues of abuse and neglect.	Revise and implement a child and family assessment that more clearly focuses our work, building on the safety assessment	Chris Beerits	Policy written and JAD completed. Add to MACWIS and rollout by November 2001		Reduce incidence of repeat maltreatment of children	Safety Outcomes 1 and 2
	Assure that case plans specifically address the relevant child abuse and neglect issues, and that they clearly state the issues the family needs to address.	Chris Beerits, Sandi Hodge, PA's lead training; Penny Dineen leads QA monitoring	Ongoing; expect documented improvement by June 2002	Services more clearly address safety factors. QA staff include this in their regular monthly case reviews and report findings to Chris Beerits, who discusses issues with PA's.	"	"
	Assure that parents are actively involved in case planning from the start.	PA's, Penny Dineen	Ongoing	QA staff monitor this as part of their regular monthly case reviews.	"	"

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Assure that planned service interventions directly address the risk factors that led to abuse/neglect.	Chris Beerits, Sandi Hodge, PA's lead training; Penny Dineen leads QA monitoring	Ongoing	Services more clearly address factors jeopardizing the safety of children. Services are more effective. QA monitors extent to which this occurs.	Reduce incidence of repeat maltreatment of children	
Ensure that service providers are clear on the expectations and desired outcomes of their work with families.	Develop clear practice standards governing how and when referrals are made to service providers (e.g., what is proper protocol, how expectations should be stated clearly); train caseworkers, supervisors and service providers how to implement this.	Chris Beerits, Sandi Hodge, PA's			Reduce incidence of repeat maltreatment of children	Safety Outcome 1 and Permanency Outcome 2
	Clearly communicate Bureau expectations to service providers.	Chris Beerits, Sandi Hodge, PA's	Ongoing		"	"
	Train providers about ASFA and its related safety, permanency and case planning expectations.	CWTI, with the National Resource Center on Foster Care and Permanency Planning and the Child Abuse Action Network	Train-the-trainer training done by October 1, 2001.	Service providers receive training and understand ASFA requirements.	"	"
	Assure that service providers submit written reports on client progress, including reference to the risk factors that led to abuse/neglect.	Penny Dineen, PA's	Ongoing	Better documentation that services address risk factors. Better documentation on the effect of services on children and families. QA monitors this in its monthly reviews.	"	"

NRCITEC

Establish a policy and process to assure critical review of decisions made on cases with two or more reports.	Develop policy and practice expectations to assure that all current or new cases with a history of two or more reports are reviewed to see that they are handled appropriately. Develop a process for implementing the policy.	PAs	Policy to be finalized at August 2001 PA meeting	Supervisors more effectively review cases with a history of multiple reports. Cases with a history of multiple reports are handled more appropriately. Better documentation of how cases with multiple reports are handled.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1
Coordinate training for staff on safety issues, and engage Assistant Attorneys General and the courts on discussion of risk and safety issues, and the impact of repeat maltreatment on children.	Work with the Court Improvement Project and AAG's to establish minimum standards for appropriate court involvement in neglect cases. Clarify what "neglect" is and how it should be handled.	Karen Westburg	2002		Reduce incidence of repeat maltreatment of children	Safety Outcome 1
	Reevaluate appropriate threshhold for petitioning for court order to protect children. Take appropriate action based on conclusions.	Karen Westburg	November 2001		"	"
	Work with the Judicial Symposium planning committee to incorporate training about the impact of repeat maltreatment. Also provide such training for AAG's. Focus especially on physical neglect and emotional maltreatment.	Karen Westburg	2002		"	"

Recommendations to Improve Safety Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
NRCITCW	Clarify practice guidelines and standards for handling neglect and repeat maltreatment, and train BCFS workers on those standards. Work with AAG's on how to build stronger cases in these areas.	Karen Westburg, working with Mimi Laver at the ABA and Linda Arnold at National Resource Center for Information Technology in Child Welfare.	2002	Increased accuracy of substantiation decisions, especially regarding neglect and repeat maltreatment. More effective work with families/better services. Better presentation of cases in court. Better follow-through when families decline services and children are in jeopardy. Established process for review of court handling of cases.	Reduce incidence of repeat maltreatment of children	Safety Outcome 1
Integrate training on decision-making in child protective services into current curricula.	Work with CWTI to build this process into the pre-service curriculum.	CWTI	2002		Reduce incidence of repeat maltreatment of children	Safety Outcome 1
	Establish a policy, practice expectations, and a process for critical QA and supervisory review of intake reports and decisions to assure quality and consistency.	Chris Lyng	Policy developed by April 2001		Reduce incidence of repeat maltreatment of children	Safety Outcome 1
	Determine how the Intake Unit's work can be made more effective (e.g., adding staff, doing a time study, systematizing job classifications, improving physical space).	Chris Lyng	In process		"	"
	Clarify the extent to which mandated reporters are unable to reach intake workers in person, and address this problem.	Chris Lyng	June 2002		"	"

Part 2: Program Improvement Plan Elements Targeting Permanency Outcomes

ASFA Permanency Outcomes:
1. Children have permanency and stability in their living situations.
2. The continuity of family relationships and connections is preserved for children.

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue to improve the search for relatives, and document the assessment of relatives in the case record.	Review and consider changes to BCFS policy and state law to emphasize the importance of relative placement.	BCFS Management Team	Several policy clarifications already issued; further refinement done by January 2002	Increased number of relative placements or relative adoptions in permanency plans.	Increase the number of relative placements/adoptions. Increase the number of children who do not enter BCFS care because of kin placements.	Permanency Outcomes 1 and 2
	Supervisors ensure that caseworkers make serious searches for relatives beginning during the assessment phase. and that these searches are documented in the case record	Chris Beerits, P.A.s	Ongoing		"	"
	Build MACWIS capacity to identify the number of kinship placements.	Chris Lyng	Done		"	"
	Establish a kinship workgroup to address policy and program development needs.	Francis Sweeney	In process		"	"

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Continue to support and expand current projects related to kin care.	Diane Towle	Ongoing	Increased services for relative placements.	"	"
When siblings are placed separately, use the case planning process to address visitation issues.	Improve Bureau policy, practice and documentation around sibling visitation.	Sandi Hodge, Martha Proulx Chris Beerits, PA's	June 2001	Increased sibling contacts.	Increase continuity of family relationships.	Permanency Outcomes 1 and 2
	Develop a tool for tracking sibling visitation in MACWIS.	Chris Lyng	December 2001	Enhanced ability to implement and monitor sibling visitation.	"	"
	Add sibling visitation practice to the monthly case reviews done by QA staff.	Penny Dineen	Ongoing	Enhanced ability to monitor sibling visitation.	"	"
Continue to evolve and institutionalize a process that ensures that permanency is addressed earlier in all cases.	Create a plan to develop BCFS policy, practice expectations and infrastructure for implementing concurrent planning.	Karen Westburg, RoseAlma Sanatore	September 30, 2001	A plan describing the Bureau's concurrent planning system, and the steps needed to implement it.	Decrease the number of moves that children make. Reduce children's time in BCFS care/custody.	Permanency Outcome 1
	Obtain further information on how concurrent planning has been developed and implemented elsewhere, including how concurrent planning can affect service timing, the role of biological family, how foster parents are recruited and trained, and other BCFS processes (continued on next page)	Karen Westburg	September 30, 2001		"	"

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	(e.g., through National Resource Center on Foster Care and Permanency Planning, ABA, CWTI, states like Colorado).					
	Obtain training and technical assistance on concurrent planning from the National Resource Center on Foster Care and Permanency Planning.	Karen Westburg	September 30, 2001		Decrease the number of moves that children make. Reduce children's time in BCFS care/custody.	Permanency Outcome 1
	Work with AAG's and the courts to assure that ASFA time deadlines in movement toward permanency are met.	Karen Westburg	Now participating in Court Improvement Project-sponsored evaluation of court case management process.	ASFA time frames are met.	"	"
	Ensure that QA monitors adherence to ASFA deadlines	Penny Dineen	Ongoing	ASFA time frames are met.	"	"
Continue recruitment efforts for foster homes so children may be placed in closer proximity to their communities	Complete assessment of where and what type of foster homes are most needed	John Levesque Martha Proulx	Mostly done by September 2001	Increase the number of placements responsive to children's needs. Increase the number of appropriate placements in close proximity to children's community of origin.	Decrease the number of moves children need to make. Speed development of permanent living situation for children.	Permanency Outcome 1
	Develop statewide recruitment initiative based on the needs assessment.	John Levesque Martha Proulx	Contract for the initiative is finalized	"	"	"

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Continue to address the issues surrounding therapeutic foster care (e.g., rates, evaluation/ monitoring of children in therapeutic care, expectations/ outcomes).	Develop and implement an improved system for assessing the needs of children entering care.		Finish system and assess all children now in care by 7/1/02. Starting 7/1/02, promptly assess all children as they enter care.	A plan exists to deal with issues surrounding therapeutic foster care. There is a system for monitoring implementation of the plan. All children now in care are assessed, and all children entering care are assessed as they enter. Outcomes are assessed for children in therapeutic foster care.	Children are placed in a home providing a level of care appropriate to their needs.	Permanency Outcome 1
	Develop statewide criteria for when children should be placed with a therapeutic home.	Levels of Care Committee	2002		"	"
	Develop procedures to establish clear goals for children in therapeutic care, monitor their progress toward those goals, and assess further need for therapeutic care.	Levels of Care Committee	2002		"	"
	To the extent possible, these efforts should be done collaboratively by BCFS, child placing agencies, and foster parents.	Levels of Care Committee	2002		"	"
Increase staff and provider awareness of available post-adoption services, and continue to increase families' use of post-adoption support services.	Give more information on post-adoption services to AFF, agencies, BCFS staff, TNT, FFTA and others.	John Levesque, Chris Beerits, PA's	Ongoing	BCFS staff, agencies, and adopting families have more information on available post-adoption services and how to access them. Adopting families make greater use of post-adoption services.	There are fewer adoption disruptions.	Permanency Outcome 1

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Continue to educate parents and providers as part of the Maine Adoption Guides initiative.	John Levesque	Ongoing	"	"	"
Continue to streamline the legal clearance paperwork process.	Simplify the legal clearance process, allowing clearance to occur sooner.		Done	Reduce the time required for legal clearance.	Adoptions occur sooner, expediting permanency.	Permanency Outcome 1
	QA monitors speed of clearance process and identifies any barriers in the paperwork process.	Penny Dineen	Ongoing	"	"	"
	Ensure that all documentation is done as cases progress, so there are no "holes" in the paperwork when clearance is attempted.	PA's, Penny Dineen	Ongoing	"	"	"
Encourage offices to engage adoption staff earlier in the case to address adoptive placement needs of children.	Provide training for therapists about the unique needs of adoptive families and about post-adoption services.	John Levesque	Ongoing		Therapists have better understanding of children's and families' needs. Adoptions occur more quickly. There are fewer adoption disruptions.	Permanency Outcome 1
Complete policy and training to limit the use of long-term foster care as a goal, and ensure review of "compelling reasons" on a regular basis.	Complete policy on long-term foster care.	Sandi Hodge	October 2001	Focus BCFS staff on identifying compelling reasons, if appropriate. Decrease use of long-term foster care as a permanency option.		Permanency Outcome 1
	Train BCFS staff to implement existing policy and practice expectations related to "compelling reasons."	CWTI	Ongoing	"		"

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Identify long-term foster care cases, and assure that each QA review examines "compelling reasons" for those cases.	Penny Dineen	Ongoing	"		Permanency Outcome 1
	Provide information to the courts regarding ASFA requirements on "compelling reasons" and how to balance those with concerns about attachment and placement stability.	Karen Westburg	Ongoing	Timely, appropriate, well-documented decisions that facilitate permanency for children. Reduce the number of placements and length of stay in foster care.	Foster better understanding by all parties regarding "compelling reasons" and related permanency decisions.	"
	Develop appropriate placements/resources to meet the needs of the children in care, so the first placement is the right placement.			Reduce the number of placements and length of stay in foster care.		"
	Consider seeking statutory changes to make a wider range of permanency options available to the Bureau (e.g., authorizing legal guardianships).	Karen Westburg, AAG Office	Staff consider by Summer 2001. Submit legislation for the 2002 session.			Permanency Outcome 1
	Review existing visitation policy and practice expectations (e.g., their frequency, the goals of visitation, how visitation is documented).	BCFS management team		Clarify and improve standards for conducting visitation	Improve number of family reunifications where appropriate.	Permanency Outcomes 1 and 2

Recommendations to Improve Permanency Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	Train BCFS staff in how to conduct more effective visitations. Share piloted visitation training (the "visitation toolbox") with staff, supervisors and foster families.	CWTI		"	"	"

Part 3: Program Improvement Plan Elements Targeting Well-Being Outcomes

ASFA Child and Family Well-Being Outcomes
1. Families have enhanced capacity to provide for their children's needs.
2. Children receive appropriate services to meet their educational needs
3. Children receive adequate services to meet their physical and mental health needs.

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
Involve parents and providers in the case planning process from the very beginning, clearly address the factors leading to abuse/neglect, and establish clear timeframes for meeting goals. DHS should reexamine the decision to combine case planning with the court process.	Re-evaluate the current reality of case planning occurring as a part of the court process.	Karen Westburg	BCFS is now participating in Court Improvement Project-sponsored evaluation of the court case management process.	Case planning is clear, child-centered, family-focused, and addresses all issues identified during safety and child/family assessments at the earliest possible time. The case plan is continually reassessed.	Each child and family has an appropriate and personalized case plan.	Well-Being Outcomes 1, 2 and 3
	Work with the Court Improvement Project to provide training for judges on conducting case reviews.	Karen Westburg	2002			"
	Provide additional training for BCFS staff on how to develop individualized case plans focusing clearly on abuse/neglect factors with full family involvement.	CWTI				"
Establish clear policy and practice expectations concerning service provision, referrals to providers, and provider reports.	Develop training for all providers on ASFA, including its principles, stipulated timelines, and required documentation.	CWTI	Fall 2001	Services provided to children and families clearly target goals in the case plan. There is better documentation of services provided to children and families, and the effect of those services. Case plans are constantly monitored to establish if they are meeting client needs.	Child and family well-being is enhanced. The needs of children are better met. Services address and meet client needs.	Well-Being Outcomes 1, 2 and 3

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	DHS should obtain written reports from providers that clearly address the progress of individuals.	BCFS Management group				"
	DHS should be more proactive in terms of what it wants providers to do.					"
	DHS should continue to be active in cases even when a case management agency is involved.					"
	Train BCFS workers how to remain proactively involved in the progress of all cases.	CWTI				"
Re-examine Agency policy requiring caseworker safety/ well-being reviews with children every 3 months.	Establish a visitation policy that ties frequency of visitation with the child's needs. Frequency of visits will be part of each case plan.	Karen Westburg, Sandi Hodge, Chris Beerits	June 2001	More meaningful caseworker visits with children.		Well-Being Outcomes 1, 2 and 3
	Provide training and supervision that emphasizes the need for workers to have individual conversations or visits with children.	Chris Beerits, PA's	In process	"		"
	Provide training and supervision that supports	Chris Beerits, PA's				"
	(continued on next page)					

Recommendations to Improve Well-Being Outcomes	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes	Program Goal
	workers in identifying and addressing problems or issues with the foster placements. Develop a tool in MACWIS for tracking safety/well-being reviews. QA will monitor frequency of visitations part of its monthly case record reviews.	 Chris Lyng Penny Dineen	 December 2001 Ongoing			
Increase the focus on gathering pertinent medical and genetic histories (important to the adoption process for adoptive parents' and children's understanding of their medical/health backgrounds).	Provide training to supervisors on how to assure that workers gather such information.	Chris Beerits	September 2001			Well-Being Outcome 3
Training and supervision should re-emphasize the importance of sharing medical records with foster parents.	Provide training to supervisors on how to assure that workers share such information with foster parents.	Chris Beerits	September 2001	BCFS staff and foster parents develop more effective communication.	Foster parents are better able to address issues related to foster children's medical histories. Foster children receive more appropriate and consistent health care.	Well-Being Outcome 3

Part 4: Program Improvement Plan Elements Targeting Improvements in the Child Welfare System

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
Statewide Information System: Implement systems improvements based on the results of the SACWIS review of September, 1999.	Respond to SACWIS review recommendations. Largest task is adding automated IV-E eligibility determination to MACWIS.	Ted Clark	Response completed. Work begun on IV-E eligibility module. Work on other recommendations also underway.		
Case Review System: Work with the Court Improvement committee to ensure training for judges on conducting case reviews. Courts that are viewed as being strong in case review should be used as models for those courts that need to improve in this area.	Arrange with the Court Improvement Project for an update of the Court Report. The update could be done by the National Child Welfare Resource Center, in cooperation with the AFA.	Karen Westburg	Present proposal to the CIP by July 1, 2001. Report finished in Fall, 2001.		
	Assure that the status of each child is reviewed at least every six months by the courts.	Penny Dineen	Ongoing; include in RFP for CIP study		
	Assure that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.	Penny Dineen	Ongoing; include in RFP for CIP study		

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
	Assure that termination of parental rights proceedings comply with ASFA requirements. Assure that foster parents, pre-adoptive parents and relative caregivers of children in foster care are notified and have an opportunity to be heard in any review or hearing held with respect to the child.	Penny Dineen PAs, Penny Dineen	Ongoing; include in RFP for CIP study Ongoing		
Quality Assurance System: Establish a formal process for implementing improvements based on Quality Assurance review findings.	Strengthen the Bureau's solid QA system by formalizing policies and practice expectations regarding how QA communicates recommendations from its reviews, how those recommendations are acted upon, and how the effectiveness of changes based on the recommendations is monitored.	Diane Towle	November 2001		
Training: The Child Welfare Training Institute should move forward with expansion of its advisory board to include outside stakeholders.	Help to provide additional training for the staff of service providers (e.g., in ASFA requirements and its related safety, permanency and case planning expectations; permanency planning). Expand CWTI's advisory board to include outside stakeholders.	CWTI, with the National Resource Center on Foster Care and Permanency Planning and the Child Abuse Action Network CWTI	Ongoing; train-the-trainer training done by October 1, 2001.	Service providers receive training and understand ASFA requirements.	

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
Service Array: Examine the service gaps identified through the last Federal review, and establish a long-range plan to expand, or provide for, these services.	Compile comprehensive, detailed information on gaps in existing services for the children and families served by BCFS using a variety of sources (e.g., MACWIS, contractor reports, surveys of stakeholders, feedback from other State departments). Gaps need to be identified statewide, for each district, and for various client groups. The analysis should include possible gaps mentioned in the last Federal review: • Psychiatric evaluations • Post-adoption support • Placements for adolescents, especially juvenile sex offenders • Visitation centers with trained monitors • Substance abuse treatment services • Services for persons with mental retardation • Sex offender treatment • Placements for pregnant and parenting teens • Psychological evaluations/infant mental health assessments • Intensive in-home services • Child psychiatrists • Dentists who accept Medicaid (continued on next page)	Diane Towle, with help from the Child Welfare Advisory Committee	Ongoing; initial needs assessment completed by Fall 2001		

	• Specialized treatment for sexual abuse victims • Transportation to services Establish a process for regularly updating the information on service needs and gaps. Incorporate information on needs into the IV-B planning process.				
Agency Responsiveness to the Community: Use training and technical assistance through the National Resource Center for Children's Mental Health at Georgetown University to continue improving DHS relationships with mental health and to ensure that the mental health needs of children and parents are being met.	Continue working with the Departments of MHMRSAS and Corrections through the Interdepart-mental Planning Group to improve mental health services for children and families served by BCFS. As part of the comprehensive needs assessment mentioned on page 20 above, gather more complete information on the mental health needs of children and parents, and current gaps in services to meet those needs. Continue to train mental health professionals in the unique needs of adoptive children and families, and identify community-based resource needs of those families through the Maine Adoption Guides Project. Determine what other training and technical assistance needs in the mental health area could be addressed with the help of the Center.	Karen Westburg Diane Towle, with help from the Child Welfare Advisory Committee John Levesque Karen Westburg	Ongoing Initial assessment completed by Fall 2001 Ongoing		

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
Agency Responsiveness to the Community: Continue outreach to the Native American tribes, and continue to work on State/tribal agreements.	Consult more closely with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family serving agencies (e.g., through CWAC). Include the major concerns of these representatives in the goals and objectives of the CFSP. Focus particularly on outreach to the tribes and improved implementation of ICWA.	Diane Towle, Sandi Hodge	Ongoing		
Foster and Adoptive Parent Licensing, Recruitment and Retention: Establish a coordinated, comprehensive Statewide recruitment and retention plan for foster and adoptive homes. This plan should be administered at the Central Office level.	Establish standards for group homes based on CWLA standards.	Diane Towle, Marie Hodgdon			
	Formalize policy and practice expectations regarding "well-being checks."	Sandi Hodge			
	Develop and implement a process and tool for tracking progress in licensing foster homes.	Martha Proulx	Manual tracking tool in place February 2001		
	Add the tool to MACWIS for tracking progress in licensing foster homes.	Chris Lyng	December 2001		
	Develop a statewide plan to recruit potential adoptive and foster families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. Do this based on a needs assessment, and administer the plan from Central Office.	John Levesque, Martha Proulx	Recruitment/ retention plan in development		

Recommendations to Improve Systemic Factors	Activities	Lead	Timeframe	Desired System Changes/Process Outcomes	Desired Client Changes/Outcomes
	Continue efforts to use interstate resources to facilitate timely adoptive or permanent placements for waiting children. Establish standards and a process for licensing both foster and adoptive homes (i.e., combined study), and implement this process.	John Levesque	Standards and process are developed.		
Improve BCFS ability to recruit and retain quality staff	Continue to work with the Bureau of Human Resources to streamline the hiring process and make it more effective. Investigate new ways to increase the visibility of Bureau career opportunities with relevant recruiting audiences (e.g., using videos, the Internet)	Chris Beerits, Diane Towle Chris Beerits, Diane Towle			
	Reexamine workload standards, possibly in consultation with Casey Family Programs or other national groups. Options may include a case weighting system to measure workload	Karen Westburg	December 2001		
	Clarify and establish relevant organizational values for the Bureau's child welfare social work in the 21st century. This could be a focus of the management staff retreat in September 2001.	Karen Westburg			